

Safeguarding Children and Child Protection Policy & Procedure

Designated Person: Stephanie Alade

At Merry Kidz Day Nursery, we aim work with children, parents and the community to provide a quality safety and welfare package bearing in mind the uniqueness of individuals involved. We take safeguarding very seriously and that is why we have put these guiding rules for all our staff to follow.

We have two designated safeguarding leaders who has received appropriate training and support for this role. The Nursery area manager Stephanie Alade is the designated person and is responsible for liaising with the local statutory children's services agencies, and with MSCB. She alongside the second DSL, Alina Laval and **Ayokunle, who** holds a qualification in advanced safeguarding must provide support, advice and guidance to any other staff on an ongoing basis and on any specific safeguarding issues as required.

The designated safeguarding and child protection person will:

- refer suspected abuse or neglect of children and young people to contact centre. Urgent concerns must be reported immediately even if the designated safeguarding and child protection person is not available.
- report allegations made against members of staff to the local authority designated officer (LADO). This is known as the duty to refer.
- develop and update child protection and other safeguarding policies ensuring staff are made aware of their responsibilities and families are familiar with how to raise a concern.
- ensure that confidential records are kept of any concerns about a child or young person and of any conversation or referrals to statutory agencies.

provide support, supervision and advice for any staff member, volunteer or student with a safeguarding or child protection concern; provide safeguarding and child protection induction for new staff, students and volunteers.

- understand the Local Safeguarding Children's Board procedures.
- ensure their own safeguarding training is up-to-date and follow the recommended training requirements.
- ensure all safeguarding and child protection training is cascaded to the whole staff team, including new staff, bank or agency staff or volunteers.
- ensure staff have appropriate child protection and safeguarding training and maintain training records; and co-operate with any request for information from the local authority such as child

protection training returns and self-evaluative forms for safeguarding and child protection compliance with section 11 of the Children Act 2004.

All Members of Staff Should:

- Play your part in helping to develop an ethos where all people matter and are treated with equality, and respect and dignity.
 - Always put the care, welfare and safety needs of a child first.
 - Respect a child's right to be involved in making choices and decisions which directly affect them.
 - Listen attentively to any ideas and views a child wants to share with you.
 - Respect a child's culture (for example, their faith and beliefs)
 - Respect a child's right to privacy and personal space.
 - Respond sensitively to children who seem anxious about participating in certain activities
 - Speak to a member of staff immediately if you suspect that a child is experiencing bullying or harassment
 - Be aware of the vulnerability of some groups of children to being isolated and hurt.
 - Ensure that when you are working with children you are at least within sight or hearing of other adults
 - Listen carefully when a child 'tells you' (sometimes through drawings and behaviour as well as words) that they are being harmed and report what you have discovered immediately to your line manager.
 - Report immediately any suspicion that a child may be at risk of harm or abuse.
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- . Never dismiss what a child tells you as lies or exaggeration
 - Only restrain a child who is at imminent harm of inflicting harm to themselves or others.
 - Never underestimate the contribution that you can make to the development of safe communities for children.

Members of Staff Should Not:

- Exaggerate or trivialise another worker concerns about a child or ignore an allegation or suspicion of abuse in the hope that it will either go away or that someone else will deal with it.
- Discuss personal issues about a child or their family with other people except where it concerns the wellbeing of the child.
- Be drawn into derogatory remarks or gestures in front of the children or young people.
- Allow a child or young person to be bullied or harmed by anyone else in the organisation
- Allow children to swear or use sexualised language unchallenged.

Members of Staff Should Never:

- Engage in sexually provocative games, including horseplay
- Never allow others to or yourself engage in touching a child in a sexually provocative manner
- Never make sexually suggestive comments to a child, even in fun
- Engage in rough or physical contact unless it is permitted within the rules of a game or sports activity or conforms to the guidance on appropriate physical restraint

. Never form inappropriate emotional or physical relationships with children

- Harass or intimidate a child or worker because of their age, race, gender, sexual orientation, religious belief, socio-economic status or disability
- Unnecessarily invite or allow children to stay with you at your home.
- Where members of staff invite or allow children to enter their own homes (for example, when playing with the staff members own children or upon request of the child's parent), this must be done with the express permission of the child's parent or carer. In addition, the member of staff should inform the manager of the setting of the arrangement and follow the child protection policy, and the code of conduct as always expressed above. Merry Kidz Day Nursery accepts no responsibility for the actions of its employees when they are not within their working hours. Parents and carers should be aware that where they request a member of staff to look after their children out with setting hours this is done by personal arrangement and has no bearing on Merry Kidz Day Nursery.

