

## 2. Safeguarding & Welfare

### a. Safeguarding Policy

Nursery Village is committed to the welfare and protection of all children in its care. We achieve this by identifying emerging issues, intervening early and working in partnership with other agencies.

For the purposes of Safeguarding and Child Protection legislation, the term 'child' refers to anyone up to the age of 18 years.

It is a function of the company to protect children from harm by ensuring that concerns about their safety are properly investigated.

Safeguarding is a term which is broader than 'child protection' as it also includes prevention. Whilst local authorities play a lead role, **safeguarding children and protecting them from harm is everyone's responsibility.**

Everyone who comes into contact with children and families has a role to play. We commit to creating and maintaining the safest possible environment for children.

**Safeguarding** and promoting the welfare of children is defined as:

- protecting children from maltreatment.
- preventing impairment of children's health or development.
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care.
- taking action to enable all children to have the best outcomes.

**Child Protection** refers to the situation where a child is suffering significant harm, or is likely to do so, and action is required to protect that child.

We believe children have a right to play and be safe, whilst we take steps to promote their safety by equipping children with a range of skills, information and confidence that will help them to protect themselves in the community.

As part of our overall approach to keep children safe, we will discuss in an age appropriate way:

- Choices
- Nursery rules
- Values
- Expressing feelings
- Rights of a child
- Healthy relationships
- Friendships
- Appropriate touch
- Keeping safe online
- Recognising and assessing risk
- Problem solving and decision making
- How and where to get help when needed

**Legal framework and definition of Safeguarding:**

Children Act 1989 and 2004

Childcare Act 2006

Safeguarding Vulnerable Groups Act 2006

Children and Social Work Act 2017

The Statutory Framework for the Early Years Foundation Stage (EYFS) 2017

Working together to safeguard children 2018

Keeping children safe in education 2018

Data Protection Act 2018

What to do if you're worried a child is being abused 2015

Counter-Terrorism and Security Act 2015.

**Our Aims:**

This policy will contribute to the safeguarding of our children at Nursery Village by:

- Clarifying standards of behaviour for staff and children.
- Contributing to the establishment of a safe, resilient and robust safeguarding ethos, built on mutual respect, and shared values.
- Teaching children about safeguarding, including online, through age appropriate teaching and learning opportunities.
- Alerting staff to the signs and indicators of safeguarding issues.
- Developing staff awareness of the causes of abuse.
- Developing staff awareness of the risks and vulnerabilities our children face by addressing concerns at the earliest possible stage.
- Reducing the potential risks children face of being exposed to violence, extremism, exploitation or victimisation.
- Working in partnership with children, parents and other agencies.

This policy will contribute to supporting the children at Nursery Village by:

- Identifying and protecting the most vulnerable.
- Identifying individual needs where possible.
- Designing plans to meet those needs.

**Policy**

All staff and visitors should be familiar with this [Safeguarding Policy](#), be subject to our [Safer Recruitment Policy](#) and processes, whether they are new staff, agency staff, contractors or volunteers and be involved, where appropriate, in the implementation of individual education programmes, integrated support plans, child in need plans and interagency child protection plans.

It is everyone's responsibility to be alert to signs and indicators of possible abuse, record concerns and pass that record to the DSL.

**If, a child is at risk of harm or in immediate danger, a referral should be made to First Response and/or the Police immediately.** Anyone can make a referral. Where referrals are not made by the DSL, they should be informed as soon as possible.

### Designated Safeguarding Lead (DSL)

The Designated Safeguarding Lead is the person appointed by the nursery to take lead responsibility for child protection issues in the nursery setting.

The person fulfilling this role will have specific training and experience when dealing with safeguarding issues and, are in place to listen to your concerns and know if, when and how to act on them if necessary.

The DSL has the status and authority within the nursery to carry out the duties of the post including arranging training, supporting and directing other staff members to safeguard and promote the welfare of children in our care.

We will always appoint a Deputy DSL at your nursery, to ensure the whole nursery team and parents are able to liaise and get support at all times. Your DSL staff are identified on all staff boards throughout your nursery.

### The rights of the child

Nursery Village respects children's rights in accordance with the statements of the United Nations convention on the rights of the child and the children act 2004.

