

SAFEGUARDING POLICY

Statement of intent

Tiny Steps Day Nursery is committed to ensuring that the Nursery is fulfilling its role in keeping all children/young people and adults with additional care and support needs safe and protecting them from harm. Rigorous training, robust policies and outstanding practice promote our dedication to safeguard all that enter our Nursery.

This policy is influenced and informed by the following Government guidance and legislation as set out in the following documents;

- Keeping Children Safe in Education (2018)
- Working together to Safeguard Children (2018)
- Early Years Foundation Stage Safeguarding & Welfare Requirements (April 2017)
- What to do if you're worried a child is being abused (2015)
- Prevent duty guidance for England and Wales (2015)
- The Children Act (2004)
- The Care Act (2004)
- United Nations Convention on the Rights of the Child (1989)

For the purposes of this document, the term children and young people refer to those under the age of 18 years.

Our key commitments:

- We believe every child should be valued, safe and happy. We will endeavour to ensure the children feel safe and secure in our care and are empowered to communicate to us if they are suffering from harm. Key people will form positive relationships with children enabling them to recognise changes in behaviour or character for pre-verbal children.
- "A child centred approach is fundamental to safeguarding and promoting the welfare of every child. A child centred approach means keeping the child in focus when making decisions about their lives and working in partnership with them and their families". Working Together (2018).
- We recognise that we all have a responsibility to help prevent the physical, sexual, emotional abuse and neglect of children and young people (those under 18 years of age) and to report any such abuse that we discover or suspect. What to Do If You're Worried a Child Is Being abused (2015).
- Providers must take all necessary steps to keep children safe and well (Early Years Foundation Stage, 2015.) Staff, students or volunteers will not at any time have their mobile phone in the Nursery rooms. These must be stored in the staff lockers or in the staff room. If a concern arises regarding the content on a staff's mobile they will be asked by the Senior

Designated Safeguarding Lead to show them the content stored upon it. Cameras will be used to take appropriate photographs of children for the purposes of observations and displays only. Cameras are not to be taken out of the setting. Regular spot checks will be carried on to ensure all material is appropriate. For further details, please see our mobile phone policy & camera, tablet and photography use policy.

- All children/young people and adults with additional care and support needs whatever their age, culture, disability, gender, language, racial origin, religious beliefs and/or sexual identity, have the right to protection from abuse.
- All suspicions and allegations of abuse will be taken seriously and responded to swiftly and appropriately.
- Staff/volunteers are trained to understand the nature of abuse and to be alert to matters of concern.
- All staff/students working at Tiny Steps Day Nursery have a responsibility to report concerns to the Senior Designated Safeguarding Lead with responsibility for safeguarding children and adults.

Safeguarding Adults

“Abuse is the violation of an individual’s human and civil rights by another person or persons” Care Act (2004)

The Care Act (2004) applies to an adult 18 years of age or over who has care and support needs, is at risk of, or being abused and as a result of needs are unable to protect themselves from the risk or experience of abuse.

The Safeguarding Lead will liaise with Adult Social Services in regard to concerns raised regarding an adult with additional care and support needs. The Care Act places the responsibility on Adult Services to investigate situations of harm to adults with additional care and support needs. This may result in a range of actions or options including action against the person or organisation causing the harm, increasing the level of support for carers, or no further action taken if the ‘victim’ chooses this and have capacity to communicate their decision.

Meet the Team

Tiny Steps Day Nursery has a dedicated Safeguarding team who oversee all safeguarding and welfare requirements throughout the setting. Our Safeguarding team is made up of a Senior Designated safeguarding lead and two Deputy Safeguarding Leads (one for the under three’s and one for the over three’s.)

The designated safeguarding Leads are as follows

Natasha Summerfield



Tracy Edwards – Read



Claire Archer



Nursery Manager
Senior Safeguarding Lead
(Including safeguarding for adults)

Deputy Manager
Safeguarding Lead

Over 3's Team Leader
Safeguarding Lead

The Designated Safeguarding Leads will link in with the Senior Designated Lead at all times to keep them informed of any concerns, changes or updates regarding their area of responsibility.

