



Think for the Future Tots

# Safeguarding Handbook

# Safeguarding Children Policy

“Safeguarding children – the action we take to promote the welfare of children and protect them from harm is everyone’s responsibility. Everyone who comes into contact with children and families has a role to play”. - Working Together to Safeguard Children, July 2018

“Children learn best when they are healthy, safe and secure, when their individual needs are met, and when they have positive relationships with the adults caring for them” – Statutory Framework for the Early Years’ Foundation Stage March 2021

## **Safeguarding Personnel**

### **Think for the Future Tots Designated Safeguarding Officer:**

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Last reviewed by: Ellie Fox

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## **Introduction**

All children have the right to a safe, loving, and stable childhood. They deserve the opportunity to achieve their full potential. Children learn best when they are healthy, safe, and secure- when their individual needs are met and when they have a positive and reliable relationships with the adults caring for them.

Safeguarding and promoting the welfare of children is defined as (“working together to safeguard children”, July 2018):

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

Our aim is to:

- Protect children from abuse and neglect – we all have a role to play
- Prevent the impairment of children’s health and development
- Take action when necessary
- Share information

Safeguarding is a wide subject and therefore this policy will be used in conjunction with other Think For The Future Tot’s policies and procedures, Safeguarding publications and Government legislation.

## **Roles and Responsibilities**

The designated safeguarding leads for Think For The Future Tots is: Ellie Fox, who is supported by Tilly Stone. In the absence of the Nursery Director Tilly Stone will step up.

As an Early Years provider, we have a duty under Section 40 of the Children's Act 2006 to comply with the Welfare Requirements of the Early Years Foundation Stage (EYFS).

We must ensure that:

- We alert any issue of concerns in the child's life
- Have and implement a policy and procedure to safeguard children
- Have an appointed practitioner who is designated to take lead responsibility for safeguarding children within the setting and who must liaise with local statutory children's services as appropriate

### **The Nursery Director (DSO) will manage referrals:**

- Refer cases of suspected abuse to Children's Social Care/CITY MASH
- Support staff who make referrals
- Report cases where an employee has failed to report concerns about a child (LADO – Local Authority Designated Person and Ofsted)
- Report cases to LADO and Ofsted where a person has been dismissed or left the company due to risk/harm to a child and if required inform the Disclosure and Barring Service (DBS)
- Refer cases to the Police when a crime has been committed (LADO may request you contact the police, or they will do this on your behalf)

### **The Nursery Director (DSO) will work with others:**

- Liaise with staff to inform them of issues, especially ongoing enquiries under Section 47 of the Children's Act 1989 and police investigations.
- As required work with liaise with 'case managers' and the designated officer at the local authority for child protection (all cases which concern a staff member)
- Liaise with staff on matters of safety and safeguarding and when deciding whether to make a referral
- Act as a source of support, advice and expertise for staff

We all have a duty to safeguard and promote the welfare of children, in particular protecting children from significant harm – our responsibility is to ensure effective joint working practices between agencies and professionals who have different roles and expertise to us.

## **Co-ordinated Approach**

Everyone at Think for the Future Tots has a responsibility for keeping children safe. No single person can have a full understanding of a child's needs and circumstances; neither can a single agency which is why it is vital that we communicate with other agencies where necessary. To ensure children and families receive the right help at the right time it is vital that everyone who comes into contact with them plays their role in identifying concerns, sharing information and taking prompt action.

By working together, we can protect and help children.

## **Key Legislation**

- UN Convention on the Rights of the Child 1989
- Children's Act 1989 and 2004
- Female Genital Mutilation Act 2003
- Safeguarding Vulnerable Groups Act 2006
- Childcare disqualifications regulations 2009
- What to do if you're worried a child is being abused? 2005
- Counterterrorism and Security Act 2015
- The Statutory Framework for the Early Years Foundation Stage (EYFS) 2021

- Working Together to Safeguard Children 2018

### **Team Around the Child**

The welfare requirements in the EYFS are designed to support providers and this policy had been written for Nursery employees to enable them to safeguard and promote children's welfare. Nursery employees will:

- Be a positive role model and work with everyone to develop a strong safeguarding culture.
- Provide a safe and secure environment for all children.
- Promote understanding and acceptance of different beliefs, cultures, and communities.
- Always listen to children.
- Feel confident to identify where children and families may need intervention and seek early help.
- Feel confident to share information and raise concerns – with DSO and with other agencies as appropriate.
- Help children to understand how they can influence and participate in decision-making and how to promote British values through play, discussion, and role modelling.

### **Child-Centred Approach to Safeguarding**

A child-centred approach is fundamental to safeguarding; it means that keeping the child in focus when making decisions about their lives and in a working partnership with them and their families ensure the welfare and safety of the child is always paramount.

[The child is the centre of all decisions made in relation to safeguarding.](#)

### **Safeguarding Code of Conduct & Best Practice**

Staff will:

- Ensure the safety and well-being of the child is paramount and is placed before any personal or organisational goals and before the loyalty to friends and colleagues.
- Be committed to preventing child abuse
- Be responsible for their own behaviour - takes ownership of decisions
- Monitor, review and reflect on their own practice and behaviour
- Avoid conduct that may raise concern
- Form appropriate relationships with children
- Work in an open, transparent, and cooperative way
- Discuss concerns with/take advice from senior members of staff
- Apply the same professional standards regardless of culture, disability, gender, language, racial origin, religious belief, or sexual identity
- Follow guidance and policy - responsible for ensuring their own Safeguarding CPD is refreshed and kept up to date

All staff receive support and collectively we foster a culture of '[don't wait to share a concern](#)'. However, alongside this spontaneous approach, we have regular opportunities to share and discuss children, families, practice and conduct through:

- Staff meetings which are planned in by the Nursery Director
- Monthly meeting with Think For The Future Team
- Annual PDR's
- Daily 'walk around' conducted by the Nursery Director as well as - daily numbers are taken, RED FLAG system (share concerns/niggles) operates and logged on daily numbers form.

### **Training & Continued Professional Development**

THE DSO and Staff Team will complete on-line E-learning courses prior to start date and annually attend Safeguarding refresher training. They will all encourage a culture of listening to children and taking account of their wishes and feelings. They will also encourage a culture of listening and sharing amongst the team with safeguarding being at the heart of what we do. The Child Safeguarding Policy will be reviewed annually or as required (if new legislation/changes).

