**Safeguarding and Child Protection Policy**

Disclaimer from Ofsted*: The EYFS requires that a setting's safeguarding policy 'should be in line with the guidance and procedures of the relevant local authority'*. **EYFS: 3.4-3.18, 3.19, 3.21, 3.22**

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

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

This policy works alongside these other specific policies to cover all aspects of child protection:

* Whistleblowing policy
* Complaints Policy
* Uncollected Child policy
* Missing Child policy
* Crititical Incident Policy
* E-Safety and ICT policy Includes use of Mobile Phones and Cameras
* Intimate Care policy
* Anti-Bullying policy
* Student Placements policy
* Volunteer policy
* British Values policy
* Culture Capital policy
* Equal Opportunities policy
* Special Educational Needs policy
* Record Retention policy
* Confidentiality policy
* Working in Partnership with other Agencies policy

Legal framework and definition of safeguarding

* Children Act 1989 and 2004 - [Children Act 1989 (legislation.gov.uk)](https://www.legislation.gov.uk/ukpga/1989/41/contents) and [Children Act 2004 (legislation.gov.uk)](https://www.legislation.gov.uk/ukpga/2004/31/contents)
* Early Education and Childcare Act 2023 - [Early education and childcare - Statutory guidance for local authorities (publishing.service.gov.uk)](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1149556/Early_education_and_childcare_statutory_guidance_-_April_2023.pdf)
* Safeguarding Vulnerable Groups Act - [Safeguarding Vulnerable Groups Act 2006 (legislation.gov.uk)](https://www.legislation.gov.uk/ukpga/2006/47/contents)
* The Statutory Framework for the Early Years Foundation Stage (EYFS)
* Working together to safeguard children 2018 - [Working Together to Safeguard Children 2018 (publishing.service.gov.uk)](https://assets.publishing.service.gov.uk/media/5fd0a8e78fa8f54d5d6555f9/Working_together_to_safeguard_children_inter_agency_guidance.pdf)
* Keeping children safe in education - [Keeping children safe in education 2023 (publishing.service.gov.uk)](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1181955/Keeping_children_safe_in_education_2023.pdf)
* Data Protection Act 2018
* What to do if you’re worried a child is being abused - [Stat guidance template (publishing.service.gov.uk)](https://assets.publishing.service.gov.uk/media/5a80597640f0b62302692fa1/What_to_do_if_you_re_worried_a_child_is_being_abused.pdf)
* Counter-Terrorism and Security Act . [Counter-Terrorism and Security Act - GOV.UK (www.gov.uk)](https://www.gov.uk/government/collections/counter-terrorism-and-security-bill)
* [Lincolnshire SCP Policy and Procedures Manual (proceduresonline.com)](https://lincolnshirescb.proceduresonline.com/)
* [Information sharing: advice for practitioners (publishing.service.gov.uk)](https://assets.publishing.service.gov.uk/media/623c57d28fa8f540eea34c27/Information_sharing_advice_practitioners_safeguarding_services.pdf)
* Sharing nudes and semi-nudes: how to respond to an incident (overview) - GOV.UK (www.gov.uk)
* Domestic Abuse - [Domestic Abuse Act 2021 (legislation.gov.uk)](https://www.legislation.gov.uk/ukpga/2021/17/contents/enacted)

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

* Protecting children from maltreatment
* Preventing the impairment of children’s health or development
* Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
* Taking action to enable all children to have the best outcomes. (Definition taken from the HM Government document ‘Working together to safeguard children 2018).

**Policy intention**

To safeguard children and promote their welfare we will:

* Create an environment to encourage children to develop a positive self-image
* Provide positive role models and develop a safe culture where staff are confident to raise concerns about professional conduct
* Support staff to notice the softer signs of abuse and know what action to take
* Encourage children to develop a sense of independence and autonomy in a way that is appropriate to their age and stage of development
* Provide a safe and secure environment for all children
* Promote tolerance and acceptance of different beliefs, cultures and communities
* Help children to understand how they can influence and participate in decision-making and how to promote British values through play, discussion and role modelling
* Always listen to children
* Provide an environment where practitioners are confident to identify where children and families may need intervention and seek the help they need
* Share information with other agencies as appropriate.

The centre is aware that abuse does occur in our society and we are vigilant in identifying signs of abuse and reporting concerns. Our practitioners have a duty to protect and promote the welfare of children. Due to the many hours of care we are providing, staff may often be the first people to identify that there may be a problem. They may well be the first people in whom children confide information that may suggest abuse or to spot changes in a child’s behaviour which may indicate abuse.

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

**The Centre aims to:**

* Keep the child at the heart of the centre.
* Ensure staff are trained right from induction to understand the child protection and safeguarding policy and procedures, are alert to identify possible signs of abuse (including the signs known as softer signs of abuse), understand what is meant by child protection and are aware of the different ways in which children can be harmed, including by other children through bullying or discriminatory behaviour
* Be aware of the increased vulnerability of children with Special Educational Needs and Disabilities (SEND) and other vulnerable or isolated families and children
* Ensure that all staff feel confident and supported to act in the best interest of the child, share information and seek the help that the child may need
* Ensure that all staff are familiar and updated regularly with child protection training and procedures and kept informed of changes to local/national procedures.
* Make any child protection referrals in a timely way, sharing relevant information as necessary in line with procedures set out by Lincolnshire Children’s Services Duty Team.
* Ensure that information is shared only with those people who need to know in order to protect the child and act in their best interest
* Keep the setting safe online using appropriate filters, checks and safeguards, monitoring access at all times
* Ensure that children are never placed at risk while in the charge of nursery staff
* Identify changes in staff behaviour and act on these as per the Staff code of conduct.
* Take any appropriate action relating to allegations of serious harm or abuse against any person working with children or living or working on the centre premises including reporting such allegations to Ofsted and other relevant authorities
* 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 staff and parents where appropriate and make sure it complies with any legal requirements and any guidance or procedures issued by Lincolnshire Children’s Services Duty Team.

We will support children by offering reassurance, comfort and sensitive interactions. We will devise activities according to individual circumstances to enable children to develop confidence and self-esteem within their peer group and support them to learn how to keep themselves safe.