The Designated Safeguarding Leads are supported through regular supervisions and debriefs with the Deputy Safeguarding Team Leader.

The role of the Safeguarding Lead

The Early Years Foundation Stage Safeguarding and Welfare requirements (2017) 'require every setting to have a designated practitioner who takes the lead for safeguarding.' Tiny Steps Day Nursery has 3 designated safeguarding leads with responsibilities appropriate to their role. A designated safeguarding lead is on site at all times during the Nursery opening hours with others contactable if needed.

The name and photo of each named Designated Safeguarding Lead and information about their duties is displayed in the Nursery reception to enable them to be easily identified for parents, carers, volunteers and members of the public to be aware of who to talk to if they have concerns. In the absence of the Senior Designated Safeguarding Lead, a Designated Safeguarding Lead will take the lead role.

The Senior Safeguarding Lead role includes:

- The lead practitioner must attend a safeguard training course that enables them to identify, understand and respond appropriately to signs of possible abuse and neglect (EYFS, 2017.)
- The lead practitioner is responsible for liaison with local statutory children's services agencies, and with the LSCB (EYFS, 2017.)
- They must provide support, advice and guidance to any other staff on an ongoing basis, and on any specific safeguarding issue as required (EYFS, 2017.)
- Ensure that all staff have regard to Government statutory guidance 'Working Together to Safeguard Children (2018) and the Prevent Duty guidance for England and Wales (2015.)
- To have an oversight of all safeguarding matters across the setting for children and adults. They will support the Designated Safeguarding Leads in overseeing and monitoring safeguarding issues and concerns and debriefing after meetings.
- To provide on-going safeguarding training and regularly review the operational guidelines as outlined above.
- To manage training needs as necessary in development of skills and knowledge, including Safeguarding training & Prevent.
- To ensure this policy is implemented throughout the Nursery.
- Ensure adequate induction and training relating to safeguarding matters is given to all staff, students and volunteers.

- Ensure that each activity carried out by the setting is sound in terms of safeguarding as regards practices and premises and risk assessed as appropriate.

The Safeguarding Leader role includes:

- To attend a child protection course every 3 years and attend Designated Safeguarding Lead training every 2 years.
- Remain up to date with any changes in legislation and guidance and help communicate any changes to the staff team.
- To support the Senior Designated Lead in ensuring that this policy is understood by all staff and outworked throughout the Nursery.
- Supporting the Senior Designated Lead to discuss with the team safeguarding as the first item on the agenda at monthly staff meetings.
- Linking in with the Senior Designated Safeguarding Lead to discuss any concerns, updates or changes that may impact upon a child or family and result in a higher level of support needed.
- Attending family support meetings and working with outside agencies including Children & Families Practice and Children's Social Care.
- Ensure that the induction process remains up to date with any changes to practice due to updated safeguarding and welfare requirements.
- In the Senior Designated Safeguarding Lead's absence to take the lead role and seek advice from the referral hub regarding any safeguarding or child protection concerns they may have, following through advice given and communicating this to the Senior Designated Safeguarding Lead upon their return.

Liaison with other bodies

- We work within the Local Safeguarding Children Board guidelines.
- We have a copy of 'What to do if you are worried a child is being abused (2015), Keeping children safe in education (2018) and Working together to safeguard children (2018)' for parents and staff. All staff receive regular training on what to do if they have concerns.
- We work with our local authority if safeguarding concerns or child protection issues arise. The setting maintains a list of names, and telephone numbers of social workers currently involved with families, to ensure that it is easy, in any emergency, for the setting and social care to work well together.
- We work with the Local Authority Designated Officer (LADO) if an allegation was made against a staff member.
- We notify the registration authority (Ofsted) of any incident or accident and any changes in our arrangements, which may affect the wellbeing of children.
- Details of the local National Society for the Prevention of Cruelty to Children (NSPCC) contacts are also kept.