Think For The Future Tots recognises that a safeguarding culture within the nursery can only be formed and strengthened by a staff team who commit whole heartedly to the safety and wellbeing of the children. We actively offer and encourage all those (regardless of position) to keep well informed and upskilled in Safeguarding practices and knowledge to ensure a confident approach is provided. Staff clearly understand the to maintain appropriate professional boundaries in their dealings with children. An on-going culture of vigilance will be maintained so that poor or unsafe practice is identified at the earliest opportunity.

### Types of Abuse/Neglect

Type	Definition	Signs and Indicators
Physical	A form of abuse which may involve physical harm. Physical harm may also be caused when a parent/carer fabricates the symptoms of, or deliberately induces illness.	Bruising, burns, scalds, bites, scares, fractures, broken bones, shaking, poisoning, drowning, suffocating, untreated injuries, fear to go home, fear of people.
Sexual	Involves forcing or enticing a child or young person to take part in sexual activities, whether the child is aware of what is happening or not.	Pain, itching or bleeding in genital/anal areas, sexually transmitted infections, severe or persistent stomach-ache, difficulty in going to the toilet, bruising, bite marks, sexual language, withdrawn, fear around people, proactive/promiscuous behaviour, secretive, sexualise role play, concerning play or drawings, harming animals/pets, reluctance to go home
Emotional	The persistent, emotional maltreatment of a child, making them feel worthless, unloved, or inadequate, making fun of them. Interactions that are beyond a child's developmental capability as well as overprotection and limitation of exploration and learning.	Withdrawn, aggressive, severe temper outbursts, change in behaviour, loss of weight/gain in weight, anxiety, difficulty in forming relationships, lack of eye contact, seeing or hearing the ill-treatment of another (Domestic violence)
Neglect	Neglect may occur during pregnancy as results of material substance abuse. Once a child is born neglect is the persistent failure to meet a child's basic physical and/or psychological needs.	Poor or lack of supervision including the use of inadequate caregivers, food, shelter, emotional warmth, medical treatment/attention. Unwashed or dirty clothes, malnourished, gaunt, obese, persistently ill, stealing food, constantly hungry, constantly picked up late inappropriate behaviour.
FGM	This type of abuse is practised as a cultural ritual by certain ethnic groups and there is now more awareness of its prevalence in some communities in England including its effect on the child	Symptoms may include bleeding, painful areas, acute urinary retention, urinary infection, wound infection, septicaemia, incontinence, vaginal and pelvic infections with depression and post-traumatic stress disorder as well as physiological concerns.

	and any other siblings involved.	
Fabricated illness	This is also a type of physical abuse. Where a child is presented with an illness that is fabricated by the adult/carer. The carer may seek out unnecessary medical treatment or investigation.	Parent exaggerating a real illness or symptoms. Complete fabrication of symptoms or inducing physical illness (e.g., through poisoning, starvation, inappropriate diet.) It may also be presented through false allegations or abuse or encouraging the child to appear disabled or ill to obtain unnecessary treatment or specialist support.
Child sexual exploitation	This is a form of sexual abuse where children are sexually exploited for money, power, or status. Exploitation doesn't always involve physical contact but can be online.	Signs of this may include the child gaining expensive gifts without explanation. Children may have older friends. There may be changes in their emotional wellbeing.
Honour based violence	Encompasses crimes which have been committed to protect or defend the honour of the family and/or community.	Female genital mutilation, forced marriage, breast ironing.

**Important note:** There may or may not be all signs and indicators detailed. The list is not exhaustive. The signs of child abuse may not always be obvious, and a child may not tell anyone what is happening to them. You should therefore question behaviours if something seems unusual for the child. Work together with colleagues and professionals to ensure that the child's welfare and wellbeing is paramount.

#### Other areas of abuse practitioners should be aware of:

Type	Info
Children's Attendance	A child that regularly misses booked sessions, either random days or longer periods of times, without notice from the parent are potentially vulnerable. We will monitor children's absence daily; if a child has not arrived by 10am and we have not been given notice of absence then parent/carer will be contacted by nursery and if no contact is made with parent this absence will be recorded and monitored.
Alcohol and Drugs	Children whose parent(s) may have addictions. As part of our policy, we must remain vigilant when parents drop off/collect. Smelling of alcohol or Cannabis, as well as displaying other signs of substance misuse such as slurred words, frantic, tiredness, dilated pupils, all raise concerns. A child should never be allowed to go home with a parent if you suspect any of the above.
Faith abuse	This includes: beliefs in concepts of Possession by Spirits, 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 faith contexts) and Dakini (in the Hindu context); ritual or muti 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; and use or being in magic or witchcraft to create fear in children to make them compliant when they are being trafficked for domestic slavery or sexual exploitation.
Up Skirting	Up skirting is a highly intrusive practice which typically involves someone taking a picture under another person's clothing without their consent. This is deemed a highly distressing and humiliating violation of privacy for the victim and is now a specific criminal offence.

Cuckooing	Cuckooing is a practice where people take over another's home and use the property to facilitate exploitation. There are different types of cuckooing, but most commonly the victim's property is used to deal, store, or take drugs, sex work or to financially abuse the victim.
County lines	County lines is a form of criminal exploitation where urban gangs persuade, coerce or force children or young people to store drugs or money and transport them to suburban areas such as market town and coastal towns. This can happen in any part of the UK and is against the law and a form of child abuse. County lines highly organised criminal networks that use sophisticated, frequently evolving techniques to groom people and evade capture by the police.
Additional barrier for children with SEND	Disabled children can be abused and neglected however this can be in different ways. Early indicators of abuse and neglect can be more complicated. Children with speech and language delays may find it difficult to get an adult to listen, our role is to be aware of early indicators of abuse. Disabled children are more likely to come into contact with many different agencies, their dependency on parents/carers for practical care including intimate care which therefore puts them at an increased risk of exposure to abusive behaviours. WE need to be aware that disabled children have an impaired capacity to avoid abuse. IT is our role to recognise children who are more vulnerable.
Mental Health	At least one in four of the population will experience a mental health problem at some point in their lives and around half of people with lifetime mental health problems experience their first symptom by the age of 14. The issues can relate to the child themselves, to their family, their community or life events. A child's behaviour – whether disruptive, withdrawn, anxious, depressed or otherwise – may be related to an unmet mental health need or the effects of living with someone who has mental health illness. Practitioners, however, are well-placed to observe children day-to-day and identify behaviours.
Trafficking	Children may be trafficked for many reasons, including sexual exploitation, domestic servitude, labour, benefit fraud and involvement in criminal activity such as pick-pocketing, theft and working with drugs. There is evidence that some children are trafficked through numerous countries before arriving in the UK. There are many legitimate reasons why children are brought to the UK, such as economic migration with their family, education, re-joining family or fleeing a war-torn country, some children will have travelled with their parents or carers. However, many children arrive in the UK accompanied by adults who are either not related to them or in circumstance that raise child protection concerns. For example, there may be little evidence of any pre-existing relationship between the child and the accompanying adult or even no knowledge about the person who will care for the child. There may be unsatisfactory accommodation in the UK, or perhaps no evidence of parental permission for the child to travel to the UK or stay with the sponsor.
Peer on Peer abuse or bullying	We are aware that peer on peer abuse can take place, so we include children in our policies when we talk about potential abusers. This may take the form of bullying, physically hurting another child, emotional abuse, or sexual abuse. We will report this in the same way we do for adults abusing children and will take advice from the appropriate bodies on this area.