**CONTACT INFORMATION – (**More Contact Information see Page 25)

* **Local Authority Designated Officer. (LADO)** - **01522 554674**  - The criteria for making a report to the LADO are that an individual in the workplace may have: Behaved in a way that has harmed, or may have harmed a child. Possibility committed a criminal offence against or related to a child. Behaved towards children in a way that indicates they may pose a risk of harm to them.
* **Lincolnshire Children’s Service (LCS) -** **01522 782111** (Monday to Friday, 8am to 6pm)  For out-of-hours emergencies, call 01522 782333. - If you are worried that a child or young person is at risk of abuse or neglect, contact Lincolnshire Children's Services straight away. You should always report your concerns, even if the person you suspect to be abusing or neglecting a child is your partner, a member of your own family or someone you know well.
* **Local authority children's social care team** - [**01724 296500**](tel:01724296500) **-** Local Authorities have statutory responsibility for safeguarding. In partnership with health they have a duty to promote wellbeing within local communities. Cooperate with each of its relevant partners in order to protect adults experiencing or at risk of abuse or neglect.
* **Local authority out of hours team** - [**01724 296555**](tel:01724296555) or[**08081 689667**](tel:08081689667) (Freephone)
* **Police** - [999](tel:999) (Emergency) or [101](tel:101) (Non-Emergency) - If you think a child or a person is in immediate danger or requires medical attention, you should call the emergency services on 999. You can also ring the NSPCC helpline on 0808 800 5000 to report immediate risks. It's important to remember that the welfare of the child is paramount.
* **NSPCC** - [**0808 800 5000**](tel:08088005000) - When there's a serious concern about a child and you've shared the child's identity, the child protection specialist will make a report and share information with social services. This is known as 'making a referral'. They might also contact local police if the child is in immediate danger.
* **Lincolnshire Police – Prevent**  – **0800011 3764 -** If you need to report extremism concerns about an adult working in a school, college or organisation that works with children, young people or adult learners, you should: contact your local authority designated officer ( LADO ) through your local safeguarding partnership or local authority
* **Multi-agency Safeguarding Hub (MASH)** **0345 155 1071** – If you have concerns that a child may be at risk of significant harm or has already been harmed or abused then you should make immediate telephone contact with Multi-Agency Safeguarding Hub (MASH).
* **EYCS Consultation Service**:  **01522 552752** If you have concerns about a child but are unsure whether to make a Social Care referral.
* **Ofsted** - [**0300 123 1231**](tel:03001231231) - you must report all serious accidents, injuries and illnesses that occur to children in your care at Pegasus. You don't need to report a minor accident, injury or illness suffered by a child in your care and any allegation of serious harm or abuse by any person living, working, or looking after children on the premises. any event likely to affect the smooth running of the setting. death of a child.

**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 harming them 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 a stranger. This could be an adult or adults, another child or children.

**WHAT TO DO IF YOU’RE WORRIED A CHILD IS BEING ABUSED (ADVICE FOR PRACTITIONERS) 2015.**

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

**Indicators of child abuse**

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

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

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

**PEER 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 nursery manager.

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) and nursery manager.

**Bruising / Markings/ Burns**

* Bruising is strongly related to mobility.
* Once children are mobile, they sustain bruises from everyday activities and accidents.
* Bruising in a baby who is not yet crawling, and therefore has no independent mobility, is very unusual.
* Only one in five infants who is starting to walk by holding on to the furniture has bruises.
* Most children who are able to walk independently have bruises.
* Bruises usually happen when children fall over or bump into objects in their way.
* Children tend to have more bruises during the summer months.
* We should observe bruising on a baby who is not crawling, cruising or independently mobile depending on the timing and the nature of the concern we will raise the concern with the child’s parent in the first instance.

In all cases, bruising in pre-mobile children a referral will be made to Lincolnshire Children Service (LCS).   
<https://learning.nspcc.org.uk/research-resources/pre-2013/bruises-children-core-info-leaflet>

**Where would you expect to see bruising/markings/burns etc from an accidental injury?**

* The shins and the knees are the most likely places where children who are walking, or starting to walk, get bruised.
* Most accidental bruises are seen over bony parts of the body – such as the knees and elbows – and are often seen on the front of the body.
* Infants who are just starting to walk unsupported may bump and bruise their heads – usually the forehead, nose, centre of their chin or back of the head.
* It is common to have fractures, particularly rib or metaphyseal fractures, without any bruising.
* Accidental bruising in children with disability is related to the child’s level of mobility, equipment used, muscle tone and learning ability.

**When should you be concerned?**

* There are some patterns of bruising that may mean physical abuse has taken place.
* Abusive bruises often occur on soft parts of the body – such as the abdomen, back and buttocks.
* The head is by far the commonest site of bruising in child abuse. Other common sites include the ear and the neck.
* As a result of defending themselves, abused children may have bruising on the forearm, upper arm, back of the leg, hands or feet.
* Clusters of bruises are a common feature in abused children. These are often on the upper arm, outside of the thigh, or on the body.
* Bruises which have petechiae (dots of blood under the skin) around them are found more commonly in children who have been abused than in those injured accidentally.
* Abusive bruises can often carry the imprint of the implement used or the hand.
* Non-accidental head injury or fractures can occur without bruising.
* Severe bruising to the scalp, with swelling around the eyes and no skull fracture, may occur if the child has been “scalped” – ie, had their hair pulled violently

**What to do -**

* Ask parents/carers at drop off to fill in and complete a Pre-existing form and to gather as much information as you can about the injury.
* Report any marks or bruises to the DSL or Deputy DSL.
* Through a claim and in a friendly way, ask why are the child how they got the injury and write down the comments made.
* DSL or Deputy DSL will make the decision to refer this to Lincolnshire Children Service (LCS) or to keep monitoring the situation

**FEMALE GENITAL MUTILATION (FGM)**

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

FGM is often performed by someone with no medical training who uses instruments such as a knife, scalpel, scissors, glass or razor blade. Children are rarely given anaesthetic or antiseptic treatment and are often forcibly restrained.

