

**Safeguarding and Suitable People Policy**

Greenview Nursery fully recognises the contribution it can make to protect children.

**Purpose of a child protection and safeguarding policy**

This policy is intended to give clear instructions to staff and others about expected procedures for dealing with child protection issues. Greenview Nursery is committed to the development of good practice and sound procedures. The aim of this policy is to ensure that child protection concerns and referrals may be handled sensitively, professionally and in ways which prioritise the needs of the child. It establishes procedures for dealing with cases of alleged or suspected abuse which might have occurred to or been perpetrated by (in or out of Nursery) a member of the Nursery community or other person. Our policy is in accordance with the locally agreed inter-agency procedures of Blackburn with Darwen Borough Council. This policy is linked to the working in partnership with other agencies policy and child and family assessment forms and procedures.

There are three main elements to our child protection and Safeguarding policy.

**Prevention:**

We provide a positive, safe environment and give teaching and pastoral support to children.

**Protection:**

By following agreed procedures, ensuring staff are trained and supported to respond appropriately and sensitively to Child protection concerns.

**Support:**

To children and staff who may have been abused.

This policy applies to all staff, students and volunteers in nursery.

**Greenview Nursery will therefore:**

1. Establish and maintain an ethos where children feel safe and secure and are encouraged to talk, and are listened to. We will foster positive relationships between staff, parents and children through a strong and supportive pastoral system.
2. Establish a strong key person system where children feel valued and listened to.
3. Include in the curriculum activities and opportunities for PSE which equip children with the skills they need to stay safe and /or communicate their fears and concerns about abuse.
4. Ensure that every effort is made to establish effective working relationships with parents and colleagues from other agencies.

**Definitions of Abuse:**

The difficulty lies in establishing the boundaries between unprofessional behaviour and abuse (where staff are involved) and between careless and cruel actions and abuse (where parents and others are involved). Staff and employees should not make such judgments and must always refer suspicions and allegations of abuse to the Designated Person who will make an initial assessment of the known evidence.

An abused child is a boy or girl under the age of 18 years who has suffered, or is likely to suffer, physical neglect, failure to thrive, emotional or sexual abuse which any person caused or knowingly failed to prevent. This would include abuse of a child/young person by a stranger and abuse of a child/young person by a child/young person.

The law recognises four broad categories of abuse. It must be emphasised that these categories overlap:

**Neglect:**

Children under the age of 18 who have been persistently or severely neglected or the failure to protect a child from exposure to any kind of danger. This includes the failure to carry out important aspects of care resulting in the significant impairment of the child’s health or development.

**Physical Injury:**

Children under the age of 18 where the nature of the injury is not consistent with the account of how it occurred or where there is definite knowledge or reasonable suspicion that the injury was inflicted (or knowingly not prevented) by any person. In particular, cases where the injury was a calculated act, the harm is regular and persistent or so severe as to question the motive of the perpetrator.

**Sexual Abuse:**

The actual or likely sexual exploitation of a child or adolescent under the age of 18 years by any person. This would include any form of sexual activity to which the child cannot give true consent either by law or because of ignorance, dependence, developmental immaturity or fear. It does not include people of 16 years or over who are willing and able to give true consent, unless the sexual activity includes the parent or care giver or other person in a position of trust.

**Emotional Abuse:**

Actual or likely adverse effect on the emotional and behavioural development of a child under the age of 18 years caused by persistent or severe emotional ill-treatment or rejection. As all other categories involve some emotional abuse it should be used when this is the main or sole form of abuse.

**Roles and responsibilities:**

1. All adults working with or on behalf of children have a responsibility to protect children. There are however, key people within nursery who have specific responsibilities under child protection procedures. The names of those carrying these responsibilities in the Nursery for the current year are listed in this policy.
2. The role of the Designated Senior Person (Child protection) is to coordinate the nursery’s response to issues surrounding safeguarding and child protection. This includes staff training and induction of new staff and trainees within Nursery as well as being the person to whom staff report concerns. The Designated Senior Person is the person responsible for making a decision to refer a specific child for further assessment through social services.
3. This task will always be carried out in conjunction with a Managing Directors of the Nursery. Decisions about referring a child to outside agencies should preferably be made jointly with the Designated Senior Person and the Managing Directors, unless they are unavailable and the Designated Senior Person judges that delay in referral will be detrimental to the child.

