



# Safeguarding Children

## A model child protection & safeguarding policy

Issued by

The London Borough of Lambeth (June 2022)

The model policy relates to private, voluntary and independent settings working within the statutory framework for the early years foundation stage

**Please note:** This model policy is to support you to devise your own policy. Please make sure that you only state in your own policy what you do in your own setting. This can be used as a template so you can add or delete as appropriate.

**Provider** is the registered person/owner or nominated person from an organisation taking responsibility for the setting.

**Designated Safeguarding Lead** is a senior staff member (usually the manager) taking lead responsibility for safeguarding in the setting.

**Staff** are people employed to care for the children and people employed to provide support services. Also includes volunteers.

# {Happy Nursery Days}

## Child Protection & Safeguarding Policy

Date policy agreed: 27<sup>th</sup> February 2023      Annual Review date: 27<sup>th</sup> February 2024

The Senior Designated Safeguarding Lead is:

Name: Cheryl Whittle Head of Operations for Ekaya Housing Association

In his/her absence the Deputy Designated Safeguarding Lead is:

Name (1): Alma Boci Deputy Manager - Happy Nursery Manager

The provider/registered person is: Leanne Donald – Whitney - Board member

### LAMBETH CONTACT NUMBERS

Lambeth Children's Services

Lambeth Integrated Referral Hub (Early help *tier 3* and Child protection *tier 4*)

Telephone: 020 7926 3100      [helpandprotection@lambeth.gov.uk](mailto:helpandprotection@lambeth.gov.uk)

<https://www.lambethsaferchildren.org.uk/safeguarding-referral>

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**Out of hours telephone: 0207 926 5555**

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Local Authority Designated Officer (**LADO**): **Andrew Zachariades**

Telephone: 0207 926 4679    Mobile: 0772 082 8700      [lado@lambeth.gcsx.gov.uk](mailto:lado@lambeth.gcsx.gov.uk)

**If you are reporting an allegation against staff this must be reported to the LADO**

### **How to make a referral**

1. Discuss your referral with Lambeth's Designated Officer, Andrew Zachariades, on [020 7926 4679](tel:02079264679) or [07720 828 700](tel:07720828700)
2. Download the [Allegations Referral Form](#)
3. Complete the form with as much detail as possible
4. Email the completed form to [LADO@lambeth.gov.uk](mailto:LADO@lambeth.gov.uk) and the Integrated Referral Hub on [helpandprotection@lambeth.gov.uk](mailto:helpandprotection@lambeth.gov.uk)

**If you have a complaint or issue with poor practice or management in a school or an early years setting in Lambeth please contact:**

LA safeguarding lead for primary schools, secondary schools and colleges is:

Senior Safeguarding Manager: **Deborah Carter**

Mobile: 07935 602437 [DCarter@lambeth.gov.uk](mailto:DCarter@lambeth.gov.uk)

Head of Early Years & Out of School Quality Improvement Lead: **Kathryn Shaw**

Mobile: 07908119631 [KShaw2@lambeth.gov.uk](mailto:KShaw2@lambeth.gov.uk)

**Reporting a serious childcare incident**

Ofsted registered childminders, nannies, nurseries, and other daycare must use the online form to report significant events affecting their childcare within 14 days.

**You must inform Ofsted about the following:**

- the death of a child
- where a person's suitability to look after children might be affected, including: •involvement with social services or the police
- something significant affecting their health
- events that might affect the smooth running of the childcare, such as a fire or flooding at the premises
- serious accidents, injuries, or illnesses to a child, including confirmed cases of COVID-19 (coronavirus)
- food poisoning affecting 2 or more children

For further information about what Ofsted sees as a serious accident, incident or illness, please click on the link below.

<https://www.gov.uk/guidance/childcare-reporting-childrens-accidents-and-injuries>

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## Introduction

[Insert setting name] is committed to providing a safe and secure environment, where children feel safe and are kept safe and all where staff contribute to the culture of vigilance which is embedded in our setting. All staff form part of the wider safeguarding system for children. This system is described in the statutory guidance Working together to safeguard children.

Children learn best when they are healthy, safe and secure, when their individual needs are met and when they have positive relationships with the adults caring for them. This policy sets out how the setting complies with statutory responsibilities relating to safeguarding and promoting the welfare of children who attend the setting.

{Insert setting name} staff are advised to maintain an attitude of 'it could happen here' as far as safeguarding is concerned. When concerned about the welfare of a child, staff members should always act in the best interest of the child.

No single professional can have a full picture of a child's needs and circumstances. If children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information, and taking prompt action.

Safeguarding and promoting the welfare of children is defined for the purposes of this guidance as:

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

## The aims of this policy

**There are three elements to our policy to safeguard children**

### **Prevention**

Providing an environment in which children feel safe, secure, valued, and respected, feel confident and know how to approach adults if they are in difficulties. Providing a positive and safe environment, careful and vigilant staff, and accessible support to children with good adult role models. Where children feel secure, are encouraged to talk, and are actively listened to. Raising awareness of all staff, of the need to safeguard children and of their responsibilities in identifying and reporting possible cases of abuse.