The age at which FGM is carried out varies –

* When a female baby is newborn
* During childhood or adolescence
* Just before marriage
* During Pregnancy

There are four main types of FGM:

Type 1 (clitoridectomy) – removing part or all of the clitoris.

Type 2 (excision) – removing part or all of the clitoris and cutting the inner and/or outer labia.

Type 3 (infibulation) – narrowing the vaginal opening.

Type 4 – other harmful procedures to the female genitals including pricking, piercing, cutting, scraping or burning (NHS Choices, 2021).

We at Pegasus Childcare Centre have a legal duty to protect all children in our care under the Working Together to Safeguard Children 2018 agenda. This duty extends to protecting young girls and women from FGM, an illegal and extremely harmful practice and a form of abuse. All staff in our setting have received training to increase their awareness of the practice and harm FGM causes.

We recognise that children are at higher risk if FGM if this has already been carried out on their mother, sister or a member of their extended family. In consideration of this we will always maintain a culture of vigilance.

**When should you be concerned? / Signs and indicators**

A child at immediate risk of FGM may ask you directly for help. But even if they don’t know what's going to happen, there may be other signs. You may become aware of:

* a relative or ‘cutter’ visiting from abroad
* a special occasion or ceremony to 'become a woman' or prepare for marriage
* a female relative being cut – a sister, cousin, or an older female relative such as a mother or aunt
* a family arranging a long holiday or visit to family overseas during the summer holidays
* unexpected, repeated, or prolonged absence from the Centre.
* a girl struggling to keep up in the Centre and the progress in her development declining
* a child running away from or planning to leave home.

A child or woman who's had female genital mutilation (FGM) may:

* have difficulty walking, standing or sitting
* spend longer in the bathroom or toilet
* appear withdrawn, anxious or depressed
* display unusual behaviour after an absence from Nursery /school
* be particularly reluctant to have routine medical examinations
* ask for help, but may not be explicit about the problem due to embarrassment or fear.

**What to do -**

**Reporting -** If you think that a child may be at risk of FGM or if you suspect that FGM has already occurred, you must seek help and advice – even if the FGM didn’t happen recently. This advice can be from the DSL or Deputy DSL or call the Lincolnshire Children Service Helpline. (LCS)

If you think a child is in immediate danger, contact the police on **999**. If you're worried about a child but they are not in immediate danger, you should share your concerns.

* Report any concerns to the centres DSL or Deputy DSL
* Make a written incident report with details of what’s Happened / what was said / things that was seen / Date and time and the environment.
* DSL or Deputy DSL willContact the FGM helpline on [0800 028 3550](tel:08000283550) or by emailing [fgmhelp@nspcc.org.uk](mailto:fgmhelp@nspcc.org.uk).
* DSL or Deputy DSL can apply for an FGM protection order.Anyone can [apply on Gov.uk](https://www.gov.uk/female-genital-mutilation-protection-order) if they are concerned that someone is at risk of FGM.
* DSL or Deputy DSL will contact Lincolnshire Children’s Services (LCS)
* DLS or Deputy DSL will Contact the police if they feel the situation in needed.

Regulated health and social care professionals and teachers in England and Wales must report ‘known’ cases of FGM in those under age 18 to the police (Home Office, 2016).

Under [Section 5](https://www.legislation.gov.uk/apni/1967/18/section/5) of the Criminal Law (Northern Ireland) Act 1967 it is an offence to fail to report a ‘relevant offence’ to the police. This includes:

* knowing or believing that an offence has been committed
* having information which could lead to the apprehension, prosecution or conviction of an offender.

This legislation covers offences against children and adults and includes offences related to FGM.

Should a child in our care show any signs and symptoms of FGM or we have good reason to believe that the child is at risk of FGM, we will refer the child to FGM Helpline or Lincolnshire Children Services (LCS) using our existing standard safeguarding procedures as it is a form of child abuse. However, should we think a child is in immediate danger we will contact the police on 999.

Link to e-learning <https://www.fgmelearning.co.uk/>  
<https://www.gov.uk/government/collections/female-genital-mutilation>

**If you feel the DSL has not reported or followed the policy and producer, speak to the Deputy DSL or call the FGM helpline / Police. Ensure that you have documented on the relevant paperwork.**

**HONOUR-BASED ABUSE (HBA)**

So-called ‘honour-based’ abuse (HBA) encompasses crimes which have been committed to protect or defend the honour of a family and/or community. Such crimes include Female Genital Mutilation (FGM), forced marriage, and practices such as breast ironing. Abuse committed in the context of preserving ‘honour’ often involves a wider network of family or community pressure and can include multiple perpetrators. It is important to be aware of this dynamic and additional risk factors when deciding what form of safeguarding action to take. Staff will be alert to the possibility of a child being at risk of HBA or already having suffered HBA.

**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 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/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
* Genital discharge
* Bruises between the legs
* Signs of a sexually transmitted disease (STD)

Emotional symptoms

* 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.

If a child starts to talk openly to an adult about abuse, they may be experiencing the procedure below will be followed:

**PROCEDURE**

* The adult should reassure the child and listen without interrupting if the child wishes to talk
* The observed instances will be detailed in a confidential report
* The observed instances will be reported to the DSL or Deputy DSL or Centre Manager
* The matter will be referred to the local authority children’s social care team

**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.”

We will be aware of the possibility of CSE and the signs and symptoms this may manifest as. If we have concerns we will follow the same procedures as for other concerns and we will record and refer as appropriate.

**ADULT SEXUAL EXPLOITATION**

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

**EMOTIONAL ABUSE**

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.

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 and 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 the staff member has 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.

**DOMESTIC ABUSE / HONOUR BASED VIOLENCE / FORCED MARRIAGES**

We look at these areas as a child protection concern.

**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 (in the absence of the DSL they will be reported to the Deputy DSL)
* Any signs of marks/injuries to a child or information a child has given will be recorded and stored securely
* If appropriate, the incident will be discussed with the parent/carer, such discussions will be recorded and the parent will have access to these records on request

If there are queries/concerns regarding the injury/information given then the following procedures will take place. The designated safeguarding lead will:

* Contact the Lincolnshire Children Service’s to report concerns and seek advice. If it is believed a child is in immediate danger we will contact the police - 999. 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 do so by LSC)
* The designated safeguarding lead will follow up with the Lincolnshire Children Services (LCS) 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.