**Training and support**

Greenview Nursery will ensure that the staff attend training relevant to their role.

All staff will receive induction and an update every three years on Child Protection. The dates of all staff attendance on safeguarding training are available in the staff training files. This allows them to identify signs of possible abuse and neglect at the earliest opportunity.

Staff will be informed about current safeguarding issues affecting individual children on a on a “need to know” basis.

Students and volunteers are also inducted on the safeguarding policies and procedures prior to starting to ensure that they know who to contact if there are any concerns. They are also informed about the use of mobile phones and cameras in the setting.

**The Designated Senior Person:**

 Michelle Britch

**Role of the Designated Senior Person in making an urgent initial assessment**

The Designated Senior Person will carry out an urgent initial assessment of all cases referred to them. The purpose of this assessment is to discover: the nature of the suspicion or allegation, the validity of the suspicion or allegation based on the evidence, the likelihood of future harm to the child. The Designated Senior Person will refer to the confidential files on issues of child protection (held by the Designated Senior Person); they will refer to medical records, registers and children’s confidential files. They may talk discreetly with staff or pupils to ascertain relevant information without revealing the nature of the enquiry.

This is not an investigation, although the child and staff might have to be interviewed (See guidance).

A written record of the urgent initial assessment will be made, including signed statements where appropriate, which will be kept by the Designated Senior Person. On the basis of the urgent initial assessment the Designated Senior Person will decide an appropriate course of action which might involve referring the matter to an outside agency or implementing disciplinary procedures with staff. The decision of the Designated Senior Person will be recorded on the urgent assessment report.

The urgent initial assessment should be completed promptly and, if at all possible, within 24 hours of the allegation or suspicion being reported.

**Child Protection Procedures**

What should staff do if they have concerns about a child?

Education professionals who are concerned about a child’s welfare or who believe that a child is or may be at risk of abuse should pass any information to the Designated Senior Person (DSP) in nursery; this should always occur as soon as possible and certainly within 24 hours. Staff should fill in a “Child Protection Incident Reporting Form” (Found at the end of this policy)

**Staff guidance**

**Talking and Listening to Children:**

**If a child wants to confide in you, you SHOULD**

• Be accessible and receptive;

• Listen carefully and uncritically, at the child’s pace;

• Take what is said seriously;

• Reassure children that they are right to tell;

• Tell the child that you must pass this information on;

• Make sure that the child is safe;

• Make a careful record of what was said.

**You should NEVER**

• Investigate or seek to prove or disprove possible abuse;

• Make promises about confidentiality or keeping “secrets” to children;

• Assume that someone else will take the necessary action;

• Jump to conclusions, be dismissive or react with shock, anger, horror etc;

• Speculate or accuse anybody;

• Investigate, suggest or probe for information;

• Confront another person (adult or child) allegedly involved;

• Offer opinions about what is being said or the persons allegedly involved;

• Forget to record what you have been told;

• Fail to pass this information on to the correct person (The Designated Senior Person)

 **Recording should**

• State who was present, time, date and place;

• Be written in ink and be signed by the recorder;

• Be passed to the DSP or Principal immediately (or certainly within 24hrs)

• Use the child’s words wherever possible;

• Be factual/state exactly what was said;

• Differentiate clearly between fact, opinion, interpretation, observation and/or allegation.

**What information do you need to obtain?**

• Nurseries have no investigative role in child protection (Police and Children’s Integrated services will investigate possible abuse very thoroughly and in great detail, they will gather evidence)

• Never prompt or probe for information, your job is to listen, record and pass on;

• Ideally, you should be clear about what is being said in terms of **who, what, where and when;**

• The question you should be able to answer at the end of the listening process is **“might this child be a child protection matter?”**

**•** If the answer is yes, or if you are not sure, record and pass on immediately to the Designated Senior Person.

**If you do need to ask questions, what is and is not ok?**

• **Never** ask closed questions (i.e. ones where children can answer yes or no to. E.g. Did he touch you?