Children have the right to expect that every adult responsible for them will protect them from every kind of abuse.

Governments should ensure that children are properly cared for, and protect them from violence, abuse, and neglect by their parents or anyone else who looks after them.

**If you are worried, it is not your responsibility to investigate and decide if it is abuse. It is your responsibility to act on your concerns by reporting them to the relevant person.**

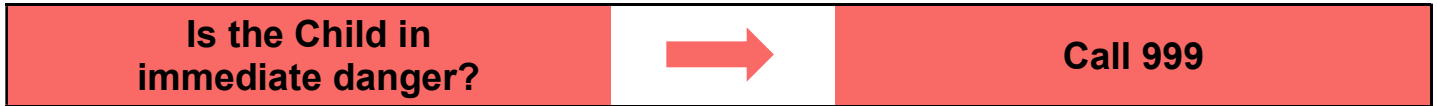
### Summary

- If you believe a child is in immediate danger – **Call 999**
- If abuse is disclosed or suspected, use a Cause for Concern Form and report it to the DSL who will contact First Response if appropriate. If the DSL is implicated, report it to the company Child Protection Officer or directly to the LADO.
- If you have any concerns about staff or visitor behaviour, use a Cause for Concern Form and report it to the DSL or Child Protection Officer, who must immediately report those concerns to the LADO.