Merry Kidz Day Nursery fully recognises its responsibilities for Safeguarding/ Child Protection and ensures that:

- We will follow the procedures set out by the Local Safeguarding Children Board and follow the Guidelines in the DCFS Working Together To Safeguarding Children document March 2015

. The welfare of the child is paramount.

- All children, 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.
- All staff (paid/unpaid) working in the nursery have a responsibility to report any concerns to the appropriate person.
- Ensure we practice safe recruitment in checking the suitability of staff and volunteers to work with children.
- Raising awareness of child safeguarding/ child protection issues and equipping staff and children with the skills needed to keep them safe.
- Implementing procedures for identifying and reporting cases, or suspected cases of child abuse.
- Establishing a safe environment in which children can learn and develop and feel secure with their carers, and are encouraged to talk, and are listened to. We have procedures for recording the details of visitors to the nursery.
- We take security steps to ensure that we have control over who comes into the nursery so that no un-authorized person has unsupervised access to the children.
- Allow all staff/volunteers to make informed and confident responses to specific Safeguarding/ Child Protection issues
- Provide staff with adequate information to make correct decisions and deal with concerns.
- Every member of staff (including temporary and cover staff and volunteers) knows the name of the designated senior person responsible for safeguarding/ Child Protection and their role.
- All staff and volunteers understand their responsibility for referring any concerns to the designated senior person for safeguarding/ Child Protection.

- All parents understand the responsibility placed on the nursery and staff for safeguarding/ Child Protection by setting out its obligations in the prospectus.
- Notify Social Services if there is an unexplained absence of more than two days of a child who is on the safeguarding/ Child Protection register.
- Develop effective links with relevant agencies and co-operate as required with their enquiries regarding safeguarding/ Child Protection matters including attendance at case conferences.
- Keep written records of concern about children.
- All records are kept securely, separate from the child's main file, and in a locked location.
- Follow procedures where an allegation is made against a member of staff or volunteer.
- Safe recruitment practices are always followed by getting appropriate checks in full.
- Ensuring that, where a child on the safeguarding/ Child Protection register leaves, that their information is transferred to the new setting/school immediately and that the child's social worker is informed.

Concerns may be raised by the child themselves, employees or volunteers of the nursery, parents/carers or outside agencies.

Types of abuse

We acknowledge that abuse of children can take different forms: Sexual, Emotional, Physical and Neglect, Child Exploitation, Female Genital Mutilation and Domestic Violence and Abuse.

When children are suffering from Physical, Sexual or Emotional abuse this may be demonstrated through changes in their behaviour or in their play. Where such changes in behaviour occur or where children's play gives cause for concern the nursery will investigate following the safeguarding steps of action shown with this policy.

Where a child shows signs and symptoms of 'failure to thrive' or 'neglect' we make observations and appropriate referrals.

If children are suffering from any of these areas of abuse, this may be demonstrated through changes in their behaviour or in their play. See guidance below.

Sexual

Child sexual abuse involves persuading or forcing a child to take part in sexual activities or encouraging a child to behave in sexually inappropriate ways.

Sexual abuse can be very difficult to identify. However, there are steps you can take to help keep a child safe from sexual abuse and to protect a child if you suspect, or discover, that they have been abused.

Effects –

Children who have been sexually abused may show a variety of signs and symptoms, including

- aggressive behaviour, sleep problems, bed-wetting or soiling
- problems with schoolwork or missing school
- risk taking behaviour during adolescence
- becoming sexually active at a young age
- promiscuity.

Signs –

In addition to the effects that sexual abuse may have on a child, you may also notice other warning signs, such as a child who:

- suddenly starts to behave differently
- thinks badly or does not look after him or herself
- displays sexually inappropriate behaviour, including use of sexual language and sexual information which you would not expect them to know
- has physical symptoms that suggest sexual abuse – these can include anal or vaginal soreness or an unusual discharge, and pregnancy
- avoids being alone with a particular family member
- fears an adult or is reluctant to socialise with them
- tries to tell you about abuse indirectly, through hints or clues
- describes behaviour by an adult that suggests they are being ‘groomed’ for future abuse.

