

1a. Safeguarding Children/Child Protection Policy

EYFS: Section 3 – Safeguarding and welfare requirements

At **More2Nurseries** we work with children, parents, external agencies and the community to ensure the welfare and safety of children and to give them the very best start in life. Children have the right to be treated with respect, be helped to thrive and to be safe from any abuse in whatever form.

Safeguarding and promoting the welfare of children refers to the process of protecting children from abuse or neglect, preventing the impairment of health or development, ensuring that children grow up in circumstances consistent with the provision of safe and effective care and undertaking that role so as to enable those children to have optimum life chances and to enter adulthood successfully.

Child Protection refers to the processes undertaken to protect children who have been identified as suffering, or being at risk of suffering significant harm.

Staff working in More2Nurseries nursery have a duty of care towards the children attending and this duty brings with it the responsibility to ensure that all efforts are made to safeguard children from suspected and actual harm. Children attending the nursery have a right to feel safe and staff, in partnership with parents/carers, have a responsibility to act on any concerns they may have regarding a child's welfare and well-being.

It is the policy of the nursery to provide, for all children, a secure and safe environment from abuse or neglect. In our setting we strive to protect children from the risk of radicalization and we promote acceptance and tolerance of other beliefs and cultures (please refer to our inclusion and equality policy for further information). We also 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.

The nursery will not allow an adult to be left alone or to carry out personal care who has not received their enhanced criminal record with the Disclosure and Barring Service (DBS) clearance and all our staff will receive safeguarding training. We know how important staff ratios are and ensure that we follow the legal requirements for the minimum numbers of staff present with the children at any time as set out in the Early Years Foundation Stage statutory framework.

The Legal Framework and Guidance for this Policy

- Children Act 1989 and 2004
- Childcare Act 2006 (amended 2018)
- Children and Social Work Act 2017
- Working together to safeguard children 2018
- Safeguarding Vulnerable Groups Act 2006

- Statutory Framework for the Early Years Foundation Stage (EYFS) 2023
- Keeping children safe in education 2022
- What to do if you're worried a child is being abused 2015
- Counter-Terrorism and Security Act 2015
- London Child Protection Procedures (5th Edition) 2015
- Prevent Duty - Dept. for Ed. June 2015
- Data Protection Act 2018
- Inspecting Safeguarding in Early years, Education and Skills settings 2022
- Domestic Abuse Act 2021

Under the Children Act 2004, Practitioners have a duty to safeguard and promote the welfare of children. Due to the many hours of care we provide, staff will often be the first people who sense that there is a problem. They may well be the first people in whom children confide about abuse. The nursery has a duty to be aware that abuse does occur in our society. This statement lays out the procedures that will be followed if we have any reason to believe that a child in our care is subject to welfare issues including physical, sexual, emotional abuse or neglect. Our prime responsibility is the welfare and well being of children in our care. As such we believe we have a duty to the children, parents/carers and staff to act quickly and responsibly in any instance that may come to our attention. We are committed to co-operating with other agencies, including social care and will work as part of a multi-agency team where needed in the best interest of the child.

Training and Induction

All staff will have received training in recognising the signs of abuse, which can include:

- significant changes in a child's behaviour
- unexpected bruising or marks or signs of possible abuse
- any comments made which give cause for concern
- deterioration in general well-being which causes concern
- signs of neglect and the softer signs of abuse
- inappropriate behavior being displayed by an adult or staff member towards the child

All staff will receive safeguarding training as part of their induction process and room leaders will have attended Safeguarding Training. Safeguarding will be promoted on a daily basis so that staff will be familiar with their own responsibilities to act swiftly upon any suspicions or concerns they may have about any child or member of staff at the nursery. The nursery will follow the procedures set out in the Statutory framework for the Early Years Foundation Stage and London Safeguarding Children Board Guidance, and as such will seek advice on all steps taken subsequently.