• **Never** make suggestions about who, how or where someone is alleged to have touched, hit etc.

• If we must, use only **minimal prompts** such as: Go on.../ tell more about…/ tell me everything that you remember about that...

• Timescales are very important: “When **was the last time this happened**? Is an important question.

It must also be noted that in a home environment where there is domestic violence, drug or alcohol abuse, children may also be particularly vulnerable and in need of support or protection.

**Safe Nursery, Safe Staff**

**Information for staff regarding:**

**Categories of Child abuse**:

* **Physical abuse**

Physical Abuse may involve hitting, shaking, throwing, poisoning, burning or scalding,

Drowning, suffocating or otherwise causing physical harm to a child. Physical harm may

also be caused when a parent or carer feigns the symptoms of, or deliberately causes, ill

health to child whom they are looking after. This situation is commonly known as

'Fictitious illness by proxy' or 'Munchausen’s syndrome by proxy'.

* **Emotional abuse**

Emotional Abuse is the persistent emotional ill treatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. It may involve causing children to frequently feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of ill treatment of a child, though it may occur alone.

* **Sexual abuse**

Sexual Abuse involves forcing or enticing a child to take part in sexual activities whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape or buggery) and non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

* **Neglect**

Neglect is the persistent failure to meet a child's basic physical and / or psychological needs likely to result in the serious impairment of the child's health or development. It may involve a parent or carer failing to provide adequate food, shelter or clothing or failing to protect a child from physical harm or danger, or the failure to ensure access to appropriate medical care or treatment, it may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

* **Possible indicators of Abuse:**

**Physical Abuse**

There can never be a definitive list of indicators of physical abuse but the following are

cause for concern. The indicators can be divided into physical and behavioural indicators;

**Physical Indicators**:

Unexplained bruises, welts, lacerations, abrasions

 on face, lips, mouth

on torso, back, buttocks, thighs

o in various stages of healing

o clustering forming regular patterns

o reflecting shape of article used e.g. belt, buckle, and electrical flex

o on several different surface areas

o regularly appear after absence, weekends, or holiday.

o Bite marks or fingernail marks

o Cigar, cigarette burns especially on soles, buttocks, palms or back

o Immersion' burns, where hands and feet or body have been forcibly immersed in very hot water

o patterned like electrical burner, iron etc

o rope burns on arms, legs, back or torso.

o Unexplained fractures to nose, skull, and facial structure in various stages of healing

**Behavioural/Emotional indicators:**

o Difficult to comfort

o Apprehension when other children cry

o Above normal crying/irritability

o Frightened of carers/parents

o Afraid to go home

o Rebelliousness

o Behavioural extremes - aggressiveness-withdrawal - impulsiveness

o Regresses to child-like behaviour

o Apathy

o Depression/poor peer relationships

o Panics in response to pain

o Refusal to discuss/improbable excuses given to explain injuries

o Talking about punishment which seems excessive

o Fear of parents being contacted

o Self destructive tendencies

o Chronic running away

**Emotional Abuse**

**Physical indicators:**

o Failure to thrive

o Not growing or putting on weight

o Delays in physical development or progress

o Behavioural/Emotional Indicators:

o Physical, mental and emotional developmental delay

o Talk about being punished in a way that seems excessive

o Over react to mistakes

o Develop sudden speech disorders

o Show fear of new situations

o Show inappropriate emotional responses to painful situations

o Demonstrate neurotic behaviour - rocking, hair twisting, thumb sucking.

o Self mutilation

o Fear of parents being contacted

o Show extremes of passivity or aggression

o Become involved in drink/drug abuse

o Chronic running away

o Compulsive stealing

o Scavenging for food

o Be seen to 'buy' affection

Emotional abuse causes damage to emotions and feelings and because it is difficult to measure it is the most difficult form of abuse to prove. Parents and carers can emotionally abuse children by being cold and unloving and not giving or returning love and affection. They may show an active dislike of a child by being rude and unpleasant all or most of the time, being negative and always complaining instead of praising. Equally can be inconsistent by being loving one day and very pleasant the next. Often one child in the family becomes the 'scapegoat' or focus of family unpleasantness.