You should also be alert to any adults who pay an unusual amount of attention to your child, for example:

- giving your child gifts, toys or favours
- offering to take your child on trips, outings and holidays
- seeking opportunities to be alone with your child.

Child sexual exploitation (CSE)

Sexual exploitation is a form of sexual abuse in which a young person is manipulated, or forced, into taking part in a sexual act. This could be part of a seemingly consensual relationship or in return for attention, affection, money, drugs, alcohol or somewhere to stay.

Signs which may suggest sexual abuse:

- Pain, bruising or bleeding in the genital area
- Vaginal discharge or infection
- Stomach pains
- Changes in behaviour
- Fear of being left with a specific person or group of people
- Sexual knowledge beyond their developmental level
- Sexual drawings or language

- Eating problems
- Self-harm
- Acting in a sexually explicit way towards adults

Female genital mutilation (FGM)

FGM 'includes all procedures which involve partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons whether for cultural or other nontherapeutic reasons' (WHO, UNICEF, UNFPA, 1997). FGM constitutes child abuse and causes physical, psychological and sexual harm which can be severely disabling. In the case of suspected FGM providers must not contact parents before seeking advice from SPA or mediate between the children and their parents.

Signs which may suggest FGM

- A child may talk about a special procedure or ceremony that is going to take place
- Prolonged absence from the setting
- Change in behaviour on return
- Damage to the genital area and/or adjacent tissues
- Pain or difficulty in sitting
- Bleeding or infection
- Urine retention
- Fracture or dislocation as a result of restraint

- Psychological damage, including depression, anxiety, and sexual dysfunction.

Toxic Trio

The 'toxic trio' is made up of three issues: domestic abuse, mental ill-health, and substance misuse. These issues often co-exist, particularly in families where significant harm to children has occurred. The Children's Commissioner reported in 2018 that 100,000 children in England were in a household where one adult faces all three 'toxic trio' issues to a severe extent, and 420,000 children were in a household where one adult faces all three to a moderate/severe extent.

One reason why these issues often co-exist is that a parent misusing drugs, or alcohol is more likely to be in a relationship where domestic abuse occurs – those who misuse drugs or alcohol have a greater chance of experiencing mental ill-health. Conversely, adults with mental health problems are more likely to abuse drugs or alcohol; there are many different situations that could lead to all three of the toxic trio arising.

It is important to be aware of the toxic trio, because it is viewed as a key indicator of increased risk of harm to children and young people. Studies such as Brandon et al. (2012) have shown that, in 86% of incidents where children were seriously harmed or died, one or more of the trios played a significant role – similar findings are reported inside Botham et al. (2016).

Operation Encompass

Operation Encompass is a police and education early information safeguarding partnership enabling schools to offer immediate support to children experiencing domestic abuse. Operation Encompass ensures that there is a simple telephone call or notification to a schools trained designated safeguarding lead/officer prior to the start of the next day after an incident of police attended domestic abuse

where there are children related to either of the adult parties involved.

Honor Based Violence

Honor based violence (HBV) can be described as a “collection of practises, which are used to control behaviour within families or other social groups to protect perceived cultural and religious beliefs and or/honor”

Some families believe that certain actions bring shame on the family and may react with punishment, these actions may include rejecting a forced marriage (also covered in this policy) having an unapproved relationship, the wearing of make up or certain clothing. Any abuse is a violation of human rights, there is no “honor” or justification for abusing the human rights of others.

It is important to be alert to signs/ symptoms, distress and indications of such abuse:

Self-harm

Absence from nursery

Changes in how they dress/act

Visible injuries

Signs of depressions

Forced marriage

A forced marriage is where one or both people do not or cannot consent to the marriage and pressure or abuse is used to force them into the marriage. We also recognise there is a clear distinction between a marriage in which both parties are willing and able to give informed consent to. Forced marriage is a criminal offence.

Forced marriage is not the same as an arranged marriage which is common in several cultures, where the families of both spouses take a leading role in arranging the marriage but the choice of whether to accept the arrangement, remains with the prospective spouses,

It is also when anything is done to make someone marry before they turn 18, even if there is no pressure or abuse. Coercion may include physical, psychological, financial, sexual, and emotional pressure. It may also involve physical or sexual violence and abuse.