Ensuring that all adults within our setting who have access to children have been rigorously checked as to their suitability using safe recruitment procedures

## **Protection**

Agreed procedures are followed by all staff, staff are trained and supported to respond appropriately and sensitively to safeguarding concerns. Concerns are recognised and acted upon. Through the development of effective working relationships with all other agencies, involved in safeguarding children.

## **Support**

Ensuring that key concepts of Child Protection are integrated within the curriculum and parents and children are educated about risks associated with the new digital technologies. Support to children, who may be at risk where staff respond to their concerns and complete any work that may be required. Staff are proactive in any child protection plan or on any early help, assessment, and action plan.

## **Framework**

Key documents that inform this policy are:

- Working together to safeguard children, July 2018  
<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>
- Statutory Framework for the Early Years Foundation Stage 2021  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/974907/EYFS\\_framework\\_-\\_March\\_2021.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/974907/EYFS_framework_-_March_2021.pdf)
- What to do if you are worried a child is being abused 2015  
<https://www.gov.uk/government/publications/what-to-do-if-youre-worried-a-child-is-being-abused--2>
- Keeping Children Safe in Education Sept 2020  
<https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>
- Information Sharing guidance  
<https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice>

{Setting's name} procedures for safeguarding children will be in line with the Lambeth safeguarding children board child protection procedures which are based on the London child protection procedures.

## **2 Roles and responsibilities**

### **2.1 The role of the provider/registered person**

{Provider's Name} will ensure that policies and procedures adopted are followed by all staff. {Provider's name} will ensure that a senior member of staff is appointed as the designated safeguarding lead with responsibilities for carrying out the statutory duties as set out in this policy.

{Provider's name} will ensure that people looking after children are suitable to fulfil the requirements of their roles. {Provider's name} will ensure there are effective systems in

place to ensure that practitioners, and any other person who is likely to have regular contact with children are suitable.

{Provider's name} will inform Ofsted of any allegations of serious harm or abuse by any person living, working or looking after children on the premises (whether the allegations relate to harm or abuse committed on the premises or elsewhere) and of the action taken. {Provider's name} will meet {his/her} responsibilities under the Safeguarding Vulnerable Groups Act 2006, including the duty to make a referral to the Disclosure and Barring Service where a member of staff is dismissed (or would have been, had the person not left the setting first) because they harmed a child or put a child at risk of harm.

{Provider's name} will put appropriate arrangements in place for the supervision of staff who have contact with children and families {put in what arrangements are in place} This will foster a culture of mutual support, teamwork and continuous improvement, which encourages the confidential discussion of sensitive issues.

## **2.2 The role of the Designated Safeguarding Lead**

The Designated Safeguarding Lead will be a senior member of staff and will take the lead responsibility for safeguarding and child protection. Deputy safeguarding lead[s] have also been appointed to take on the responsibility in the absence of the safeguarding lead.

The Designated Safeguarding Lead will provide support, advice and guidance to any other staff on an ongoing basis, and on any specific safeguarding issue as required. She/he will liaise with the local authority and children's services.

The Designated Safeguarding Lead will also co-ordinate the settings representation at Child Protection conferences/core groups or child in need meetings and the submission of written reports for such meetings. The Designated Safeguarding Lead will ensure that if staff members attend a child protection meeting, they have the authority to make decisions and commit resources on behalf of the setting.

The Designated Safeguarding Lead will have oversight of the delivery of setting recommendations within Child Protection Plans and will disseminate information to relevant staff members as appropriate.

The Designated Safeguarding Lead will ensure that there are adequate and appropriate safeguarding cover arrangements for any out-of-hours activities.

## **2.3 The role of the {settings name} staff**

{Settings name} staff are particularly important as they are in a position to identify concerns early, provide help for children, and prevent concerns from escalating. If staff members have any concerns about a child's welfare, they will report the matter to the designated safeguarding lead and record their concerns using the [settings name] concerns reporting form (appendix C).

If a child is in immediate danger or is at risk of harm, the safeguarding designated lead will refer to children's social care and/or the police immediately.

Though the responsibility to refer to children's social care lies with the designated safeguarding lead, anyone can make a referral. Where referrals are not made by the designated safeguarding lead the designated safeguarding lead will be informed, as soon as possible, that a referral has been made.

If a member of staff has concerns about other staff members, or any other person working with the children they will immediately report their concerns to {this will normally be the most senior staff member available who will report to the provider, but this must not delay contact with the Local Authority Designated Officer (LADO)}. If the member of staff is unhappy with the response and is still concerned about inappropriate behaviour displayed by other members of staff, they will follow the whistle blowing procedures.

### **3. Training**

[Provider's name] will ensure that all staff members undergo safeguarding and child protection training at induction. The training will be updated at least every three years and is in line with advice from the Lambeth Safeguarding Children Partnership.

The Designated Safeguarding Lead and any deputies will undergo training to provide them with the knowledge and skills required to carry out their role. Their training will be updated every two years.

All staff members will receive regular safeguarding and child protection updates (for example, via email, e-bulletins, staff meetings), as required, but at least annually, to provide them with relevant skills and knowledge to safeguard children effectively. Opportunities are provided for staff to contribute to and shape safeguarding arrangements and child protection policy.