**Neglect**

Neglect is not always easy to recognise, but the following may cause concern when considered in relation to the age of the child.

o Constant hunger

o Poor hygiene

o Inappropriate dress

o Poor state of clothing

o Consistent lack of supervision

o Unattended physical problems or medical needs

o Abandonment

o Weight problems

o Stealing food

o Constant fatigue, listlessness

o Problems in relationship with care-giver

o Regularly not collected on time from nursery

o Frequent lateness, non attendance at nursery

o Destructive tendencies

o Low self esteem

o Neurotic behaviour - rocking, hair twisting, thumb sucking

o Begging

**Sexual Abuse**

**Physical indicators:**

o Pregnancy

o Sickness

o Excessive crying

o Difficulty in walking/sitting down

o Stained or bloody underclothing

o Pain or itching in genital area

**Behavioural / emotional indicators:**

The possible emotional/behavioural signs of possible sexual abuse are likely to vary according to the extent of the abuse, the duration of the abuse and their age. Children of different ages have different levels of knowledge and understanding about sexual matters this means that sexual abuse will impact differently on a young child compared to an adolescent.

**Designated Senior Person considerations:**

**Please also refer to –**

**Working in partnership with other agencies policy and**

**Child and Family Assessment Forms and Procedures and**

**Blackburn with Darwen Children’s services Risk Management Model**

**What to do if you are worried that a child is being abused**

Is this case “risk” or “need”? (By definition, a child at risk is also a child in need) However, this will help to define the priority/level/immediacy of risk/need)

Can the level of need identified be met: in or by the nursery or by accessing universal services/ without referral to Children’s Integrated Services or other targeted services/ by working with the child, parents and colleagues?

What resources are available and what are their limitations?

Is the level of need such that a referral needs to be made to Children’s Integrated Services which requests that an assessment of needs be undertaken? (Section **17 Child in need referral)**

Is the level and /or likelihood of risk such that a child protection referral needs to be made (i.e. a child is suffering or is likely to suffer significant harm? (Section **47 Child protection referral)**

What information is available: Child, parents, Family & environment?

What information is inaccessible and, potentially how significant might this be?

Who needs to be spoken to and what do they need to know?

Where can appropriate advice and support be accessed?

If there is not to be a referral what action will be taken (e.g. time-limited monitoring plan, discussion with parents or other professionals, recording?

**Whistleblowing**

**Please also see Whistleblowing Poster – displayed in Staff kitchen, staff room and staff toilets.**

The LADO should be contacted whenever an allegation is made against an adult who works with children either in a paid or voluntary capacity. This is not limited to allegations of significant harm but also includes;

* Behaving in a way that has harmed 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 has indicated he/she is unsuitable to work with children.

The LADO should also be contacted where there are concerns about;

* The persons behavior with regard to their own children
* The behavior in private or community life of a partner, member of the family or other household member
* A person’s behavior in their personal life, which may impact upon the safety of children to whom they owe a duty of care.

Contact LADO if you have any concerns. It does not automatically mean a referral is made. The role is to provide guidance. If in doubt ring!

Blackburn with Darwen –

Megan Dumpleton

Monday – Wednesday

01254 585 184

megan.dumpleton@blackburn.gov.uk

If staff are aware that they have had convictions then it is their responsibility to tell the provider who will take the necessary action of disqualification and contact Ofsted. Failure to do so is an offence.

**Advice about avoiding situations where allegations may be made against staff**

**Staff should ensure that their behaviour and actions do not place children or themselves at risk of harm or of allegations of harm to a pupil**

**Staff should never:**

o Spend excessive amounts of time alone with children away from others

o Engage in rough, physical or sexually pro-active games

o Allow or engage in inappropriate touching of any form

o Allow children to use inappropriate language unchallenged

o Make sexually suggestive comments about or to a child, even in fun

o Do things of a personal nature for a child that they can do themselves

o Belittle children in any way which will cause resentment

**Prevent Duty Guidance**

From the 1st July 2015 all schools, registered early years childcare providers and registered later years childcare providers are subject to a duty under section 26 of the Counter-Terrorism and Security Act 2015, in the exercise of their functions, to have “due regard to the need to prevent people from being drawn into terrorism” This is duty is known as the Prevent Duty.