### Age specific indicators of abuse:

#### Any age.

- Talks of being left home alone or with strangers
- Poor bond or relationship with parent, also known as attachment
- Acts out excessive violence with other children
- Lacks social skills and has few if any friends.

#### Under 5:

- Doesn't cry or respond to parent's presence, or absence, from an early age.
- Reaches developmental milestones late, for no medical reason
- Significantly underweight but eats well when given food

## **Prevent Duty – Radicalisation & Extremism**

Under the Counter-Terrorism and Security Act 2015 we have a duty to refer any concerns of extremism to the police (In prevent Priority Areas the local authority will have a Prevent Lead who can provide support). This may be cause for concern relating to a change in behaviour or a child or a family member comments causing concern made to a member of the team (or other persons in the setting) or actions that lead staff to be worried about the safety of a child in their care. Any concerns must be immediately reported to the DSO.

If you are concerned that someone you know, or have come across, is at risk of being exploited for extremist purposes, you should inform the Local Authority or the Police who will assess the individual and provide them with appropriate support if they are at risk.

### **Referral links and relevant contacts:**

- If you are worried about a young person, please contact MASH: [CityMASH@nottinghamcity.gov.uk](mailto:CityMASH@nottinghamcity.gov.uk)
- If you are worried about an adult or child please go to: [nottinghamcity.gov.uk/information-for-residents/community/prevent-duty](http://nottinghamcity.gov.uk/information-for-residents/community/prevent-duty) for information. If it finds that radicalisation is a factor an individual can be referred to **Channel Panel**, which is a support panel for those in the early stage of being susceptible to radicalisation.

All nursery staff are required to take part in 'Prevent' training as part of their induction to the role, and refresh this training at regular intervals.

## **Domestic Violence**

The government defines domestic abuse as “any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are, or have been, intimate partners or family members, regardless of gender or sexuality”. Whilst we have a duty of care to children that attend Think for the Future Tots we also have a duty of care to support all familiar and employees and report any concerns whether that be to the immediate child, a member of their family or an employee. Domestic abuse is also recognised as emotional abuse of the child if they see or hear the ill-treatment of another.

Other behaviours could include:

- Controlling: a range of acts designed to make a person subordinate and or/dependent by isolating them from sources of support, exploiting their resources, prevent their personal gain, deprive them of means needed for independence, resistance and escape.
- Coercive: a behaviour which is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim (not legal definition).

Please refer to [nhs.uk/live-well/healthy-body/getting-help-for-domestic-violence](https://nhs.uk/live-well/healthy-body/getting-help-for-domestic-violence).

## **Significant Harm**

The Children’s Act 1989n introduce ‘significant harm’ as the threshold that justifies compulsory intervention in family life in the best interests of children. Physical, Sexual, Emotional Abuse and Neglect are all categories of significant harm. Harm is defined as the ill treatment or impairment of health and development. This definition was clarified in section 120 of the Adoption and Children Act 2002 (implemented on 31<sup>st</sup> January 2005) so that it may include, ‘for example, impairment suffered from seeing or hearing the ill treatment of another’.

Suspicious or allegations that a child is suffering or likely to suffer significant harm should result in an assessment incorporating a Section 47 Enquiry (Working Together to Safeguard Children July 2018). There is no absolute criteria on which to reply when judging what constitutes significant harm. Sometimes a single, violent episode may constitute this but more often that not it is an accumulation of significant events, both acute and longstanding, which interrupt, damage or change the child’s development. We see our partnerships with parents as vital and recognise that patterns of family life vary. However, all children should have their basic needs met. We will ensure that children are kept safe, and their emotional welfare is nurtured with consideration and respect. We acknowledge and understand that parenting can be challenging and parents themselves require and deserve support in our shared responsibility. (Further information of Share Responsibility can be found in ‘Working Together to Safeguard Children 2018)

## **Informing Parents**

Parents are normally the first point of contact. If a suspicion of abuse is recorded, parents are informed at the same time as the report is made, except where the guidance of the Safeguarding Children Partnership/Local Authority Children's Social Care Team/Police does not allow this.

This will usually be the case where the parent or family member is the likely abuser or where a child may be endangered by this disclosure. In these cases, the investigating officers will inform parents. A parent handbook will be shared with all families upon registration, this sets out the partnership agreement between the nursery and family as well as our responsibility to the child.

### **Confidentiality**

All suspicions, enquiries and external investigations are kept confidential and shared only with those who need to know. Any information is shared in line with guidance from the NSCP.

Remember that once you have reported your concerns many other checks will take place by professional training in identifying significant harm. You will not be blamed if your suspicions are groundless, and no one will think you have wasted their time.

[It is better to alert unnecessarily than to fail to protect a child who is being abused.](#)

### **Sharing Information**

To ensure our responsibility to Safeguarding remains effective, we will demonstrate a clear understanding of the needs and views of the child.

Failings in safeguarding systems are often the result of losing sight of the needs and views of the child and placing the interests of adults ahead of the needs of the child.

### **Reporting Concerns**

Our process and expectations around reporting concerns are as outlined in 'Working Together to Safeguarding Children (pg. 18):

- Practitioners will be proactive in sharing information as early as possible to help identify, assess and respond to risks or concerns about the safety and welfare of children, whether this is when problems are first emerging, or where a child is already known to local authority children's care. (e.g. they are being supported as a child in need or have a child protection plan).
- Practitioners are alert to sharing important information about any adults with whom that child has contact, which may impact the child's safety or welfare.
- Fears about sharing information must not be allowed to stand in the way of the need to promote the welfare, and protect the safety, of children, which must always be the paramount concern.
- Practitioners should not assume that someone else will pass on information that they think may be critical to keeping a child safe.
- All practitioners must be alert to the importance of sharing information when a child transitions from a different setting, into school or moves from one local authority into another.
- All practitioners should aim to gain consent to share information but should be mindful of situations where to do so would place a child at increased risk of harm
- Practitioners must have due regard to the relevant data protection principles which allow them to share personal information (Data Protection Act 2018 and General Data Protection Regulation – GDPR).