### **4. Working with parents and carers**

{Settings name} is committed to working positively, openly and in partnership with parents and carers. {Settings name} will support parents and carers to understand our legal duty to safeguard and promote the welfare of the children in our setting. This includes our duty to make referrals to Children's Social Care and to assist our colleagues in other agencies with child protection enquiries.

When children join our setting, their parents and carers will be informed of the safeguarding and child protection policy and signposted to {settings name} website (if there is a web site) (insert where parents can access the policy) or upon request, receive a copy of the policy.

{Settings name} respects parents' rights to privacy and confidentiality and will not share sensitive information unless we have permission to do so, or it is necessary to do so to safeguard a child from harm.

Any concern will be discussed with the parent/carer unless to do so may place the child at increased risk of harm. A lack of parental engagement or agreement on the concerns the setting has about a child will not prevent the Designated Safeguarding Lead from making a referral to Children's Social Care in circumstances where it is appropriate to do so.



To keep our children safe and provide appropriate care for them, the setting requires parents to provide accurate and up to date information regarding the:

- Full names and contact details of all adults with whom the child normally lives and the child's relationship to the adult with whom s/he lives.
- Full names and contact details of all persons with parental responsibility (if different from above and any details regarding an existing court order).
- Emergency contact details (in addition to above).
- Full details of any other adult authorised by the parent to collect the child from the setting (if different from the above).

{Setting's name} expects parents to contact them if their child is going to be absent. If the child is absent and {setting's name} is not contacted staff will first try to contact the parents/carers and then the agreed emergency contacts. If the staff are unable to make any contact, we will follow {settings name} unexplained absence policy.

## **5. Confidentiality and information sharing**

**For further advice on Information Sharing see Working Together 2018 (updated 2021) and the Government Advice Information sharing advice for safeguarding practitioners & managers, July 2018**

All staff will understand that child protection issues warrant a high level of confidentiality, not only out of respect for the child and staff involved but also to ensure that being released into the public domain does not compromise evidence.

Staff should only discuss concerns with the Designated Safeguarding Lead or provider (depending on who is the subject of the concern). That person will then decide who else needs to have the information and they will disseminate it on a 'need-to-know' basis.

Child protection information will be stored and handled in line with Data Protection Act 1998 principles, which require that information is:

- Processed for limited purposes
- Adequate, relevant and not excessive
- Accurate
- Kept no longer than necessary
- Processed in accordance with the data subject's rights
- Secure

Record of concern forms and other written information will be stored in a locked facility and any electronic information will be password protected and only made available to relevant individuals.

Every effort will be made to prevent unauthorised access, and sensitive information will not be stored on laptop computers, which, by the nature of their portability, could be lost or stolen. Child protection information will be stored separately from the child's development file and the file will be {insert marked, tagged etc.} to indicate that separate information is held.

Child protection records are normally exempt from the disclosure provisions of the Data Protection Act, which means that children and parents do not have an automatic right to see them. If any member of staff receives a request from a parent/carer to see child protection records, they will refer the request to {Provider's name} or Designated Safeguarding Lead.

The Data Protection Act does not prevent staff from sharing information with relevant agencies, where that information may help to protect a child. Ideally information sharing will be done in writing so that there is an evidence trail however there may be occasions in Child Protection proceedings where this method is too slow. In cases where agencies ring the setting requesting information, staff will take a message and inform the Designated Safeguarding Lead *immediately*, they will ensure they can identify who is requesting the information before sharing and then record what has been shared, when, why and with whom.

Information about a child will usually only be shared with a third-party agency with the consent of an adult who has parental responsibility, or in their absence, a carer except where a child is at immediate risk.

## 6. Record Keeping

{Setting name} staff will make timely and accurate recording of safeguarding concerns raised about a child in the setting. The staff will be supported to understand the importance of timely, comprehensive and accurate recording in line with messages from serious case reviews.

A record of each episode/incident/concern/activity regarding that child, including telephone calls to other professionals, will be recorded on a chronology kept within the confidential file for that child. This will include any contact from other agencies who may wish to discuss concerns relating to a child. Each record will be signed and dated. If an electronic recording system is used it will be kept secure and password protected.

Actions will be agreed and roles and responsibility of each agency will be clarified and outcomes recorded. The chronology will be brief and will log activity; the full recording will be on the record of concern.

Written records of concerns will be made even where there is no immediate need to refer to Children's Social Care. If the child moves to another setting or school, the confidential file will be securely sent or taken, as part of the admission/transition arrangements to the Designated Safeguarding Lead at the new setting/school.

## 7. Definitions and response to concerns of child abuse

**Abuse:** a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g., via the internet). They may be abused by an adult or adults or another child or children.

For definitions and indicators of abuse, refer to [appendix A](#)

For guidance on responding to a disclosure of abuse, refer to [appendix B](#)

For the concerns reporting form, refer to **appendix C** (you will need to add your settings form here)

## **8. Referral to Children's Social Care**

If there is a concern about the welfare or safeguarding of a child a referral will be made to the relevant Social Care Department for the Local Authority where the child's home address is or where the child is temporarily living.