Greenview Nursery build on children’s resilience to radicalization by promoting fundamental British values and enabling them to challenge extremist views. **Please see Greenview’s policy on Fundamental British values** to help support how we embed these into the personal, social and emotional and understanding of the world curriculum. We aim to provide a safe space in which children and staff can understand the risks associated with terrorism and develop the knowledge and skills to be able to refer. The statutory guidance on the Prevent Duty summarises the requirements on schools and childcare providers in terms of four general themes; risk assessment, working in partnership, staff training and IT policies.

**Risk Assessment and Staff Training**

There is no single way of identifying an individual who is likely to be susceptible to a terrorist ideology. The general risk may vary from area to area, and according to age. All staff as part of their induction training complete a safeguarding module as well as a Prevent duty module to help them be alert to changes in children’s behaviour which could indicate that they may be in need of help or protection. Children at risk of radicalisation may display different signs or seek to hide their views. Nursery staff should use their professional judgement in identifying children who might be at risk of radicalisation and act proportionately. The prevent duty does not require teachers or childcare providers to carry out unnecessary intrusion into family life but as with any other safeguarding risk, they must take action when they observe behaviour of concern. Management also monitor children’s attendance to be able to be able to address any missing children or unknown absences which may be associated with families heading abroad to terrorism organizations or ISIL. General safeguarding principles apply to keeping children safe from the risk or radicalization as set out in the relevant statutory guidance. Please refer to working together to safeguard children and keeping children safe in education.

All staff carry out a channel awareness training to help them understand when it is appropriate to make a referral to the Channel Programme. Channel is a programme which focuses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism. It provides a mechanism for providers to make referrals if they are concerned that an individual is vulnerable.

**Working in Partnership**

The local authority and local police will be able to provide contextual information to help providers understand the risk in the area. Local Children Safeguarding Board (LCSB’s) are responsible for co-ordinating what is done by local agencies for the purposes of safeguarding children in the local area. LCSB publish the threshold guidance indicating when a child may be referred. Other partners include the police and other civil society organisations.

Working in partnerships with parents/families is also important as they are key in position to support the signs of radicalisation. It is important to be able to raise concerns and be able to point them in the direction of support.

**IT Policies**

There is a mobile phone and tablet policy where only devices authorised by management are allowed to be available within the rooms. These are monitored and protected with safety programmes to prevent staff and children accessing inappropriate material including terrorist and extremist materials. All staff have also carried out an e-safety module as part of the induction module.

**What to do if you have a concern**

If a member of staff have any concerns they should follow the nursery’s safeguarding procedure, including discussing it with the designated safeguarding person and where deemed necessary, with children’s social care. In prevent priority areas, the local authority has a Prevent lead who can also provide support. The local police force may also be contacted on 101 (non-emergency number). They can talk to you in confidence about your concerns and help gain access to support and advice.

The Department of Education has dedicated a telephone helpline (020 7340 7264) to enable staff to raise concerns relating to extremism directly. Alternatively they can be raised by email at extremism@education.gsi.gov.uk. This is not an emergency number and should not be used if a child is at immediate risk of harm or a security incident.

**Feedback to staff who report concerns to Designated Safeguarding Person**

Rules of confidentiality mean that it may not always be possible or appropriate for the DSP to feedback to staff who report concerns to them. Such information will be shared on a “need to know” basis only and the DSP will decide on which information needs to be shared, when and with whom. The primary purpose of confidentiality in this context is to safeguard and promote the child’s welfare.

