



Safeguarding Policy

All staff at Little Bo Peep Ltd have a role to play in the protection of the children in our care. We are in a unique position to observe any changes in a child's behaviour or appearance. If we have any reason to suspect a child in our care is being abused or neglected or is likely to be abused, then we have a statutory responsibility under the children's act 2004 section 11 and working together to safeguard children 2015 to take action and to contact an Emergency Officer that has a duty to make enquires. In Worcestershire this is the family front door.

It is important to refer a child to 'their' local Authority, children that live in Warwickshire need to be refer to their social care team.

Contact the family Front door on **01905 822666** from Monday to Friday 8.30-5pm.

Out of the office hours or weekend call the emergency duty team on **01905 768020**

Worcestershire have a Safeguarding website: www.safeguardingworcestershire.org.uk. This site provides information on the safeguarding or children and adults and is provided by partnership between Worcestershire Safeguarding adults board and Worcestershire Safeguarding children partnership.

Pantosaurus

As part of our recent Safeguarding training we have been made aware of a new resource which is taken from the NSPCC which discusses the 'Underwear rule'

This new resource has been designed to teach children how to stay safe and that their body belongs to them.

Children will learn about 'PANTS' acrostic which stands for:

P - Privates are Private

A - Always remember your body belongs to you

N - No means No

T - Talk about secrets that upset you

S - Speak up - Someone can help

More information about the 'underwear rule' including a short film and a parent guide can be found at nspcc.org.uk/underwearrule

Obviously this is a very sensitive subject so we will discuss with the children using age appropriate activities and resources.

Designated Safeguarding Lead

We have one Designated Senior Safeguard leads (DSL) at Nursery and Preschool and that is Claire Hull (Senior Manager Nursery and Preschool) We then have 5 Deputy Designated safeguarding leads: Sophie Reeves (Deputy Manager Nursery) Toyah Riley (Deputy Manager Preschool) Jenn Tanner (Preschool) Jayne Robins (Preschool) Liz Rouse (Nursery)

The role of the DSL is:

- Liaise with local statutory children's services and agencies.
- Raising awareness of the settings safeguarding policies, procedures and systems, amongst staff, parents and carers.
- Ensuring that the staff understand and are able to implement the settings policies and procedures
- Supporting staff in seeking advice and/ or making a referral to children's social care.
- Supporting staff in understanding their role in the absence of the DSL
- Supporting staff in protecting themselves from allegations
- Ensuring policies and procedures are reviewed annually
- Keeping up to date with current safeguarding and child protection legislation
- Ensuring that consistent and effective record keeping systems are in place and guidelines followed throughout the setting.
- Ensuring that a system is in place to review incidents and observations to identify patterns of concern and the need to make a referral to children's services.
- Sharing child protection information with the DSL of any receiving setting or school when children leave the setting.

It is our Policy to ensure that all member of staff attend safeguarding training and are aware of the Policy and procedure surrounding safeguarding children.

Emergency Action to Protect a Child

On very rare occasions, it may be necessary to act quickly, for example, to protect a child from a violent parent. In these circumstances, it would be appropriate to telephone the police.

1. If a parent is known to be violent and a court order is in place to prevent that parent having access to the child they must not be allowed to enter nursery and the police must be called: 999 or 112
2. All doors must be locked and secured- please refer to our Lockdown Policy on Page 21
3. All children where possible should be moved away from the windows and the child concerned must be completely out of sight. Staff must remain calm and reassure the children throughout.
4. Parent must be notified of action
5. A written account must be produced and placed in the incident file.
6. The family front door must be called 01905 822666 (document name of person you are talking to, date and time)
7. OFSTED must be notified of incident and the action we took.

