

## 1.1 Safeguarding and Child Protection

EYFS: The Safeguarding and Welfare Requirements  
Whole of section 3

*Definition: Safeguarding and promoting the welfare of children is defined, for the sake of this policy, as:*

- *Protecting children from maltreatment*
- *Preventing the impairment of children's health or development*
- *Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care*
- *Taking action to enable all children to have the best outcomes.*
- *Ensuring children are treated equally regardless of their: age, gender, sexual identity, abilities, religion, personal beliefs, colour, race, ethnicity, culture, language and economical background*

*(Taken from the HM Government document 'Working Together to Safeguard Children 2020).*

### Policy Statement

At Hopes and Dreams Montessori Nursery, we are committed to safeguarding and protecting children. Child protection is a duty for everyone and we aim to create a culture of vigilance.

We work with children, parents, external agencies and the community to ensure the welfare and safety of children and to give them the very best start in life. Children have the right to be treated with respect, be helped to thrive and to be safe from any abuse in whatever form.

We support the children within our care, protect them from maltreatment and have robust procedures in place to prevent the impairment of children's health and development. In our setting, we strive to protect children from the risk of radicalisation, and we promote acceptance and tolerance of other beliefs and cultures. Safeguarding is a much wider subject than the elements covered within this single policy therefore this document should be used in conjunction with the nursery's other policies and procedures.

### Policy Intention

To safeguard children and promote their welfare we will:

- Create an environment to encourage children to develop a positive self-image
- Provide positive role models and develop a safe culture where staff are confident to raise concerns about professional conduct
- Ensure all staff are able to identify the signs and indicators of abuse, including the softer signs of abuse, and know what action to take

- Encourage children to develop a sense of independence and autonomy in a way that is appropriate to their age and stage of development
- Provide a safe and secure environment for all children
- Promote tolerance and acceptance of different beliefs, cultures and communities
- Help children to understand how they can influence and participate in decision-making and how to promote British values through play, discussion and role modelling
- Always listen to children
- Provide an environment where practitioners are confident to identify where children and families may need intervention and seek the help they need
- Share information with other agencies as appropriate

The nursery is aware that abuse does occur in our society, and we are vigilant in identifying signs of abuse and reporting concerns. Our staff have a duty to protect and promote the welfare of children. Staff working on the frontline with children and families are often the first people to identify a concern, observe changes in a child's behaviour or receive information relating to indicators of abuse. They may well be the first people in whom children confide information that may suggest abuse or to spot changes in a child's behaviour which may indicate abuse.

Our prime responsibility is the welfare and well-being of each child in our care. As such we believe we have a duty to the children, parents and staff to act quickly and responsibly in any instance that may come to our attention. This includes sharing information with any relevant agencies such as local authority services for Children's Social Care, family support, health professionals including health visitors or the police. All staff will work with other agencies in the best interest of the child, including as part of a multi-agency team, where needed.

Hopes and Dreams aims to:

- Keep the child at the centre of all we do, providing sensitive interactions that develops and builds children's well-being, confidence and resilience. We will support children to develop an awareness of how to keep themselves safe, healthy and develop positive relationships.

**Policy Intention continued:**

- Support children by offering reassurance, comfort and sensitive interactions. We will devise activities according to individual circumstances to enable children to develop confidence and self-esteem within their peer group
- Ensure staff are trained to understand the child protection and safeguarding policy and procedures, are alert to identify possible signs of abuse, understand what is meant by child protection and are aware of the different ways in which children can be harmed, including by other children through bullying or discriminatory behaviour
- Ensure that all staff feel confident and supported to act in the best interest of the child; maintaining professional curiosity around welfare of children and share information, and seek the help that the child may need at the earliest opportunity.
- Ensure that all staff are familiar and updated regularly with child protection training and procedures and kept informed of changes to local/national procedures

- Make any child protection referrals in a timely way, sharing relevant information as necessary in line with procedures set out by the Islington Safeguarding Children Board
- Make any referrals relating to extremism to the police (or the Government helpline) in a timely way, sharing relevant information as appropriate
- Ensure that information is shared only with those people who need to know in order to protect the child and act in their best interest
- Ensure that children are never placed at risk while in the care of nursery staff
- Take any appropriate action relating to allegations of serious harm or abuse against any person working with children on the nursery premises including reporting such allegations to Ofsted and other relevant authorities
- Ensure parents are fully aware of safeguarding and child protection policies and procedures when they register with the nursery and are kept informed of all updates when they occur
- Regularly review and update this policy with staff and make sure it complies with any legal requirements and any guidance or procedures issued by the Islington Safeguarding Children Board.