Safe Recruitment, DBS, Staffing and Volunteering

Management will ensure that all workers will be appointed, trained, supported and supervised in accordance with our policy and guidance on safe recruitment. This will include ensuring that:

- applicants for posts within the nursery are clearly informed that the positions are exempt from the Rehabilitation of Offenders Act 1974.
- there will be a written job description/person specification for all post
- those applying have a completed an application form and a self-declaration form
- safeguarding has been discussed before appointment
- Two written references have been obtained, and followed up where appropriate
- a “Disclosure and Barring Service” (DBS) certificate has been obtained wherever relevant and appropriate and that this is kept up to date
- all applicants are given a copy of this safeguarding policy and know how to report concerns
- Only an adult who is employed by the nursery to care for children and who has an enhanced clearance from the Disclosure and Barring Service (DBS) to be left alone with children.
- we will obtain enhanced DBS checks for all volunteers and do not allow any volunteers to be unsupervised with children.
- we give staff members, volunteers and students regular opportunities to declare changes that may affect their suitability to care for the children. This includes information about their health, medication or about changes in their home life such as child protection plans for their own children
- while awaiting the arrival of their DBS certificate, a staff member will not be left alone with the children or carry out any intimate care routines
- if a DBS application returns a verdict of ‘unclear’ the member of staff will immediately be placed on paid leave pending the arrival of their certificate and it being shown to the nursery manager
- if the reason for the ‘unclear’ verdict is deemed relevant to their suitability for employment within the nursery and/or had not been disclosed during the interview and application process then the Disciplinary Policy will be actioned
- All staff will receive regular supervision meetings where opportunities will be made available to discuss any issues relating to individual children, child protection training and any needs for further support
- The Staff Behaviour Policy sits alongside this policy to enable us to monitor changes in behaviours that may cause concern.
- Signs of inappropriate behaviour may include inappropriate sexual comments; excessive one to one attention beyond the usual requirements of their usual role and responsibilities; or inappropriate sharing of images. This is not an exhaustive list, any changes in behaviour must be reported and acted upon immediately.

More2Nurseries will also ensure that regular contractors attending our premises are aware of this policy and have up to date DBS certificates. Occasional visitors will be accompanied at all times in compliance with this policy and a signing in and out record will be kept of all visitors.

The Four categories of Abuse:

1. Physical Abuse - this includes hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical

harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child.

Many children will have cuts and grazes from normal childhood injuries. These will be logged at the nursery and analyzed every six weeks for any patterns.

Signs - unexplained bruising in unlikely area, facial bruising, hand/finger marks, bite marks, burns, lacerations or abrasions, Staff may notice certain behavioural signs that also indicate physical abuse - such as a child that shy's away from physical contact, is withdrawn or aggressive towards others or their behaviour changes suddenly.

2. Emotional Abuse - Emotional abuse is the ongoing emotional maltreatment or emotional neglect of a child. It may involve conveying to the child that they are worthless, unloved or inadequate. It may involve serious bullying, causing the child to feel frequently frightened or in danger. It may also involve limiting their social interaction and/or limiting their exploration and learning. A child that is suffering from emotional abuse is usually, but not always, suffering from another type of abuse.

Signs - physically the child may show a general failure to thrive and may not be meeting expected developmental milestones. Behaviourally a child may be attention seeking, tell lies, have an inability to have fun or engage in learning, low self esteem, sudden speech disorders, overreaction to mistakes, neurotic behaviour or be inappropriately affectionate towards others.

3. Sexual Abuse - a child is sexually abused when they are forced or persuaded to take part in sexual activities, including prostitution. This doesn't have to be actual physical contact activities, such as a child looking at, or involved in the production of, sexual online images, watching sexual activities or encouraging children to behave in sexual inappropriate ways. Sometimes the child won't understand that what is happening to them is abuse.

Signs - physical signs may include bruising consistent with being held firmly, discomfort in walking/sitting, pain or itching in the genital area, discharge or blood on under clothes, or loss of appetite. Behavioural signs may include drawings or play showing indicators of sexual activity sexually explicit language, knowledge of adult sexual behaviour, seductive behaviour towards others, poor self esteem and a child who is withdrawn.

4. Neglect - the persistent failure to meet a child's basic physical and/or psychological needs, which may result in the serious impairment of the child's health and development. It is the most common form of child abuse. Neglect can occur during pregnancy, due to maternal substance abuse. Once the child is born it may involve a parent failing to provide adequate food, shelter, clothing, adequate supervision or access to appropriate care or treatment.