If a parent is on the premises and becomes violent or appears to be under the influence of alcohol or drugs the following action must be taken (the parent may have parental responsibility)

1. Staff must remain calm and talk to the parent/ carer, attempt to calm/ defuse the situation, call the manager if possible but do not leave the parent/carer.
2. Other staff to remove all the children where possible to another room, reassure the children at all times.
3. Phone the police 999 or 112
4. Remember if a parent has parental responsibility and there is no court order in place, we are not legally able to prevent that parent from taking the child.
5. The safety of the staff and children is paramount
6. A written account must be produced and placed in the incident file
7. Phone the family front door **01905 822666**
8. Notify OFSTED of incident and our action in response to the incident.

A Child Arriving with Serious Injuries

In the unlikely event that a child is brought to you with serious injuries, the child should be taken to the nearest Hospital Accident and Emergency dept. (usually by ambulance) just as you would if a child sustained serious injury whilst in your care.

1. Ask the parent/ carer how the injuries were sustained.
2. If the injuries are obvious such as a head injury, broken bone etc. ask the parent if she wants an ambulance called, if the parent is reluctant to seek medical attention, then staff must take control.
3. Tell the parent you feel an ambulance needs to be called and inform the parent that you will call one.
4. Phone 999 for an ambulance
5. Reassure the parent and the child, wait for an ambulance and if possible, go with the child when it arrives.
6. Notify OFSTED of incident and any action taken.

However, it is important to remember that these types of scenarios are very unlikely to happen.

What To Do If Physical Abuse Is Suspected

Physical Abuse 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 includes illness in a child. You must:

1. If a child arrives to nursery/Preschool with a minor injury, ask the parent/ carer for an explanation. Ask the parent to fill in an incident/ accident form and ask them to sign.
2. If you are not satisfied or the explanation is vague, comment on the incident/ accident form, detailing conversation, and concerns. This does not need to be signed by the parents.

3. Speak to the DSL's, Claire Hull, Sarah Ricketts or Toyah Riley and in their absence Deputy DSL's Sophie Reeves and Jenn Tanner.
4. If you have a concern regarding the welfare of any child regardless of severity or evidence collected. A meeting will be held with the DSL and practitioner to share information.
5. Phone the Family front door **01905 822666** to discuss concerns and get some advice. This does not necessarily mean children's services will become involved and action taken). Remember to document who you have spoken to, date and time.
6. Follow advice given, this may result in a referral as a child in need
7. Arrange a meeting with the parents to talk about any services that may be available to them and discuss sensitively about concerns and action you have taken.
8. If you feel a child is at risk of significant harm, then you must contact the Police on 999 or 112.

Responding To a Disclosure from a Child

1. Do listen to the child
2. Do not interrogate the child, ask for clarification, but do not ask leading questions. Misguided or inappropriate questioning in the first instance can do more harm than good, and may contaminate evidence, which may be needed in an investigation.
3. Do not make any promises to the child about not passing the information on, the child needs to know that now we know we can help them.
4. Record the information as accurately as possible including timing, setting and those present, as well as what was said. This is highly confidential information and must be stored in a safe, secure place and only shared on a need-to-know basis.
5. Speak to the DSL immediately and refer to the family front door.
6. Follow this up by using the 'referral to children's social care form'
7. If the concern is not immediate but still meets the threshold for statutory service use the 'referral to children's services form)
8. Follow advice, note down the name of the person you are talking to, date and time.
9. If you feel the child is in significant harm phone the police on 999
10. Inform OFSTED of any action taken

What if Emotional Abuse is Suspected

Emotional abuse is 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 children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the 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 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, though it may occur alone.

Remember any uncertainty or 'uncomfortable' feeling should be discussed with the DSL. Emotional abuse could be difficult to pinpoint, this may even happen within the setting. Always talk through and share any concerns.

1. Document your concerns, uncertainties and any evidence you may have.
2. Speak to the DSL, Claire Hull, or the Deputy DSL's, Sophie Reeves, Toyah Riley, Jenn Tanner, Jayne Robins and Liz Rouse immediately for a discussion.
3. Phone the family front door, follow this up with the 'referral to children's social care form online'
4. If the concern is not immediate but meets the threshold for statutory services, use the 'referral to children's social care form'
5. Do not speak to the parents at this stage.
6. Inform OFSTED

What To Do If Sexual Abuse Is Suspected

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening.