### **If the child lives in Lambeth**

After discussion with the Integrated Referral Hub (020 7926 3100) a referral will be made in writing using Lambeth's multi-agency referral form (MARF) <https://www.lambethsaferchildren.org.uk/safeguarding-referral>

For other Local Authorities see the relevant Social Care Department the identified using the child's postcode on the Government online checker

[Report child abuse to a local council - GOV.UK \(www.gov.uk\)](https://www.gov.uk/report-child-abuse-to-a-local-council)

### **Concerns about a member of staff**

If referring an allegation against a member of staff, consultation with the Local Authority Designated Officer (LADO) will be sought on (0207 926 4679). If the LADO cannot be contacted a message will be left and advice will also be sought from the Integrated Referral Hub on (020 7926 3100). Advice can also be sought from either of the safeguarding leads for early years and education whose numbers are at the beginning of this policy. A referral will be made in writing on the LADO referral form.

## **9. Teaching children about safeguarding**

[Provider's name] will ensure children are taught about keeping themselves safe, including online, through teaching and learning opportunities, as part of providing a broad and balanced curriculum.

## **10. Mobile phone, camera and technological devices**

{Setting name} recognises that staff, students and volunteers may wish to have their personal mobile phones at work for use in case of emergency. It is acknowledged that staff may also have other technological devices in their possession or within their personal belongings. However, safeguarding of children within the setting is paramount and it is recognised that personal mobile phones and technological devices have the potential to be used inappropriately. Therefore:

- Personal mobile phones and technological devices including smart watches will be stored in staff lockers or in the staff room. {You will need to consider where devices will be stored if lockers are not available}.
- Personal mobile phones, personal cameras and personal technological devices will not be used on the settings premises when children are present.
- Staff, students or volunteers who ignore this policy and use a mobile on the setting premises without permission will face disciplinary action.

- Only the camera and technological devices belonging to the setting will be used to take appropriate and relevant images of children. For example, observations, photographs of activities or setting events with parents' permission (see mobile phone, camera and technological devices policy).
- It is not appropriate to take photographs of bruising or injuries on a child for child protection concerns therefore the 'concerns reporting form' will always be used to record factual observations.
- The setting's main telephone number can be used for emergencies by staff or volunteers or by people who need to contact them.
- If at any time there is a suspicion that the material on a mobile phone or technological device may be unsuitable and may constitute evidence relating to a criminal offence, the 'Allegations of Abuse' process will be followed.

For full details refer to the (mobile phone, camera and technological devices policy)

To safeguard children and practitioners online, providers will find it helpful to refer to 'Safeguarding children and protecting professionals in early years settings: online safety considerations'

[Safeguarding children and protecting professionals in early years settings: online safety considerations - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/safeguarding-children-and-protecting-professionals-in-early-years-settings-online-safety-considerations)

### **11. Physical intervention/ positive behaviour management**

All staff (paid and voluntary) are expected to adhere to a code of conduct in respect of their contact with the children and their families. Positive behaviour management will be used to support children's behaviour (see behaviour policy). On rare occasions if physical intervention is required to safeguard a child, practitioners may restrain a child carefully to prevent children from injuring themselves or others or damaging property: it will be recorded and parents/carers will be informed on the same day or as soon as reasonably practicable.

### **12. Intimate care**

Intimate personal care is discussed with parents to agree on how this is routinely carried out. Any intimate care will be carried out with respect and regard to the child's right to dignity and privacy. Wherever possible, the child's key person will carry out this care. Staff will always ensure that a child's privacy is protected, whilst ensuring that they are visible to other members of staff and follow the agreed procedures (see intimate care policy).

Only staff who have completed all suitability checks including a DBS check will provide intimate care. Cameras are forbidden in areas where intimate care is carried out. Intimate care is logged and recorded with the date and time and by whom. If a member of staff becomes aware of any bruises, marks, soreness, bleeding etc. when providing intimate care, they will pass their concerns to their safeguarding lead and complete a concerns reporting form. Further consideration and risk assessment around intimate care will be completed before any outing.

### **13. Inter-agency working**

[Provider's name] will ensure that [setting name] contributes to inter-agency working in line with statutory guidance 'Working together to safeguard children'. If there are any concerns about children's safety or welfare, the relevant children's social care services for the child's home address will be notified and, in emergencies, the police. [Setting] will work with social care, the police, health services and other services including Lambeth Early Years Team to promote the welfare of children and protect them from harm. This includes providing a co-ordinated offer of early help when additional needs of children are identified and contributing to inter-agency plans to provide additional support to children subject to child protection plans or child in need plans.

#### **14. Safer recruitment**

The arrangements for recruiting all staff to our setting will follow the requirements set out in the 'Statutory framework for the Early Years Foundation Stage' and guidance from the Disclosure & Barring Service (DBS). All staff will be subject to stringent safer recruitment best practice including a range of conditions such as satisfactory references and an Enhanced Disclosure and Barring Service (DBS) check to include a Children's Barred List check. Volunteers will be subject an Enhanced DBS Check but without a Barred List Check as they will not work alone with children and they will be suitably always supervised, in line with current Government guidance.