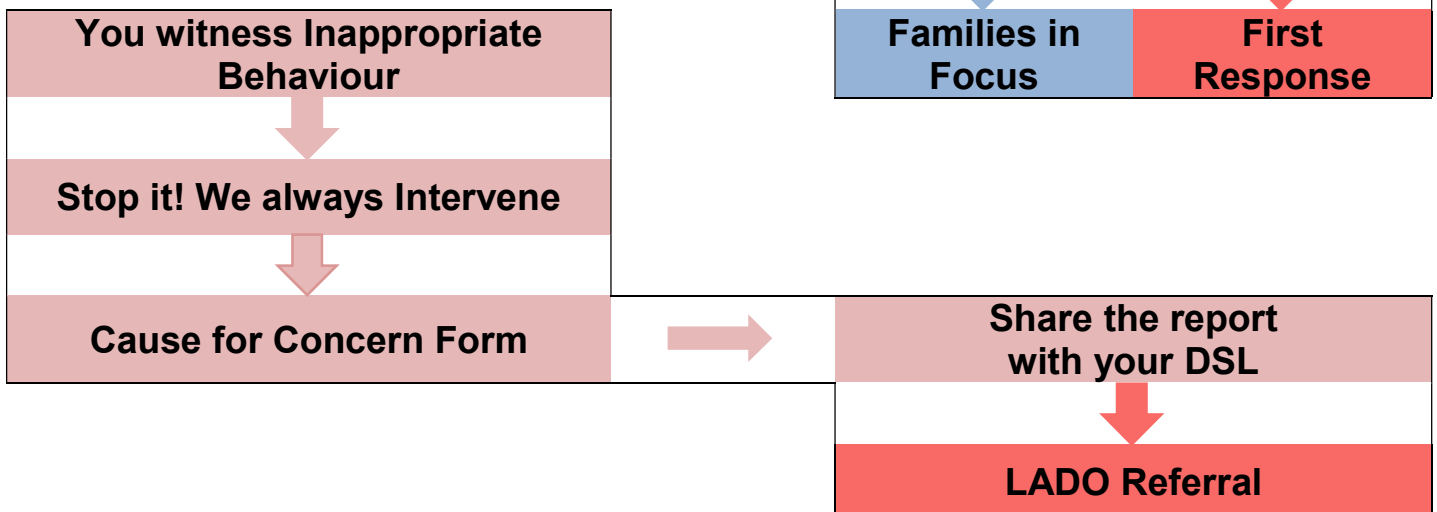
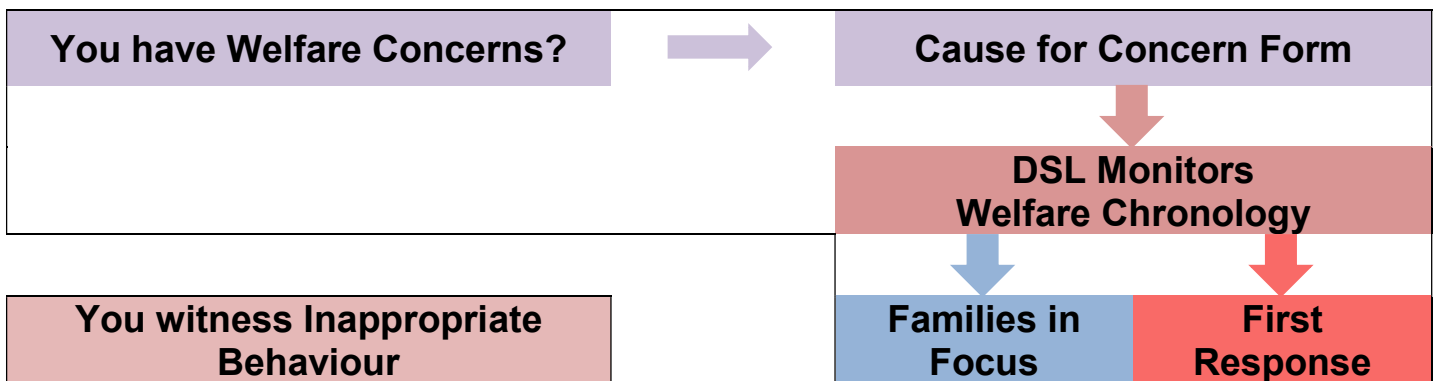
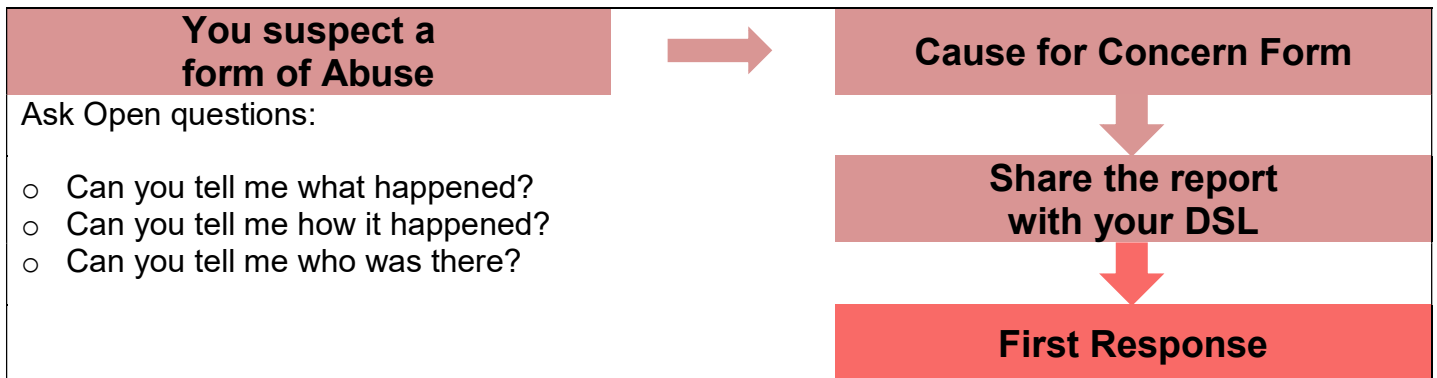
### Useful Contacts

Families in Focus: 0117 903 7770  
First Response: 0117 903 6444  
**LADO: 0117 903 7795 or 07795 091020**

NSPCC helpline: 0808 800 5000  
Prevent duty team: 01454 618966  
OFSTED: 0300 123 4666



If you are worried, it is not your responsibility to investigate.  
It is your responsibility to act on your concerns by reporting them to the relevant person.



## Recognising Abuse

Recognising abuse is one of the first steps in protecting children and young people. There could be signs or behaviour that make you feel concerned.

Staff should be equally vigilant regarding signs relating to children with Additional Learning Needs and not automatically assume that anything relates to their impairment.

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

All staff should be alert to the following types of behaviour in the children:

- 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.
- Unreasonable fear of certain people or places.
- Sexually explicit language or actions, especially when age inappropriate.
- Any injuries or bruising on a non-mobile baby.
- Acting in an inappropriate way, perhaps with adults, other children, toys or objects.