The activities may involve physical contact, including penetrative acts e.g., rape, or oral sex) or non-penetrative acts. They may include non-contact activities such as involving children in looking at, or in the production of pornographic material, watching sexual activities or encouraging children to behave in asexually inappropriate ways.

Uncertainties/ Concerns

1. Document your concerns, uncertainties and any evidence you may have.
2. Speak to the DSL for discussion
3. Phone the Family front door and follow up with the 'referral to children's social care form'
4. If you feel the child is in immediate risk phone the police.
5. Do not discuss with the parents at this stage
6. Phone Ofsted

Responding To a Disclosure From A Child

1. Do listen to the child
2. Do not interrogate the child, ask for clarification, but do not ask leading questions. Misguided or inappropriate questioning in the first instance can do more harm than good, and may contaminate evidence, which could be needed in an investigation.
3. Do not make any promises to the child about not passing on the information. the child needs to know that somebody can help them when spoken to.
4. Record the information as accurately as possible including the timing, setting and those present, as well as what was said. This is highly confidential information and must be stored in a safe, secure place and only shared on a need-to-know basis.
5. Speak to the DSL immediately and refer to the family front door and 'referral to social care form' Follow advice, note down name of person you are talking to, date and time.

What To Do If Neglect Is Suspected

Neglect is the persistent failure to meet a child's basic physical and/ or psychological need, likely to result in 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 or shelter, exclusion from home abandonment, failing to protect a child from physical and emotional harm or danger. The failure to ensure access to appropriate medical care and treatment, the failure to ensure adequate supervision (including the use of inadequate caretakers or it may also include neglect of, or unresponsiveness to a child's basic emotional needs, In some cases it may be appropriate to gather information over time, it is paramount that this is shared with the DSL.

1. Gather evidence, documenting concern, time and date
2. Talk to the parents/ carer if you feel this will not compromise the child's safety, ask for explanation and document this.
3. If you are unhappy with parent/ carer response document immediately speak to the DSL
4. Phone the family front door for advice if immediate advice required or fill in a referral to social care form.

Any Concerns

If a member of staff has any concerns regarding any child a factual note should be kept, i.e., what has been observed and heard, and records should be signed and dated for future reference.

It is usually good practice to share any initial concerns with the parent/ carer, if it is considered appropriate and that by doing so you will not put the child at greater risk.

There may be a perfectly innocent explanation for what you have observed.

However if;

Sexual abuse is suspected

Or

An explanation is given which is felt to be inconsistent or unacceptable from parents/ carers

Or

It is considered that discussing the issue with parents may put the child at further risk of significant harm.

Or

A criminal offence has been committed

The family front door must be contacted without delay **01905 822666**

Concerns and Uncertainties

There may be occasions when there are concerns about a child, which do not appear to justify a referral of suspected child abuse but nonetheless leave feelings of unease. In fact, these are the kind of situations most likely to be experienced. In these circumstances, the concern must not be ignored. Advice should always be sought to support decisions regarding action to be taken.

Advice can be sought from the Family Front Door **01905 822666**

A Child In Need

The access centre may consider the child to be a 'child in need' rather than a child in 'need of protection'. In which case a referral can be made with the parents' consent.

Families sometimes have a negative perception of the role of the social worker and are reluctant to contact them, in fear that their children may be taken into care. In reality, they can offer a lot of help, both directly and through other agencies, to families that are experiencing difficulties, so our influence and support in the referral process will be very important. The family may ask you to contact children's services on their behalf e.g. health visitor. It is really important that some help is available to the family as a child in need can turn into a child in need of protection if the family to not access help.

