

## SAFEGUARDING CHILDREN, YOUNG PEOPLE AND VULNERABLE ADULTS

*Responding to safeguarding and child protection concerns in our setting*

The Nursery; Special Educational Needs and Disability Childcare Ltd ('The Nursery') will prioritise the safety of every person in our care over and above anything else. This refers to the children we care for and is inclusive of any vulnerable young person / adult that may be employed by us. The Nursery is deeply committed to identifying concerns and escalating them appropriately to ensure the child is kept free from harm. The Nursery will support families in addressing concerns and making improvements and if deemed necessary will report to the local authority safeguarding department (Adult or children). This policy sets our expectations on how our workforce (employees and volunteers) will respond to safeguarding and child protection concerns appropriately.

### SAFEGUARDING ROLES

The **designated safeguarding lead (DSL)** is:

Gemma Bridge (Managing Director / Nursery Manager)

The **designated safeguarding person** is:

*[to be appointed]*

Second **designated person** is:

*[to be appointed]*

- The Nursery manager and managing director is the designated safeguarding lead (DSL). The designated person is the employee who is appointed as the second in charge, with the second designated person being the third in charge for the setting.
- The Nursery will not operate without an identified designated person at any time.
- All concerns about the welfare of the children in the setting must be reported to the DSL. In the absence of the DSL, the designated person/s must be informed as they will escalate accordingly.
- The designated person informs the DSL about serious concerns as soon as they arise and agree the action to be taken, seeking further clarification if there are any doubts that the issue is safeguarding.
- If it is not possible to contact the DSL, action to safeguard the child is taken first and the DSL is informed later.
- Issues which may require notifying Ofsted are raised with the DSL to make a decision whether notification is required or not. Thus, the designated person will remain up to date with Ofsted reporting and notification requirements.
- If there is an incident, which may require reporting to RIDDOR the DSL must be made aware immediately, will inform other directors of the company and will escalate accordingly. The DSL is to remain up to date with legislative requirements in relation to reporting to RIDDOR (this is fully addressed in Health and Safety procedures).
- The Nursery will follow Rochdale Borough Safeguarding Partnership procedures on

responding to radicalisation/extremism concerns.

- Procedures are followed for managing allegations against staff, as well as for responding to concerns and complaints raised about quality or practice issues, whistleblowing, and escalation.
- The DSL will remain accountable for ensuring that all staff members have access to sufficient safeguarding training.
- All employees are responsible for ensuring they attend, engage, and complete all safeguarding training provided.
- All staff will recognise and know how to respond to signs and symptoms that may indicate a child is suffering from or likely to be suffering from harm. They understand that they have a responsibility to act immediately by discussing their concerns with the DSL or person and referring to the local authority.

### **RESPONDING TO THE SIGNS AND SYMPTOMS OF ABUSE**

- Concerns about the welfare of a child must be discussed with the DSL / safeguarding person without delay.
- A comprehensive written record of the concern is recorded on the safeguarding incident reporting form as soon as possible (see attached).
- Concerns that a child is in immediate danger or at risk of significant harm are responded to immediately by contacting the police on 999 or referring (via telephone initially) to Rochdale's Children's Safeguarding Unit at Riverside.

### **RESPONDING TO MARKS OR INJURIES OBSERVED**

- If a member of staff observes or is informed by a parent/family of a mark or injury to a child that happened at home or elsewhere, the member of staff makes a record of the information given to them in the child's personal file or on FAMLY, which is then signed / authorised by the parent/carer.
- Wherever possible, the injury should be uploaded to our communication app Family by the member of staff.
- The member of staff must advise the DSL as soon as possible if there are safeguarding concerns around the circumstances of the injury.
- If there are concerns about the circumstances or explanation given, by the parent/carer and/or child, the DSL / person decides the course of action to be taken after reviewing the safeguarding children, young people and vulnerable adults; welfare and protection summary and complete the safeguarding incident reporting form.
- If the mark or injury is noticed later in the day and the parent is not present, this is raised with the designated person and communicated with the parents at the earliest opportunity, if deemed appropriate. A telephone call may be deemed more appropriate rather than waiting until pick up time.