Keeping children safe is our highest priority and if, for whatever reason, staff do not feel able to report concerns to the DSL or deputy DSL they should call Lincolnshire children’s Service or the NSPCC and report their concerns anonymously.

These contact numbers are displayed in the office and staff room.

**Recording Suspicions of Abuse and Disclosures**

Staff should make an objective record of any observation or disclosure, supported by the nursery manager or 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
* Exact words spoken by the child
* 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 designated safeguarding lead dated and kept in a separate confidential file.

If a child starts to talk to an adult about potential abuse it is important not to promise the child complete confidentiality. This promise cannot be kept. It is vital that the child is allowed to talk openly and disclosure is not forced or words put into the child’s mouth. As soon as possible after the disclosure details must be logged accurately. No leading questions should be asked.

It may be thought necessary that through discussion with all concerned the matter needs to be raised with Lincolnshire Children Service (LCS) and Ofsted. Staff involved may be asked to supply details of any information/concerns they have with regard to a child. The centre expects all members of staff to co-operate with the LCS, police, and Ofsted in any way necessary to ensure the safety of the children.

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

**INFORMING PARENTS**

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

**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.

**SUPPORT TO FAMILIES**

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

The centre 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.

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 in line with guidance of the local authority with the provision 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.

**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 centre premises regardless of whether the allegation relates to the centre premises or elsewhere, we will follow the procedure below.

The allegation should be reported to the senior manager on duty. If this person is the subject of the allegation then this should be reported to the Manager/ Deputy – Paige Shackleton / Emma Thornalley  or Chairperson – Macheala Heavens or The Local Authority children’s service.

The Local Authority children’s service duty team and Ofsted will then be informed immediately in order for this to be investigated by the appropriate bodies promptly:

* **The LADO:** Local Authority Designated Officer will be informed immediately for advice and guidance by the Manager.
* If as an individual you feel this will not be taken seriously or are worried about the allegation getting back to the person in question then it is your duty to inform the LADO yourself directly
* A full investigation will be carried out by the appropriate professionals (LADO, Ofsted) to determine how this will be handled
* The centre will follow all instructions from the LADO and Ofsted and ask all staff members to do the same and co-operate where required
* Support will be provided to all those involved in an allegation throughout the external investigation in line with LADO support and advice
* The centre reserves the right to suspend any member of staff during an investigation
* All enquiries/external investigations/interviews will be documented and kept in a locked file for access by the relevant authorities
* Unfounded allegations will result in all rights being reinstated
* Founded 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.
* Founded 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 centre will also notify the Disclosure and Barring Service (DBS) to ensure their records are updated
* All records will be kept until the person reaches normal retirement age or for 21 years and 3 months years if that is longer. This will ensure accurate information is available for references and future DBS checks and avoids any unnecessary reinvestigation
* The centre retains the right to dismiss any member of staff in connection with founded allegations following an inquiry
* Counselling will be available for any member of the centre who is affected by an allegation, their colleagues in the centre and the parents.

**The Management Team will need to:**

• Refer to the Local Authority Designated Officer (LADO) immediately and follow up in writing within 48 hours. Consider safeguarding arrangements of the child or young person to ensure they are away from the alleged abuser.

• Contact the parents or carers of the child/young person if advised to do so by the LADO.

• Consider the rights of the staff member for a fair and equal process of investigation.

• Advise Ofsted of allegation within 14 days of the allegation

• Ensure that the appropriate disciplinary procedures are followed including whether suspending a member of staff from work until the outcome of any investigation if this is deemed necessary.

• Act on any decision made in any strategy meeting.

• Advise the Independent Safeguarding Authority where a member of staff has been disciplined or dismissed as a result of the allegations being founded.

A copy of “What to do if you’re worried a child is being abused” booklet is kept with this policy. This sets out the guidelines on dealing with incidents, disclosures and the procedures that must be followed.

Suspension will not be an automatic response to an allegation, however we will consider the following

• The plausibility of the allegation

• The seriousness of the allegation

• The risk of harm to children

• The possibility of tampering with evidence

• The interest of the staff member concerned

• The interest of our organisation

Where a member of staff leaves our employment during an investigation, the investigation will continue and the Centre will in accordance with the current legislation, make a referral to the Disclosure and Barring Service(DBS). Where a member of staff is dismissed as a consequence of an allegation being upheld a referral will also be made to the DBS.

Referral guidance and form - <https://www.gov.uk/guidance/making-barring-referrals-to-the-dbs>

**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 centre prior to their children taking holidays or days off, and all sickness should be called into the centre on the day so the 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 the parents will be called to ensure the child is safe and healthy. If the parents are not contactable then the further emergency contacts will be used to ensure all parties are safe.

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 safeguarded.

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

**HOMELESSNESS**

Being homeless or being at risk of becoming homeless presents a real risk to a child’s welfare. The DSL (and any deputies) refer any concerns to the Local Housing Authority so they can raise/progress concerns at the earliest opportunity.

Indicators that a family may be at risk of homelessness include household debt, rent arrears, domestic abuse and anti-social behaviour, as well as the family being asked to leave a property. Whilst referrals and or discussion with the Local Housing Authority should be progressed as appropriate, this does not replace a referral into Children’s Social Care where a child has been harmed or is at risk of harm.

All forms of so-called HBA are abuse (regardless of the motivation) and staff will record and report any concerns about a child who might be at risk of HBA to the Designated Safeguarding Lead as with any other safeguarding concern. The DSL will consider the need to make a referral to the Police, and/or Children’s Social Care as with any other child protection concern; and may also contact the Forced Marriage Unit for advice as necessary.