### **Key Safeguarding Contacts:**

#### **Haniyeh Nawrozzadeh**

Designated Safeguarding Lead  
haniyeh.nawrozzadeh@hopesanddreams.co.uk  
**0207 833 9388**

#### **Agnes Pastuszak**

Deputy Designated Safeguarding Lead  
agnes.pastuszak@hopesanddreams.co.uk  
**0207 833 9388**

#### **Nazish Usman**

Principal of Hopes and Dreams Nurseries  
nazish.usman@hopesanddreams.co.uk  
**0207 833 9388**

Allegations against staff must be reported to:

**The Local Authority Designated Officer (LADO) – Timur Djavit**

[LADO@islington.gov.uk](mailto:LADO@islington.gov.uk)

**020 7527 8102**

#### **Gwen Fitzpatrick**

Islington Early Years Safeguarding Officer  
[gwen.fitzpatrick@islington.gov.uk](mailto:gwen.fitzpatrick@islington.gov.uk)  
**020 7527 5629 or 07825 098 286**

#### **Children's Services Contact Team (CSCT)**

For Referrals and Advice  
[cscferrals@islington.gov.uk](mailto:cscferrals@islington.gov.uk)  
**0207 527 7400**

**Emergency Out of Hours Duty Social Worker**  
**020 7226 0992**

**Police Referrals – Child Abuse Investigation Team (CAIT)**  
**020 8733 or 0208733 6500**

NSPCC **0808 800 5000**

Ofsted **0300 123 1231**

Emergency police **999**

Non-emergency police **101**

Government helpline for extremism concerns **020 7340 7264**

**If a child who you look after lives in another borough, you must contact the relevant Social Services Department in which he/she lives:**

**Hackney Social Care First Access Screening Team:** 020 8356 5500 - Out of hours: 020 8356 2710

**Haringey Social Care First Response Team:** 020 8489 4470 - Out of hours: 020 8489 0000

**Camden Children Social Care Services:** 020 7974 3317 - Out of hours: 020 7974 4444

### **Types of abuse**

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused within a family, institution or community setting by those known to them, or more rarely, a stranger. This could be an adult or adults, another child or children.

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

### **Indicators of child abuse**

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

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

- Low self-esteem
- Wetting and soiling
- Recurrent nightmares
- Aggressive behaviour
- Withdrawing communication
- Habitual body rocking
- Indiscriminate contact or affection seeking
- Over-friendliness towards strangers
- Excessive clinginess
- Persistently seeking attention.

### **Peer to Peer Abuse**

We are aware that peer-on-peer abuse does take place, so we include children in our policies when we talk about potential abusers. This may take the form of bullying, physically hurting another child, emotional abuse or sexual abuse. We will report this in the same way we do for adults abusing children and will take advice from Islington Safeguarding Children Board to support for both the victim and the perpetrator, as they could also be a victim of abuse. We know that children who develop harmful sexual behaviour have often experienced abuse and neglect themselves.

### **Physical Abuse**

- Hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child.
- Fabricating the symptoms of, or deliberately induces illness to a child

#### *Recognising Physical Abuse*

- Explanation which is inconsistent with an injury
- Several different explanations provided for an injury
- These symptoms may include bruising or injuries in an area that is not usual for a child, e.g. fleshy parts of the arms and legs, back, wrists, ankles and face.
- Unexplained delay in seeking treatment
- Parent/s are uninterested or undisturbed by an injury or accident
- Parents are absent without good reason when their child is presented for treatment
- Repeated presentation of minor injuries
- Frequent use of different doctors and A&E departments
- Reluctance to give information or mention previous injuries

### **Fabricated Illness**

This is also a type of physical abused. This is where a child is presented with an illness that is fabricated by the adult carer. The carer may seek out unnecessary medical treatment or investigation. The signs may include a carer exaggerating a real illness or symptoms, complete fabrication of symptoms or inducing physical illness, e.g. through poisoning, starvation, inappropriate diet. This may also be presented through false allegations of abuse or encouraging the child to appear disabled or ill to obtain unnecessary treatment or specialist support.

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

FGM is a procedure where the female genital organs are injured or changed and there is no medical reason for this. It is frequently a very traumatic and violent act for the victim and can cause harm in many ways. The practice can cause severe pain and there may be immediate and/or long-term health consequences, including mental health problems, difficulties in childbirth, causing danger to the child and mother; and/or death (definition taken from the Multi-agency Statutory Guidance on Female Genital Mutilation)

The procedure may be carried out shortly after birth and during childhood as well as adolescence, just before marriage or during a woman's first pregnancy and varies widely according to the community.

We have a mandatory 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.

#### *Recognising FGM*

FGM is child abuse and is illegal in the UK. It can be extremely dangerous and can cause:

- Severe pain
- Shock
- Bleeding
- Infection such as tetanus, HIV and hepatitis B and C
- Organ damage
- Blood loss and infections
- Death in some cases

### **Breast ironing/flattening**

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

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

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

## **Sexual Abuse**

- Sexual abuse involves forcing or enticing a child or young person to take part in sexual, not necessarily involving a high level of violence, whether or not the child is aware of what is happening.
- The activities may involve physical contact, including assault by penetration, e.g. rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing
- They may also include non-contact activities such as involving children in looking at, or in the production of sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in the preparation for abuse (including via the internet)
- Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse as can other children.