A record will be kept of all vetting checks, which will also include verification of the member of staff's identity, which will be via photographic means (driving licence, passport etc.) also any relevant qualifications and permission to work in the UK. This will be evidenced through original documentation and its validity checked in the presence of the applicant. In [setting name] we will ensure that DBS checks are renewed every three years for all staff and will be a condition of service. This full renewal may be waived where the member of staff subscribes to the DBS update service and the status check is satisfactory and repeated three yearly (this will also be recorded). Further checks will be carried out if the applicant has lived or worked overseas following the guidance from the Home Office.

**Note:** *It is very useful and good practice to have a single central record (this is a requirement for schools)*

All staff in regulated activity, including teaching and childcare/support staff, must by law be checked against the DBS's children's barred list prior to their appointment as part of the vetting process, and a separate DBS Children's List check will be made where a DBS Check has been applied for but not returned by the start date for all staff working unsupervised in regulated activity. Our setting will only use employment agencies that positively vet their supply staff and confirm in writing that DfE / DBS compliant checks have been carried out. Staff joining our setting whether on a permanent or temporary basis will be informed of this Safeguarding Policy, and any other relevant policies, and child protection and safeguarding arrangements as part of their induction, as set out above.

Additionally, we will make arrangements to ensure that we do not knowingly employ any person who has been disqualified from such work under the Childcare Act 2006 as set out in the Childcare (Disqualification) Regulations 2009.

The records {suggest you start a single central record of all staff checks: this is a requirement for schools} will include the status of these checks and date these checks were made and by whom.

Our setting has a legal duty to refer to the Disclosure and Barring Service (DBS) anyone who has harmed, or poses a risk of harm, to a child or if we have a reason to believe the member of staff has committed one of a number of listed offences and as a result, we have removed them from working in regulated activity. Such referrals to the DBS equally apply to paid or unpaid staff where we are the employer and applies where we would have removed that person from regulated activity had that person not resigned from our employment. For further information please refer to {enter the relevant policy}

**Note:** *If employing teaching staff, checks will be made on the applicant's academic and vocational qualifications and to ensure they are not prohibited from teaching.*

## **Volunteers**

In line with the guidance on safer recruitment from the DfE and the Disclosure & Barring Service (DBS), it is expected that all volunteers will be suitably supervised. Thus, volunteers may be subject to an Enhanced DBS Check but without a check of the Children's Barred list, as supervised activity does not fall under the definition of Regulated Activity.

Therefore, all volunteers will work under the direct management of an established staff member, who is in Regulated Activity and vetted accordingly, and all volunteers will be subject to the same code of conduct as paid employees of our setting. [Setting's name] will provide volunteers with appropriate induction and volunteers will have a 'job description' pertaining to the volunteering role they are to perform.

As noted above; all staff, including volunteers, will be inducted which will include the provision of the settings policies and procedures, this will include any temporary volunteering staff.

## **15. Missing Child**

Providers must inform parents about the procedure the setting will follow in the event of a child going missing within the premises, from the premises or off site during outdoor events.

If the search is unsuccessful, the police will be informed.

Parents will be notified and advised as soon as possible.

Any missing or lost child incident will be considered as a significant incident and the LADO and Ofsted will be informed.

## **16. Allegation of abuse made against staff (includes volunteers, students etc.)**

Complaints and Allegations are different and are dealt with differently. Parents have the right to make a formal complaint against the action of the setting and/or its employees and such complaints will be dealt with in line with {settings name} complaints procedure.

Where it is alleged that a member of staff has:

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

This is no longer a complaint, but an allegation and the matter will be dealt with in line with the allegations procedure as set out in the flow chart ([see appendix D](#)). This means the provider will refer the concern to the Local Authority Designated Person (LADO) who will advise the provider on the course of action and by how and whom it should be investigated by.

The provider will pay regard to the recent revision of notifications to Ofsted. <https://www.gov.uk/guidance/report-a-serious-childcare-incident>

{Setting's name} takes all allegations made against members of staff seriously. Mechanisms are in place for children, parents/carers and staff to share any concerns that they might have about the actions of any member of our staff.

Parents will also be advised of their independent right to make a formal complaint to the Police.

Greater detail on the procedures for managing allegations against staff are to be found in our separate policy pertaining to this area as outlined above and the procedures set out in that policy will be followed in these circumstances.

## **16.1 Suspension**

Suspension will be considered in any case where there is cause to suspect a child is at risk of significant harm, or the allegation warrants investigation by the police, or is so serious that it might be grounds for dismissal. However, a person will not be suspended automatically, or without careful thought.

The power to suspend is vested in (the provider's name). However, the provider will speak to the LADO who may canvass police/social care views about whether the accused member of staff needs to be suspended from contact with children, to inform the nursery's consideration of suspension.

## **17. Peer on Peer abuse**

Staff will recognise that children can abuse other children. {Settings name} will consider peer on peer abuse seriously. It must be remembered that children who harm others are likely to have considerable needs themselves and may have witnessed violence in the family or have been exposed to physical or sexual harm.