- If there are concerns about the nature of the injury, and it is unlikely to have occurred at the setting, the DSL / person decides the course of action required and safeguarding incident reporting form is completed, taking into consideration any explanation given by the child.
- If there is a likelihood that the injury is recent and occurred at the setting, this is raised with the DSL / person and documented appropriately (preferably on Family).
- If there is no cause for further concern, a record is made in the accident record and on the child's account on Family, with a note that the circumstances of the injury are not known.
- If the injury is unlikely to have occurred at the setting, this must be raised with the DSL / person.
- The parent/carer is advised at the earliest opportunity.
- If the parent believes that the injury was caused at the setting, this is still recorded in the accident record and an accurate record made of the discussion is made on the child's personal file.

#### **RESPONDING TO A DISCLOSURE BY A CHILD**

- When responding to a disclosure from a child, the aim is to get just enough information to take appropriate action.
- The staff member should listen carefully and calmly, allowing the child time to express what they want to say.
- Staff must not attempt to question the child but if they are not sure what the child said, or what they meant, they may prompt the child further by saying *'tell me more about that'* or *'show me again'*.
- After the initial disclosure, staff must immediately inform the DSL / person. Staff will not further question or attempt to interview a child.
- If a child shows visible signs of abuse such as bruising or injury to any part of the body and it is age appropriate to do so, the key person will ask the child how it happened.
- When recording a child's disclosure on safeguarding incident reporting form, their exact words are used as well as the exact words with which the member of staff responded.
- If marks or injuries are observed, these are recorded on a body diagram.

#### **DECISION MAKING (ALL CATEGORIES OF ABUSE)**

- The DSL / person makes a professional judgement about referring to other agencies, including Social Care using the Local Safeguarding Partnership (LSP) threshold document:
  - Level 1: Child's needs are being met. Universal support

- Level 2: Universal Plus. Additional professional support is needed to meet child's needs
- Level 3: Universal Partnership Plus. Targeted Early Help. Coordinated response needed to address multiple or complex problems
- Level 4: Specialist/Statutory intervention required. Children in acute need, likely to be experiencing, or at risk of experiencing significant harm
- Staff are alert to indicators that a family may benefit from early help services and should discuss this with the designated person, also completing safeguarding incident reporting form if they have not already done so.

This policy has been written by Gemma Bridge – September 2022.  
This policy will be reviewed once the setting is in operation or by April 2023.

### SAFEGUARDING INCIDENT REPORTING FORM

*Use this form for concerns, child welfare, physical intervention, witness statement, fact-finding*

**DATE OF CONCERN, OBSERVATION OR DISCLOSURE:**

Child, Young Person or Vulnerable Adults name	Person reporting incident	DSL / person informed

**Nature of Concern**

describe what was observed, using a body diagram, if necessary

**Response to allegation/complaint**

Please advise in your words, what happened, when and where, what did you see or hear and where you were in relation to the alleged incident

**Impact: what are your main concerns about how this might impact on the child physically or emotionally,  
please include the child's voice (as appropriate)?**

**Hand this form to your setting's DSL - discuss your concerns and agree what action is to be taken and when it will be reviewed**

<b>Outcome decisions and actions to be taken</b>	<b>Additional Information</b>
<b>No Further Action</b> (Please provide your rationale)	
<b>Continue to monitor</b> (Detail what, who by and until when)	
<b>Referral/signposting/advice/guidance to be offered by setting</b> (Provide details)	
<b>Multi-agency referral to be completed for Early Help Support</b> (Specify what needs have been identified to require Early Help intervention)	
<b>Refer to social care for child protection concerns or contact the police on 999 if a child is suspected to be at risk of significant harm</b> (Include as much information as possible)	

**PHYSICAL INTERVENTION**

If this form is used to record an incident of physical intervention being used on a child to prevent them from harming themselves or others, please ask the parent to sign here to confirm that they have been informed of the circumstances of the event as recorded here

**Parent Signature:**

**Date:**

**SIGNATURE OF DESIGNATED SAFEGUARDING LEAD:**

**SIGNATURE OF REPORTING STAFF MEMBER:**

**DATE COMPLETED:**



## **SAFEGUARDING CHILDREN, YOUNG PEOPLE AND VULNERABLE ADULTS**

### *welfare and protection summary*

*(This policy is to be used in conjunction with safeguarding children, young people, and vulnerable adults; responding to welfare and child protection concerns in our setting)*

The Nursery; Special Educational Needs and Disability Childcare Ltd ('The Nursery') is fully committed to safeguarding and promoting the welfare and well-being of our children, young people and vulnerable adults. At The Nursery we recognise our children are at a greater risk of abuse due to having additional needs, thus, we champion each and every child, we empower, listen and promote the child's voice and their right to be safe from harm. We achieve this by building a culture of safety, where our most vulnerable are protected from abuse.