- If a referral is to be made to the local authority social care department, we act within the area's Safeguarding Children and Child Protection guidance in deciding whether we must inform the child's parents at the same time.

Relevant Contact Numbers:

- MK Multi Agency Safeguarding Hub: **01908 253 169/70**
- Emergency social work team- out of hours: **01908 265 545**
- OFSTED **0300 1231231**
- NSPCC Child Protection Helpline: **0808 800 5000**
- ChildLine: **0800 1111**
- NSPCC Whistleblowing Advice line: **0800 028 0285**

**Recognising and responding appropriately to an allegation or suspicion of abuse
Understanding abuse and neglect**

Defining child abuse or abuse of an adult is a difficult and complex issue. A person may abuse by inflicting harm or failing to prevent harm. Children and adults with additional care and support needs have the right to protection from any abuse and such abuse can happen within a family, an institution or a community setting. Very often the abuser is known or in a trusted relationship with the child or adult. In a situation where an adult is suspected or is at risk of a abuse it is our responsibility to support and guide through any referrals with that in mind an adult has the right to decide if they do or do not want to pursue this and if they do not, then we have to respect that choice. Such choices can be made even if it is felt it is not the best choice. Adults who are deemed to have mental capacity have the freedom in making the decision on what they feel is the best decision for them.

In order to safeguard those in our setting, we adhere to the UN Convention on the Rights of the Child and have as our starting point as a definition of abuse, Article 19 which states:

1. Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.
2. Such protective measures should, as appropriate, include effective procedures to provide necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment described heretofore, and, as appropriate, for judicial involvement.

Details of definitions, signs and symptoms of abuse can be found in the appendix.

Allegations against a member of staff/volunteer

The setting will fully support and protect anyone who follows our Whistleblowing policy that a colleague is, or may be, abusing a child/young person or adult with care

and support needs. Where there is a complaint against a member of staff/volunteer/student, there may be three types of investigation: criminal investigation, child protection investigation or disciplinary/misconduct investigation. The results of the police and child protection investigation may well influence the disciplinary investigation, but this will not necessarily be the case.

Concerns about poor practice

If following consideration, the allegation is clearly about poor practice, this will be dealt with as a misconduct issue.

If the allegation is about the poor practice by the Nursery's Senior Designated Safeguarding Lead or if the matter has been handled inadequately and concerns remain, it should be reported to the Deputy Safeguarding Team Leader for the Centre (Lisa Robinson) who will investigate the situation or refer it on to the Senior Safeguarding Team Leader for the Centre (Nicola Ritchie, Head of Child Services.)

Internal enquiries and suspension

The Safeguarding Team Leader for the centre will contact the Local Authority Designated Officer to make an informed decision about whether any individual accused of abuse should be temporarily suspended, pending further police and social services inquiries.

Irrespective of the findings of the social services or police inquiries, the organisation will assess all individual cases to decide whether a member of staff or volunteer can be reinstated and how this can be handled sensitively. This may be a difficult decision, particularly where there is insufficient evidence to uphold any action by the police. In such cases, the organisation must reach a decision based upon the available information. This might suggest that, on a balance of probability, it is more likely than not that the allegation is true. The welfare of the child/young person or adult must remain of paramount importance throughout.

Responding to allegations of abuse

Under no circumstances should a worker carry out their own investigation into an allegation or suspicion of abuse. Following procedures as below:

You must report your concerns immediately to the Senior Designated Safeguarding Lead. In their absence these must be reported to a Deputy Designated Safeguarding Lead. The named Designated Safeguarding Leads are senior members of staff within the Nursery to act on their behalf in dealing with the allegation or suspicions of neglect or abuse, including referring the matter on to the statutory authorities.

- In the absence of the Senior Designated Safeguarding Lead, or if the suspicions in any way involve the Senior Designated Safeguarding Lead, then the report should be made to the Safeguarding Team Leader for the Centre, Nicola Ritchie (07875049922.)