### *Recognising Sexual Abuse*

#### *Behavioural Indicators*

- Inappropriate sexualised conduct
- Sexually explicit behaviour, play or conversation, inappropriate to the child's age
- Contact or non-contact, sexually harmful behaviour
- Continual or inappropriate masturbation
- Self-harm including eating disorders, self-mutilation and suicide attempts
- Involvement in sexual exploitation or indiscriminate choice of sexual partners
- An anxious unwillingness to remove clothes for example at sports events, (N.B – this could be related to cultural norm or physical difficulties)

#### *Physical Indicators*

- Pain or itching of genital area
- Blood on under clothes
- Pregnancy in a child
- Physical symptoms such as injuries to the genital or anal areas, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing.

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

Keeping Children Safe in Education (2020) describes CSE as: where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator.

The victim may have been sexually exploited even if the sexual activity appears consensual. CSE does not always involve physical contact; it can also occur through the use of technology. CSE can affect any child or young person (male or female) under the age of 18 years, including 16 and 17 year olds who can legally consent to have sex. It can include both contact (penetrative and non-penetrative acts) and non-contact sexual activity and may occur without the child or young person's immediate knowledge (e.g. through others copying videos or images they have created and posted on social media).

### *Recognising CSE*

- Physical injuries such as bruising or bleeding
- Having money or gifts they are unable to explain
- Sudden changes in their appearance

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

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

CCE is where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child into any criminal activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial or other advantage of the perpetrator or facilitator and/or (c) through violence or the threat of violence. The victim may have been criminally exploited even if the activity appears consensual. CCE does not always involve physical contact; it can also occur through the use of technology.

CCE can include children being forced to work in cannabis factories, being coerced into moving drugs or money across the country forced to shoplift or pickpocket, or to threaten other young people.

#### *Recognising CCE*

- Children who appear with unexplained gifts or new possessions
- Children who associate with other young people involved in exploitation
- Children who suffer from changes in emotional well-being
- Children who misuse drugs and alcohol
- Children who go missing for periods of time or regularly come home late
- Children who regularly miss school or education or do not take part in education

### **Emotional Abuse**

- Emotional abuse is 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 include not giving the child the opportunities to express their views, deliberately silencing them or "making fun" of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children.
- These may include interactions that are beyond 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 (including cyber bullying) causing children frequently to feel frightened or in danger, or the exploitation or corruption of children
- Some level of emotional abuse is involved in all types of maltreatment of a child though it may occur alone

#### *Recognising Emotional Abuse*

Emotional abuse may be difficult to recognise as the signs may be emotional rather than physical

- Developmental delay
- Abnormal attachment between a child and parent (e.g. anxious, indiscriminate, or no attachment)
- Indiscriminate attachment or failure to attach
- Aggressive behaviour towards others
- Appeasing behaviour towards others
- Scapegoated within the family
- Frozen watchfulness particularly in pre-school children
- Low self-esteem and lack of confidence
- Withdrawn or seen as a 'loner' – difficulty relating to others

#### **Neglect**

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development.

Neglect may occur during pregnancy as a result of maternal substance abuse

Once a child is born, neglect may involve a parent/carer knowingly not:

- Providing adequate food, clothing and shelter (including exclusion from home and abandonment)
- Protecting a child from physical and emotional harm or danger
- Ensuring adequate supervision (including the use of inadequate care givers)
- Ensuring access to appropriate medical care or treatment or access to education

Disabled children and young people can be particularly vulnerable to neglect due to the increased level of care they may require

#### *Recognising Neglect*

- Failure by parents or carers to meet essential physical needs (e.g. adequate or appropriate food, clothes, warmth, hygiene and medical or dental care)
- Failure by parents or carers to meet essential emotional needs (e.g. to feel loved and valued, to live in a safe, predictable home environment)
- A child seen to be listless, apathetic and unresponsive with no apparent medical cause
- Failure of child to grow within normal expected pattern, with accompanying weight loss
- Child thrives away from home environment
- Child frequently absent from nursery
- Child left with appropriate carers (e.g. too young, complete strangers)
- Child left with adults who are intoxicated or violent
- Child abandoned or left alone for excessive amounts of time

## **Domestic Abuse**

*Abusive behaviour in the Domestic Abuse Act 2021 is defined as any of the following:*

- Psychological or emotional
- Physical or sexual
- Violent or threatening behaviour
- Controlling or coercive behaviour
- Economic

For the definition to apply, both parties must be aged 16 or over and 'personally connected'

This Act also recognises children as victims in their own right,

The Serious Crime Act 2015 section 76 created a new offence of "controlling or coercive behaviour in an intimate or family relationship".

The Domestic Violence, Crime and Victims Act 2004 extended provisions to help stop domestic abuse and created the new offence of "causing or allowing the death of a child or vulnerable adult". This Act was amended in 2012 by the Domestic Violence, Crime and Victims (Amendment) Act 2012 to include 'causing or allowing serious physical harm (equivalent to grievous bodily harm) to a child or vulnerable adult'.