The **designated safeguarding lead (DSL)** is:

Gemma Bridge (Managing Director and Nursery Manager)

The **designated person** is: [  
to be appointed]

Second **designated person** is:  
[to be appointed]

### **KEY COMMITMENT 1 – Designated safeguarding lead (DSL) & safeguarding person**

- In The Nursery we have a DSL (managing director and nursery manager) and two designated persons (to be appointed), who are responsible for carrying out child, young person, or adult protection procedures.
- The designated persons must report any safeguarding concerns to the DSL at the earliest opportunity.
- The DSL / persons ensure they have links with statutory and voluntary organisations regarding safeguarding children.
- The DSL / persons ensure they have received appropriate training on child protection matters and that all staff are adequately informed and/or trained to recognise possible child abuse in the categories of physical, emotional and sexual abuse and neglect (see below for definitions of each category).
- The DSL / persons ensure all staff are aware of the additional vulnerabilities that affect children that arise from inequalities of race, gender, disability, language, religion, sexual orientation, and / or culture and that these receive full consideration in child, young person, or adult protection related matters.
- The DSL / persons ensure that staff are aware and receive training in social factors affecting children's vulnerability including;
  - social exclusion
  - domestic violence and controlling or coercive behaviour

- mental illness
- drug and alcohol abuse (substance misuse)
- parental learning disability
- radicalisation
- The 'DSL' and the 'designated person/s' ensure that staff are aware and receive training in other ways that children may suffer significant harm and stay up to date with relevant contextual safeguarding matters inclusive of:
  - abuse of disabled children
  - fabricated or induced illness
  - child abuse linked to spirit possession
  - sexually exploited children
  - children who are trafficked and/or exploited
  - female genital mutilation
  - extra-familial abuse and threats
  - children involved in violent offending, with gangs and county lines
- The DSL / persons ensure they are adequately informed in vulnerable adult protection matters.

#### **KEY COMMITMENT 2 – Safe environment**

- The Nursery has a robust and strategic recruitment policy to ensure we consistently provide a safe and secure environment, and do not put our children, young people and vulnerable adults at risk.
- Applicants are clearly informed that the positions advertised are exempt from the Rehabilitation of Offenders Act 1974 and that checks are required.
- All employees and volunteers must pass an enhanced Disclosure and Barring Service (DBS) check, applications will be rejected if a disclosure is made as a result of the DBS check.
- All employees must sign up to the DBS update service as a condition of employment.
- Applicants will be informed of any DBS disclosures made and have the right to challenge incorrect information.
- Any contractors / external workers visiting the premises without a DBS will be directly supervised in the setting (for example tradesmen).
- All visitors attending the setting are asked to sign in and out of the premises and provide appropriate ID, there are security measures in place to prevent any unauthorised persons in gaining access to the children.
- Volunteers and apprentices will not be left unsupervised with the children at any time.
- There are procedures for dealing with allegations of abuse against a member of staff, or any other person undertaking work whether paid or unpaid for the setting (see '*Allegations against staff, volunteers or agency staff*' policy).