### **Collaborative Working**

When considering Safeguarding and Child protection, remember that you may only hold one small piece of a bigger picture. Think of this as a jigsaw. All pieces are required to complete a picture. In the same sense, we must all work together to understand a child's complete situation.

[Increased levels of engagement + improvements in delivery and standards of service = effective collaborative working \(Full circle partnership Ltd – Safeguarding Children Professional Handbook, 2017\)](#)

### **Whistle Blowing**

We recognise that children cannot be expected to raise concerns in an environment where staff fail to do so. Staff need to promote a culture of ‘doing nothing at all is not an option’. Please note employees that are also parents at the nursery must be treated with the same level of vigilance and this policy must be adhered to. Friendships amongst work colleagues must be challenges and never allowed to affect your decision to safeguard a child. All staff have access to and comply with the Whistle Blowing Policy which will enable them to share any concerns that may arise about their colleagues in an appropriate manner.

### **What is whistle blowing?**

Whistle blowing is when someone raises a concern about a dangerous or illegal activity or any wrongdoing within the organisation. Raising a concern is known as “blowing the whistle” and is a vital process for identifying risks to people’s safety. Sharing information or talking through a concern can be the first step to helping an organisation identify problems and improve practices.

The law protects you if you are an employee and report:

- A criminal offence, e.g., fraud
- Someone’s health and safety is in danger
- Risk or actual damage to the environment
- A miscarriage of justice
- The company is breaking the law e.g., doesn’t have insurance
- You believe someone is covering up a wrongdoing.

In the first instance follow the company internal Whistle Blowing Procedure (found in the Staff Handbook). If you feel unable to do so or your concerns are not being addressed appropriately, you can contact:

- Ofsted’s dedicated Whistleblowing Hotline (03001233155)
- NSPCC Whistle Blowing Hotline (08000280285)

### **Safeguarding Reporting Procedure**

#### **What to do if you’re worried a child is at risk of significant harm?**

It takes great courage for a child to talk to an adult about their abuse, often children learn to cover up the abuse. In younger children it’s important that we are vigilant and ask questions about physical injuries or signs that tell us a child is unhappy (refer to the table on signs and indicators).

When responding to a child who confides in you think about your approach:

CALM | ACKNOWLEDGE | RECORD | ENSURE ACTION IS TAKEN IMMEDIATELY

**IF YOU FEEL A CHILD IS AT IMMEDIATE RISK OF HARM. YOU SHOULD SPEAK IMMEDIATELY TO THE NURSERY DIRECTOR (DSO), WHO WILL REFER DIRECTLY TO CITY MASH AND/OR THE POLICE – NEVER WAIT.**

### **Records, recording or conversations & existing injury forms**

Well-kept records are essential to good child protection practice. All staff are clear about the need to record, and report concerns about a child within the nursery. The DSO is responsible for such records and for deciding at what point these records should be passed over to other agencies.

- Records relating to actual or alleged significant harm and stored apart from normal children’s or staff records including any ‘Early Help’ referrals, these are kept in the Safeguarding Case Folder.
- Existing Injury Forms are kept in the Existing Injury Report File. However, should the injury be cause for concern and further action needed, it will be filed in the Safeguarding Case Folder.

As well as Child Protection records being reviewed by the Nursery Director (DSO), a review and written summary will be completed at the end of each month to ensure; accurate record keeping, to see if any action or updating is needed and patterns with a particular child are being formed. This also includes monitoring patterns of complaints or concerns about individuals and ensuring these are acted upon. This information is then transferred to the Confidential Chronology form in the Child’s file stored securely or added to the Employee Record Card (ERC) if it relates to a member of staff.

Think For The Future Tots has a procedure to ensure that all concerns staff have are recorded. Staff are required to complete the forms listed below should they have a concern or deem a child to be at risk:

Form	Purpose
<b>Record of Concern</b>	To be completed should a concern be raised, or an observation is made about a child/staff member/visitor/family
<b>Witness statement</b>	To be completed by any other witnesses once a record of concern is written if a child/adult is at risk of harm
<b>Child concern form</b>	This form will ensure all information is collated and accurate records are shared with all parties involved.
<b>Concern Log – staff/visitor</b>	To be completed if a concern is raised about a member of staff's or visitor's behaviour and will run alongside a completed Witness Statement.
<b>Sharing and Documenting of information Log Form</b>	To be used when any communication is shared between parties involved in a concern/allegation
<b>Staff ONLY – Existing injury form</b>	Only to be completed if the child has any form of physical injury or mark (refer to accident procedure for further guidance)
<b>Legal Guardian ONLY – Existing injury form</b>	
<b>Monitoring Log Sheer</b>	To be used and completed if staff or parents need formal monitoring

The forms listed will be brought to the DSO's attention should any staff member be concerned a child is at risk and will only be filed once, checked, and signed off by the DSO.

Each form has a specific purpose and will always be adhered to when dealing with any situation regarding Safeguarding.

#### Why and how to use the safeguarding forms:

1. In the first instance with any concern, staff must record all events or conversations onto a Child Concern Form.
2. It is the responsibility of the Nursery Director to oversee recordings, ensuring forms are completed fully and are accurate.
3. If an observation has been made, the Nursery Director will inform staff working should it be deemed necessary to share that information. However, staff must keep this confidential and within the staff team. Should information be shared, staff must treat this sensitively and in confidence. At no point should information be discussed openly amongst the team or in-front of children.
4. The team will discuss any concerns (no matter how small) with the Nursery Director who will decide if further action is to be taken.
5. The Director will contact the MASH team, Early Help and/or LADO who will advise of any further action.

#### Threshold of needs

Throughout this policy the pathway to provision is referred to:

- MASH acts as the first point of contact, receiving new safeguarding concerns or enquiries and collating information from different agencies to build up a holistic picture of the circumstance's of a case.
- Within MASH information from different agencies will be collated and used to decide what action to take. As a result, the agencies will be able to act quickly in a co-ordinated and consistent way, ensuring that vulnerable children and adults are kept safe.
- MASH will involve representatives from the City Council, Police and Health working together in the same location. Virtual links will exist to other services and agencies such as probation, housing, mental health, early intervention, and young people's services.
- The agencies involved quickly share information on a case and make a swift decision on the most appropriate action needed. Better co-ordination between agencies will also lead to an improved service for children, adults, and their families.
- Sometimes the MASH will decide not to take any formal action but will most likely offer advice providing guidance.
- Alternatively, should they feel a child or adult is at immediate risk of harm then decision will be made by the SHU to take further action/enquiries. Children's Social Care will be the ones that carry out further enquiries under Section 47 of the Children's Act 1989 (see the Working Together to safeguard children – July 2018 pg43 for more information.)