**LOOKED AFTER CHILDREN**

As part of our safeguarding practice we will ensure our staff are aware of how to keep looked after children safe. In order 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**

A private fostering arrangement is one that is made privately (without any involvement of a Local Authority) for the care of a child under the age of 16 years (under 18, if disabled) by someone other than a parent or close relative, in their own home, with the intention that it should last for 28 days or more. Both birth parents, private foster carers and persons who are seeking to arrange for a child to be privately fostered are required by law to notify the Lincolnshire’s Children's Services department of the arrangement.

Should we become aware that a child is being privately fostered we will notify the MASH team.

**STAFFING AND VOLUNTEERING**

Our policy is to provide a secure and safe environment for all children. We only allow an adult who is employed by the centre to care for children and who has an enhanced clearance from the Disclosure and Barring Service (DBS) and 2 references to be left alone with children. We will obtain enhanced criminal records checks (DBS) for all volunteers and do not allow any volunteers to be unsupervised with children.

All staff will attend child protection training and receive initial basic child protection training during their induction period. This will include the procedures for spotting signs and behaviours of abuse and abusers/potential abusers, recording and reporting concerns and creating a safe and secure environment for the children in the centre.

During induction staff will be given contact details for the local authority children’s social care team, LCS, LADO and Ofsted to enable them to report any safeguarding concerns, independently, if they feel it necessary to do so.

We have named persons within the centre 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 all opening hours of the setting.

These 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. They will also be following the 6-year-pathway.

The centre DSL’s liaise 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 update of all staff on the team.

Although, under the EYFS, we are only required to have one designated lead for safeguarding, for best practice and to ensure cover at all times, we have two designated leads in place. This enables safeguarding to stay high on our priorities at all times. There will always be at least one designated lead on duty at all times our provision is open. This will ensure that prompt action can be taken if concerns are raised.

**The Designated Safeguarding Lead (DSL) is Emma Thornalley**, Emma works 4 days of the week. If they are not available, then contact the **Deputy Designated Safeguarding (DDSL) Lead is Natasha Taylor.** (These persons can also be contacted with any safeguarding concerns).

It is the responsibility of the DSL & DDSL to ensure that all safeguarding issues raised in centre are effectively responded to, recorded and referred to the appropriate agency. They are also responsible with the Centre Manager for arranging the whole centres safeguarding training for all staff, volunteers and committee members, who work with children and young people in our centre.

The DSL must ensure that the whole centres safeguarding training takes place at least every three years; which they can deliver within centre provided they are linked in to the support and quality assurance process offered by the Local Authority.

The DSL &DDSL is required to attend or ensure that a senior member of staff who has the relevant training and access to appropriate supervision, attends where appropriate, all child protection case conferences, reviews, core groups or meetings where it concerns a child at our centre and to contribute to multi-agency discussions to safeguard and promote the child’s welfare.

The DSL & DDSL are responsible for ensuring the acceptable, safe use and storage of all camera technology, images, and mobile phones through the implementation, monitoring and reviewing of the appropriate policies and procedures. This includes the E-safety Policy, Mobile Phone Policy.

**SAFER RECRUITMENT SELECTION**

To prevent unsuitable people working with children in our Centre we have put in place a robust Safer Recruitment procedure.

All individuals working in any capacity at Pegasus Childcare Centre will be subjected to safeguarding checks in line with the statutory guidance Keeping Children Safe in Education: Statutory Guidance for Schools and Colleges. We will ensure that agencies and third parties who supply staff (temporary) to us provide us with written reassurance that they have made the appropriate level of safeguarding checks in respect of the individuals prior to them engaging in working in our setting. We will also ensure that any agency worker presenting for work is confirmed as the same person for whom the relevant checks have been made.

We will ensure that alternative provision providers written reassurance that they have made the appropriate level of safeguarding checks on individuals working for their organisation.

In recruiting staff, to safeguard and promote the welfare of children effectively, we will ensure that every job description and person specification contains a clear statement about the safeguarding responsibilities of the post holder.

To recruit staff, we will ensure that at least one member of every interview panel has completed safer recruitment training and:

* All candidates will be subjected to qualification and identity checks.
* An enhanced DBS certificate which includes barred list information check will be undertaken for all candidates.
* All records will be kept which relate to the employment of staff and volunteers, thus demonstrating that checks have been undertaken, including the date and number of the enhanced child barring DBS check.
* We will obtain a minimum of at least two references for all potential new staff and volunteers.
* All new staff are required to produce documentation that confirms they have the right to work in the UK.
* All permanent appointments to Pegasus will be subject to a probationary period [See Staffing Policy]
* All staff and or volunteers will be fully inducted into the Centre with regards to understanding the safeguarding policy and procedures of the Centre and will be trained to identify signs and symptoms of possible abuse.

**All Staff are expected to disclose any convictions, cautions, court orders, reprimands and warnings which may affect their suitability to work with children-whether received before, or at the point of recruitment**

***For staff including volunteers who work in our childcare provision or who are directly concerned with the management of such provision (trustees, management committee members), we will ensure that appropriate checks are carried out to ensure that individuals are not disqualified under the Childcare (Disqualification) Regulations 2009”.* Where we contract services or activities via an external body, we will ensure that appropriate safeguarding policies and procedures are in place**.

**EXTREMISM – THE PREVENT DUTY**

Under the Counter-Terrorism 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).

**What is Prevent?**

Prevent is about safeguarding our communities from the threat of terrorism by stopping people from supporting it or becoming terrorists themselves. Radicalisation is the process by which a person comes to support terrorism and extremist ideologies.

**Spotting the signs of radicalisation**

Radicalisation can be really difficult to spot.

Signs that may indicate a child is being radicalised include:

* isolating themselves from family and friends
* talking as if from a scripted speech
* unwillingness or inability to discuss their views
* a sudden disrespectful attitude towards others
* increased levels of anger
* increased secretiveness, especially around internet use.

Children who are at risk of radicalisation may have low self-esteem, or be victims of [bullying](https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/bullying-and-cyberbullying/) or discrimination. Extremists might target them and tell them they can be part of something special, later brainwashing them into cutting themselves off from their friends and family.

However, these signs don't necessarily mean a child is being radicalised – it may be normal teenage behaviour or a sign that something else is wrong.