### *Recognising Domestic Abuse*

- Visible signs of injury on the adult being abused
- Changes in behaviour of the adult(s) and child – e.g. the abused adult may become withdrawn, show low levels of self-esteem
- One adult being visibly worried about what their partner may say in a certain situation (e.g. if the child has become dirty or injured at nursery)
- One adult becoming scared of their partner
- Adults becoming isolated from their friends or family
- Signs of abuse in the child

### *Procedures*

Where domestic abuse is taking place in a child's home the child is at risk of harm, whether they witness the violence or not. This may take the form of physical abuse, sexual abuse, emotional abuse, or neglect. At Hopes and Dreams Nursery we ensure that if there are any signs or symptoms that domestic abuse may be occurring, we act without haste.

## **Honour Based Abuse**

'Honour' based abuse (HBA) is a type of domestic abuse which occurs in the name of so called 'honour'. Some families believe that certain actions bring shame on the family and may react with punishment. This may be rejecting a forced marriage, having a relationship not approved by the family, wearing the wrong clothing, or wearing makeup. This can happen in families from a variety of cultures and countries and happens within the UK.

Signs of HBA may include changes in behaviour of the person undergoing the violence, changes in how they dress or act and in comments they make.

If signs of HBA are present in a parent or staff member within the nursery, then we will act and follow our safeguarding policy to keep children safe in the environment as well as seeking support for the adult involved.

### **Forced Marriage**

We are aware arranged marriages are part of some cultural practices. We also recognise there is a clear distinction between a marriage in which both parties are willing and able to give informed consent to, and a marriage which is forced. Forced marriage is a criminal offence.

A forced marriage is a marriage in which one or both spouses do not and/or cannot consent to the marriage and duress is involved. If we become aware of a forced marriage occurring, then we will report it to the appropriate body. If the person is under the age of 18 then we will report it to the children's social care team as this is a child protection issue. We will follow our safeguarding reporting procedure.

### **County Lines**

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

Offenders will often use coercion, intimidation, violence (including sexual violence) and weapons to ensure compliance of victims. Children can be targeted and recruited into county lines in a number of locations including schools, further and higher educational institutions, pupil referral units, special educational needs schools, children's homes and care homes.

#### *Recognising County Lines*

- Changes in the way young people you might know dress
- Unexplained, sometimes unaffordable new things (e.g. clothes, jewellery, cars etc.)
- Missing from home or schools and/or significant decline in performance
- New friends or relationships with those who don't share any mutual friendships with the victim or anyone else
- May be carrying a weapon
- Receiving more texts or calls than usual
- Sudden influx of cash, clothes, or mobile phones
- Unexplained injuries
- Significant changes in emotional well-being
- Young people seen in different cars/taxis driven by unknown adults
- Young people seeming unfamiliar with your community or where they are
- Truancy, exclusion, disengagement from school
- An increase in anti-social behaviour in the community
- Unexplained injuries
- Gang association or isolation from peers or social networks.

### **Cuckooing**

Cuckooing is a form of county lines crime in which drug dealers take over the home of a vulnerable person in order to criminally exploit them as a base for drug dealing, often in multi-occupancy or social housing properties.

#### *Recognising Cuckooing*

Signs that this is happening in a family property may be an increase in people entering or leaving the property, an increase in cars or bikes outside the home; windows covered or curtains closed for long periods, family not being seen for extended periods; signs of drug use or an increase in anti-social behaviour at the home.

### **Extremism – the Prevent Duty**

Please refer to policy **1.2 Prevent Duty and Radicalisation** for specific details

### **Online safety**

We are required to ensure that we have filters and monitoring systems in place to protect children from harmful online material.

Please refer to policy **1.3 Online Safety** for specific details

### **Adult Sexual Exploitation**

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

### **Up Skirting**

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

### **Child Abuse Linked to Faith or Belief (CALFB)**

Child Abuse Linked to Faith or Belief (CALFB) can happen in families when there is a concept of belief in:

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

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

### **Intra-familial Harm**

Intra-familial child sexual abuse refers to child sexual abuse (CSA) that occurs within a family environment.

### **Extra-familial Harm**

Extra-familial harm is defined as risks to the welfare of children that arise within the community or peer group, including sexual and criminal exploitation.

## **Safeguarding Children with Special Educational Needs and Disabilities**

The nursery acknowledges that children with special educational needs and disabilities (SEND) can face additional safeguarding challenges as they may have an impaired capacity to resist or avoid abuse. They may have speech, language and communication needs which may make it difficult to tell others what is happening. The nursery will ensure that children with SEND, specifically those with communication difficulties will be supported to ensure that their voice is heard and acted upon.