Witchcraft

Child abuse linked to faith or belief (CALFB) occurs across the country and can happen in families when there is a concept of belief in:

Witchcraft and spirit possession, demons or the devil acting through children or leading them astray (traditionally seen in some Christian beliefs)

The evil eye or djinns (traditionally known in some Islamic faiths) and dakini (in the hindu context)

Ritual or multi murders where the killing of children is believed to bring supernatural benefits, or use of their body parts is believed to produce potent magical remedies.

Use of belief in magic or witchcraft to create fear in children to make them more compliant when they are being trafficked for domestic slavery or sexual exploitation.

Families and children can be deeply worried by the evil forces, and abuse often occurs when an attempt is made to “exorcise” and “deliver” the child.

Reasons for the child being identified as “different” may be disobedient or independent nature, bed wetting, nightmares, or illness. Attempts to “exorcise” the child may include but are not limited to; beating, burning, starvation, cutting or stabbing.

County Lines

County Lines is a form of criminal exploitation where urban gangs persuade, coerce or force children and young people to store drugs and money and or/transport them to Suburban areas, market towns and coastal towns. It is against the law and is a form of child abuse.

Cuckooing (Termed by the police) is a type of criminal exploitation in which a drug dealer will take over somebody's home to use as a base for country lines drug trafficking.

Criminals often target vulnerable people to target, victims may often have drug and or mental health issues, single parents and those living in poverty. Coercion, intimidation, violence (including sexual violence) and weapons are often used. Cuckooing will often take place in a multi- occupancy or social housing property.

Fabricated Illness

Fabricated or induced illness (FII) is a rare form of child abuse. It occurs when a parent or carer exaggerates or deliberately causes symptoms of illness in the child. (NHS)

FII was previously known as "Munchausen's Syndrome by proxy" (not to be confused with "Munchausen's Syndrome, where a person pretends to be ill or causes illness of injury to themselves).

The following is a list of some of the behaviours exhibited by carers, which can be associated with fabricating or inducing illness in a child;

Inducing symptoms in children by administering medication or other substances, or by intentional suffocation

Interfering with treatments by overdosing with medication, not administering them or interfering with medical equipment such as infusion lines and feeding apparatus

Claiming the child has symptoms which are unverifiable unless observed directly, such as pain, frequency of passing urine, vomiting or fits, causing professionals to undertake investigations and treatments which may be invasive, are unnecessary and therefore are harmful and possibly dangerous

Obtaining specialist treatments or equipment for children who do not require them

Falsifying test results and observation charts

Alleging unfounded psychological illness in a child

Carers may be observed to be intensely involved with their children, never taking a much-needed break nor allowing anyone else (either family members or professionals) to undertake any of their child's care, others may spend little time interacting with their child.

A key professional skill is to distinguish between a very anxious carer who may be responding in a reasonable way to an extremely sick child, and those who exhibit abnormal behaviour.

Staff should be alert to the possibility of FII when a child;

- Has frequent and unexplained absences
- Is frequently unwell and parents repeatedly claim that he/she requires medical attention for symptoms which, when described, are vague in nature, difficult to diagnose and which carers have not themselves noticed e.g. headache, tummy aches, dizzy spells, blank episodes etc

Domestic violence and abuse

The cross-government definition of domestic violence and abuse is 'any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

psychological

physical

sexual

financial

emotional

Signs which may suggest children are exposed to domestic abuse:

Aggressive behaviour

Displaying anti-social behaviour

Acting out their experiences

Suffering from depression or anxiety

Not achieving potential - due to difficulties at home or disruption of moving to and from refuges.

Indicators of abuse

It is vital that staff are aware of the range of physical and behavioural indicators of abuse and report any concerns to the safeguarding and child protection designated person. It is the responsibility of the childcare setting to report concerns, but that it is not their responsibility to investigate or decide whether a child has been abused.

Indicators could take several forms, and individual indicators will rarely, in isolation, provide conclusive evidence of abuse. They will be viewed as part of the picture, and each small piece of information will help the safeguarding and child protection designated person decide how to proceed. The setting does not need absolute proof that the child is at risk to act.

Children who may be particularly vulnerable to abuse

All children should receive equal protection, so providers should be particularly aware of children in the following circumstances who may be particularly vulnerable.

- Looked after
- Disabled or have special educational needs
- Living in a known domestic abuse situation
- Affected by known parental substance misuse
- Asylum seekers
- Living in temporary accommodation or living transient lifestyles
- Living in chaotic, neglectful and unsupportive home situations
- Vulnerable to discrimination and maltreatment on the grounds of race, ethnicity, religion or
- sexuality
- Do not have English as a first language
- Having a parent with enduring or untreated mental health problems.