**Thresholds for referral to Children’s Integrated Services (CIS)**

Where a Designated Senior Person or line manager considers that a referral to CIS may be required, there are thresholds and types of referral that need to be considered:

1. **Is this a Child in Need?**

**Under section 17 (s.17 (10)) of the Children Act 1989,** a child is in need if:

1. He/She is unlikely to achieve or maintain, or have the opportunity to achieve or maintain a reasonable standard of health or development, without provision of services by a local authority;
2. His/Her health or development is likely to be impaired, or further impaired, without the provision of such services;
3. He/She is disabled.
4. **Is this a Child Protection Matter?**

**Under section 47 (1) of the Children Act 1989**, a local authority has a duty to make enquiries where they are informed that a child who lives or is found in their area:

1. Is the subject of an Emergency Protection Order;
2. Is in Police Protection; or where they have:
3. Reasonable cause to suspect that a child is suffering or is likely to suffer significant harm.

It is the “significant harm threshold” that justifies statutory intervention into family life. The Designated Senior Person will make judgments around “significant harm”, levels of “need” and when to refer.

**Making referrals to CIS (Children’s Integrated Services)**

 **(Guidance for the Designated Senior Person)**

1. **Child in Need/ Section 17 Referrals**

The DSP should complete a common assessment Framework (CAF)

 ([www.blackburn.gov.uk/caf](http://www.blackburn.gov.uk/caf) )

This is a request for assessment/ support/services and, as such, you must obtain the consent of the parent(s)/carers (and child/young person when appropriate), this should be identified on the CAF.

Where a parent/carer/child/young person refuses to consent, you should make clear your ongoing plans and responsibilities in respect of support, monitoring, etc, and the possibility of a child protection referral at some point in future if things deteriorate or do not improve.

1. **Child Protection/Section 47 Referral**

A level 1, 2 or 3 on the Continuum of Need and Response indicator needs parental consent, however if considered as a high risk and that the child is at significant harm, you do not require the consent of a parent/carer or child/ young person to make a child protection referral.

A parent/carer should under most circumstances, be informed by the referrer that a child protection referral is to be made. The criteria for not informing parents/carers are:

a) Because this would increase the risk of significant harm to a child (ren); or

b) Because in the referrer’s professional opinion, to do so might impede an investigation that may need to be undertaken;

c) Because there would be undue delay caused by seeking consent which would not serve the child’s best interests.

Fear of jeopardizing a relationship with parents because of a need to refer is not sufficient justification for not telling them that you need to refer. On the contrary, this lack of openness will do little to foster ongoing trust, particularly as the source of referrals will be disclosed to parents except in a limited number of circumstances. If you feel that your own or another adult’s immediate safety would be placed at risk by informing parents/carers then you should seek advice and /or make this clear on the forms and in any telephone contacts with Children’s Social Care.

Make a telephone call to Children’s safeguarding service: 01254 587 547 (Referral and Assessment)

You will speak to a Customer Care officer whose role is to receive your referral information, enter it onto the appropriate IT system and forward to the relevant Social Work team Leader for consideration. They will be able to advise whether or not the family already have a CAF raised and if not advise how to proceed. It will be decided who should take the role as lead professional.

You should still complete a CAF and should forward this as soon as possible and certainly within 48 hours. ([www.blackburn.gov.uk/caf](http://www.blackburn.gov.uk/caf) )

**Access Points are at Duke Street in Blackburn**

**MASH (Multi Agency Safeguarding Hub – (01254) 666 400**

**Advice and Consultation Social Worker - (01254) 666403**

**CAF Admin – (01254) 666913/666914**

**Adult Safeguarding Team – (01254) 585949**

**Emergency Duty Team – children & adults – out of hours – (01254) 587547**

**Lancashire Safeguarding Children’s Board (LSCB)**

**Room 503/504**

**East Cliff County Offices**

**East Cliff**

**Preston**

**PR1 3EA**

**Telephone – 01772530283/01772530329**

**Childrens safeguarding centre – 08450530009 or 08456021043**

**Ofsted also need to be notified of the incident – 0300 123 1231**

**The population of Blackburn with Darwen and Lancashire is multicultural. Race, ethnicity and culture should be taken into consideration by all agencies working to safeguard children and to promote their welfare.**