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 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 as we do for adults abusing children and will take advice from the appropriate bodies on this area.

## Physical abuse

Action needs to be taken if staff have reason to believe that there has been a physical injury to a child, including deliberate poisoning, where there is definite knowledge or reasonable suspicion that the injury was inflicted or knowingly not prevented. 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.

Many children will have cuts and grazes from normal childhood injuries. These should also be logged and discussed with the DSL or Room Leader.

Children and babies may be abused physically through shaking or throwing. Other injuries may include burns or scalds. These are not usual childhood injuries and should always be logged and discussed with the Designated Safeguarding Lead (DSL)

### Female Genital Mutilation (FGM)

This type of physical abuse is practiced as a cultural ritual by certain ethnic groups and there is now more awareness of its prevalence in some communities in England including, its effect on the child and any other siblings involved.

This 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.

Symptoms may include bleeding, painful areas, acute urinary retention, urinary infection, wound infection, septicemia, incontinence, vaginal and pelvic infections with depression and post-traumatic stress disorder, as well as physiological concerns.

If you have concerns about a child relating to this area, you should contact First Response in the same way as other types of physical abuse. There is a mandatory duty to report to the Police any case where an act of FGM appears to have been carried out on a girl under the age of 18.

### Breast Ironing

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. Although this is unlikely to happen to children in the nursery due to their age, we will ensure any signs of this in young adults or older children are followed up using the usual safeguarding referral process.

### Fabricated Illness

This is also a type of physical abuse. This is where a child is presented with an illness that is fabricated by the adult carer. The carer may seek out unnecessary medical treatment or investigation.

The signs may include a carer exaggerating a real illness or symptoms, complete fabrication of symptoms or inducing physical illness, e.g. through poisoning, starvation, inappropriate diet. This may also be presented through false allegations of abuse or encouraging the child to appear disabled or ill to obtain unnecessary treatment or specialist support.

### Sexual Abuse

Action needs to be taken if the staff member has witnessed an occasion(s) where a child indicated sexual activity through words, play, drawing, had an excessive preoccupation with sexual matters or had an inappropriate knowledge of adult sexual behaviour or language.

This may include acting out sexual activity on dolls and 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 child may become worried when their clothes are removed, e.g. for nappy changes.

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 18 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

Action should be taken if we have 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.

This may include extremes of discipline where a child is shouted at or put down on a consistent basis, lack of emotional attachment by a parent, or it may include parents or carers placing inappropriate age or developmental expectations upon them.

Emotional abuse may also be imposed through the child witnessing domestic abuse and alcohol or drug misuse by adults caring for them.

The child is likely to show extremes of emotion with this type of abuse. This may include shying away from an adult who is abusing them, becoming withdrawn, aggressive or clingy in order to receive their love and attention. This type of abuse is harder to identify as the child is not likely to show any physical signs.

### Neglect

Action should be taken if we have reason to believe that there has been any type of neglect of a child (for example, by exposure to any kind of danger, including cold, starvation or failure to seek medical treatment, when required, on behalf of the child), which results in serious impairment of the child's health or development, including failure to thrive.

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. They may be clingy and emotional. In addition, neglect may occur through pregnancy as a result of maternal substance abuse.

### Extremism – Prevent Duty

Under the Counter-Terrorism and Security Act 2015, we as a registered childcare provider have a duty to prevent people from being drawn into violent and radical extremism under section 25 of the counter-terrorism and security act. This is described as the "Prevent Duty".

This may be raise 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 other persons in the setting) or actions that lead staff to be worried about the safety of a child in their care. Please refer to our [Prevent Duty & British Values Policy](#).

### **Procedure**

#### What to do if it's an emergency

If you think a child is in immediate danger you should telephone the Police on **999**. In all other circumstances you need to refer the matter to First Response and follow the procedure described in the section below.

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

- Telephone for an ambulance.
- Ask the parent to take the child to the hospital at once.
- Adhere to the [Serious Accident & Emergency Policy](#).

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



### What to do if Abuse is Disclosed

Nursery Village is committed to ensuring that it meets its responsibilities in respect of child protection by treating any allegation seriously and sensitively.