Signs - can include poor physical appearance, bad hygiene, lack of appropriate clothing, the child being withdrawn or exhibiting antisocial or sexualised behaviours, and the child not meeting physical or emotional development milestones. The child doesn't respond to parents presence or absence, from an early age.

Softer Signs of abuse (as defined by National Institute for Health and Care Excellence (NICE) include:

- Low self-esteem

- Wetting and soiling
- Recurrent nightmares
- Aggressive Behaviour
- Withdrawing Communication
- Habitual body rocking
- Indiscriminate contact or affection seeking
- Over-friendliness towards strangers
- Excessive clinginess
- Persistently seeking attention

Other Areas of Concern that must also be reported to Children Services:

Female Genital Mutulation (FGM)

FGM can also be known as Female Genital Cutting. FGM is a procedure where the female genital organs are injured or changed and there is no medical reason for this. It is frequently a very traumatic and violent act for the victim and can cause harm in many ways. The practice can cause severe pain and there may be immediate and/or long-term health consequences, including mental health problems, difficulties in childbirth, causing danger to the child and mother; and/or death (definition taken from the Multi-agency Statutory Guidance on Female Genital Mutilation)

The procedure may be carried out shortly after birth and during childhood as well as adolescence, just before marriage or during a woman's first pregnancy and varies widely according to the community.

FGM is child abuse and is illegal in the UK. It can be extremely dangerous and can cause:

- Severe pain
- Shock
- Bleeding
- Infection such as tetanus, HIV and hepatitis B and C
- Organ damage
- Blood loss and infections
- Death in some cases

If you have concerns about a child or family, you should contact children's social care team in the same way as other types of physical abuse. We have a mandatory duty to report to police any case where an act of female genital mutilation appears to have been carried out on a girl under the age of 18.

Breast ironing/flattening

Breast ironing also known as "breast flattening" is the process where young girls' breasts are ironed, massaged and/or pounded down through the use of hard or heated objects in order for the breasts to disappear, or delay the development of the breasts

entirely. It is believed that by carrying out this act, young girls will be protected from harassment, rape, abduction and early forced marriage.

Breast Ironing/Flattening is a form of physical abuse and can cause serious health issues such as:

- Abscesses
- Cysts
- Itching
- Tissue damage
- Infection
- Discharge of milk
- Dissymmetry of the breasts
- Severe fever.

Domestic Violence - Domestic abuse is any type of controlling, bullying, threatening or violent behaviour between people in a relationship. But it isn't just physical violence – domestic abuse includes emotional, physical, sexual, financial or psychological abuse.

It can happen in any relationship, and even after the relationship has ended. Both men and women can be abused or abusers.

Domestic abuse can seriously harm children and young people. Witnessing domestic abuse is child abuse, and teenagers can suffer domestic abuse in their relationships. In relationships where there is domestic violence and abuse, children witness about three-quarters of the abusive incidents. About half the children in such families have themselves been badly hit or beaten. Sexual and emotional abuse is also more likely to happen in these families.

In England, The Domestic Abuse Act 2021 recognises in law, for the first time, that children are victims if they see, hear or otherwise experience the effects of domestic abuse.

Private Fostering - Private fostering occurs when a child under 16 (or 18 if disabled) is cared for by an adult who is not their biological parent for more than 28 days, by private arrangements between the parent and the carer. This is different from children in the care of a local authority.

The Children Act 2004 and the Children (Private Arrangements for Fostering) Regulations 2005, and associated statutory guidance, introduced measures to strengthen and enhance the fostering notification requirements within the 1989 Act whereby Local Authorities are required to take a proactive approach to identify private fostering arrangements in their area. The aim was to improve compliance with the legislative framework and therefore improve the arrangements for safeguarding children in private fostering arrangements.

Arrangements for the regulation of private fostering originate from concern following the death of Victoria Climbié in 2000. Victoria was privately fostered by her great aunt.

Arrangements were codified in the Children Act 2004. Following this, the Children (Private Arrangement for Fostering) Regulations 2005 set out the duties of local authorities in their arrangements for private fostering, and national minimum standards for local authorities were published in 2005.