The assessment process should have as an integral part the way in which different ethnic and cultural groups are influenced in their values, attitudes and behaviour by their religious beliefs and cultural traditions and the way in which family and community life is structured and organised. Professionals need a proper understanding of these influences and how they are likely to affect families. They should also be aware of the strengths and support systems available within families, ethnic groups and communities that can be built upon to help safeguard children and promote their welfare. At the same time, it is essential to maintain a focus on the needs of the individual child. Culture does not explain, or condone, acts of commission or omission that put a child at risk of significant harm. Professionals should guard against myths and stereotypes (both positive and negative) of black and ethnic minority families. Neither should a fear of being assessed of racist practice prevent the necessary action being taken to safeguard a child. Careful assessment, based on evidence, of a child's needs and a family's strengths and weaknesses, will help to avoid any distorting effect of these influences on professional judgments.

**Confidentiality**

Confidentiality is paramount when working in the context of child protection.

1) Training in safeguarding will ensure that every adult working in the nursery understands the need for and basic principles regarding confidentiality.

 This will include:

● Why a practitioner must never guarantee confidentiality to a child.

● What they should say to a child who asks the adult to keep a secret and how the child should be advised that the information may need to be shared with others. (See procedures template)

● who needs to be given this information

● Who should be contacted

2) It has been recognized that professionals can only work together to safeguard children if there is an exchange of relevant information between them. Any disclosure of personal information to others (including Children’s Social Care services), must always have regard to both common and statute law.

3) Normally, personal information should only be disclosed to third parties (including other agencies) with the consent of the subject of that information (Data *Protection Act 1998, European Convention on Human Rights, Article 8).* Wherever possible, consent should be obtained before sharing personal information with third parties. In some circumstances, consent may not be possible or desirable but the safety and welfare of a child dictate that the information should be shared. The law permits the disclosure of confidential information necessary to safeguard a child or children. Disclosure should be justifiable in each case, according to the particular facts of the case, and legal advice should be sought if in doubt.

**Records and Monitoring**

Clear records are essential to good child protection practice. Greenview Nursery is clear about the need to record any concerns held about a child or children within our setting, the status of such records and when these records, or parts thereof, should be shared with other agencies.

● Records showing concern about the welfare or behaviour of a child are kept in the child’s file.

● Staff need to be aware that these files are confidential within nursery and are there as a help to relevant staff, and as such are not public records.

● Child protection concerns are recorded by DSP and kept in a secure file.

● These files are subject to strict gate keeping procedures and may only be viewed by authorized staff.

● Staff held notes will become part of general records only after concern is felt to have been resolved, and then only after agreement from the Head teacher and DSP.

●The monitoring of the administration is the responsibility of the DSP

● Monitoring records indicate sufficient concerns to warrant a referral when the DSP and the manager consider that the child is at risk of significant harm and that the nursery cannot support and protect the child.

● if a child transfers to another nursery their child protection file must be sent to the DSP of their new nursery.

**An allegation of abuse by a member of staff, other employee of the nursery or volunteer in the Nursery**

The recipient of the disclosure should make a written record of the details. The record must not contain opinion, gloss or speculation. The person disclosing should agree the facts and if possible sign the record. This record must be given directly to the Designated Senior Person who will undertake an urgent initial assessment of the case.

The Designated Senior Person will inform the Managing Directors of the allegation. If after the urgent initial assessment the allegation is groundless, the person about whom the allegation was made will be informed by the Managing Director and the matter noted in confidential child records held by the Designated Person. The local authority LADO will be contacted. (Blackburn with Darwen – Megan Dumpleton Monday – Wednesday – 01254 585 184 – megan.dumpleton@blackburn.gov.uk)

If the allegation cannot be disproved after the initial assessment, it becomes a matter of staff discipline which might be referred to an outside agency in due course.

**Ofsted also need to be notified of the incident – 0300 123 1231**

**An allegation of abuse by the Designated Senior Person**

The recipient of the disclosure should make a written record of the details. The record must not contain opinion, gloss or speculation. The person disclosing should agree the facts and if possible sign the record. This record must be given directly to the Managing Director who will undertake an urgent initial assessment of the case.