Emotional

Emotional abuse is severe and persistent ill treatment which adversely affects a child's emotional health and development.

Effects - Emotional abuse can affect a child from infancy, through adolescence, and into adulthood.

It can set back a child's physical development; for example, tense mealtimes can affect a child's eating.

It can hold back a child's mental development, such as their intelligence and memory, and put a child at greater risk of developing mental health problems, such as eating disorders and self-harming.

It can hamper a child's emotional development, including their ability to feel and express a full range of emotions appropriately, and to control their emotions.

It can put a child at greater risk of developing one or more behavioural problems, such as:

- learning difficulties
- problems with relationships and socialising
- rebellious behaviour
- aggressive and violent behaviour
- anti-social behaviour and criminality
- self-isolating behaviour (making people dislike you)
- negative impulsive behaviour (not caring what happens to yourself).

Signs

- A parent's behaviour is central to a child's development. If a parent's negative behaviour towards their child is severe and persistent, it may indicate that a child is being emotionally abused. You may also notice a difficult relationship between a child and parent: a fearful, distant or unaffectionate relationship may indicate a problem.

Signs of emotional abuse may also be present in a child's actions. A child should be able to understand and express a range of emotions as they grow older. Similarly, their mental capacities, such as intelligence, memory and speech should be normal for their age; as should their behaviour. It takes a lot of training to understand if a child's development is not where it should be.

Physical

If an adult deliberately hurts a child – causing them physical harm, such as cuts, bruises, broken bones or other injuries – it is physical abuse. It can include hitting, shaking, throwing, poisoning, burning, and slapping.

Effects

- The harm caused by physical abuse can range from minor injuries to major trauma. These can include:

- bruising

- burns or scalds
- bite marks
- fractures
- scarring
- poisoning
- drowning or suffocating
- head injuries caused by a blow or by shaking
- fabricated or induced illness.

The experience of being harmed may, also, cause mental health and behavioural problems in a child, such as:

- depression and anxiety
- aggression and violence
- problems with relationships and socialising
- trying to hide injuries under clothing
- running away from home
- being distant and withdrawn.

Physical abuse during childhood can affect a person later in life as an adult, for example, it can cause conditions such as post traumatic stress disorder

Signs

- All children have accidents, like bumps and falls, which cause injury. However, you may have reasons for thinking that an injury has been inflicted on purpose if:

- an injury strikes you as odd
- a child is injured repeatedly
- a parent delays seeking treatment
- a parent or child gives unconvincing or inconsistent explanations about an injury.

What could be abuse?

- Bruising on the cheeks, ears, back, buttocks, palms, arms, tummy, hips, backs of legs, and feet.
- Bruising on babies who are not yet crawling or walking.

- A history of bruising.
- Multiple bruises in clusters, usually on the upper arms or outer thighs.
- Bruises which look like they have been caused by fingers, a hand, or an object.
- Burns of the backs of the hands, feet, legs, genitals, or buttocks.
- Burns which have a clear shape, like a circular cigarette burn.
- Large oval shaped bite marks.

As well as the visible signs of injury, physically abused children may also display signs of that abuse in their behaviour.

Neglect

Children need adequate food, water, shelter, warmth, protection and health care. They also need their carers to be attentive, dependable and kind. Children are neglected if these essential needs – the things they need to develop and grow – are persistently not met.

Effects - Neglect can have a debilitating and long-lasting effect on a child's physical wellbeing, and on their mental, emotional and behavioural development. In some cases, the effects can cause permanent disabilities and, in severe cases, death. The effects of physical neglect may include:

- poor muscle tone/prominent joints
- poor skin: sores, rashes, flea bites
- thin or swollen tummy
- poor hygiene, like being dirty or smelly
- untreated health problems, such as bad teeth
- unwashed clothing
- inadequate clothing, like not having a coat in winter

The effects of neglecting a child's mental development may include:

- difficulties with schoolwork
- missing school.

The effects of neglecting a child's emotional development may include:

- being anxious about, or avoiding, people
- difficulty in making friends
- being withdrawn.

The effects of neglecting a child's behavioural development may include:

- anti-social behaviour
- early sexual activity
- drug or alcohol misuse.

The effects may last into adulthood and may cause a person to neglect their own children later in life.