Members of staff are encouraged to be aware that children with SEND can be disproportionately impacted by safeguarding concerns such as bullying. All members of staff will be encouraged to appropriately explore possible indicators of abuse such as behaviour/mood change or injuries and not to assume that they are related to the child's disability and be aware that children with SEN and disabilities may not always outwardly display indicators of abuse.

Staff are aware that some children may be more vulnerable due to behaviour issues.

### **Reporting Procedures**

Action will be taken if a staff member has any reason to believe that a child is at risk of any form of abuse.

Please see flow charts at the end of this policy.

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

If a child starts to talk to an adult about potential abuse (disclosure) it is important that the staff member:

<b>Must Never</b>	<b>Must Always</b>
<p>Investigate or seek to prove or disprove abuse. This is a task for the police, and you could compromise their investigation if you ask questions in the wrong way.</p> <p>Suggest what might have happened or probe for information. It may be suggested that you "put words in the child's mouth" and also the child does not need to go through their story more than is necessary.</p>	<p>Listen to the child, let them talk and offer reassurance and give assurance that she or he will take action.</p> <p>Give full attention to the child or young person</p> <p>Keep body language open and encouraging, making it clear that you are interested in what the child is telling you.</p> <p>Take time and slow down: we will respect pauses and will not interrupt the child – let them go at their own pace</p>

<p>Jump to conclusions, be dismissive or react with shock, anger or horror. Blame the child or refuse to believe what they are saying</p> <p>Speculate or accuse anyone. Guessing wrongly or making accusations can result in terrible consequences for the child and other people.</p> <p>Offer opinions about what is being said or the persons allegedly involved. This is unprofessional and unnecessary.</p>	<p>Keep calm, listen to what is said.</p> <p>Be compassionate, be understanding and reassure them their feelings are important. Phrases such as 'you've shown such courage today'</p> <p>Recognise and respond to their body language</p> <p>Show understanding and reflect back what they have said to check your understanding – and use their language to show it's their experience</p> <p>Thank them for talking to you.</p>
<p>Make promises about confidentiality or keeping 'secrets'.</p>	<p>Discourage the use of the word secret – encourage other words, i.e. making a 'surprise' card for a parent rather than a 'secret' card.</p> <p>Reassure the child that they have done the right thing in telling you. Make sure they know that abuse is never their fault</p>
<p>Confront another person (adult or child) allegedly involved. This gives them the chance to alter the story or put the child under pressure to retract their account of what happened.</p>	
<p>Forget to record what you have been told.</p> <p>Assume someone else will take the necessary action. You may be the only person the child has told about the possible abuse.</p> <p>Fail to pass this information on to the Designated Safeguarding Lead.</p>	<p>Make a written record that forms an objective record of the disclosure that includes</p> <ul style="list-style-type: none"> <li>• the date and time of the disclosure</li> <li>• the exact words spoken by the child as far as possible</li> <li>• the name of the person to whom the concern was reported, with date and time</li> <li>• the names of any other person present at the time</li> </ul>

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

Staff should make an objective record of any observation or disclosure, supported by the Designated Safeguarding Officer. This record should include:

- Child's name
- Child's address
- Age of the child and date of birth
- Date and time of the observation or the disclosure
- Exact words spoken by the child
- Exact position and type of any injuries or marks seen

- Exact observation of any incident including any other witnesses
- Name of the person to whom any concern was reported, with date and time; and the names of any other person present at the time
- Any discussion held with the parent(s) (where deemed appropriate)

These records should be signed by the person reporting this and the DSL, dated and kept in a separate confidential file. It may be thought necessary that through discussion with all concerned the matter needs to be raised with the local authority children's social care team and Ofsted, and/or Early Help Assessment (EHA) needs to be initiated. Staff involved may be asked to supply details of any information/concerns they have with regard to a child. The nursery expects all members of staff to co-operate with the local authority children's social care, police, and Ofsted in any way necessary to ensure the safety of the children.

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

### **Supporting Families**

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

Hopes and Dreams will take every step in its powers to build up trusting and supportive relationships between families and staff, and where abuse at home is suspected, will continue to welcome the child and family while investigations proceed.

### **Confidentiality**

All suspicions, enquiries and external investigations are kept confidential and shared only with those who need to know. Any information is shared under the guidance of the Children's Services Contact Team.

### **Monitoring attendance of children**

Although it is not compulsory for children to attend the early years setting, under our safeguarding responsibilities we are required to monitor children's attendance and patterns of absence. If a child is not going to attend a session, we ask parents/carers to share the length and reason for the absence. This information will enable us to monitor illnesses that may occur across the setting.

If any children do not arrive at the nursery by 11.00am on a day we are expecting them, staff check with the office if there is a message from parents and if not, make contact to find out why they are not present. If unable to reach the parent, then we work down the emergency contact list until contact is made and we establish that the all is well with the child and family. It is a parent's responsibility to keep their emergency contact details updated.

If contact cannot be established then we will assess if a home visit is required to establish that all parties are safe.

Where a child is part of a child protection plan, or during a referral process, any absences will be immediately reported to the local authority children's social care team to ensure the child remains safe and well.

