

Bizzie Lizzies Nursery and Pre School.

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Preschool Ofsted URN – EY2549120 RP
number - 906327

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Child protection /
Safeguarding Children policy

EYFS: 3.4-3.18,3.19,3.21,3.22

This policy underpins all other policies at Bizzie Lizzies.

Legal framework and definition of safeguarding

- Children Act 1989 and 2004
- Childcare Act 2006 (amended 2018)
- UN convention for the right of the child (1989)
- 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 2018 Updated 2020
- Keeping Children Safe in Education 2019
- Data Protection Act 2018
- What to do if you are worried a child is being abused 2015
- Counterterrorism and Security Act 2015.
- Inspecting Safeguarding in Early years, Education and Skills settings 2019
- Prevent Duty 2015

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

- “Child protection is a part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm”
- Protecting children from maltreatment
- Preventing the impairment of children’s health or development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children to have the best outcomes.

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

Aims

- Bizzie Lizzies believes that ALL children and young people have the right to protection. The welfare of children is paramount. The Nursery is committed to the protection of children and considers that Safeguarding is everyone's responsibility, and the needs of each child are our priority.
- Create an environment to encourage children to develop a positive self-image, providing positive role models within safe and secure environment for all children.
- Develop a safe culture where staff are confident to raise concerns about professional conduct.
- Encourage children to develop a sense of independence and autonomy in a way that is appropriate to their age and stage of development.
- Promote tolerance and acceptance of different beliefs, cultures, and communities.
- how to promote British values through play, discussion, and role modelling
- The voice of the child is paramount.
- Be aware of the increased vulnerability of children with Special Educational Needs and Disabilities (SEND), isolated families and vulnerabilities in families, including the impact of **toxic trio** on children and Adverse Childhood Experiences (ACE's).
- Provide an environment where practitioners are confident to identify where children and families may need intervention and seek the help they need
- Support staff to notice the softer signs of abuse and know what action to take
- 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.
- The Team is responsible for liaison with children's services and Safeguarding Children and Young People in Herefordshire (SCYPiH), and should attend ongoing safeguarding and child protection courses
- Share information with other agencies as appropriate, make referrals in a timely manner using the most up-to-date referral forms, found on the HSCB website.
- Take any appropriate action relating to allegations of serious harm or abuse against any person working with children or living or working on the nursery premises including reporting such allegations to Ofsted and other relevant authorities including the local authority.
- Ensure parents are fully aware of 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 the team and make sure it complies with any legal requirements and any guidance or procedures issued by the local authority.

Designated Safeguarding Lead

- We have named persons within the nursery who take lead responsibility for safeguarding and co-ordinate child protection and welfare issues, known as the Designated Safeguarding Leads (DSL), there is always at least one designated person on duty during the opening hours

of the setting. The designated persons will receive comprehensive training at least every two years and update their knowledge on an ongoing basis, but at least once a year.

- The nursery DSLs consult with the local authority children's social care team, undertakes specific training, including a child protection training course, and receives regular updates to developments within this field. They in turn support the ongoing development and knowledge of the staff team with regular safeguarding updates.

Types of abuse and particular procedures followed

- Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused within a family, institution or community setting by those known to them or more rarely, a stranger.
- This could be an adult or adults, another child, or children.
- The signs and indicators listed at the end of this document 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: ^[1]

Emotional states:

- Fearful
- Withdrawn
- Low self-esteem.

Behaviour:

- Aggressive
- Oppositional habitual body rocking.

Interpersonal behaviours:

- Indiscriminate contact or affection seeking
- Over-friendliness to strangers including healthcare professionals
- Excessive clinginess, persistently resorting to gaining attention
- Demonstrating excessively 'good' behaviour to prevent parental or carer disapproval
- Failing to seek or accept appropriate comfort or affection from an appropriate person when significantly distressed
- Coercive controlling behaviour towards parents or carers

- Lack of ability to understand and recognise emotions
- Very young children showing excessive comforting behaviours when witnessing parental or carer distress

Peer-on-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 the appropriate bodies on this area; 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

Action needs to be taken if staff have reason to believe that there has been a physical abuse to a child, which may involve hitting, shaking, throwing, poisoning, burning, or scalding, drowning, suffocating or otherwise causing physical harm to a child. 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, trunk, and face.

Existing Injury

Many children will have cuts and grazes from normal childhood injuries. When children enter the nursery with an existing injury, we will record the details of the injury. Any injuries that are a cause of concern will be followed up with parents and the designated safeguarding lead.