Signs

- An inadequate home environment may suggest that a parent cannot cope and can be a sign that children are being neglected; as are adults who leave their children alone for long periods, persistently ignore them, or fail to properly supervise or protect them from danger. And where adults have mental health problems, suffer violence in the home, or have a drug or alcohol addiction, it is possible that the children in their care may be neglected.

Poor appearance and delayed development are also common signs that may indicate a child is being neglected. A child taking on the role of carer of other family members, in the absence of a parent, is another sign.

Where such changes in behaviour occur or where children's play gives cause for concern, the nursery will make observations and appropriate referrals, following the safeguarding steps of action detailed in this policy.

If a child makes a disclosure or you suspect abuse, please remember the following:

- When a child makes a disclosure to a member of staff or a volunteer, they should never guarantee confidentiality to a child in instances of child abuse or suspected child abuse.
- Remain calm – ensure the child is safe and feels safe. Show and tell the child that you are taking what she/he says seriously and reassure the child that they are not to blame. Do not ask the child too many questions, if you need to ask questions for clarification, ensure they are open ended questions.
- Do not press the child for details, it is the responsibility of the social services or police to investigate fully.
- Report the disclosure or concerns to the Manager & Safeguarding/ Child Protection officer immediately.

What to do if you have concerns about a child

You may become concerned or worried about a child's care, behaviour or an injury to a child, but the child may not have said anything to suggest that they have been abused. Every case is individual and decisions to investigate or follow up a concern should be made by LADO or a social worker not by the

setting manager or designated safeguarding and child protection person. The contact centre can be contacted for initial advice and guidance. Refer to the safeguarding processes flowchart.

Steps Of Action:

- in an emergency take action to obtain urgent medical attention for the child, if required, for example, call 999.
- stop other activity, responding to a suspicion of abuse takes immediate priority; • report any concerns you have to the designated safeguarding and child protection person or deputy immediately, or most senior person if not available. You may contact the contact centre directly.
- refer to the safeguarding processes flowchart.
- if there is any reason to believe that a child is subject to physical, emotional, sexual abuse or neglect, report these concerns to the MASH team the contact centre; record who you spoke to, any advice given and actions taken; referral forms are available online.
- ask the parent or carer about what has been observed, so long as it does not put the child at increased risk.
- if you decide not to discuss your concerns with the child's parents you should record this and the reason why you made that judgement.
- record exactly what has been heard or seen, what has been said, and was done.
- use a body map to record injuries but do not take photographs.
- keep the notes taken at the time, without amendments, omissions or addition, even though subsequent reports may be written (date and sign each page);
- providers should operate on a need-to-know basis only. We abide by the confidentiality policy and do not discuss the issue with colleagues, friends or family.

Seeking consent

In most cases we would seek to discuss any concerns with the child's parents or carers and where possible, seek their agreement to make a referral to SPA, there are cases where we must not discuss concerns with them before making a referral.

Concerns must not be discussed with parents or carers before referral in the following circumstances:

- where discussion would put a child at risk of significant harm.
- where discussion would impede a police investigation or social work enquiry; where sexual abuse is suspected.

- where female genital mutilation (FGM) is suspected to have been carried out or planned.
- where organised or multiple abuse is suspected.
- where factitious illness or induced illness is suspected.
- where to contact parents/carers would place you or others at risk; or
- where it is not possible to contact parents or carers without causing undue delay in making the referral, advice should be sought from the contact centre.

A decision by any professional not to see parental permission before making a referral to MASH must be recorded, and the reasons given.

The responsibilities of Safeguarding/ Child Protection Officer and senior members of staff

The Safeguarding/ Child Protection Officer would liaise with the Manager and/or Proprietor, and they must decide whether external reporting (contact centre or LADO) is appropriate.

They will discuss fully the situation with the staff member who raised the concerns, and any other staff who may have relevant information.

Consideration must be given to the immediate safety needs of the child.

To facilitate a decision the officer/manager/proprietor may discuss the concerns with the MASH team. If deemed necessary, the Safeguarding/ Child Protection officer will complete a CAF (Common Assessment Framework) if one is not already being written by another agency.

Immediate referral to the contact centre should occur when:

- The child has disclosed abuse.
- The child has suspicious injury for which there is no satisfactory explanation. The child is deemed to be at immediate risk.
- The child is anxious or afraid about returning home.
- The child is known to have abused another child.
- Medical treatment is necessary.
- There are strong grounds for believing that a staff member or volunteer has abused the child.