It is paramount importance that if you continue to have concerns or have any new information that may indicate that the problem is still evident or worse, you are persistent and do not give up.

**Early Help** Providing Early Help is more effective in promoting the welfare of children than reacting later. Early Help means providing support as soon as a problem emerges, at any point in a child's life.

Effective Early Help relies upon local agencies working together to:

- Identify children and families who would benefit from Early Help
- Undertake an assessment of the need for Early Help
- Provide targeted Early Help services to address the needs of the child and their family which focuses on activity to significantly improve the outcomes for the child.

### **Effective assessment of the need for Early Help**

Children and families may need support from a wide range of local agencies. Where a child and family would benefit from coordinated support from more than one agency (e/g/, education, health, housing, police) there should be an inter-agency assessment. These Early Help Assessments, such as the use of an Early Help Assessment Form (EHAF), will help identify what support the child and family require to prevent needs escalating to a point where intervention would be required via a statutory assessment under the Children's Act 1989. (Refer to Working Together To Safeguard Children (2018) pg13-17 for more information).

The Early Help Assessment should be undertaken by a lead professional who should provide support to the child and family, act as an advocate on their behalf and coordinate the deliver of support services. The lead professional role could be undertaken by a General Practitioner (GP), family support worker, teacher, health visitor, early year's worker, or another member of an early intervention service.

For an Early Help Assessment to be effective:

- The assessment should be undertaken with the agreement of the child and their parents or carers. It should involve the child and family as well as all the professionals who are working with them:
- A teacher, GP, health visitor, early years worker or other professional should be able to discuss concerns they may have about a child and family with a social working in the local authority. Local authority children's social care should set out the process for how this will happen, and
- If parents and/or the child do not consent to an Early Help Assessment, the lead professional should make a judgement as to whether, without help, the needs of the child will escalate. If so, a referral into the MASH Team may be necessary.

If at any time it is considered that the child may be a Child in Need or that the child has suffered Significant Harm or is likely to be so (contact the CITY MASH Team if you think a child is being neglected/physically abuse/sexually abused) a referral should be made immediately. The referral can be made by any professional.

Contact MASH if you have urgent concerns about a child who needs a social worker or police officer today:

**CALL: 0115 8764800**

You can make an email referral to : [CityMASH@nottinghamcity.gov.uk](mailto:CityMASH@nottinghamcity.gov.uk) .

Contacting the Children & Families Direct Multi-Agency (CFD-MASH) Safeguarding Hub is the easy way to access early help, specialist and protection services within Nottingham City.

It can make decisions about the right services required to help and protect children and families. It also can signpost to other agencies and can request support from wider services within the Council.

Children & Families Direct Hub can be contacted on 0115 876 4800 or by completing a Multi-Agency Request Form (MARF) which can be found on the Nottingham City Council website at [www.nottinghamcity.gov.uk/marf](http://www.nottinghamcity.gov.uk/marf)

Best practice is for professionals to receive feedback of the referral and an outcome letter within 72 hours. Children & Families Direct Multi-Agency Safeguarding Hub is operational Monday to Friday 8:30am – 5:00pm. For an out of hours response call the Emergency Duty Team on 0115 876 1000

### **Safeguarding Children Flow Chart**

Procedure to follow if Early Help is required or you suspect possible, alleged, or suspected significant harm, or serious cause for concern about a child.

Step 1:

- Member of staff has concerns about a child's safety or welfare
- Member of staff makes notes of their concerns using the Witness Statement form and discusses them with the Nursery DSO – please ensure a Record of Concern/Witness statement(s) have been written by all involved.



Step 2:

If the child's family does not already know about the concerns, the nursery DSO will discuss it with them unless:

- A family might be responsible for abusing the child
- Someone may be put in danger by the family being informed
- Informing the family might interfere with a criminal investigation

If any of these circumstances apply, discussions with the family should only take place after this has been agreed with the local authority children's social care team.

Please note: If the nursery DSO decides to meet with the child's Legal Guardian to discuss concerns this should be arranged before the child is collected from nursery that day (*never meet alone with the family and always ensure someone is able to take notes*)



**MASH:** A child in need or that the child has suffered significant harm or is likely to be at risk of significant harm



- Call the MASH Team on **0115 8764800** and share concern (Make sure you have all of the child's details to hand)
- Log conversation (date, time and who you spoke with)
- Log advice and/or requested action



- Action any recommendations
- Complete communication log from until case is closed

### **Allegation Against an Employee, Student, or Agency Staff Member**

All allegations of abuse of children by those who work with children must be taken seriously and must be reported to the DSO IMMEDIATELY.

The scope of this procedure is not limited to allegations involving significant harm or the likelihood of suffering significant harm to a child but also unsuitable and criminal behaviour.

The procedure will be applied in all situations where it is alleged that a person who works with children has:

- Behaved in a way which has harmed a child, or may have harmed a child
- Possibly committed a criminal offence against or related to a child
- Behaved towards a child or children in a way that indicates they may pose a risk of harm to children
- Indicators that the person has employed behaviours which could constitute grooming.
- Relate to the person's behaviour at work, at home or in another setting.

Allegations of historical abuse should be responded to in the same way as contemporary concerns. In such cases, it is important to find out whether the person against whom the allegation is made is still working with children and if so, to inform the person's current employer or voluntary organisation or refer their family for assessment.

Where concerns arise about a person's behaviours in relation to their own children, the same procedure will apply. The Police and Children's Social Care Services will assess whether there may be implications for children with whom the person has contact at work with and will inform on next steps.

Principals of good practice in considering suspicions of abuse:

- Children should be listened to, and all allegations should be taken seriously and acted upon
- All allegations and concerns will be reported to LADO immediately by the Director
- All staff who work with children have a personal responsibility to report suspicions or allegations of abuse. This also applies when the suspicion is raised against a colleague.
- Everyone involved with suspicions or allegations of abuse by staff should maintain an open and enquiring mind

Any enquiry/investigation may well have three related, but independent strands, all of which need to be thoroughly assessed and a definite conclusion reached. These strands are:

1. Child protection enquiries relating to the safety and welfare of any children who are or may have been involved
2. A police investigation into a possible offence
3. Disciplinary investigations, where it appears that allegations may amount to misconduct or gross misconduct on the part of staff

### **Responding to allegations**

Concerns about a member of staff may arise in many ways, including:

- A direct allegation from a child or parent/carer
- A concern expressed by a colleague
- A criminal investigation
- Disciplinary procedures
- Complaint's procedures
- Information from another authority

The concern may be contemporary in nature, historical or both. Even when concerns are clearly historical, allegations may have implications for the safety of children now; and should be dealt with within these procedures.