The Senior Designated Safeguarding Lead will:

- Obtain information from staff/volunteers, children/young people or parents/carers who have safeguarding concerns and record this information.

- Assess the information quickly and carefully and ask for further information, as appropriate.
- Consult with a statutory safeguarding board such as the local children or adult social services department, Ofsted, the LADO or Children & Families Practice to clarify any doubts or worries (all contact numbers are at the end of the policy).
- Ensure that the parents/carers of the child/young person are contacted as soon as possible, following advice from the social services department.
- Ensure consent has been given in the case of making a referral for an adult. Adults have the right to deny consent if they do not wish the matter to be taken any further. Consent is **not** needed in the event that a crime has been, or is likely to be committed or the adult with care and support needs is at risk of significant harm.
- Make a referral to a statutory safeguarding board or to the police without delay.

If the organisation's named Safeguarding Team Leader for the centre is the subject of the suspicion/allegation, the report must be made to the Governance Board, addressed to Mark Sherratt who will refer the allegation to social services.

2. Suspicions will not be discussed with anyone other than those named above.

3. It is the right of any individual to make direct referrals to the children's social care. If for any reason, you believe that the designated coordinators have not responded appropriately to your concerns, then it is up to you to contact the child protection agencies directly.

4. If a child or adult with additional care and support needs makes a disclosure of abuse:

- Make notes as soon as possible (ideally within one hour of being told).
- Write down exactly what the child/young person or adult has said, what you said in reply and what was happening immediately before you were told (for example, what activity was taking place).
- Record dates, times and when you made the record.
- Keep all your handwritten notes secure.
- Report your discussion to the Senior Designated Safeguarding Lead as soon as possible.
- If the named responsible person is implicated, you need to report to the Safeguarding Team Leader for the centre.
- If both are implicated, report to Mark Sherratt who will act on behalf of the Nursery.
- Do not discuss your suspicions or allegations with anyone other than those nominated above.
- The Senior Designated Safeguarding Lead must consider carefully whether or not it is safe for a child/young person or adult with care and support needs to return home to a potentially abusive situation, and, if

necessary, they should take immediate action to contact social services in order to discuss putting safety measures into effect.

Allegations of physical injury, neglect or emotional abuse:

If a child/young person or adult with care and support needs has a symptom of physical injury neglect or emotional abuse, the coordinator will:

- Contact social services for advice in cases of deliberate injury or concerns about the safety of the child/young person, but they must not inform the parents/carers.
- Seek emergency medical attention if necessary.
- In other circumstances for lesser concerns (e.g. poor parenting), encourage the parent/carer to seek help from social services, but not if this places the child at risk of significant harm.

Allegations of Sexual abuse

In the event of allegations or suspicions of sexual abuse, the Safeguarding Coordinator will:

- Contact the social services duty social worker for children and families directly, but must not speak to the parent or to anyone else.
- Seek advice from the Local Safeguarding Children Board.
- Collect and clarify the precise details of the allegation or suspicion and provide this information to social services, but should not attempt to carry out any investigation into the allegation or suspicion of sexual abuse.
- While allegations or suspicions of sexual abuse should normally be reported to the safeguarding coordinator, their absence should not delay referral to social services.

Responding to a child or adult making an allegation of abuse

- It is important **not** to make promises that you may not be able to keep. Do **not** say that you will keep confidential what a child/young person or adult is about to tell you, as you may have a duty to share it with others.
- Find an appropriate early opportunity to explain that it is likely that the information will need to be shared with others.
- Stay calm and listen carefully to what the child/young person or adult is saying.
- Allow the child/young person or adult to continue at their own pace.
- Ask questions for clarification only and at all times avoid asking questions that suggest a particular answer.
- Reassure the child/young person or adult that they have done the right thing in telling you.
- In the case of an adult you must seek consent to refer to other agencies, if the adult has capacity to make such a decision in an informed way. Adults have a right to choose if they want to take an allegation further and although you might feel it is a bad decision not to it is ultimately their decision and you can only offer your support to that adult.