- Stay calm.
- Listen to what the child is actually saying.
- Reassure them that they have done the right thing by telling you.
- **Do not** ask leading questions. This could lead a child to say something different or incorrectly agree with what you have said.
- **Do not** ask the child to repeat what they have they told you, for another staff member.
- **Do not** promise the child that this information can be kept secret, as subsequent disclosure could then lead to the child feeling betrayed.
- If appropriate explain to the child who you are going to tell and why. If the child asks what might happen next, it is ok to say that you don't know, but that you can be there to support them if they want.
- Make a note of any conversations with the child, this should be recorded on a Child Disclosure Form available in all rooms, trying to make these as detailed as possible, including when and where the conversation took place.
- **Do Not** create an Incident on Family, which may be shared with parents.
- If necessary, create an additional record using a Cause for Concern Form and a body map to show the position of any bruises or marks the child shows you, trying to indicate the size, shape and colour.
- Keep all records factual. Be aware of not making assumptions or interpretations of what the child is telling you.
- Discuss your concerns with the Designated Safeguarding Lead (DSL) responsible for child protection. If the allegations implicate the Designated Safeguarding Lead, the concerns should be discussed with the Deputy DSL, company Child Protection Officer or directly to the Local Authority Designated Officer (LADO).

If appropriate, inform parents or carers that you are going to report your suspicions or concerns. This might not always be possible and should not put the child or yourself at risk.

When you report an incident, First Response will ask you if the parent or carer has been informed. If they haven't, they will want to know the reasons why.

As soon as possible and within 24 hours, you, or your Designated Safeguarding Lead, will report this information to an appropriate agency, mostly likely this will be First Response.

First Response will assess your call and pass you onto an appropriate agency. This will be Social Care if it is a Child Protection issue or Early Help if the concern is at a lower level, but a multiagency response is needed. First Response may also direct you to other services or even ask you to plan to support the child at the lowest level.

Once the referral has been made, if appropriate, you can tell the child what is going to happen and what to expect.

### What to do if Abuse is Suspected

If any signs or symptoms lead you to feel concerned that a child may be being abused or neglected, it is important that you record these (what, when & where) using a Cause for Concern Form and share these concerns with the Designated Safeguarding Lead.

Ask Open questions:

- Can you tell me what happened?
- Can you tell me how it happened?
- Can you tell me who was there?

Decide a plan of action with your DSL:

- Ongoing observation of the child noting any further concerns using a Chronology Record.
- Discussion with other staff to gain further information they may have, ensuring you observe the [Confidentiality & Data Protection Policy](#).
- Discussion with parents or carers to establish if there might be reasons for the child's behaviour or actions.
- Keep an open mind and avoid assumptions about the source of the harm.
- If you or the Designated Safeguarding Lead are uncertain about whether the concern is reportable, call the Early Help Team for advice.

If you are still concerned about the welfare of the child, this information must be passed on to First Response. Parents or carers should be informed unless you think this could put the child or yourself at risk.

If First Response has been contacted and they pass you to Children's Social Care, they should let you know that they are responding to what you have told them. It is unlikely that you will be told what action has been taken unless it has implications for the Nursery. If you have not heard from the Social Care team within 3 days, it may be appropriate to contact First Response again to ensure that the details you gave them have been taken into consideration and acted upon.

### 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 exists.

Parents should please inform the nursery prior to their children taking holidays or days off, and all sickness should be called into the nursery or reported on Family on the day, so the nursery management 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 and no communication has been received, 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 First Response to ensure the child remains safeguarded.

### Recognising Inappropriate Behaviour (Staff and other adults)

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

- Paying an excessive amount of attention to a child or groups of children, providing presents, money or having favourites.
- Seeking out vulnerable children, for example children with additional learning needs.
- Trying to spend time alone with a particular child or group of children on a regular basis.
- Making inappropriate sexual or other comments.
- Sharing or seeking to take inappropriate images.
- Being vague about where they have worked or when they have been employed.
- Encouraging secretiveness.
- Aggressive or generally unsympathetic demeanour towards children.

There may be other sources of concern; this is not a conclusive list. If you are concerned about another staff member, volunteer or visitors behaviour, you need to pass this on to the Designated Safeguarding Lead or Child Protection Officer using a Cause for Concern Form where possible. These are located in every nursery room.