All allegations or suspicions of significant harm must be referred to LADO and MASH. The procedures set out in Referrals to Children's Social Care Procedure must be complied with, in addition to the procedures in this policy.

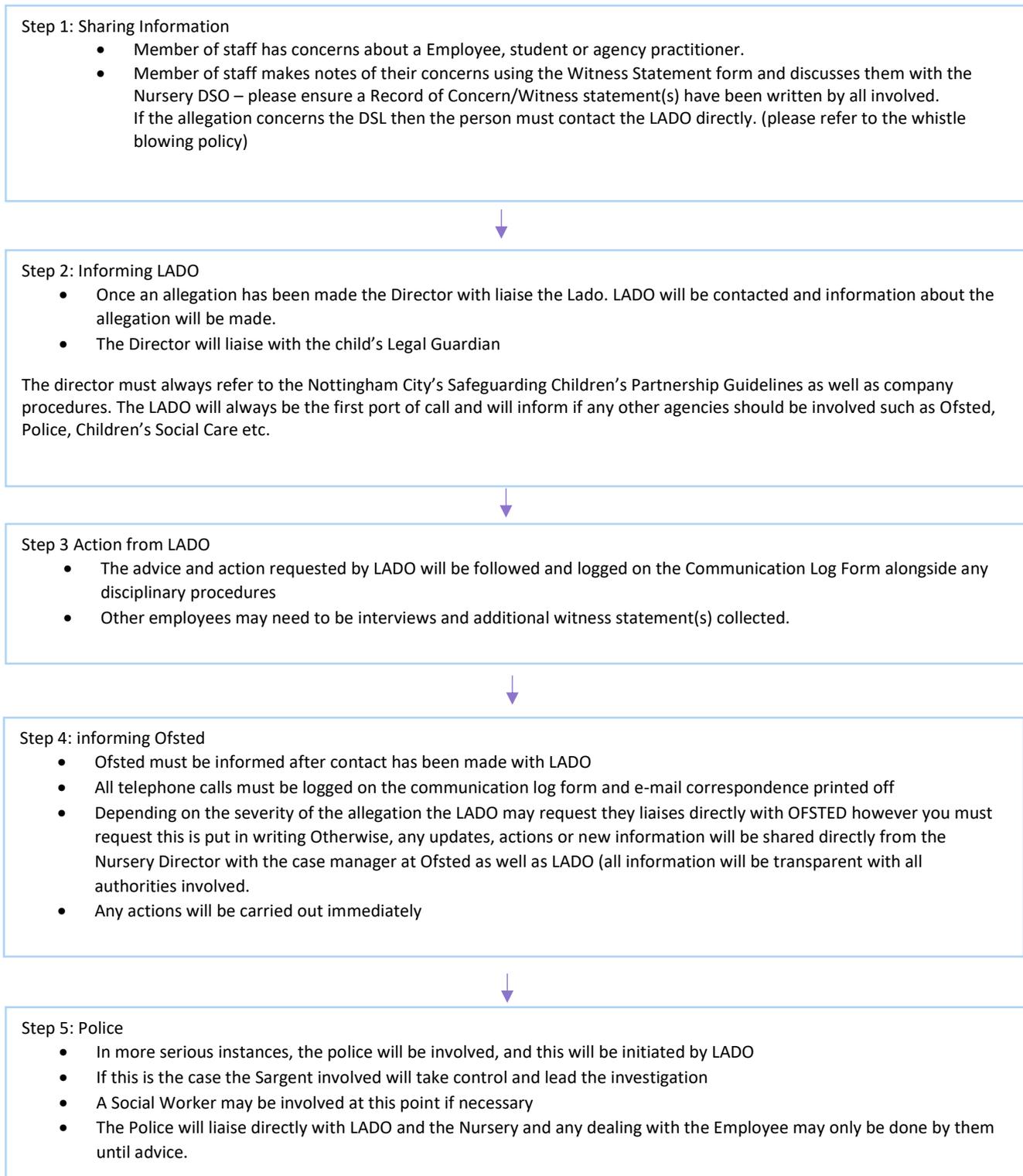
All allegations will be shared with the Nursery DSO immediately and the LADO will be notified immediately (we recognise the importance of sharing of information promptly).

The LADO or delegated representative will discuss the matter with the director and where necessary obtain further details of the allegation and the circumstances in which it was made. The discussion will also consider whether there is evidence/information that establishes that the allegation is false or unfounded, and /or whether disciplinary action is appropriate. Initial emergency steps may be needed to safeguard children, and this could result in the immediate suspension of the employee.

We recognise that some allegations may be less serious and at first sight might not seem to warrant consideration of a Police investigation or enquiries by Children’s Social Care Services. However, we will ensure all allegations are followed up and examined objectively by someone independent of our company.

The LADO will be informed of all allegations that come to our attention and appear to come within scope of this Procedure so that they can Police and Social Care Colleagues as appropriate.

### Allegation Flow Chart



## **Conclusion**

Child abuse may take many different forms and have varying symptoms. If you think you recognise any of these signs or symptoms of abuse or if a child confides in, you then must act. It is vital that you observe the code of conduct and read the safeguarding children policy; these must be always adhered to.

It is your responsibility to report your concerns to help prevent further harm or injury to the children in our care.

[RECOGNISE](#) | [RESPOND](#) | [RECORD](#) | [REPORT](#)

For Safeguarding Children and Promoting Children's Welfare please also refer to:

- Appendix 1 – Bruising in pre-mobile babies
- Whistle Blowing Procedure (Staff Handbook)
- Safer Recruitment Policy
- Complaints Policy Procedure
- Daily Outing Policy
- Equality, Inclusion and Diversity Policy
- Behaviour Policy
- Disciplinary Procedure (Staff Handbook)
- Individual Job Descriptions
- Mobile Phone & Camera Policy
- Medicines
- Illnesses
- Special Educational Needs
- Accidents and Existing Injuries
- Food and Drink

*This list is not exhaustive.*

## Late or Non-Collection Policy

In the event that a child is not collected by an authorised adult at the end of a session, Think for the Future Tots puts into practice agreed procedures. These ensure the child is cared for safely by an experienced and qualified practitioner who is known to the child.