- Tell them what you will do next and with whom the information will be shared.
- As soon as possible, record in writing what was said, using the child's/young person's or adults own words.
- Make a note of the date, time, any names mentioned and to whom the information was given, and ensure that the record is signed and dated.

Helpful statements to make

'I believe you (showing acceptance of what the child/young person says).'

'Thank you for telling me.'

'It's not your fault.'

'I will help you.'

Do not say:

'Why didn't you tell anyone before?'

'I can't believe it!'

'Are you sure that this is true?'

Never make promises you can't keep.

Support for dealing with the aftermath of abuse

Consideration should be given to the kind of support that children/young people/adults with additional care and support needs, parents/carers and members of staff/volunteers may need. Use of helplines, support groups and open meetings will maintain an open culture and help the healing process. The Directory of the British Association for Counselling is available from the British Association for Counselling, 1 Regent Place, Rugby CV21 2PJ, tel: 01788 550 899, fax: 01788 562189.

The legal framework for this work is:

Primary legislation

The Children Act 1989 - s 47

The Protection of Children Act 1999

Data Protection Act 1998

The Children Act 2004 (Every Child Matters)

Guidance

Keeping Children safe in Education (September 2018)

Working Together to Safeguard Children (July 2018)

What to Do if you are worried a Child is Being Abused (revised March 2015)

The Framework for the Assessment of children in Need and Their Families (2000)

The Common Assessment Framework (2005)

Secondary Legislation

Reviewed May 2019

Sexual Offences Act (2003)

Criminal Justice and Court Services Act (2000)

Human Rights Act (1999)

Race Relations (Amendment) Act (2000)

Race Relations (Amendment) Act (1976) Regulations

Rehabilitation of Offenders Act 1974

Appendix 1

Definitions of abuse

These definitions are based on those from *Working together to safeguard children* (Department of Health, Home Office, Department for Education and Employment, 2018)

Reviewed May 2019

Physical abuse

- Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing harm to a child/young person.
- Physical harm may also be caused when a parent/carer feigns the symptoms of, or deliberately causes, ill health to a child/young person whom they are looking after. This situation is commonly described as fictitious, fabricated or induced illness in children/young people or ‘Munchausen syndrome by proxy’. A person might do this because they enjoy or need the attention they get through having a sick child/young person.
- Physical abuse, as well as being the result of a deliberate act, can also be caused by an omission or the failure to act to protect.

Emotional abuse

- Emotional abuse is the persistent emotional ill treatment of a child/young person, such as to cause severe and persistent adverse effects on the child’s/young person’s emotional development. It may involve making a child/young person feel or believe that they are worthless, unloved, and inadequate or valued only insofar as they meet the needs of the other person.
- It may feature expectations being imposed on a child/young person that is inappropriate for their age or stage of development. It may also involve causing a child/young person to feel frequently frightened or in danger, or the exploitation or corruption of a child/young person.
- Some level of emotional abuse is involved in all types of ill treatment of a child/young person, though it may occur alone.

Sexual abuse

- Sexual abuse involves forcing or enticing a child/young person to take part in sexual activities, whether or not the child/young person is aware of, or consents to, what is happening. The activities may involve physical contact, including penetrative acts such as rape, buggery or oral sex, or non-penetrative acts such as fondling.
- Sexual abuse may also include non-contact activities, such as involving children/young people in looking at, or in the production of, pornographic material, or watching sexual activities, or encouraging children/young people to behave in sexually inappropriate ways.
- Boys and girls can be sexually abused by both males and females, whether adults or other children/young people.

Neglect

- Neglect is the persistent failure to meet a child’s/young person’s basic physical and/or psychological needs, which is likely to result in the serious impairment of the child’s/young person’s health or development. It may involve a parent or a carer failing to provide adequate food, shelter or clothing, leaving a child/young person at home alone or failing to ensure that a child/young person gets appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child’s/young person’s basic emotional needs.

- It is accepted that, in all forms of abuse, there are elements of emotional abuse and that some children/young people are subjected to more than one form of abuse at any time.