Practitioners, parents, carers and children themselves if aged over 13 can request Early Intervention Family support using the 'request for Early HELP Family Support' Form

The Family Front Door should be first point of contact or the 'referral to social care form'

When making a referral the following information will need to be provided:

- The name, address, date of birth, gender of the child. If applicable any disability or special need the child may have.
- The name of the person with parental responsibility for the child, and any restriction to legal contact with the child.
- The names and dates of birth of any siblings or other children in the household, this information may not be known if the children do not attend our setting.
- The names and contact telephone numbers of parents and carer's or close family members if known
- The name, address and telephone number of the child's doctor or health visitor if applicable
- The nature of your concerns
- The name of the person who has raised the concern
- The parents/ carers first language
- Note down the person you are talking to, the date, time and any actions.

Documenting Concerns

- A factual account of what was seen and heard, containing the child's own words where appropriate. The child should be identified by name and date of birth on each page.
- Clear and legible, with minimal abbreviations, blank spaces or alterations should be scored through with a single line, and the original entry must be legible.
- Contemporaneous- written as soon as possible and always within 24 hours of an event or observation, (important if record is needed in court). The record should describe the care and condition of the child
- Dated, timed and signed.
- Written in permanent black ink (to support scanning if necessary)
- Stored confidentially and securely.

Please see Safeguarding Folder for additional information.

Safe Working Practice

Unfortunately child abuse does occasionally take place in day care settings so it is important that all staff take measures to reduce the risk of any allegation being made against us.

If a child sustains an injury whilst in your care, always record it in the accident book as soon as possible. When the child is collected, make sure whoever picks him/her up is told about the injury, and signs the accident book.

- If a child arrives with an injury sustained whilst not in our care, we are required to ask for an explanation and record this on an incident form, and ask whoever has brought the child to sign the record.
- We endeavour to send all new staff on a safeguarding course and keep all staff updated during staff meetings.
- We endeavour to ensure all our Policy reflect our Safeguarding Policy including our Behaviour Policy and Whistle Blowing Policy.
- All staff have a DBS check and due to the layout of the building staff are not alone for long periods of time.
- Staff are discouraged from engaging in rough physical play with children- this may be misconstrued.
- Our Recruitment Policy enables the owner/ manager to make proper checks, including taking up references and ensure an enhanced DBS is in place.
- If the behaviour of an individual member of staff gives rise to concerns, that they may be unsuitable to work with children, talk to the DSL or the manager, depending on which member of staff the concern is regarding. We have a duty to inform the Local Authority Safeguarding officer. Please refer to our 'Whistle Blowing' Policy on page 123.

All staff need to be aware that it is a disciplinary offence not to report conduct of a colleague that could place a child at risk. When in doubt consult.

LADO

The Local Authority Designated Officer (LADO) is responsible for managing allegations against adults who work with children. This involves working with police, children's social care, employers and other involved professionals. The LADO does not conduct investigations directly, but rather oversees and directs them to ensure thoroughness, timeliness and fairness. Ordinarily, to ensure impartiality, the LADO will not have direct contact with the adult against whom the allegation is made.

To contact the LADO Please visit www.worcestershire.gov.uk/info/20559/refer

Or Phone 01905846221

Other Safeguarding Considerations:

Child criminal exploitation; County lines; drug networks or gangs groom and exploit children and young people to carry drugs and money from urban areas to suburban and rural areas, market and seaside towns.

Domestic abuse- any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse, between those ages 16 or over who are or have been intimate partners or family members, regardless of gender or sexuality. Exposure to domestic abuse can have long lasting effect on children and young people.

Homelessness: being homeless or being at risk of becoming homeless presents a real risk to a child's welfare. Indicators that a family may be at risk of homelessness include household debt, rent arrears, domestic abuse and anti-social behaviour.

So-called 'honour based' violence- encompasses incidents or crimes which have been committed to protect or defend the honour of the family and/ or the community, including Female Genital Mutilation (FGM), forced marriage, and practices such as 'breast ironing'. All forms of HBV are abuse (regardless of motivation) and will be handled and escalated as such.

Online safety - children are often more adept at using technology than the adults around them, but do not necessarily understand the risks posed by those who they 'meet' online. In many cases too parents are not fully aware of the risks and we therefore endeavour to inform and empower parents and carers.