## **18. Fabricated or induced illness (FII)**

Fabricated or induced illness (FII) is a rare form of child abuse. It occurs when a parent or carer, usually the child's biological mother, exaggerates or deliberately causes symptoms of illness in the child. The term FII covers a wide range of cases and behaviours involving

parents seeking healthcare for a child. This ranges from extreme neglect (failing to seek medical care) to induced illness. Behaviours in FII include:

- A parent or other carer who convinces their child they are ill when they are perfectly healthy
- A parent or other carer who exaggerates or lies about their child's symptoms
- A parent or other carer who manipulates test results to suggest the presence of illness – for example, by putting glucose in urine samples to suggest the child has diabetes
- A parent or other carer who deliberately induces symptoms of illness – for example, by poisoning their child with unnecessary medication or other substances

Staff will report any concerns to the safeguarding designated lead.

## **19. On-line safety**

The use of technology has become a significant component of safeguarding children. Technology often provides the platform that facilitates harm. For example, child sexual exploitation, radicalisation, and grooming. It is essential that children are safeguarded from potentially harmful and inappropriate online material. As such {provider's name} will ensure appropriate filters and appropriate monitoring systems are in place on any device accessed by the children. The approach to online safety is to protect and educate the whole [setting] community in their use of technology and establish mechanisms to identify, intervene and escalate any incident where appropriate. We will give parents advice about online safety issues and support them to keep their children safe online. We will teach children rules about using the internet and when gaming to help them to keep themselves safe.

### **19.1 Social media**

When staff are using social networking sites such as Facebook or Twitter, they will maintain confidentiality and always ensure proper practice. This is to protect the children, parents & families of the setting along with the staff. It is also to guard the nursery reputation and the staff's own personal reputation. (Please see our E-safety policy).

## **20. Looked after children**

The most common reason for children becoming looked after is because of abuse and/or neglect. {Provider's name} will ensure that staff have the skills, knowledge and understanding necessary to keep looked after children safe.

We will ensure that appropriate staff have the information they need in relation to a child's looked after legal status (whether they are looked after under voluntary arrangements with consent of parents or on an interim or full care order) and contact arrangements with birth parents or those with parental responsibility. They will also have information about the child's care arrangements and the levels of authority delegated to the carer by the authority looking after him/her. The designated safeguarding lead will have details of the child's social worker and the name of the virtual school head in the authority that looks after the child.



The setting will contribute to the Looked After Plans for children who are looked after including any specific Personal Health Plans or Personal Education Plans for the child and will attend or contribute to Looked After Child Review meetings, as required.

## **21. Children with special educational needs and disabilities**

Children with special educational needs (SEN) and disabilities can face additional safeguarding challenges. The child protection policy reflects the fact that additional barriers can exist when recognising abuse and neglect in this group of children. This can include:

- Assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration
- Children with SEN and disabilities can be disproportionately impacted by things like bullying without outwardly showing any signs; and
- Communication barriers and difficulties in overcoming these barriers.

Awareness of these additional barriers is reflected in the training for staff.

## **22. Domestic violence (DV)**

"Domestic abuse, or domestic violence, is defined across Government as any incident of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members, regardless of their gender or sexuality. The safety of victims and children in addition to the defendant's accountability are important. For a fuller cross Government definition see <https://www.cps.gov.uk/crime-info/domestic-abuse>

Seeing, hearing, or knowing of a parent being abused is traumatic for children and can have long-term damaging emotional and psychological effects. We recognise that Domestic Violence (DV) usually impacts on all aspects of a child's life only varying according to the child's resilience or otherwise to his or her circumstances. We also recognise that even where the child is not the direct target of the DV, the harm caused to the child/ren can be significant particularly as the victim's capacity to parent effectively and protect their child/ren is diminished through a preoccupation with their own survival at the expense of an awareness of the effect that the abusive relationship is having on their child/ren.

At {settings name} if we suspect DV we will promote opportunities for the abused partner (predominantly the woman but not exclusively so) to disclose. We will treat that disclosure sensitively, signpost to the Gaia Centre 0207 733 8724 if appropriate, and refer the matter to social care where there is a child or children at risk of significant harm and/or neglect. We will always refer any incident to social care where there is a child in the family under 12 months old or the victim is pregnant.

We also recognise that other practices are defined as Domestic Violence, such as Honour Based Violence, Forced Marriage and Female Genital Mutilation.

It is recognised that where children live in homes where there is domestic abuse, they are more likely to suffer abuse.

### 23. Private fostering

Private fostering is an arrangement between families without the involvement of the Local Authority, for the care of a child or children under the age of 16 years (18 if disabled) by someone other than a parent or close relative for 28 days or more. Close relatives are defined as parents, stepparents, siblings, siblings of a parent and grandparents.

Privately fostered children are a diverse and sometimes vulnerable group. They include:

- Children sent from abroad to stay with another family for educational purposes
- Asylum seeking and refugee children
- Children cared for by another family due to parental ill-health
- Children of prisoners placed with distant relatives

The staff will notify the relevant Local Authority Social Care if they:

- Become aware of a private fostering arrangement which has not been notified to the Local Authority by the parent/carers
- Have doubts about whether a child's carers are their parents and there is evidence to support those doubts

*Note: A person who is barred from regulated activity will themselves be committing an offence under the Children Act 1989 and under the Safeguarding Vulnerable Groups Act 2006 if they privately foster a child.*

### 24. Female genital mutilation (FGM)

FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs. It is illegal in the UK and a form of child abuse with long-lasting harmful consequences. It is illegal in the UK to subject any child to FGM. It is also illegal take a child abroad to undergo FGM.