Nursery Management records and monitors all absences in order to safeguard children.

### **Records and information sharing**

Where there are concerns about the safety of a child, the sharing of information in a timely and effective manner between organisations can reduce the risk of harm. Whilst Data Protection legislation (including GDPR, 2018) places duties on organisations and individuals to process personal information fairly and lawfully, it is not a barrier to sharing information where the failure to do so would result in a child or vulnerable adult being placed at risk of harm. Similarly, human rights concerns, such as respecting the right to a private and family life should not prevent sharing where there are real safeguarding concerns. Fears about sharing information should not stand in the way of the need to safeguard and promote the welfare of children at risk of abuse or neglect.

Well-kept records are essential to good child protection practice. The nursery is clear about the need to record any concern held about a child or children within our setting, the status of such records and when these records should be shared with other agencies.

Any member of staff receiving a disclosure of abuse or noticing signs or indicators of abuse, will record it on the Safeguarding Concern/Incident Form noting what was said or seen (if appropriate, using a body map to record), giving the date, time and location. All records will be dated and signed and will include any action taken at the time. This is then presented to the DSL or Deputy DSL who will decide on the next steps and record this accordingly.

All records related to child protection are kept in an individual safeguarding/child protection file for that child (which is separate to the child's file). All child protection records are stored and retained as per policies **1.1 Privacy Notice** and **1.2 Data Protection and Confidentiality**.

Where a child transfers from our setting to another setting / educational setting the DSL or Deputy DSL will copy their safeguarding / child protection file in its entirety and forward the original file to the new educational setting. This will be marked 'Strictly Confidential' and for the attention of the receiving settings Designated Safeguarding Lead, with a return address on the envelope so it can be returned to us if it goes astray. We will obtain evidence that the paperwork has been received by the new setting and place this on the copied file which will be archived in line with our retention policy.

Where a child joins Hopes and Dreams, we will routinely check with the previous early years setting whether there are current or historical safeguarding / child protection records.

### **Multi-Agency Working**

We recognise that children with a social worker have a potentially greater risk of harm and we work closely with any social workers assigned to children in our care.



It is the responsibility of the DSL to ensure that the setting is represented at any child protection conference called for children attending the setting or previously known to them. In addition, we will ensure that a child protection conference report is submitted two working days in advance of an initial conference and five working days for a review conference, in line with London Child Protection Procedures.

Where possible and appropriate, any report will be shared in advance with the parents/ carers. Whoever attends will be fully briefed on any issues or concerns the school has and be prepared to contribute to the discussions at the conference in line with London Child Protection Procedures.

If a child is subject to a Child Protection, Child in Need plan or Early Help Assessment and Plan, the DSL will ensure the child is monitored regarding their settings attendance, emotional well-being, progress, welfare and presentation.

Where the setting is part of the core group, the DSL will ensure the setting is represented, provides appropriate information and contributes to the plan at these meetings. Any concerns about the Child Protection plan and / or the child's welfare will be discussed and recorded at the core group meeting, unless to do so would place the child at further risk of significant harm. In this case the DSL will inform the child's social worker immediately and then record that they have done so and the actions agreed.

### **Safe Working Practice**

All members of staff (including students and volunteers) are required to work within clear guidelines on Safe Working Practice and the policy **11.2 Staff Code of Conduct**.

Staff understand that children may make allegations against staff in situations where they feel vulnerable or where they perceive there to be a possible risk to their welfare. As such, all staff should take care not to place themselves in a vulnerable position regarding child protection or potential allegations. For example, it is always advisable for interviews or work with individual children or parents to be conducted in view of other adults.

Physical intervention should only be used when the child is endangering him/herself or others and such events should be recorded and signed by a witness. Staff should be aware of policy **7.1 Achieving Positive Behaviour**

### **Staffing and volunteering**

Our policy is to provide a secure and safe environment for all children. We only allow an adult who is employed by the nursery to care for children and who has an enhanced clearance from the Disclosure and Barring Service (DBS) to be left alone with children. We do not allow volunteers to be alone with children or any other adult who may be present in the nursery regardless of whether or not they have a DBS clearance.

All staff will attend child protection training and receive initial basic child protection training during their induction period. This will include the procedures for spotting signs and behaviours of abuse and abusers/potential abusers, recording and reporting concerns and creating a safe and secure environment for the children in the nursery. During induction staff will be given contact details for the Local Authority Designated Officer (LADO), the local authority children's services team, the Islington Safeguarding Children Board and Ofsted to enable them to report any safeguarding concerns, independently, if they feel it necessary to do so.