Fabricated illness

Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child. The parent or carer may seek out unnecessary medical treatment or investigation; they may exaggerate a real illness and symptoms or deliberately induce an illness through poisoning with medication or other substances or they may interfere with medical treatments. Fabricated illness is a form of physical abuse, and any concerns will be reported, in line with our safeguarding procedures.

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. Some ethnic groups practise this form of physical abuse as a cultural ritual. When the procedure happens is dependent on the community and it may occur shortly after birth, during childhood; during adolescence, just before marriage or during a woman's first pregnancy. The practice can cause severe pain and there may be immediate and/or long-term health consequences, including mental health problems, urinary infection, septicaemia, incontinence; difficulties in childbirth, causing danger to the child and mother; and/or death.

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. For advice call the FGM helpline.

Where appropriate the DSL will speak to the parent/carer, staff should be aware of language barriers and should not use a family member as a translator.

Breast ironing

Breast ironing also known as “breast flattening” is the process where young girls’ breasts are ironed, massaged and/or pounded down using hard or heated objects 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. Although this is unlikely to happen to children in the nursery due to their age, we will remain vigilant for the signs and symptoms in any children and families using our services and follow-up concerns following our safeguarding referral process.

Sexual abuse

Sexual abuse involves forcing, or enticing, a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration or non-penetrative acts such as masturbation, kissing, rubbing, and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online and technology can be used to facilitate offline abuse. Adult males do not solely perpetrate sexual abuse; women can also commit acts of sexual abuse, as can other children.

Action must be taken if a staff member witnesses an occasion(s) where a child indicates sexual activity through words, play, drawing, has an excessive preoccupation with sexual matters; or has an inappropriate knowledge of adult sexual behaviour, or language, for their developmental age. This may include acting out sexual activity on dolls/toys or in the role-play area with their peers; drawing pictures that are inappropriate for a child, talking about sexual activities or using sexual language or words.

The physical symptoms may include genital trauma, discharge and bruises between the legs or signs of a sexually transmitted disease (STD). Emotional symptoms could include a distinct change in a child’s behaviour. They may be withdrawn or overly extroverted and outgoing. They may withdraw away from a particular adult and become distressed if they reach out for them, but they may also be particularly clingy to a potential abuser so all symptoms and signs should be looked at together and assessed as a whole.

Child sexual exploitation (CSE)

Working Together to Safeguard Children defines CSE as “...a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of eighteen 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. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.”

Emotional abuse

Working Together to Safeguard Children defines emotional abuse as the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only as far as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Signs that children are being emotionally abused may include shying away from an adult who is abusing them; becoming withdrawn, aggressive, or clingy to receive their love and attention; not having a close bond with their parent/carer; seem unconfident or anxious or being aggressive towards others.

Action should be taken if the staff member has reason to believe that there is a severe, adverse effect on the behaviour and emotional development of a child, caused by persistent or severe ill treatment or rejection. Children may also experience emotional abuse through witnessing domestic abuse and alcohol and drug misuse by adults caring for them.

Neglect

Working Together to Safeguard Children defines Neglect as the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy because of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

1. Provide adequate food, clothing, and shelter (including exclusion from home or abandonment)
2. Protect a child from physical and emotional harm or danger
3. Ensure adequate supervision (including the use of inadequate caregivers)
4. Ensure access to appropriate medical care or treatment.

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

Signs may include a child persistently arriving at nursery unwashed or unkempt, wearing clothes that are too small (especially shoes that may restrict the child's growth or hurt them), arriving at nursery in the same nappy they went home in, or a child having an illness or identified special educational need or disability that is not being addressed by the parent. A child may also be persistently hungry if a parent is withholding food or not providing enough for a child's needs.

Neglect may also be shown through emotional signs, e.g., a child may not be receiving the attention they need at home and may crave love and support at nursery. In addition, neglect may occur through pregnancy because of maternal substance abuse.

Action should be taken if the staff member has reason to believe that there has been any type of neglect of a child.

Child Criminal Exploitation (CCE)

Child Criminal Exploitation (CCE) can be described as when an individual, or group, takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of eighteen. The victim may have been criminally exploited even if the activity appears consensual. Child Criminal Exploitation does not always involve physical contact; it can also occur using technology.

County Lines

County lines is 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.

They are likely to exploit children and vulnerable adults to move the drugs and money, and they will often use coercion, intimidation, violence (including sexual violence) and weapons.