Preventing radicalisation - children are vulnerable to extremist ideology and radicalisation. Similar to protecting children from others forms of harm and abuse, protecting children from this risk is part of a settings safeguarding approach. As with other safeguarding risks, staff are alert to changes in children's behaviour which could indicate that they need help or protection. All staff complete training on Prevent and British values.

Peer on peer abuse - children can abuse other children. This is generally referred to as peer on peer abuse and may take many forms. This can include (but is not limited to) bullying (including cyberbullying), sexual violence and sexual harassment, physical abuse

such as hitting, kicking, shaking, biting, hair pulling or otherwise causing physical harm, sexting and initiating/ hazing type violence and rituals.

Sexual violence and sexual harassment between children - sexual violence and sexual harassment between children- can happen between two children of any age or sex. It can also occur through a group of children sexually assaulting or sexually harassing a single child or group of children. It can occur online and offline (both physical and verbal) and are never acceptable.

Cuckooing - Cuckooing happens when a county lines gang takes over the home of a vulnerable adult by coercion or force and use it as a base to deal drugs from. The vulnerable adult may have issues with substance misuse or mental health problems, be elderly or disabled or be in debt to the gang. Victims of 'cuckooing' are often drug users but can include older people, those suffering from mental or physical health problems, female sex workers, single mums and those living in poverty. Victims may suffer from other forms of addiction, such as alcoholism.

Once they gain control, gangs move in with the risk of domestic abuse, sexual exploitation and violence. Children as well as adults are used as drug runners. These factors can make it easier for the gang to exploit and control them. Children can be forced or coerced to stay at cuckooed addresses for long periods of time to deal drugs. Signs that this is happening in a family property may be an increase in people entering or leaving the property, an increase in cars or bikes outside, parents may also not want health professionals visiting their property

Get Safe - Partnership Board 'GET SAFE' is the WSCP's title for the identification and management of multi-agency support and protection for children and young people at risk of criminal exploitation. **Get Safe stands for: Gangs, Sexual Exploitation, Trafficking, Modern Day Slavery, Absent or Missing, Forced Marriage, Criminal Exploitation**

Female Genital Mutilation Policy (FGM)

The World Health Organisation (WHO) defines female genital mutilation (FGM) as: "all procedures which involve partial or total removal of the external female genitalia or injury to female genital organs whether for cultural or other non-therapeutic reasons" (WHO, 1996).

FGM is also known as female circumcision and female genital cutting. The reason for these alternative definitions is that it can be better received in communities which practise it, who do not see themselves engaging in mutilation. Each country/community may have a unique name for FGM, and further details can be found from (Foundation for Women's Health Research and Development).

The Children Act 2004 requires all statutory agencies to take responsibility for safeguarding and promoting the welfare of every child and within this legislative framework supported by statutory guidance (Working Together 2015) professionals and volunteers from all agencies have a responsibility to safeguard children from being abused through FGM.

"IN ALL CASES: If you are worried about a child under 18 who is at risk of FGM or has had FGM, you have a legal obligation to share this information with Social Care or the Police. It is then their responsibility to investigate, safeguard and protect any girls involved. Other professionals should not attempt to investigate cases themselves."

If any staff member has cause for concern they should

- Discuss with the DSL and note down concerns

- Refer the family front door and follow advice
- Fill in a refer to social care form
- Telephone the Police if you feel the child is in immediate danger.

Female Genital Mutilation (FGM) Female genital mutilation (FGM) is the partial or total removal of external female genitalia for non-medical reasons. It's also known as female circumcision or cutting. Religious, social or cultural reasons are sometimes given for FGM. However, FGM is child abuse. It's dangerous and a criminal offence. There are no medical reasons to carry out FGM. It doesn't enhance fertility and it doesn't make childbirth safer. It is used to control female sexuality and can cause severe and long-lasting damage to physical and emotional health.