- The suitability of employees and volunteers are checked prior to commencing their role and their performance and presentation regularly reviewed.
- Ofsted requirements in respect of references and suitability checks for staff and volunteers are abided by, this is to ensure no disqualified or unfit person works at the nursery or has access to the children.
- The Nursery consistently has a greater ratio of staff to children in all areas due to vulnerabilities of our children.
- Our children may require some time away from the rest of the group (for example in the sensory room), the staff member will put strategies into place to protect the safety of both the child and the adult (i.e leaving the door ajar).
- Safeguarding is the responsibility of every person undertaking the work of the organisation in any capacity.
- All employees have access to the 'Whistleblowing' policy and 'low level concerns' form which enables them to conduct professional challenge and escalate any concerns they may have about their colleagues in an appropriate manner.
- There are procedures in place for record keeping, confidentiality and information sharing, which are in line with data protection and UK GDPR requirements.
- There are procedures in place for reporting possible abuse of children or a young person in the setting, for example they may meet the threshold for a section 17 Child in Need (Children's Act 1989) and / or may be considered to be at significant risk of harm – section 47 Child Protection threshold (see *safeguarding children, young people and vulnerable adults - responding to safeguarding and child protection concerns in our setting*).
- In addition, there are procedures in place for reporting possible abuse of a vulnerable adult in the setting.
- The Nursery resolves to working in partnership with other agencies to collaboratively support children and families in need to make and sustain changes required in order to improve the outcomes for the child.
- The Nursery follows government and local Safeguarding Partners guidance in relation to extremism.
- The procedures of Rochdale Safeguarding Partnership board are abided by and followed accordingly.

### **KEY COMMITMENT 3 – Training**

- All employees of The Nursery receive adequate training in child protection matters and have access to the setting's policy and procedures for reporting concerns of possible abuse, in addition they have access to Rochdale Borough Safeguarding Partnership Board procedures, training and guidance.
- There are procedures in place to ensure staff recognise children and families who may benefit from early help and can respond appropriately using local early help processes.

- The Nursery specifies that SEND training is mandatory for all our staff in order for them to recognise and understand that our children have additional vulnerabilities and are at a greater risk of harm.
- All staff have knowledge and understanding on issues affecting other vulnerabilities in families such as social exclusion, domestic violence, mental illness, substance misuse and parental learning disability.
- Our employees recognise other factors that may arise from inequalities, including race, gender, language, religion, culture and sexual orientation, which may affect our children and families.
- Staff have regular meetings with their line manager, meaning that any additional training needs can be identified, discussed and agreed.
- All employees have access to counselling and a well-being programme via Zest
- We use appropriate curriculum materials for young children, taking account of information in the Early Years Foundation Stage, that enable children to be *strong, resilient, and listened to (EYFS 2021)*.
- The Nursery aspires to build the emotional and social skills of our children and young people, including increasing their understanding of how to stay safe.
- The Nursery adheres to the EYFS Safeguarding and Welfare requirements and uses these in conjunction with the SEND Code of Practice and other relevant legislation and guidance.

#### **KEY COMMITMENT 4 – Supporting our families**

- Usually, parents and families will be our first point of contact if a concern arises, if abuse is suspected this may not always be appropriate therefore, the DSL and / or persons will make the decision when to share information.
- The Nursery is dedicated to building trusting and supportive relationships among our families, staff and volunteers and wherever possible will be open and transparent.
- Where referrals and / or packages of support are required for a family, the nursery will continue to support the child and family, assist them in making changes and engage in any meetings such as core groups, team around the child and case conferences.
- Confidentiality will always be maintained, and information shared with staff or external agencies on a need-to-know basis only.
- All safeguarding information and related content will be stored in individual files, in a secure unit and separate from the child's learning journey (each record will be clearly marked that there is another file available).

#### **WHAT IS ABUSE?**

Abuse, maltreatment and neglect occurs when a person harms a child, young person or vulnerable adult, or fails to protect them from harm. There are four categories of child

abuse: physical, sexual, emotional and neglect. There are different types of adult abuse, including financial abuse, modern slavery and self-neglect. The categories below mainly represent children and young people, however if abuse of a vulnerable adult is suspected, actions should be taken to escalate the concern and refer to adult safeguarding team or the police accordingly.

The Nursery recognises that a person may be abused by family members, friends or people they know, people working or volunteering in organisational or community settings and even strangers. This could be by an adult or adults, another child or children.

The signs and indicators listed below may not necessarily indicate that a child has been or is currently being 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.

### **PHYSICAL ABUSE**

Most children sustain cuts, grazes and bruises from normal childhood injuries such as falling over or bumping into things. These types of injuries are usually noted to be on the bony parts of the body such as shins and elbows. However, there are some injuries that are more unusual in children, for example bruising to the fleshy parts of arms and legs, ears, back, wrists, ankles and face. Other injuries may include burns or scalds, and babies and small toddlers may be harmed by physically shaking or throwing them. Throwing or shaking a baby may result in blackened eyes, unusual eye movements, unusual tone or a very irritable cry.