Signs that a child may be involved in county lines could be a change in behaviour, suddenly having more money or possessions; change in friendship group, withdrawing from family life, sudden change in appearance; unexplained physical injuries, staying out late or a lack of interest in school and previous positive activities.

Cuckooing

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

If we recognise any of these signs, we will report our concerns as per our reporting process.

Contextual safeguarding

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

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

Domestic Abuse / Honour Based Violence / Forced Marriages

Domestic Abuse is a major social problem affecting many families. Children who witness, intervene, or hear incidences are affected in many ways. Staff should be vigilant for warning signs and should immediately report their concerns to a member of the Safeguarding Team.

Should a Parent disclose a DAV situation, the member of Staff should immediately bring them to a private room and ensure a member of the Safeguarding Team is present to discuss the situation.

Please see the domestic abuse referral pathway guidance for further information, this also includes honour based violence and forced marriage.

<http://westmidlands.procedures.org.uk/assets/clients/6/Herefordshire%20downloads/Dmestic%20Abuse%20Pathway%20-%20Revised%20July%202020.pdf>

Extremism – the Prevent Duty

Under the Counterterrorism and Security Act 2015 we have a duty to refer any concerns of extremism to the police (In Prevent priority areas the local authority will have a Prevent lead who can also provide support).

Reasons for referral may include a cause for concern relating to a change in behaviour of a child or family member, comments causing concern made to a member of the team, or actions that lead staff to be worried about the safety of a child in their care. We have a Prevent Duty and Radicalisation policy in place. Please refer to this for specific details.

Online Safety

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

Human Trafficking and Slavery

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

Adult sexual exploitation

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

Up skirting

Up skirting involves taking a picture of someone's genitals or buttocks under their clothing without them knowing, either for sexual gratification or 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.

Hazing

The dictionary defines hazing as the “subjection to harassment or ridicule.” In legal terms, Garret’s Law extends that definition to encompass wilful acts that happen with or without consent of the victim and may include: physical injury, kidnapping, assault, physical activity that is reckless or can cause harm, humiliation, forced consumption of a substance, force to be in physical danger, etc.

Often an initiation ceremony to enter a new friendship group (gang activity) Can be forced to carry out high end criminal activity.

Reporting Procedures

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

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

The designated safeguarding lead will:

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

Responding to a spontaneous disclosure from a child

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

- Give full attention to the child or young person
- Keep body language open and encouraging
- Be compassionate, be understanding and reassure them their feelings are important. Phrases such as 'you've shown such courage today'
- Take time and slow down: we will respect pauses and will not interrupt the child – let them go at their own pace
- Recognise and respond to their body language
- Show understanding and reflect back
- Make it clear you are interested in what the child is telling you
- Reflect what they have said to check your understanding – and use their language to show it's their experience
- Reassure the child that they have done the right thing in telling you. Make sure they know that abuse is never their fault
- Never make any promises to the child about not passing on the information
- Staff must not discuss with anyone other than the DSL/DDSL

Any disclosure will be reported to the DSL/DDSL and will be referred to the MASH team immediately.

Recording Suspicions of Abuse and Disclosures

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

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

These records should be signed by the person reporting this and the DSL/DDSL, dated and kept in a separate confidential file.

Staff involved in a safeguarding case may be asked to supply details of any information/concerns they have regarding 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.

Informing parents/Carers

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 it is deemed unsafe to do so.

Disguised Compliance

'Disguised compliance' involves a parent or carer giving the appearance of co-operating with child welfare agencies and other professionals to avoid raising suspicions, to allay professional concerns and ultimately to diffuse professional intervention. (NSPCC 2018)

What might disguised compliance look like?

- **Focusing on one particular issue** – parents make sure one thing goes well to deflect attention away from other areas (e.g. with Daniel Pelka, school attendance improved whilst the abuse continued).
- **Being critical of professionals** – parents will seek to blame other professionals for things not happening, again deflecting attention away from things they have not done and seeking to split the professional group working with the family.
- **Failure to engage with services** – parents will promise to take up services offered but then not attend appointments due to other problems.
- **Avoiding contact with professionals** – parents will agree to certain targets and then avoid further contact with professionals.

What to do-

- **Begin from a place of 'respectful uncertainty'**. This means you take what people say seriously, be they parents, young people or even colleagues, but you then look for other information to correlate or challenge the account. Where there is conflicting evidence from different professionals, the child, other students or local community, or family members, this should give you pause for thought.
- **Set some short term, very achievable goals.** If the family promise but can't manage these then it's unlikely your goal of 100% attendance in three years is going to happen!
- **Look carefully at the evidence.** The best predictor of the future we have is the past. Look at your chronology, think about patterns and the reasons for these. What would need to change? How many times have the family come through on what they've agreed to previously. Are the children's needs being met now? Are they at risk? How long is reasonable to allow unmet needs or lower level risks to go on? Should you be taking action now?