In the event that a child is not collected will ensure that the child receives a high standard of care in order to cause as little distress as possible. We inform parents/carers of our procedures so that, if they are unavoidably delayed, they will be reassured that their children will be properly cared for.

Parents of children starting at the nursery are asked to provide specific information which is recorded on their registration form and on the Family app, these include:

- Home address and telephone number.
- A place of work, address, and telephone number.
- Mobile telephone number.
- Names, addresses and telephone numbers of adults who are authorised by the parents to collect their child from the setting (e.g., a child minder, or grandparent)
- Emergency contact details (these are to be used if parents are uncontactable, e.g., a grandparent)
- Information about any person who does not have legal access to the child; and who has parental responsibility for the child.

On occasions when parents are aware that they will not be at home or their usual place of work (i.e., abroad or working away) they must inform us of how to contact them, or who to contact instead.

Parents are informed that if they are not able to collect the child as planned, they must inform us so that we can begin to take back-up procedures. We provide parents with our contact telephone number. We also inform parents that – in the event that their children are not collected from setting by an authorised adult and the staff can no longer supervise the child on our premises- we apply our child protection procedures.

### **Procedures**

- We check for any information about changes to the normal collection routines.
- If no information is available, parents/carers are contacted at home or at work.
- If this is unsuccessful and we can not contact the parents after 15 minutes, the adults who are authorised by the parents to collect their child from the setting (the emergency contacts) and are on the registration form are contacted.
- All reasonable attempts are made to contact the parents/carers
- The child does not leave the premises with anyone other than those named on the Registration form.
- If no-one collects the child after one hour and there is no-one who can be contacted to collect the child, we contact MASH (0115 8764800)
- The child will stay at the setting in the care of two workers until the child is safely collected by the parents or by a social worker.
- Social services will aim to find the parent or relative if they are unable to do so, the child will be admitted into the care of the local authority.
- Under no circumstances are staff to go look for the parent, nor do they take the child home with them
- A full written report of the incident is recorded onto the child's file
- Ofsted may be informed.

## Looked After Child Policy

Think For The Future Tots is committed to providing quality provision based on equality of opportunity for all children and their families. All staff in our nursery are committed to doing all they can to enable 'looked after' children in our care to achieve and reach their full potential. This policy links to Early Years Foundation Stage: Safeguarding and Welfare Requirements: Child Protection 3.1, 3.2, 3.4, 3.6, 3.20.

The designated person for 'looked after children' is Ellie Fox; Nursery Director.

### **Definition and Legal Framework**

The description 'looked after' is generally used to describe a child who is looked after by the local authority. This includes children who are subject to a care order or temporarily classed as looked after on a planned basis for short breaks or respite care. Most looked after children will be cared for by foster carers with a small minority in children's homes, looked after by family members or even placed back within the family home.

The term 'looked after child' denotes a child's current legal status. The nursery never uses this term to categorise a child as standing out from others or refers to a child using acronyms such as LAC.

The legal framework for this policy is underpinned by or supported through:

- Childcare Act 2006
- Children Act (1989 and 2004)
- Adoption and Children Act (2002)
- Children and Young Persons Act (2008)
- Children and Families Act (2014)
- Children and Social Work Act (2017).

The nursery recognises that children who are being looked after have often experienced traumatic situations; physical, emotional, or sexual abuse or neglect. However, we also recognise that not all looked after children have experienced abuse and that there are a range of reasons for children to be taken into the care of the local authority. Whatever the reason, a child's separation from their home and family signifies a disruption in their lives that has an impact on their emotional wellbeing. Most local authorities do not place children under five with foster carers who work outside the home; however, there are instances when this does occur or where the child has been placed with another family member who works. It is not appropriate for a looked after child who is under two years to be placed in a day care setting in addition to a foster placement.

The nursery places an emphasis on promoting children's right to be strong, resilient, and listened to. Our policy and practice guidelines for looked after children are based on two important concepts: attachment and resilience. The basis of this is to promote secure attachments in children's lives, as the foundation for resilience. These aspects of well-being underpin the child's responsiveness to learning and enable the development of positive dispositions for learning. For young children to get the most out of educational opportunities they need to be settled enough with their carer to be able to cope with further separation, a new environment and new expectations made upon them.

### **Our Policy**

Our nursery treats each child as an individual. We recognise that for young children to get the most out of educational opportunities they need to be settled appropriately with their carer. We will discuss with the child's carer, and social worker where applicable, the length of time the child has been with the carer before they start nursery to establish how secure the child feels and whether they are ready to be able to cope with further separation, a new environment and new expectations made upon them.

We are aware that there are a number of reasons why a child may go into care and these reasons may or may not include traumatic experiences or abuse. All our practitioners are committed to doing all they can to support all children to achieve their full potential. The nursery staff team are all trained to understand our safeguarding policy and procedures. Additional training to support children's individual needs will be planned for where appropriate. Practitioners are supported by management at all times, and we have an open-door policy if they need to discuss any sensitive issues regarding the child.

Where applicable, we contribute to any assessment about the child, such as those carried out under local authorities' assessment frameworks or Early Help Assessment (EHA) and to any multiagency meetings, case conferences or strategy

meetings in relation to the child's learning and development. The designated person for looked after children and/or the child's key person will attend meetings as appropriate.

Each child is allocated a key person. The key person will support the child initially with transition and settling in and then continue to support and build up a relationship with the child, carers and any other agencies involved. Regular contact will be maintained with the carers throughout the child's time at the nursery and with the social worker or other professionals (where applicable).

The key person will carry out regular ongoing practice such as observations to build up a picture of the child's interests, and plan activities accordingly to support the child's stage of learning and development and interests. This information will be shared with carers and other professionals as appropriate as well as any concerns surrounding their developmental stages.

Where necessary we will develop a care plan with carers and professionals. This will include:

- The child's emotional needs and how they are to be met
- How any emotional issues and problems that affect behaviour are to be managed
- The child's sense of self, culture, language/s, and identity - how this is to be supported
- The child's need for sociability and friendship
- The child's interests and abilities and possible learning journey pathway
- How any special needs will be supported.
- How information will be shared with the foster carer and local authority (as the 'corporate parent') as well as what information is shared with any other organisation or professionals and how it will be recorded and stored
- What contact the child has with his/her birth parent(s) and what arrangements will be in place for supervised contact. If this is to be in the setting, when, where and what form the contact will take will be discussed and agreed
- Who may collect the child from nursery and who may receive information about the child
- What written reporting is required
- Wherever possible, and where the plan is for the child to return to their home, the birth parent(s) should be involved in planning
- With the social worker's agreement, and as part of the plan, whether the birth parent(s) should be involved in the setting's activities that include parents, such as outings, fun days etc. alongside the foster carer.