Any member of staff who has an FGM concern should discuss with the designated safeguarding lead who will refer to children's social care as appropriate.

Typical identifiers / triggers are:

- Family comes from a community known to practice FGM
- Family / child may confide that she is going to a 'special ceremony' when on holiday
- Female child is known to have a sister that has already undergone FGM

<https://www.lambethsaferchildren.org.uk/female-genital-mutilation-fgm>

<https://www.lambethsab.org.uk/training>

### 25. Extremism and radicalisation

Protecting children from the risk of radicalisation should be part of {settings name} wider safeguarding duties and is similar in nature to protecting children from other forms of harm and abuse. Radicalisation refers to the process by which a person comes to support terrorism

and forms of extremism. The internet and the use of social media has become a major factor in the radicalisation of young people.

As with other safeguarding risks, staff should be alert to changes in children's behaviour which could indicate that they may need help or protection. Staff should use their judgement in identifying children who might be at risk of radicalisation. We have a duty under section 26 of the Counterterrorism and Security Act 2015, to prevent people from being drawn into terrorism. This duty is known as the Prevent duty.

Even very young children may be vulnerable to radicalisation by others, whether in the family or outside, and display concerning behaviour. This includes the expression of extremist views. To counter extremism and promote children's welfare we will promote British values as part of our broad and balanced curriculum.

These are the set of four values:

- Democracy: Making decisions together.
- Rule of law: Understanding rules matter.
- Individual Liberty: Freedom for all.
- Mutual respect and tolerance: Treat others as you want to be treated.

We will equip staff to identify children at risk of being drawn into terrorism and to challenge extremist ideas.

**Note:** *Individual settings are best placed to assess the training needs of staff in the light of their assessment of the risk to their children/families of being drawn into terrorism. As a minimum, however, settings should ensure that the designated safeguarding lead undertakes Prevent awareness training and is able to provide advice and support to staff on protecting children from the risk of radicalisation.*

If you are concerned about a child or young person at risk from radicalisation or extremism, please follow the normal process for making a referral to Children's Social Care.

If you need advice about a potential referral or you would like to make arrangements for training for your staff team, please contact

Lambeth Prevent Education Officer: **Lydia Nixon**

Contact Number: 0207 926 3668 Email: Lydia Nixon [LNixon@lambeth.gov.uk](mailto:LNixon@lambeth.gov.uk)

Email: [prevent@lambeth.gov.uk](mailto:prevent@lambeth.gov.uk)

Anti-terrorist hotline – 0800 789 321

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

Child sexual exploitation is a form of sexual abuse where children are sexually exploited for money, power or status. It can involve violent, humiliating and degrading sexual assaults. In some cases, young people are persuaded or forced into exchanging sexual activity for money, drugs, gifts, affection or status. Consent cannot be given, even where a child may believe they are voluntarily engaging in sexual activity with the person who is exploiting them. Child sexual exploitation does not always involve physical contact and can happen online. A significant number of children who are victims of sexual exploitation go missing from home, care and education at some point.

Staff at {settings name} will understand that child sexual exploitation is a form of sexual abuse. Understanding the indicators of CSE will help them to identify when this should be suspected. This may be through discussion with families who may be concerned about children in their immediate or extended families.

Some of the following signs may be indicators of sexual exploitation:

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

Staff will report any concerns to the safeguarding designated lead

<https://www.lambethsaferchildren.org.uk/child-exploitation>

## **27. Health**

{Setting's name} promotes the good health of children attending and take the necessary steps to prevent the spread of infection (see sickness and illness policy).

If a child requires medication, we follow strict guidelines (please see administering of medication policy)

{Setting's name} will always have a trained first aider (paediatric) accessible to the children whether this be indoors, outdoors or on an outing (see first aid policy).

If a child sustains an injury at (settings name) first aid will be applied, and parents notified (please see accident and injury policy).

{Provider's name} will notify Ofsted and the Local Authority of any serious accident, illness (including confirmed cases of COVID) or death of any child whilst attending the setting (within 14 days)

If a child arrives at {Setting's name} with an injury, staff will seek an explanation of the cause and nature of the injury. This will be recorded (please see existing injuries policy)

{Setting's name} will provide healthy and nutritious meals that are prepared in a hygienic manner. Staff will seek information about the child's dietary needs, whether this is a special health requirement, food allergy, preference or religious requirement (please see healthy eating policy)

Children will always have access to drinking water.

## **28. Safety and suitability of premises, environment and equipment**

Risk assessments will identify aspects of the environment that need to be checked on a regular basis. This includes ensuring that the environment is COVID secure., when and by whom those aspects will be checked, and how the risk will be removed or minimised. This will also include foods offered to the children, routines, key times of day such as arrival and departure times, activities offered to the children, outings and any known hazards in the environment such as button batteries.

Routines and security will mean children will not be able to leave the setting unsupervised. In the unlikely event that a child goes missing or is lost on an outing our (lost and missing child policy) will be followed.

{Setting's name} staff will only release children into the care of individuals who have been identified as authorised to collect the child/ren and will follow the (uncollected child policy) if a child is not collected at the appropriate time.