- **Watch and learn.** Create opportunities to be with the parent and the children. What can you see? What support is needed to enable the parent and the student to achieve the goals.

Where there is disguised compliance professionals can believe they've engaged positively with parents/carers to address risk/change. However, progress can drift, risks are not reduced and may actually be increased and staff can fail to recognise significant issues of concern (domestic abuse, drug/alcohol misuse), misinterpret vital information and lose inter-agency communication.

The child therefore remains in a high risk, unprotected environment

Confidentiality

All suspicions, enquiries and external investigations are kept confidential and shared only with those who need to know. Any information is shared in line with guidance from the local authority. All staff, students and volunteers are bound by confidentiality and any information will not be discussed out of work, or this will become a disciplinary matter.

The Nursery has due regard to the data protection principles as in the Data Protection Act 2018 and General Data Protection Regulations (GDPR)^[2]. These do not prohibit the collection and sharing of personal information, even without consent if this would put the child at further risk. We will follow the principles around data collection and information sharing, and ensure any information is recorded and shared in an appropriate way.

Support to families

The nursery takes every step in its power to build up trusting and supportive relations among families, staff, students, and volunteers within the nursery.

The nursery continues to welcome the child and the family whilst enquiries are being made in relation to abuse in the home situation. Parents and families will be treated with respect in a non-judgmental manner whilst any external investigations are carried out in the best interest of the child.

Record Keeping

Confidential records kept on a child are shared with the child's parents or those who have parental responsibility for the child, only if appropriate and in line with guidance of the local authority with the proviso that the care and safety of the child is paramount. We will do all in our power to support and work with the child's family.

The Nursery keeps appropriate records to support the early identification of children and families that would benefit from support. Factual records are maintained in a chronological order with parental discussions. The DSL regularly reviews records to look holistically at identifying children's needs.

Allegations against adults working or volunteering with children

If an allegation is made against a member of staff, student or volunteer or any other person who lives or works on the nursery premises regardless of whether the allegation relates to the nursery premises or elsewhere, we will follow the procedure below.

The allegation should be reported to the DSL/DDSL. If this person is the subject of the allegation, then this should be reported to the *owner/*registered person/*manger/*deputy manager instead.

- If an allegation is made directly to the Police or MASH, the Safeguarding Team may not be given any details of the alleged incident in the first place.
- A parent should speak directly to the DSL, unless the DSL were the subject of the allegation, in which case they would speak to the DDSL
- The member of staff concerned will be identified.
- The DSL/DDSL will ascertain if the Parent is happy to leave the child in our care while procedures are carried out.
- Legal advice will be sought to ensure compliance with the law. The member of staff does not have to be immediately suspended however the nursery reserves the right to suspend any member of staff during an investigation
- The DSL will contact the LADO (Terry Pilliner)
- Under no circumstances will the DSL, or DDSL, try to investigate this further.
- DSL will inform Ofsted of any allegations of serious harm or abuse by any person living, working, or looking after the children at the premises as soon as possible but within fourteen days.
- Advice will be followed from the LADO.
- In the event of a Staff Member being dismissed because they have harmed a child or put a child at risk then the Nursery will make a referral to the Disclosure and Barring Service to meet the Nursery's responsibilities under the Safeguarding Vulnerable Groups Act 2006.
- Records of the allegation will be retained until the alleged perpetrator reaches normal retirement age, even if they are no longer associated with the Nursery.
- Support will be provided to all those involved in an allegation throughout the external investigation in line with local authority children's social care team support and advice
- Unfounded allegations will result in all rights being reinstated
- A return-to-work plan will be put in place for any member of staff returning to work after an allegation has been deemed unfounded. Individual support will be offered to meet the needs of the individual staff member and the nature of the incident; this may include more frequent supervisions, coaching and mentoring and external support.

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.

Parents should please inform the nursery prior to their children taking holidays or days off, and all incidents of sickness absence should be reported to the nursery the same day, so we are able to account for a child's absence.

If a child has not arrived at nursery within one hour of their normal start time the parents will be contacted to ensure the child is safe and healthy.