The safeguarding and Welfare Requirements, Child Protection (EYFS 2017, 3.4) states ‘Providers must be alert to any issues for concern in a child’s life at home or elsewhere. meeting this requirement Providers must have and implement a policy, and procedures, to safeguard children’. As part of the arrangements to safeguard the children we are committed to the Prevent Duty to help protect children from radicalisation and extremism under section 26 of the Counterterrorism and Security Act 2015. To do this we will do by:

* Understanding our own role and responsibilities on how to protect children from extremism
* Promoting and embed fundamental British Values in the setting through the activities and policies of the setting
* Ensuring that staff have up to date training that provides them with the knowledge on how to identify children at risk.
* Monitoring children’s attendance and following up absences.

**What to do -**

If you feel have any concerns or worries about a child or family in regard to radicalization, you must report to the DSL or Deputy DSL. Or call the Prevent helpline.

Link to Prevent on line training <https://www.elearning.prevent.homeoffice.gov.uk/edu/screen1.html>   
If you have a query or wish to report a safeguarding concern, contact 01522 782111 (Monday to Friday, 8am to 6pm). For out-of-hours emergencies, call 01522 782333.

**EMERGENCY LOCKDOWN**

The guidelines here are to help you consider how best to ensure the safety of children, parents and staff in the event of a local threat or emergency situation which may result in your setting being placed into a security-related lockdown (as opposed to a Covid-19 related lockdown).

Most of your existing procedures for handling an emergency situation will involve evacuation of the premises and will be focused on an event happening in your building. However, in some situations, it is likely you will be advised to stay put (lockdown) rather than evacuate the premises.

In the event of an incident, ‘lockdown’ of a building or buildings is an emergency procedure to secure and protect occupants near an immediate threat.

By controlling movement in an area, emergency services can contain and handle the situation more effectively.

**Being prepared**

Risk assess the likelihood of an incident happening in your area i.e. consider your location, are you near a busy tourist attraction, power station, or city centre?

We are in a small village away from the towns and nowhere near a city, so all likelihoods are low.

Checks can be made by going on the local police force website for advice about managing a range of issues that may be prevalent in your area. Local police number is on display in the office for all members of staff to see and access.

**TERRORISM ALERT**

Terrorism alert levels can be checked and the current status on the [MI5 website](https://www.mi5.gov.uk/home/the-%20threats/terrorism/threat-levels.html%20%E2%80%A8).

Share information with parents to advise them of the actions you will take in the event of a ‘lockdown’ and what they should do.

Make sure all staff are aware of their role during ‘lockdown’.

Consider the wording of a text or phone message that will be issued to all parents as soon as lockdown is announced, and you are sure the situation is not a false alarm.

*See Lockdown Policy and Produce*

**ONLINE SAFETY**

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

**COUNTY LINES**

County lines is a form of criminal exploitation where urban gangs persuade, coerce or force children and young people to store drugs and money and/or transport them to suburban areas, market towns and coastal towns. It can happen in any part of the UK and is against the law and a form of child abuse. Children and young people may be criminally exploited in multiple ways. Other forms of criminal exploitation include child sexual exploitation, trafficking, gang and knife crime.

County lines gangs are highly organised criminal networks that use sophisticated, frequently evolving techniques to groom young people and evade capture by the police.

Perpetrators use children and young people to maximise profits and distance themselves from the criminal act of physically dealing drugs. Young people do the majority of the work and take the most risk. Dedicated mobile phone lines or “deal lines” are used to help facilitate county lines drug deals. Phones are usually cheap, disposable and old fashioned, because they are changed frequently to avoid detection by the police. Gangs use the phones to receive orders and contact young people to instruct them where to deliver drugs. This may be to a local dealer or drug user, or a dealer or drug user in another county.

Phrases that young people may use to refer to county lines include:

* ‘*running a line’,*
* *‘going OT/out there’*
* *‘going country’*
* *‘going cunch’.*

These all refer to going out of town to deliver drugs or money.

**ABUSE LINKED TO FAITH OR BELIEF - *e.g. witchcraft***

Child abuse linked to faith or belief is a hidden crime, which makes it difficult to quantify in terms of magnitude. Cases have been recorded worldwide across various communities and religions including Christians, Muslims and Hindus. Abuse may happen anywhere but is most commonly within the child's home.

There are not specific laws in in the UK regarding child abuse linked to faith or belief

**Signs the a child is undergoing abuse linked to faith or belief. Most of the indicators may appear similar to other types of maltreatment and include when a child:**

• Reports that they are or have been accused of being evil, and / or that they are having the devil beaten out of them.

• Is made to wear some form of paraphernalia that could be of a religious nature.

• Personal care deteriorates or has body marks, such as bruises or burns

• Is seen as the scapegoat for a change in family circumstances for the worse

• In a group of children is relatively powerless vis-a-vis the parents/carers, maybe a child with no essential role in the family

• Attendance at school becomes irregular, or is taken out of school altogether without another school place having been organised

Abuse can be separated into five different areas;

• Abuse as a result of a child being accused of being a 'witch'

• Abuse as a result of a child being accused of being possessed by 'evil spirits'

• Ritualistic abuse which is prolonged sexual, physical and psychological abuse

• Satanic abuse which is carried out in the name of 'Satan' and may have links to cults

• Any other harmful practice linked to a belief or faith 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

**Physical:** This can involve beating, burning, cutting, stabbing, semi-strangulating, tying up the child, or rubbing chilli peppers or other substances on the child's genitals or eyes.

**Emotional:** Emotional abuse can occur in the form of isolation. A child may not be allowed near or to share a room with family members, and threatened with abandonment. The child may also be persuaded that they are possessed. The act of telling a child that they are possessed by an evil spirit or told that they are a witch can be emotionally abusive.

**Neglect**: In situations of neglect, the child's family and community may have failed to ensure appropriate medical care, supervision, education, good hygiene, nourishment, clothing or warmth.

**Sexual:** Children who have been singled out in this way can be particularly vulnerable to sexual abusers within the family, community or faith organisation. These people exploit the belief as a form of control or threat. Children could also be subject to practices through the deliverance process that are sexually abusive e.g. having to be bathed undress in the presence of others. Trafficked children from some countries have been known to be subjected to practices designed to control them. Some of these practices involve using their pubic hair and undergarments in rituals.