The identity of all visitors to {Setting's name} are checked and visitors are asked to sign the visitor's book and will be accompanied while on the premises.

{Setting's name} has appropriate fire detection and control equipment in working order which is regularly checked. {Setting's name} practices fire evacuation with the children once a month and this is recorded in the fire logbook.

Sleeping children are frequently checked and this is recorded.

## **29. Whistleblowing**

{Setting's name} is committed to developing a culture where it is safe and acceptable for all its staff to raise any concerns about what is happening at {settings name}. There are procedures in place for any member of staff to have their concerns heard and investigated in confidence and without fear of reprisal (please see whistleblowing policy).

This policy was considered and adopted by {providers name} in line with their overall duty to safeguard and promote the welfare of children as set out in the Statutory framework for the early years foundation stage (2021)

Policy Adopted on: \_\_\_\_\_

Policy Due for Review on: \_\_\_\_\_

## Appendix A – Types of abuse and their symptoms

1. **Physical abuse:** a form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Physical abuse indicators	
Physical indicators	Behavioural indicators
<ul style="list-style-type: none"> <li>• Unexplained injuries – bruises / abrasions / lacerations</li> <li>• The account of the accident may be vague or may vary from one telling to another.</li> <li>• Unexplained burns</li> <li>• Regular occurrence of unexplained injuries</li> <li>• Most accidental injuries occur on parts of the body where the skin passes over a bony protrusion.</li> </ul>	<ul style="list-style-type: none"> <li>• Withdrawn or aggressive behavioural extremes</li> <li>• Uncomfortable with physical contact</li> <li>• Seems afraid to go home</li> <li>• Complains of soreness or moves uncomfortably</li> <li>• Wears clothing inappropriate for the weather, in order to cover body.</li> <li>• The interaction between the child and its carer</li> </ul>

2. **Neglect:** the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: provide adequate food, clothing and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate caregivers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Neglect indicators	
Physical indicators	Behavioural indicators
<ul style="list-style-type: none"> <li>• Unattended medical need</li> <li>• Underweight or obesity</li> <li>• Recurrent infection</li> <li>• Unkempt dirty appearance</li> <li>• Smelly</li> <li>• Inadequate / unwashed clothes</li> <li>• Consistent lack of supervision</li> <li>• Consistent hunger</li> <li>• Inappropriately dressed</li> </ul>	<ul style="list-style-type: none"> <li>• Poor social relationships</li> <li>• Indiscriminate friendliness</li> <li>• Poor concentration</li> <li>• Low self-esteem</li> <li>• Regularly displays fatigue or lethargic Frequently falls asleep in class</li> <li>• Frequent unexplained absences</li> </ul>

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

Emotional abuse indicators	
Physical indicators	Behavioural indicators
<ul style="list-style-type: none"> <li>• Poor attachment relationship</li> <li>• Unresponsive / neglectful behaviour towards the child's emotional needs</li> <li>• Persistent negative comments about the child.</li> <li>• Inappropriate or inconsistent expectations</li> <li>• Self-harm</li> </ul>	<ul style="list-style-type: none"> <li>• Low self-esteem</li> <li>• Unhappiness, anxiety</li> <li>• Withdrawn, insecure</li> <li>• Attention seeking</li> <li>• Passive or aggressive behavioural extremes</li> </ul>

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

Sexual abuse indicators	
Physical indicators	Behavioural indicators
<ul style="list-style-type: none"> <li>• Sign of blood / discharge on the child's underclothing.</li> <li>• Awkwardness in walking / sitting</li> <li>• Pain or itching – genital area</li> <li>• Bruising, scratching, bites on the inner thighs / external genitalia.</li> <li>• Self-harm</li> <li>• Eating disorders</li> <li>• Enuresis / encopresis</li> <li>• Sudden weight loss or gain</li> </ul>	<ul style="list-style-type: none"> <li>• Sexually proactive behaviour or knowledge that is incompatible with the child's age &amp; understanding.</li> <li>• Drawings &amp; or written work that is sexually explicit</li> <li>• Self-harm / Suicide attempts</li> <li>• Running away</li> <li>• Substance abuse</li> <li>• Significant devaluing of self</li> <li>• Loss of concentration</li> </ul>

## **Appendix B – Responding to a disclosure of abuse**

- Listen and be supportive.
- Don't ask leading questions (In cases where criminal proceedings occur, such questioning can cause evidence to become invalid).
- Take the child seriously. Always assume that he/she is telling the truth.
- Do not promise confidentiality – rather explain the process in an age-appropriate way – who do you need to pass the information on to?
- Never stop a child who is freely recalling an event, don't push a child to tell you more than they wish. Be careful about your body language (don't display shock or disbelief)
- Do not ask the child to repeat the incident for another member of staff.
- Speak to the designated person responsible for child protection as soon as possible
- Write an account of the conversation immediately, recording time and date and action taken, and as close to verbatim as possible. If anyone else is present, they should sign it.
- Records should be kept in the Child Protection file which is stored securely.



<b><i>Appendix C – Concerns reporting form</i></b>
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{Add your reporting form/cause for concern etc here}

**Appendix D – Allegations against staff**