These four definitions do not minimise other forms of maltreatment.

Note

Recent guidance identifies other sources of stress for children/young people and families, such as social exclusion, domestic violence, the mental illness of a parent/carer or drug and alcohol misuse. These may have a negative impact on a child/young person's health and development and may be noticed by an organisation caring for a child/young person. If it is felt that a child/young person's well-being is adversely affected by any of these situations, the same procedures should be followed.

Appendix 2

Signs and Symptom of Abuse

Reviewed May 2019

The following signs may or may not be indicators that abuse has taken place but the possibility should be considered.

Physical signs of abuse may include:

- Any injuries not consistent with the explanation given for them.
- Injuries which occur to the body in places which are not normally exposed to falls or games.
- Unexplained bruising, marks or injuries on any part of the body.
- Bruises which reflect hand marks or fingertips (from slapping or pinching).
- Cigarette burns.
- Bite marks.
- Broken bones.
- Scalds.
- Injuries which have not received medical attention.
- Neglect, undernourishment, failure to grow, constant hunger, stealing or gorging food, untreated illnesses, inadequate care.
- Repeated urinary infections or unexplained stomach pains.

Changes in behaviour which can also indicate physical abuse may include:

- Fear of parents/carers being approached for an explanation.
- Aggressive behaviour or severe temper outbursts.
- Flinching when approached or touched.
- Reluctance to get changed in front of others – for example, wearing long sleeves in hot weather.
- Depression.
- Withdrawn behaviour.
- Running away from home.

Emotional abuse

Physical signs of emotional abuse may include:

- A failure to thrive or grow, particularly if a child/young person puts on weight in other circumstances – for example, in a hospital or away from their parents/carers.
- Sudden speech disorders.
- Persistent tiredness.
- Development delay, in terms of either physical or emotional progress.

Changes in behaviour which can also indicate emotional abuse include:

- Obsessions or phobias.
- Sudden underachievement or lack of concentration.
- Inappropriate relationships with other children and/or adults.
- Being unable to play.
- Attention-seeking behaviour.
- Fear of making mistakes.
- Self-harm.

- Fear of the parent/carer being approached regarding their behaviour.

Sexual abuse

Physical signs of sexual abuse may include:

- Pain or itching in the genital/anal area.
- Bruising or bleeding near genital/anal areas.
- Sexually transmitted disease.
- Vaginal discharge or infection.
- Stomach pains.
- Discomfort when walking or sitting down.
- Pregnancy.

Changes in behaviour which can also indicate sexual abuse include:

- Sudden or unexplained changes in behaviour, such as becoming withdrawn or aggressive.
- Fear of being left with a specific person or group of people.
- Having nightmares.
- Running away from home.
- Sexual knowledge which is beyond the child's/young person's age or developmental level.
- Sexual drawings or language.
- Bed-wetting.
- Eating problems such as overeating or anorexia.
- Self-harm or mutilation, sometimes leading to suicide attempts.
- A child/young person saying they have secrets that they cannot tell anyone about.
- Substance or drug abuse.
- Suddenly having unexplained sources of money.
- Not being allowed to have friends (particularly during adolescence).
- Acting in a sexually explicit way with adults.

Neglect

Physical signs of neglect may include:

- Constant hunger, sometimes stealing food from other children/young people.
- Being constantly dirty or smelly.
- Loss of weight or being constantly underweight.
- Inappropriate dress for the conditions.

Changes in behaviour which can also indicate neglect include:

- Complaining of being tired all the time.
- Not requesting medical assistance and/or failing to attend appointments
- Having few friends.
- Mentioning being left alone or unsupervised.

Appendix 3
Reporting Safeguarding Concerns
Confidential recording sheet

Child Name: D.O.B		Date:	
Time of Incident		Time of writing report	
Area		Any other volunteers present	
Details of Incident:			
What happened:			
Who was involved:			
What did you do:			
Who did you report to:			
Actions Taken:			
Signed:		Designated person signed:	
Date:		Date:	