**What to do if you suspect a child is at risk of abuse linked to faith or belief**

If you are worried about a child, you should follow your normal safeguarding procedures, ensuring you mention you are concerned the child may be a victim of abuse linked to faith and abuse and the reasons why you are concerned.

You can also contact the Metropolitan Police's Project Violet on the non-emergency, 24/7 number: 101

If you are concerned that the girl is in immediate danger, contact the police by calling 999.

**MOBILE PHONES AND CAMERAS**

•Staff will not be able to carry or use their personal mobile phones whilst working in the centre.

•Staff are allowed to use their mobile phones during breaks in an area away from the children.

•Staff will not use any camera facility on their phone unless permission is given from management and with the management to witness the uploading of the photos onto the works email or on to the works Tapestry account, then with the management as witness detention of the photo after upload.

•Once photos have been uploaded to work email pegasuschildcare1@outlook.com or the child’s Tapestry account. Photos will be deleted with management witness.

•At NO POINT will there be any phone, tablet, iPad, smart watches with camera or camera in the toilets / nappy changing area.

•Consent for photographs is obtained from the parent/carer on admission as part of the registration process. An email will also be sent if we would like to use photos of children for the newspaper etc.

• Children will have access to a child friendly digital camera and any photographs taken by children will be looked through and downloaded or deleted.

• Staff will use the works tablet / work phone to take photos of the children

•See ICT policy and Mobile Phone policy for more information

Pegasus Childcare Centre respects that mobile phones have a place in settings, especially when there may not be a landline (works phone) available such as outings. The use of mobile phones must be used appropriately and not detract from the quality and supervision of care.

For the reason of safeguarding and confidentiality, children are not permitted to use or bring any mobile phones, iPad, camera, watches with camera on to the centre.

**FACEBOOK AND WEBSITE**

• Pegasus Childcare Centre Facebook page and website is for providing partners/carers with information about events within the centre.

•No child’s name will ever be mentioned or referred to on Facebook or website without permission from parent/carer

• No photographs of child’s faces will be posted on Facebook or website without permission from parent/carer

•Parents/Carers will give permission for their child’s artwork to go on Facebook and website, this will be in the welcome pack.

• Staff who fail to follow the above procedures will be subject to the settings disciplinary procedure. See Disciplinary Policy and Procedure.

**REFERRALS**

Lincolnshire Children’s Service is the point of referral to social care for concerns regarding children, young people, and vulnerable adults:

* Early Help (parental consent needed)
* Child in Need
* Child Protection
* Adult Safeguarding

Referrals to the Lincolnshire Children’s Service should be made immediately when there is a concern that the child is suffering significant harm or is likely to do so.

It is good practice to notify Lincolnshire Children’s Service by phone and/or email to discuss the case prior to sending a written referral. This will help determine the level of intervention and will also give children’s social care and the police time to make arrangements to come and see the child that same day in the nursery if deemed necessary.

In our centre the DSL ordinarily takes responsibility for the referral process, in consultation with staff who know the child. Still, there are circumstances where another member of staff must refer without delay:

* If for some reason, the DSL is not available, the referral should be made without delay by the deputy DSL, manager or another member of staff.
* If you disagree with your DSL’s decision not to refer a case, it is your responsibility to refer the case, and to respectfully inform the DSL that you are doing so. Should another member of staff refer instead, the DSL must be consulted and updated as soon as possible.
* It is noted that All Adults in our centre, including the DSL, have a duty to refer all known or suspected cases of abuse to the relevant agency including LCS, MASH, LADO, or the Police. Where a disclosure is made to a visiting staff member from a different agency, e.g. Early Years Consultants, Health Visitors, it is the responsibility of that agency staff to formally report the referral to the Setting’s DSL in the first instance and to follow their organisations procedures. Any records made should be kept securely on the Child’s Protection file.

Holding children in the setting after a Lincolnshire Children Service referral

Sometimes children’s service social workers and police will want to see a child on the day of referral to ensure that they are safe to go home. In such cases, they will ask you to keep the child in setting until the visit has taken place. Because it can take time to organise the visit with an available social worker and police officer, sometimes families will be asked to wait at the setting before a child is released to them, and they may be asked not to see their child during this time. This can be stressful and uncomfortable for both the setting and families and sometimes all are kept at the setting until late in the evening. The setting should prepare families for the length of time this process can take and treat them with compassion and understanding and make every attempt to facilitate this difficult process.

Although settings do not have legal powers to remove or detain children, Police and The Courts do have such powers, and it is at their request that the setting are holding the child. For this reason, families are strongly advised to cooperate in order to ensure children/young people are effectively safeguarded.

**Useful Contacts:**

* For further information regarding any child protection procedure [www.swcpp.org.uk](http://www.swcpp.org.uk)
* Lincolnshire Safeguarding Children Board [www.lincolnshire.gov.uk/safeguarding/report-concern](http://www.lincolnshire.gov.uk/safeguarding/report-concern)
* Lincolnshire County Council Children 's Customer Service on 01522 782111 or out of hours 01522 782333
* Anti-Terrorist Hotline on: 0800 789 321
* Early Years and Childcare Service
* Child Exploitation and Online Protection Agency [www.ceop.org.uk](http://www.ceop.org.uk)
* NSPCC Safe (Safe Activities for Everyone) Network [www.safenetwork.org.uk](http://www.safenetwork.org.uk)
* Multi-agency Safeguarding Hub (MASH) 0345 155 1071 Email: mashsecure@devon.gcsx.gov.uk / MASH Consultation Line 01392 388361/2
* Police Central Referral Unit: 0845 605 116
* EYCS Consultation Service: If you have concerns about a child but are unsure whether to make a Social Care referral.
* Ofsted Whistleblowing Hotline Ofsted’s dedicated Whistleblowing Hotline (0300 1233155) It is staffed from 8am to 6pm, Monday to Friday.
* Whistleblowing disclosures can also be submitted to Ofsted by email to the Ofsted whistleblowing team ([whistleblowing@ofsted.gov.uk](mailto:whistleblowing@ofsted.gov.uk) )