After this urgent initial assessment, the procedure is identical to that for other staff who are subject to an allegation. The local authority LADO will be contacted.

**Ofsted also need to be notified of the incident – 0300 123 1231**

**Safer Recruitment and Retention**

* This Nursery operates vetting and safe recruitment practices. The manager has attended safer recruitment training and follows Safer Recruitment guidelines issued by the NCSL. (Guidance can be found in *Safeguarding Children and Safer Recruitment in Education published in January 2007)*
* The nursery will follow the new vetting and barring guidelines that are being introduced in October 2009 and were rolled out in July 2010.
* The recruitment and selection of staff is delegated to the Managing Directors who are responsible for all CRB checks.
* All staff will be given safeguarding and code of conduct information as part of their induction.
* Procedures are in place to support all staff who have concerns about the conduct of any adults working in nursery, either in a professional role or in a voluntary capacity. Staff are requested to report all such matters to their Designated Senior Person.
* Staff have a duty to disclose any convictions, cautions, court orders, reprimands and warnings which may affect their suitability to work with children.

When candidates for any post in nursery come for interview they are asked to bring the originals of the following documents. This is in addition to original documents showing their qualifications which are also checked.

|  |  |
| --- | --- |
| For proof of ID | For proof of address |
| All the following:● Passport or photo driving licence● Birth certificate●Proof of National Insurance number( Paper driving licence or marriage certificate accepted too) | One of the following:●Recent utility bill (E.G, gas, electricity etc.)● recent credit card/ catalogue statement● Recent bank/mortgage statement● Recent insurance statement● Valid TV licence |

On appointment a list 99 check is made immediately, followed up by CRB/DBS enhanced disclosure.

The nursery will report to the Independent Safeguarding Authority (ISA), within one month of leaving the nursery, any person (whether employed, contracted, a volunteer or student) whose services are no longer used because he or she is considered unsuitable to work with children. The address for referrals to the Independent Safeguarding Authority is: PO Box 181, Darlington DL1 9FA (tel 0300 123 1111).

**If at any time a deficiency is found in the Safeguarding Policy and practice, this will be remedied immediately.**

|  |  |  |
| --- | --- | --- |
| This policy was written on | Completed by | Date for review |
|  |  |  |

**Child Protection Incident Reporting Form**

|  |
| --- |
| **1. Please indicate what you are reporting:**\_ I have concerns that abuse may be occurring (complete sections 2 and 3)\_ I was involved with an incident with a child (complete sections 2 and 4)\_ I was a witness to an incident with a child (complete sections 2 and 4)\_ I have received an allegation of abuse (complete sections 2 and 5)\_ A child has told me that they are being abused (complete sections 2 and 3) |
|  |
| **2. Important information:**Your name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of child concerned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Capacity in which child is known to you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Description of any physical signs of abuse \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Do not remove clothing to inspect a child** |
| **3. Concerns abuse may be occurring**Please use the space below to record the concerns that you may have regarding a child or adult who has contact with children. These may include a child being unusually distressed, being sexually aroused, appearing to be attracted to an adult, an adult appearing to be attracted to a child, a relationship that a child and adult are having, a change in a child’s attitude or behaviour. Continue on a separate sheet if necessary |
| **4. Incident with a child**Please tick which of the following has occurred:□ I accidentally hurt a child□ A child misinterpreted or misunderstood something I have done□ I have had to use reasonable physical restraint□ I was a witness to one of the above (please indicate which one)Please provide further information, including any action you may have taken so far and thereasons for doing so. Continue on a separate sheet if necessary |
| **5. Allegation / disclosure of abuse**Allegation received from: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Allegation received on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of person about whom allegation has been made: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Please use the space below to record the details of the allegation or disclosure you received.This should be a factual account of the information you have received only. Do not includeassumptions or opinions of others. Make sure you record details of dates and times and anyother potentially useful information. If the disclosure has come from the child who isclaiming they are being abused, the conversation should be recorded in their words. Continue on a separate sheet if necessary |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_ |

**Please submit this report to the Designated Senior Person immediately and attach any rough notes you may have made.**