Fabricated illness, where a child presents with an illness that is fabricated or caused by an adult carer, is also a type of physical abuse. The child may be intentionally poisoned, given an inappropriate diet or starved to induce physical symptoms of illness. A child may be encouraged to appear disabled or poorly or there may be false allegations of abuse. Fabricated illness is usually an attempt to receive unnecessary treatment, intervention or specialist support.

If a child attends our setting with any type of injury that has occurred at home, it must be documented on arrival and then discussed with the DSL / safeguarding persons. If there are any concerns regarding the explanation given for the injury, the DSL must be informed immediately, as per our responding to safeguarding concerns policy, so appropriate action can be taken.

### **FEMALE GENITAL MUTILATION**

Female genital mutilation (FGM) is an illegal, extremely harmful practise and a form of abuse. The Nursery has a statutory obligation and a duty of care to protect young girls and women from FGM by reporting any concerns that a child, young person or vulnerable adult

may be at risk of, or experienced FGM. It is essential that we work closely with local authorities to prevent the practice of FGM. Although we would not expect any of our children to have FGM done whilst under our care (as an early year setting), the staff at the nursery are aware we must highlight if any child registered at our setting, or their siblings / family are at risk, and inform the GP and Health Visitor as a minimum (as per section 47 of The Children's Act 1989).

There are some important sign and symptoms that may highlight a child is at risk of FGM, including:

- The child's father or close male relative comes from a community that is known to practice FGM
- Mother / Family have limited contact with people other than their own family
- It is known that the mother has FGM, usually identified by midwifery services
- The family has poor engagement with professionals (health, nursery or other agencies)
- Parents say that they, or a relative, will take the child abroad for a prolonged period
- The child refers to a holiday to her country of origin or another where the procedure is practiced
- The child has confided or makes reference to a "special procedure" to "become a woman" or to be "more like her mum/sister/aunt" etc
- Family/child are already known to social services

There are also some important signs and symptoms which may suggest a child has had FGM, including:

- A child has difficulty walking or sitting for long periods of time- which wasn't a problem previously
- A child talks about or demonstrates pain or discomfort between her legs
- A child is increasingly emotional or displaying changes in behaviour and emotional wellbeing i.e. withdrawn or very angry
- A child needs to be taken to the GP or seek medical attention regularly due to frequent Urinary Tract Infections (UTI's)

## **NEGLECT**

Neglect occurs when a responsible adult fails to meet a child's basic physical and / or emotional / psychological needs. There may be persistent or severe neglect of a child by their adult carer, or an accumulation of low-level concerns that collectively are worrying, for example;

- not providing adequate food, clothing or shelter
- the child being unkempt and dirty
- exposing a child to danger through a lack of supervision, or leaving them with unsuitable carers

- neglecting the emotional needs of the child, not offering sufficient attention and relations so the child may crave love and affection from others
- failing to seek medical attention when required (on behalf of the child)
- not taking children to required health / dental appointments and follow ups
- failing to ensure the child receives a suitable education
- any activity which results in serious impairment of the child's health or development, including failure to thrive

Staff at The Nursery recognise that a child arriving at nursery frequently in clothes and shoes that are too small or without essential items such as a coat, may be suffering from neglect. In addition, a child who presents as always hungry and overeats or steals food may not be given sufficient food at home. A family may be experiencing financial difficulties and require a referral or signposting to the local food bank, early help or benefits service or the child may deliberately be being starved and neglected. If neglect is suspected, concerns should be escalated as soon as possible, as per our responding to safeguarding concerns policy.

### **EMOTIONAL ABUSE**

The Nursery is aware that emotional abuse may involve humiliating, mocking or regularly criticising a child. It may involve shouting, threatening or extremes of discipline. Emotional harm may present as an adult carer constantly blaming or scapegoating a child, a lack of emotional attachment by a main carer or inappropriate expectations that are placed on the child without recognising their limitations. Children may experience emotional harm if they are exposed to domestic abuse, significant mental health issues and / or alcohol and drug misuse by adults caring for them.