Immediate referral to the contact centre is not necessary or appropriate when:

- A child's behaviour is not symptomatic of abuse.
- A child says things which indicate something is amiss, but this does not conclusively indicate abuse.
- A child has a minor injury for which there is a reasonable explanation.
- A staff member or volunteer is behaving unprofessionally, but this may not be abusive of children.

When a referral is made to MSCB, the decision must be taken as to whether to notify the parents. The guiding principle is that parents should be informed unless doing so places the child at further risk.

Confidential records kept on a child are shared with the child's parents depending on the situation. Parents should put their request in writing to the Nursery Manager/ Safeguarding/ Child Protection Officer if they want to see the Safeguarding/ Child Protection records kept on file for their Child. A decision will be made within 7 days as to whether it is in the interest of the Child to share this information. It may be necessary to refer to outside agencies to make an informed decision.

With the provision that the care and safety of the child is paramount the nursery takes every step to support and work with the child's family in building up a trusting relationship.

The nursery will continue to welcome the child and family whilst investigations are being made in relation to abuse outside the nursery environment. Investigations will be carried out with sensitivity. Staff in the nursery take care not to influence the outcome either through the way they speak to the children or ask questions of the children.

Record keeping

- It is essential that clear and concise records are kept.
- Record the incident and include all relevant details on our Safeguarding Incident Report Form.
- Start a chronology at the earliest opportunity to ensure all contacts are recorded and logged.
- A chronology must list specific and significant incidents, events and actions taken in relation to the child and, where appropriate, their family, with a brief explanation or cross-referenced to where the records can be found.
- All records must be dated and signed to ensure they can be attributed to the person completing them.
- Records must be written as soon as reasonably possible following any incident taking place.
- The incident, event, or observation should be described clearly and concisely, physical marks or injuries should be recorded on a body map where appropriate.
- Records should contain any comments made by the child, adult in their own words.

Records must make a clear distinction between what is information and what are personal comments or thoughts.

Record any advice given and actions taken.

In the case of an allegation against a member of staff, a summary should be kept on the member of staff's file and the staff member should be provided with a copy.

For related criminal or civil proceedings, records may be subject to disclosure. Records must be kept for an appropriate length of time.

All records and notes should be always kept securely. If records are kept electronically these must also be kept securely and password protected. Access should be restricted to appropriate members of staff.

Managing allegations and concerns against staff and volunteers

Any concerns that arise which call into question a person's suitability to work with children should be managed according to the following procedures. An allegation of child abuse made against a member of staff (within the work environment or outside of work) or other adult in contact with children in the setting may come from a parent, another member of staff or from a child's disclosure. The allegation or concern may relate to a person who has:

behaved in a way that has harmed or may have harmed a child.

possibly committed a criminal offence against or related to a child; or

behaved towards a child or children in a way that indicates they may pose a risk of harm to children, or that indicates he/she is unsuitable to work with children.

Providers should:

Treat the matter seriously.

Remove the adult from the situation (if applicable).

The power to suspend is vested in the employer alone. Suspension would be considered in any case where there is a cause to suspect a child is at risk of significant harm or the allegations warrants investigation by the police or is so serious that it might be grounds for dismissal. The employer will consider carefully whether the circumstances of a case warrant a person being suspended from contact with children until the allegation is resolved. Management would seek legal advice.

- Seek any necessary medical treatment for the child without delay.
- Make a written record of the information that includes when the alleged incident took place (time and date), who was present, and what was said to have happened and who else may have been present. Keep an open mind and avoid asking leading questions.
- Write down exactly what is said, not what you think they have said, record the person's actual words. Do not rephrase and avoid interpretations, if you are not sure about a word or phrase clearly state this in your notes.
- Not attempt to investigate the matter by interviewing any potential child witnesses or the accused person but simply record the facts and information presented to them.
- Sign and date the written record.
- Report the matter immediately to the designated safeguarding and child protection person, or senior manager. Where the designated person is the subject of an allegation, report the matter directly to the contact centre within a maximum of 24 hours for advice and further guidance, who in turn will contact the LADO who will offer advice and guidance; cooperate fully with the processes and with any police investigations. If the LADO and police decide an allegation requires further investigation a multi-agency strategy meeting will be held to agree on who has responsibility for the actions, their timescales and what records are to be made.
- Await the outcome of the investigation before taking further action.
- Ensure, if it appears from the results of the investigation that the allegations are substantiated, that disciplinary action will follow, taking legal advice where necessary.
- Make a referral to the Disclosure and Barring Service (DBS) if the allegation is substantiated and the person concerned is dismissed.
- Inform Ofsted throughout the investigation as soon as is reasonably possible, but at the latest within 14 days of the allegations being made and actions taken.