Reporting requirements of FGM - Section 5B of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2015) places a statutory duty upon practitioners in England and Wales, to personally report to the police where they discover (either through disclosure by the victim or visual evidence) that FGM appears to have been carried out on a girl under 18. Those failing to report such cases will face disciplinary sanctions. Information on when and how to make a report can be found in the following Home Office guidance: 'Mandatory Reporting of Female Genital Mutilation - procedural information' (Home Office, 2016).

Signs of FGM - A girl 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.

Have unusual behaviour after an absence from school or college

Be particularly reluctant to undergo normal medical examinations.

Ask for help but may not be explicit about the problem due to embarrassment or fear.

Long Term Effects of FGM

Girls and women who have had FGM may have problems that continue through adulthood, including:

Difficulties urinating or incontinence

Frequent or chronic vaginal, pelvic or urinary infections

Menstrual problems

Kidney damage and possible failure

Cysts and abscesses

Pain when having sex

Infertility

Complications during pregnancy and childbirth

Emotional and mental health problems.

Further Guidance

Call the FGM helpline if you're worried a child is at risk of, or has had, FGM.

It's free, anonymous and we're here 24/7.

0800 028 3550

fgmhelp@nspcc.org.uk

Breast Ironing

Breast ironing also known as 'Breast Flattening' is the process whereby young pubescent 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 and therefore be kept in education.

Much like Female Genital Mutilation (FGM), Breast Ironing is a harmful cultural practice and is child abuse. Professionals working with children and young people must be able to identify the signs and symptoms of girls who are at risk of or have undergone breast ironing. Similarly, to Female Genital Mutilation (FGM), breast ironing is classified as physical abuse therefore professionals must follow their local safeguarding procedures.

Unlikely to be seen in an Early Years setting, however, this may be happening within a family environment to a sibling not in our care. Discuss with the DSL if you are concerned.



Lockdown Policy

Little Bo Peep recognises the potentially serious risks to children, staff and visitors in emergency or harmful situations.

A lockdown may take place where there is a perceived risk of threat to the Nursery, its staff, children, visitors or property.

Where possible, the Nursery manager/Deputy Manager will act to ensure the safety of all personnel in the setting in the following situations:

- In the event that unauthorized person(s) considered dangerous, are on grounds of the Nursery
- In Instances including domestic breakdowns where estranged parties are attempting to abduct children.
- In instances where personnel, visitors, parents, volunteers or staff from within the setting become a threat to the well-being of others.

A lockdown will be initiated by the Manager/Deputy Manager and will be communicated through a familiar phrase **known to the staff**

Lock down procedures will be practiced termly in staff meetings to ensure that staff are familiar with them.

- Close all windows and doors. 999 to be called immediately
- Lock main entrance doors
- All children to move quietly to designated area/rooms and remain against walls underneath windows or under tables
- Out of sight and minimise movement
- Door to be locked and blinds draw
- Stay silent and avoid drawing any attention
- Wait
- Be aware that you may be in Lockdown for some time
- Registers taken

Remain in lockdown until the all-clear has been given by the police or emergency services. Manager or Deputy Manager to log the incident, inform relevant authorities, parents etc and investigate the incident when it is safe to do so, reviewing policies and risk assessments if needed.

In the event of a lockdown, we will notify parents as soon as we are able. It is essential the guidance is followed to keep all in lock down safe from harm until the emergency services give all clear.



Acceptable Use Policy Agreement for Practitioners

I understand that I must use Little Bo Peep LTD ICT systems in a responsible way, to ensure that there is no risk to my safety or to the safety and security of the ICT systems and other users.

Keeping Safe

I know that little Bo Peep Ltd will monitor my use of the ICT systems, email and other digital communications.

I will only use my own user names and passwords which I will choose carefully so they cannot be guessed easily.

I will not use any other person's username and password.

I will ensure that my data is regularly backed up.

I will not engage in any on-line activity that may compromise my professional responsibilities or compromise the reputation of Little Bo Peep LTD or staff.

I understand that data protection requires that any personal data that I have access to must be kept private and confidential, except when it is deemed necessary that I am required by