Spotting the signs of emotional abuse are often challenging as usually there is not any obvious physical signs to look out for. Nevertheless, the child who is being abused is likely to change their actions or display emotional signs they are not having their needs met and are struggling. For example, a child may become very clingy or withdrawn, they may be aggressive and angry or display mood swings and challenging behaviour. Some of these emotions may be a result of personality traits, the child's lived experiences or difficulty in regulating their emotions. Where concerns are identified and believed to have an adverse effect on the behaviour and emotional development of the child, they must be reported to the DSL / safeguarding person as soon as possible and procedures followed accordingly.

### **SEXUAL ABUSE**

Sexual abuse can include forcing or enticing a child to participate in sexual activities, it may involve contact or non-contact abuse. For example, it may include making a child take their clothes off or touch someone else's genitals, physical touching of the genital area with or without clothes, rape or penetration by putting an object or body part inside a child's mouth, vagina or anus. Non-contact abuse involves non-touching activities. It can happen in

person or online and may involve encouraging or forcing a child to watch or hear sexual acts or making the child masturbate whilst others watch, film or photograph.

Employees of The Nursery understand there may or may not be physical signs of sexual abuse, for example, a child may experience genital trauma, discharge or bruises between the legs. A child may display emotional symptoms such as a drastic change of behaviour, they may be withdrawn or overly extroverted. They may seek affection from strangers or even their abuser. A child may communicate they are being abused through words, play, drawings or display overly sexualised behaviour and inappropriate language. If a child makes a disclosure or concerns are identified the staff member must report this to the DSL immediately and escalate accordingly. It may be inappropriate to share concerns of sexual abuse with the family at this stage and the DSL / persons must liaise with local authorities including the police and seek clarity prior to speaking with the family.

**IF YOU ARE WORRIED A CHILD IS AT RISK OR IS EXPERIENCING SIGNIFICANT HARM YOU MUST FOLLOW THE LOCAL SAFEGUARDING BOARDS POLICY AND THE NURSERY'S POLICIES AND PROCEDURES IN ESCALATING CONCERNS. SAFEGUARDING THE CHILD, YOUNG PERSON OR VULNERABLE ADULT MUST REMAIN THE PRIORITY.**

#### **USEFUL CONTACTS:**

GREATER MANCHESTER POLICE – 999

ROCHDALE SAFEGUARDING TEAM – Call 0300 303 0440 (concerns to be telephoned through initially)

Email: [ehash@rochdale.gov.uk](mailto:ehash@rochdale.gov.uk)

Address: Children's Social Care

Floor 4

Number One Riverside

Smith Street

Rochdale

OL16 1XU

#### **LEGAL REFERENCES**

- Working Together to Safeguard Children (HMG 2018)
- Statutory Framework for the Early Years Foundation Stage 2021
- What to Do if You're Worried a Child is Being Abused (HMG 2015)
- Prevent duty guidance for England and Wales: guidance for specified authorities in England and Wales on the duty of schools and other providers in the Counterterrorism and Security Act 2015 to have due regard to the need to prevent people from being drawn into terrorism' (HMG 2015)
- Keeping Children Safe in Education 2018
- Education Inspection Framework (Ofsted 2019)
- The framework for the assessment of children in need and their families (DoH 2000)
- The Common Assessment Framework (2006)



- Statutory guidance on inter-agency working to safeguard and promote the welfare of children (DfE 2015)

#### **PRIMARY LEGISLATION**

- Children Act 1989 – s 47
- Protection of Children Act 1999
- Care Act 2014
- Children Act 2004 s11
- Children and Social Work Act 2017
- Safeguarding Vulnerable Groups Act 2006
- Counterterrorism and Security Act 2015
- General Data Protection Regulation 2018
- Data Protection Act 2018
- Modern Slavery Act 2015
- Sexual Offences Act 2003
- Serious Crime Act 2015
- Criminal Justice and Court Services Act (2000)
- Human Rights Act (1998)
- Equalities Act (2006)
- Equalities Act (2010)
- Disability Discrimination Act (1995)
- Data Protection Act (2018)
- Freedom of Information Act (2000)

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