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

Looked after children

As part of our safeguarding practice, we will ensure our staff are aware of how to keep looked after children safe. To do this, we ask that we are informed of:

- The legal status of the child (e.g., whether the child is being looked after under voluntary arrangements with consent of parents or on an interim or full care order)
- Contact arrangements for the biological parents (or those with parental responsibility)
- The child's care arrangements and the levels of authority delegated to the carer by the authority looking after him/her
- The details of the child's social worker and any other support agencies involved
- Any child protection plan or care plan in place for the child in question.

Private fostering

Private fostering is when a child or young person under 16 years old (or 18 if they have a disability) is looked after for a period of **28 days or more** by someone who is not a parent, close relative, legal guardian or person with parental responsibility. Close relatives are step-parents, aunts, uncles, brothers, sisters and grandparents. Other people, such as neighbours, friends or more distant relatives need to have an assessment. Following a successful assessment, the local authority must visit the child regularly to ensure they are and remain safe.

- By law, the local authority where the private foster carer lives must be told about all private fostering situations. The child's parents, private foster carer and anyone else involved in the arrangement are legally required to inform the local authority.
- The setting should be clear who has parental responsibility for children on their roll, and where they identify a private fostering arrangement they **must** report this to the relevant local authority.

Signs a child may be privately fostered

Although not an exhaustive list, the questions below may help to identify a privately fostered child:

- Has the child said that they are no longer living with their parents e.g. are staying with friends/cousins/ family you were unaware of?
- Is the child vague about who is looking after them and what their relationship to them is?
- Is their carer vague about routines, needs and the child's education?
- Who accompanies the child to school – is it someone different to their known carer?
- Are you unsure who is looking after the child and what their relationship to the child is? Have you checked that those called e.g. 'Auntie', 'Uncle' etc. are relatives rather than the term being used as a form of respect?

- Are you unsure if the carer has parental responsibility for the child?

Concerns for a staff members mental or emotional wellbeing

- If another member of staff raises a concern, we shall note down all concerns and reasons for the concern, following our Whistleblowing Policy.
- Meet with the member of staff identified, for an honest discussion (preferably two members of staff to hear the perspective IF this will not upset the staff member). If the member of staff is eighteen or younger, ensure an appropriate Guardian is present.
- If only one member of staff is present, record the meeting where possible on a recording device.
- Do not immediately decide upon a course of action with the member of staff present, arrange a date for a review meeting.
- Review the information and decide if LADO should be contacted. If so, follow their advice. If not, use the agreed review meeting to decide upon appropriate course of action.
- If a member of staff discloses something which gives one of the Senior Management Team causes for concern for that staff member, or the safety of the children in their care, the following procedure will be followed:
- Discuss the concerns, being careful to avoid all judgement. If the member of staff is eighteen or younger, ensure an appropriate Guardian is present. Arrange a date/time for a review meeting.
- Review the information and decide if LADO should be contacted. If so, follow their advice. If not, use the agreed review meeting to decide upon appropriate course of action.
- Records of the meeting will be retained in the member of staff's Personal File

Contact details

1. Safeguarding Children and Young People in Herefordshire. Email: admin.sbu@herefordshire.gov.uk Website: <https://herefordshiresafeguardingboards.org.uk/herefordshire-safeguarding-children-partnership/>
2. Multi Agency Safeguarding Hub [MASH]: 01432 260800
3. Referral email: cypd@herefordshire.gcsx.gov.uk
4. Emergency Out of Hours: 01905 768020
5. Early help Services earlyhelp@herefordshire.gov.uk
6. Local Authority Designated Officer [LADO]: Terry Pilliner, 01432 261739, LADO@herefordshire.gov.uk
7. Police–Duty Inspector: 0300 333 3000
8. Police–Family Protection Unit: 08457 444 888
9. NSPCC: 0808 800 5000 Text: 88858 Email: help@nspcc.org.uk
10. Ofsted: 0300 123 1231
11. Government Helpline for Extremism Concerns: 020 7340 7260
12. FGMhelpline: 0800 028 3550
13. National Domestic Helpline: 0808 200 0247

Related policies

- 1. Confidentiality Policy**
- 2. Medical Policy**
- 3. ICT Policy: including information on the use of Photographs and Videos, and Internet Use and e-Safety**
- 4. Safer Recruitment Policy**
- 5. Staff Policy**
- 6. Whistleblowing Policy**
- 7. Looked After Children Policy**
- 8. Visitors Policy**
- 9. Student and Volunteers Policy**
- 10. Mobile Phones and Communication Devices Policy**
- 11. Health and Safety Policy**
- 12. Data Protection Policy**
- 13. Non mobile baby Policy**