If an allegation is made against a member of staff, volunteer, visitor or any other person who 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 must be reported to the nursery DSL. If this person is the subject of the allegation then this should be reported to the Deputy DSL or Child Protection Officer.

**The Local Authority Designated Officer (LADO) MUST be involved and consulted on ALL staff allegation incidents before an investigation of any type occurs.**

If it appears that a staff member or volunteer has:

- Behaved in a way that has harmed a child or may have harmed a child.
- Possibly committed a criminal offence against or related to a child.
- Behaved towards a child or children in a way that indicates he or she may pose a risk of harm to children.

The setting is required to inform OFSTED of any allegations of abuse against a member of staff, student or volunteer, or any abuse that is alleged to have taken place on the premises or during a visit or outing within 14 days.

The Local Authority Designated Officer (LADO) will be informed immediately in order for this to be investigated by the appropriate bodies promptly.

- The LADO will provide advice and guidance before a full internal investigation will be carried out to determine how this will be handled.
- The nursery will follow all instructions from the LADO and OFSTED and ask all staff

- members to do the same and co-operate where required.
- The setting will take advice from the LADO on how and when to inform the parents of the child.
  - Support will be provided to all those involved in an allegation throughout the external investigation in line with LADO support and advice.
  - The nursery reserves the right to suspend any member of staff during an investigation.
  - All enquiries, external investigations or interviews will be documented and kept in a locked file for access by the relevant authorities.
  - Unfounded or malicious allegations will result in all rights being reinstated
  - Substantiated allegations will be passed on to the relevant organisations including the local authority children's social care team and where an offence is believed to have been committed, the Police.
  - Substantiated allegations will be dealt with as Gross Misconduct in accordance with our disciplinary procedures and may result in the termination of employment. OFSTED will be notified immediately of this decision.
  - The nursery will also complete a referral to the Disclosure and Barring Service (DBS) to ensure their records are updated.
  - All records will be kept until the person reaches normal retirement age. This will ensure accurate information is available for references and future DBS checks and avoids any unnecessary reinvestigation.

Counselling will be available for any member of the nursery, their colleagues and the parents who may be affected by an allegation.

**BRISTOL - Local Authority Designated Officer (LADO)**  
**Phone: 0117 903 7795 or Work Mobile: 07795 091020**

### Staff Recruitment and Visitors

All staff employed at Nursery Village are fully vetted, come with previous references and will require a current Enhanced DBS Certificate and Children's barred list check, in line with our [Safe Recruitment Policy](#).

It is the policy of the nursery to ensure a secure and safe environment for all children. The nursery will therefore not allow an adult to be left alone with a child who has not achieved their Stage 1 Clearance.

All staff will complete child protection training within their first six months of employment and receive initial basic training during their induction period, including all Policies and Procedures, how to report a concern and creating a safe and secure environment for children at nursery.

All staff will be subject to an initial Safeguarding Assessment on induction, which will highlight their baseline knowledge and areas we need to cover or provide more training on.

Volunteers, including students, do not work unsupervised.

We abide by the Safeguarding Vulnerable Groups Act (2006) requirements in respect of any person who is dismissed from our employment or resigns in circumstances that would

otherwise have led to dismissal for reasons of child protection concerns. Following advice from the relevant agencies e.g LADO or OFSTED.

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.

- Only staff with Stage 1 Clearance will be given an access band for security doors.
- All visitors and contractors will be accompanied by a senior staff member whilst on the premises, especially when in the areas the children use.
- All staff have access to our [Whistle Blowing Policy](#) which will enable them to share any concerns that may arise about their colleagues in an appropriate manner.
- All staff will achieve regular Staff Observations and Staff Supervision review meetings, where opportunities will be made available to discuss child protection training and any needs for further support.
- The deployment of staff within the nursery, allows for constant supervision and support with required ratios for each age group adhered to at all times.

Staff have an on-going obligation to keep the nursery informed of any changes to their suitability to work with children throughout their employment.

Every 12 months the nursery will conduct a status check of every employee in the nursery to ensure that any changes to circumstances have been considered, in addition to opportunities during every Staff Observation and Staff Supervision on a 3 monthly basis.