Where applicable, we will complete a Personal Education Plan (PEP) for any children aged three to five in partnership with the social worker and/or care manager and carers. We will also attend all appropriate meetings and contribute to reviews. The key person and designated 'looked after' person [Ellie Fox] will work together to ensure any onward transition to school or another nursery is handled sensitively to ensure that this is as smooth as possible and all necessary information is shared. The child's individual file, including observations, photographs and pieces of artwork and mark making will be passed on to the carer at this stage.

If the concerns are about the foster carer's treatment of the child, or if abuse is suspected, these are recorded in the child's file and reported to the child's social care worker according to the setting's safeguarding children procedure.

## Missing Children Policy

Children's safety is our highest priority, both on and off the premises. Every attempt is made, through the implementation of our outings procedure and our health and safety policies, to ensure the security of children is maintained at all times. In the unlikely event of a child going missing, our missing child procedure is followed.

### Procedures

#### **Child going missing on the premises:**

- As soon as it is noticed that a child is missing, the child's key person/the relevant member of staff alerts our setting director.
- The register is checked to make sure no other child has also gone astray.
- The Think For The Future Senior Team will be made aware so they can assist in the search of the office areas of the building.
- The Director will carry out a thorough search of the building and outdoor spaces.
- Doors are checked to see if there has been a breach of security whereby a child could wander out.
- If the child is not found, our manager calls the police immediately and reports the child as missing. If it is suspected that the child may have been abducted, the police are informed of this.
- The parent(s) are then called and informed.
- A recent photo and a note of what the child is wearing is given to the police.
- Our director/deputy talks to our staff to find out when and where the child was last seen and records this.
- Our director/deputy contacts our director/owner and reports the incident.
- Our director immediately carries out an investigation.

#### **Child going missing on an outing:**

This describes what to do when our staff have taken a small group on an outing.

- As soon as it is noticed that a child is missing, the staff members on the outing ask children to stand with their designated carer and carry out a headcount to ensure that no other child has gone astray.
- One staff member searches the immediate vicinity but does not search beyond that.
- Another staff member on the outing contacts the police and reports that child as missing.
- The Director is contacted immediately (if not on the outing) and the incident is recorded.
- Our Director contacts the parent(s).
- Our staff take the remaining children back to the setting as soon as possible.
- According to the advice of the police, a member of staff, or Director where applicable, should remain at the site where the child went missing and wait for the police to arrive.
- A recent photo and a description of what the child is wearing is given to the police.
- Our director immediately carries out an investigation, (where appropriate).
- Our staff keep calm and do not let the other children become anxious or worried.

### The Investigation

- Ofsted is informed as soon as possible and kept up-to-date with the investigation.
- The Director carries out a full investigation, taking written statements from all our staff and volunteers who were present.
- The Director speaks with the parent(s) and explains the process of the investigation.
- The parent(s) may also raise a complaint with us or Ofsted.
- Each member of staff present writes an incident report detailing:
  - The date and time of the incident.
  - Where the child went missing from e.g. the setting or an outing venue.
  - Which staff/children were in the premises/on the outing and the name of the staff member who was designated as responsible for the missing child.
  - When the child was last seen in the premises/or on the outing, including the time it is estimated that the child went missing.

- What has taken place in the premises or on the outing since the child went missing?
- The report is counter-signed by the senior member of staff and the date and time added.
- A conclusion is drawn as to how the breach of security happened.
- If the incident warrants a police investigation, all our staff co-operate fully. In this case, the police will handle all aspects of the investigation, including interviewing staff and parents. Children's social care may be involved if it seems likely that there is a child protection issue to address.
- In the event of disciplinary action needing to be taken, Ofsted is advised. The insurance provider is informed.

### **Managing People**

- Missing child incidents are very worrying for all concerned. Part of managing the incident is to try to keep everyone as calm as possible.
- Our staff will feel worried about the child, especially the key person or the designated carer responsible for the safety of that child for the outing. They may blame themselves and their feelings of anxiety and distress will rise as the length of time the child is missing increases.
- They may be the understandable target of parental anger and they may be afraid. Our manager ensures that any staff under investigation are not only fairly treated, but receive support while feeling vulnerable.
- The parents will feel angry, and fraught. They may want to blame our staff and may single out one staff member over others; they may direct their anger at our director. When dealing with a distraught and angry parent, there should always be two members of staff one of whom is the director and the other should be another representative such as HR from Think for the Future. No matter how understandable the parent's anger may be, aggression or threats against our staff are not tolerated, and the police should be called.
- The other children are also sensitive to what is going on around them. They too may be worried. Our remaining staff caring for them need to be focused on their needs and must not discuss the incident in front of them. They should answer children's questions honestly, but also reassure them.
- In accordance with the severity of the final outcome, our staff may need counselling and support. If a child is not found, or is injured, or worse, this will be a very difficult time. Our director/owner will use their discretion to decide what action to take.
- Our staff must not discuss any missing child incident with the press without taking advice.

[Appendix 1 – Bruising in pre-mobile babies](#)

[Bruising in pre-mobile babies – Updated December 2022](#)

**Definition:** Bruising is strongly related to mobility. This is reflected in both national evidence and the learning from local serious case reviews.

- Once children are mobile, they sustain bruises from everyday activities and accidents.
- Bruising in a baby who is not yet crawling, and therefore has no independent mobility, is very unusual - 'Those that don't cruise rarely bruise';
- Only one in five infants, starting to walk by holding on to the furniture, has bruises.
- Most children who are able to walk independently have bruises;
- Bruises usually happen when children fall over or bump into objects in their way.

A bruise should never be interpreted in isolation and must always be assessed in the context of the child's medical and social history, developmental stage and explanation given. However, bruising in children who are not independently mobile including bruises in babies, should raise concern about the possibility of physical child abuse and a bruise or suspicious mark in this group, however small, which does not have an adequate explanation of a significant event which fits with the child's developmental level, with appropriate parental/carer response, should be referred to children's social care. The social worker should then arrange a strategy discussion with police and a consultant paediatrician to discuss the need for section 47 enquiries. This will usually involve arranging a medical examination.

In mobile children bruising that suggests the possibility of physical child abuse includes:

- Bruises that are seen away from bony prominences.
- Bruises to the face, back, abdomen, arms, buttocks, ears, and hands.
- Multiple bruises in clusters.
- Multiple bruises of uniform shape.
- Bruises that carry an imprint - of an implement or cord.
- Bruises with petechiae (dots of blood under the skin) around them.