- We provide adequate and appropriate staffing resources to meet the needs of all children
- Applicants for posts within the nursery are clearly informed that the positions are exempt from the Rehabilitation of Offenders Act 1974. Candidates are informed of the need to carry out checks before posts can be confirmed. Where applications are rejected because of information that has been disclosed, applicants have the right to know and to challenge incorrect information
- We give staff members, volunteers and students regular opportunities to declare changes that may affect their suitability to care for the children. This includes information about their health, medication or about changes in their home life such as whether anyone they live within a household has committed an offence or been involved in an incident that means they are disqualified from working with children
- We request DBS checks on a three-year basis /or we use the DBS update service to re-check staff's criminal history and suitability to work with children a barred check would be undertaken as part of an enhanced DBS check but would be undertaken separately if there were a delayed DBS
- We abide by the requirements of the EYFS and any Ofsted guidance in respect to obtaining references and suitability checks for staff, students and volunteers, to ensure that all staff, students and volunteers working in the setting are suitable to do so
- We ensure we receive at least two written references for a new member of staff
- All students will have enhanced DBS checks conducted on them before their placement starts
- Volunteers, including students, do not work unsupervised
- We abide by the requirements of the Safeguarding Vulnerable Groups Act 2006 and the Childcare Act 2006 in respect of any person who is disqualified from providing childcare, is dismissed from our employment, or resigns in circumstances that would otherwise have led to dismissal for reasons of child protection concern
- We have procedures for recording the details of visitors to the nursery and take security steps to ensure that we have control over who comes into the nursery so that no unauthorised person has unsupervised access to the children
- All visitors/contractors will be supervised whilst on the premises, especially when in the areas the children use
- All staff have access to and comply with the whistleblowing policy which will enable them to share any concerns that may arise about their colleagues in an appropriate manner
- All staff will receive regular supervision meetings where opportunities will be made available to discuss any issues relating to individual children, child protection training and any needs for further support
- The deployment of staff within the nursery allows for constant supervision and support. Where children need to spend time away from the rest of the group, the door will be left ajar or other safeguards will be put into action to ensure the safety of the child and the adult.

### **Employees or Volunteers of the Nursery**

All staff will attend child protection training within their first three months of employment and receive initial basic information regarding Safeguarding in their first week of employment by Hopes and Dreams Nurseries. During their induction period, training will include the procedures for spotting signs and behaviours of all types of

abuse and abusers, reminders of how to record and report concerns, and creating a safe and secure environment for the children in the nursery.

It is the policy of the nursery to provide a secure and safe environment for all children. The nursery will, therefore, not allow an adult to be left unsupervised who has not received their enhanced DBS check. If for any reason an enhanced DBS check is delayed, a barred check will be undertaken separately.

If an allegation is made against a member of staff or a volunteer, Ofsted and the local authority safeguarding unit will be informed and will investigate. This may result in the nursery disciplinary procedures being followed.

The incident will be dealt with by the Nursery Manager (Lynn Thorpe at Angel/Magda Zurawska at Old Street) or the Registered Person (Nazish Usman for both nurseries) see contact details on page 3 of this document. However, anyone can make a referral to Children's Services or the LADO without requiring the consent of parents/carers-see contact details on page 4 of this document

- A full investigation will be carried out to determine how this will be handled
- If the allegation could possibly interfere with the normal working of the nursery, either the member of staff or the child will be allocated to another area, after due consultation with all parties
- The nursery reserves the right to suspend any member of staff on full pay during the investigation
- All investigations/interviews will be documented and kept in a locked file
- Unfounded allegations will result in all rights being reinstated
- Founded allegations will be passed on to the relevant organisation and will result in the termination of employment

Hopes and Dreams has a clear commitment to protecting children and promoting welfare. Should anyone believe that this policy is not being upheld, it is their duty to report the matter to the attention of the named people on page three of this policy.

### **Managing Allegations Against a Member of Staff/Volunteer**

All staff are aware of the importance of whistleblowing if they have any concerns about a colleague, no matter how low level or insignificant they may seem. We have details of the LADO poster across the nursery. Anyone can make a referral to children's services or the LADO without requiring the consent of parents/carers. Staff dealing with low level concerns, will follow the Whistleblowing policy and can contact LADO. Please refer to policy **1.4 Whistleblowing** for further information.

### **Staff Training**

All staff carry out safeguarding training within their first week of joining Hopes and Dreams. This is delivered in the form of an online course through Educare. This is renewed annually as a whole team Inset training day.

The Designated Safeguarding Officer and Deputy Designated Safeguarding Officer attend the local authority training in roles and responsibilities for the role and this is renewed every two years.

Staff who carry out interviews for potential new staff have completed the Safer Recruitment training course through Educare online. Please refer to policy **2.1 Safe Recruitment of Staff** for further information.

## **Mental Health Awareness**

At Hopes and Dreams we consider the mental wellbeing of our children, families and staff, offering any support and guidance they may need including dealing with bereavement and any possible effects in relation to the Covid-19 pandemic.

## **Children's Mental Health**

All staff undergo training in:

- Well-being in children
- Adverse Childhood Experiences (ACE's)
- Dealing with bereavement and loss

This training supports us to recognise any signs that children may be suffering with poor mental health and gives us guidance and tools to support them. Through our key person and buddy key person system, staff get to know the children in depth and through regular observations, can establish any signs of low well-being.