Documents supporting our safeguarding policy –

* [Lincolnshire SCP Policy and Procedures Manual (proceduresonline.com)](https://lincolnshirescb.proceduresonline.com/)
* [Keeping children safe in education 2023 (publishing.service.gov.uk)](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1181955/Keeping_children_safe_in_education_2023.pdf)
* [Information sharing: advice for practitioners (publishing.service.gov.uk)](https://assets.publishing.service.gov.uk/media/623c57d28fa8f540eea34c27/Information_sharing_advice_practitioners_safeguarding_services.pdf)
* [Children Act 1989 (legislation.gov.uk)](https://www.legislation.gov.uk/ukpga/1989/41/contents) and [Children Act 2004 (legislation.gov.uk)](https://www.legislation.gov.uk/ukpga/2004/31/contents)
* [Professional and Personnel Relationships (cimpress.io)](https://c-cluster-110.uploads.documents.cimpress.io/v1/uploads/d71d6fd8-b99e-4327-b8fd-1ac968b768a4~110/original?tenant=vbu-digital)
* [Sharing nudes and semi-nudes: how to respond to an incident (overview) - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/sharing-nudes-and-semi-nudes-advice-for-education-settings-working-with-children-and-young-people/sharing-nudes-and-semi-nudes-how-to-respond-to-an-incident-overview)
* [Working Together to Safeguard Children 2018 (publishing.service.gov.uk)](https://assets.publishing.service.gov.uk/media/5fd0a8e78fa8f54d5d6555f9/Working_together_to_safeguard_children_inter_agency_guidance.pdf)
* [Keeping children safe in education 2023 (publishing.service.gov.uk)](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1181955/Keeping_children_safe_in_education_2023.pdf)
* [Stat guidance template (publishing.service.gov.uk)](https://assets.publishing.service.gov.uk/media/5a80597640f0b62302692fa1/What_to_do_if_you_re_worried_a_child_is_being_abused.pdf) – What to do if you’re worried a child is being abused
* [Domestic Abuse Act 2021 (legislation.gov.uk)](https://www.legislation.gov.uk/ukpga/2021/17/contents/enacted)

*Our Centre has a clear commitment to protecting children and promoting welfare. Should anyone believe that this policy is not being upheld, it is their duty to report the matter to the attention of the Centre Manager/Chairperson at the earliest opportunity.*

**This policy was reviewed and adopted on**

**Signed (Manager)**

**Signed (DSL)**

**Signed (Chair)**

The Policy will be reviewed annually.

|  |  |  |
| --- | --- | --- |
| **Date of Review** | **Policy Updated** | **Signed (Chair)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**APPENDIX**

**Defining Abuse – Signs & Symptoms**

There are four categories of abuse:

* Physical abuse
* Sexual abuse
* Emotional abuse
* Neglect

These four categories of abuse and the possible indicators are detailed in the Department of Health ‘Working Together to Safeguard Children’ document. It should be noted that those listed are not a definitive list, though children’s poor behaviour maybe a sign that they are suffering harm or that they have been traumatised by abuse, some children may present these behaviours for reasons other than abuse.

It is important that all staff working at Pegasus Childcare Centre are aware of the indicators of abuse and that they should always **consult when concerned.**

|  |  |
| --- | --- |
| **Type of Abuse** | **Possible Indicators** |
| **Neglect** The persistent failure to meet a child’s basic physical and psychological needs, likely to result in the serious impairments 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:   * provide food, clothing and shelter; * protect a child from physical and emotional harm or danger; * ensure adequate supervision; * ensure access to appropriate medical care or treatment. | Obvious signs of lack of care including:  Problems with personal hygiene;  Constant hunger;  Inadequate clothing;  Emaciation;  Lateness or non-attendance at the setting;  Poor relationship with peers;  Untreated medical problems;  Compulsive stealing and scavenging;  Rocking, hair twisting, thumb sucking;  Running away;  Low self-esteem. |
| **Physical Abuse**  May involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child e.g. FGM, Breast ironing.  Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child | Physical signs that do not tally with the given account of occurrence conflicting or unrealistic explanations of cause repeated injuries delay in reporting or seeking medical advice. |
| **Sexual Abuse**  Forcing or enticing a child 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, penetrative or non-penetrative acts and also includes involving children in watching pornographic material or watching sexual acts. | Sudden changes in behaviour  Displays of affection which are sexual and age inappropriate  Tendency to cling or need constant reassurance  Tendency to cry easily  Regression to younger behaviour – e.g. thumb sucking, acting like a baby  Unexplained gifts or money  Depression and withdrawal  Wetting/soiling day or night  Fear of undressing for PE |
| **Emotional Abuse**  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 children that they are worthless or unloved, inadequate, or valued only if they meet the needs of another person. | Rejection  Isolation  child being blamed for actions of adults  child being used as carer for younger siblings  affection and basic emotional care giving/warmth, persistently absent or withheld. |

Flowchart – Actions where there are concerns about a child

Checklist

Nursery Assistant

* Report any concerns to the centres DSL or DDSL
* Make a written incident report with details of the following
* What’s happen.
* What was said by all.
* What was seen / heard.
* Date and Time that incident was reported.
* Date and Time the incident said had happened.
* The staff member who was dealing with it.
* The name of the child/adult etc.
* Date of birth of child
* DSL or DDSL will review all the information and ask from support from DSL will ask DDSL or Manager for support or advice. DDSL will ask DSL support or advice.
* DSL will make the discussion to monitor or further action needed.
* Monitoring

- DSL will inform the staff team to report any worries or concerns that is link with that incident.

- DSL will review it every week for the next 4 weeks. Paper completed after every review.

- At any point the DSL make feel the need to make further action.

* Further Action

-DSL or DDSL will report the incident to the correct service such as LADO, Children Services, Police, FGM helpline, Prevent helpline, MASH, NSPCC etc.

-DSL will work with the authority and complete all relevant paperwork.

- DSL will work with the authority and the family.