If an adult tenders their resignation this must not prevent an allegation being followed up, a formal conclusion reached, and action taken.

This policy should be read in conjunction with the Equal opportunities, Confidentiality, Complaints, Health & Safety and Disciplinary policies.

Mobile Phone & Camera Usage and Internet Safety (E-Safety)

Staff are not permitted to have mobile phones in the nursery rooms and should NEVER take photographs or videos of children at any time using their mobile phone or any other personal device. Any staff member found to have their phone on them whilst in the rooms with children will face immediate disciplinary action.

It is the policy of Merry Kidz Day Nursery that staff do not keep mobile phones on their person during working hours. Staff must keep their mobile phone(s) in the cabinet in the office, not in their lockers, and are free to access them during their scheduled break. It is prohibited for staff to have mobile phones in the children's rooms. This is for both the protection of staff and children alike. It is also not permitted for staff to take photographs of the children using their mobile phone. Staff must not collect anyone else's mobile phone from the cabinet. Staff should ensure that phones are always turned off or on silent whilst on premises.

The nursery cameras, and tablets must be locked away at the end of the day in the lockable cabinet in the office. We advise staff not to bring in their own personal cameras but if they do, they must be locked away in the nursery office and must not be used to take photos of the children at the nursery.

Visitors (excluding parents) should be asked to turn off before gaining access into the children's area or kept in the nursery office where it will be stored in the cabinet for the duration of the visit, this is to protect the children in our care. Parents and look arounds are reminded via signs and posters not to use their mobile phones whilst in the setting.

When out on out on outings, the senior member of staff will be equipped with a nursery mobile phone, this mobile phone will be a basic model with NO camera built in. This phone must only be used in case of an emergency and only when it is safe for the member of staff to do so.

We will take photographs of the children at the nursery if permission has been given, using the designated nursery cameras only. Photos taken off the children which are used for social networking sites and our website, have already had permission from carers/parents. The pictures will be printed off from the nursery printer.

Internet use

The internet is an incredible resource for children to access, but it can also be a very dangerous place for them. They can be exposed to inappropriate material, harassment and bullying, viruses and hackers and be conned into giving away financial information. They can also be vulnerable to online grooming by paedophiles. At the nursery the younger children can use the computer with age-appropriate games and learning tools with adult supervision and we have introduced a range of procedures to ensure their safety.

There is a filter on all computers that block out most inappropriate material

Children are not allowed to go into chat rooms and staff will talk to the children about what sites they are using.

The history on the computer is checked on a regular basis.

When using the tablets the children do not know the password and do not have access to the internet.

Staff are also aware of the need to limit the time children spend on computers and will develop strategies to ensure that they spend a balance of time engaged in ICT and other activities.

Prevent Duty

Merry Kidz recognises that it is important that children are taught fundamental British Value in an age-appropriate way. Merry Kidz is aware of its duty to keep children safe and promote their welfare. We have regard for the Counter Terrorism and Security Act 2015 and work in partnership with the police and MSCB for guidance and support.

Contact telephone numbers

Manchester Safeguarding Children Board (LSCB)

[Tel: 0161 234 3330](tel:01612343330) (Enquiries)

Carol Longsdon: Early Years Education Safeguarding Officer

Email: r.denton@manchester.gov.uk Tel: 07908211601

Manchester contact centre tel: 0161 234 5001 Fax: 01612558266

Email: mcsreply@manchester.gov.uk

(For referrals to Manchester Children's Social care when a child is at risk of harm)

MASH team Tel: 01612192895

Majella O'Hagan: Local Authority Designated Officer (LADO)

Tel: 0161 234 1214 email: majella.o'hagan@manchester.gov.uk

(For allegations about a staff member – nurseries)

Ofsted

About concerns line: 0300 123 4666

Email: enquiries@ofsted.gov.uk

Early Help Team Tel: 0161 234 5969 Fax: 0161 274 7082

Email: cafit@manchester.govv.uk (MCAF support)