### **We know that when children.....**

- feel at ease
- act spontaneously
- are open to the world and new experiences
- express inner rest and relaxation
- show vitality and self-confidence
- are in touch with their feelings and emotions
- enjoy life

.....**we know that their mental health is secured.**

## **Family Mental Health**

We recognise that mental ill-health is one of the 'toxic trio' in regards to children being at risk of harm. By building strong partnerships with our parents, we aim to recognise if a parent or carer is suffering with ill health and will and sign post them to relevant agencies for specialised support.

## **Staff Mental Health**

Nursery Management are trained in 'Supporting Staff Mental Health in the Early Years' and through regular meetings, supervision/appraisals and general catch ups, aim to recognise any ill mental health or low well-being and work with the staff member to support this.

At Hopes and Dreams we provide a free Employee Assistance Programme and direct staff to this if we think they could benefit from its services.

We also recognise that even for staff with good mental health, may be highly effected by dealing with any safeguarding issues of a child and ensure to support them throughout the whole process and beyond.

## **Legal Framework**

- Children Act 1989 s47

- The Children Act (every Child Matters) 2004
- Protection of Children Act 1999
- Childcare Act 2006 (amended 2018)
- Safeguarding Vulnerable Groups Act 2006
- Children and Social Work Act 2017
- The Statutory Framework for the Early Years Foundation Stage (EYFS) 2021
- Working Together to Safeguard Children (updated 2020)
- Keeping Children Safe in Education 2022
- Data Protection Act 2018
- What to do if you're worried a child is being abused 2015
- Counter-Terrorism and Security Act 2015.
- Prevent Duty 2015
- Education Act 2011
- SEND Code of Practice 0-25 age Section 5 2005
- Information sharing advice for safeguarding practitioners 2018
- Serious Crime Act 2015 with regards to section 74 - Female Genital Mutilation Act 2003
- Education (Pupil Registration) Regulations 2006
- Sexual Offences Act 2003
- Preventing and Tackling Bullying 2017
- Domestic Abuse Act 2021

Reviewed: April 2023	Next review date: April 2024
Signed on behalf of the nursery: <i>L. Thorpe.</i>	

## Flowchart: Allegations Made Against A Member of Staff (2021)

If an allegation is made that a member of staff has harmed a child or is alleged to have behaved in a way in their private life that may suggest they are unsuitable to work with children and young people the head or manager (.....) or in their absence the most senior member of staff, must be informed immediately. If the allegation concerns the manager/head, the chair of the board of governors/management committee/proprietor must be informed.

To assess the most appropriate course of action, the following initial information must be collated:

- the date and time of the observation or the disclosure
- the exact words spoken by the child/staff/member/parent/volunteer as far as possible
- the name of the person to whom the concern was reported (with date and time)
- the names of any other person present at the time
- wider relevant knowledge or background information

**(Note: it is not appropriate at this stage to conduct formal interviews or take written statements from staff as this could compromise an investigation)**

The Local Authority designated officer (LADO) **must be informed within one working day** on Tel: **020 7527 8102**.  
[LADO Referral Form](#)

The LADO will clarify if and how the matter will be taken forward and what appropriate course of action should be taken  
(A referral to the police may be made if it is a potential criminal offence)

After discussing the situation with the LADO it may become clear that a referral to Children's Services Contact Team (CSCT) is required.

After discussing the situation with the LADO, it may become clear that a referral to Children's Services Contact Team is **not** required and the setting is to follow their own complaints and disciplinary procedures.

Refer the allegation to Children's Services Contact Team: 020 7527 7400  
Follow the referral up in writing within 24 hours as required by CSCT online  
[CSCT REFERRAL](#)

The incident should be documented and Early Years Safeguarding Leads Gwen Fitzpatrick 0207 527 5629 or Amanda Joy 020 7527 3154 should be informed of this outcome in writing where applicable.

Children's Social Care will contact the setting as to how to proceed. A formal strategy meeting will take place between Children's Social Care, the settings representative and the police (as appropriate). This meeting will agree what action is required immediately to safeguard and promote the welfare of the child, and/or provide interim services and support.

The member(s) of staff may be suspended on full pay (in line with your HR procedures. This overall decision to suspend is vested in the chair of the board of Governors/ management committee/proprietor. Suspension is a neutral act and allows a full investigation of facts to take place.

Ofsted **must** be informed within 24 hours on (0300 123 1231) of any allegation or concerns made against a member of staff. [Ofsted Notification Form](#)  
(It is a breach of regulation if Ofsted are not notified within this time).

Once the investigation is complete, Ofsted may visit to discuss the implications of the investigation. It may be necessary to implement the setting's disciplinary, grievance or complaints procedure.  
**DBS (Disclosure and Barring Service) must be informed if a staff member has been dismissed as a result of the allegation**

**Making A Child Protection Referral**
  
 July 2021