Fabricated illness

This is also a type of physical abuse. This is 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. The signs may include a carer exaggerating a real illness or symptoms, complete fabrication of symptoms or inducing physical illness, e.g. through poisoning, starvation, inappropriate diet. This may also be presented through false allegations of abuse or encouraging the child to appear disabled or ill to obtain unnecessary treatment or specialist support.

Child sexual exploitation (CSE)

Keeping Children Safe in Education (2022) describes CSE as: CSE occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. CSE does not always involve physical contact; it can also occur through the use of technology. CSE can affect any child or young person (male or female) under the age of 18 years, including 16 and 17 year olds who can legally consent to have sex. It can include both contact (penetrative and non-penetrative acts) and non-contact sexual activity and may occur without the child or young person's immediate knowledge (e.g. through others copying videos or images they have created and posted on social media).

Signs and indicators may include:

- Physical injuries such as bruising or bleeding
- Having money or gifts they are unable to explain
- Sudden changes in their appearance
- Becoming involved in drugs or alcohol, particularly if you suspect they are being supplied by older men or women
- Becoming emotionally volatile (mood swings are common in all young people, but more severe changes could indicate that something is wrong)
- Using sexual language that you wouldn't expect them to know
- Engaging less with their usual friends
- Appearing controlled by their phone
- Switching to a new screen when you come near the computer
- Nightmares or sleeping problems
- Running away, staying out overnight, missing school
- Changes in eating habits
- Talk of a new, older friend, boyfriend or girlfriend
- Losing contact with family and friends or becoming secretive
- Contracting sexually transmitted diseases.

Child Criminal Exploitation (CCE)

CCE is where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child into any criminal activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial or other advantage of the perpetrator or facilitator and/or (c) through violence or the threat of violence. The victim may have been criminally exploited even if the activity appears consensual. CCE does not always involve physical contact; it can also occur through the use of technology.

CCE can include children being forced to work in cannabis factories, being coerced into moving drugs or money across the country forced to shoplift or pickpocket, or to threaten other young people. Some of the following can be indicators of CCE:

- Children who appear with unexplained gifts or new possessions;
- Children who associate with other young people involved in exploitation;
- Children who suffer from changes in emotional well-being;
- Children who misuse drugs and alcohol;
- Children who go missing for periods of time or regularly come home late; and
- Children who regularly miss school or education or do not take part in education.

Adult sexual exploitation

As part of our safeguarding procedures we will also ensure that staff and students are safeguarded from sexual exploitation.

Peer-on-peer abuse

We are aware that peer-on-peer abuse does 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; to support for both the victim and the perpetrator, as they could also be a victim of abuse. We know that children who develop harmful sexual behaviour have often experienced abuse and neglect themselves.

Extremism – the Prevent Duty

Under the Counter-Terrorism and Security Act 2015 we have a duty to safeguard at risk or vulnerable children under the Counter-Terrorism and Security Act 2015 to have “due regard to the need to prevent people from being drawn into terrorism and refer any concerns of extremism to the police (In Prevent priority areas the local authority will have a Prevent lead who can also provide support).

Children can be exposed to different views and receive information from various sources. Some of these views may be considered radical or extreme. Radicalisation is the way a person comes to support or be involved in extremism and terrorism. It's a gradual process so young people who are affected may not realise what's happening.

Radicalisation is a form of harm. The process may involve:

- Being groomed online or in person
- Exploitation, including sexual exploitation

- Psychological manipulation
- Exposure to violent material and other inappropriate information
- The risk of physical harm or death through extremist acts

We have a Prevent Duty and Radicalisation policy in place. Please refer to this for specific details.

County Lines

The National Crime Agency (NCA) describe county lines as a term used to describe gangs and organised criminal networks involved in exporting illegal drugs from big cities into smaller towns, using dedicated mobile phone lines or other form of 'deal line.' Customers will live in a different area to where the dealers and networks are based, so drug runners are needed to transport the drugs and collect payment.

Offenders will often use coercion, intimidation, violence (including sexual violence) and weapons to ensure compliance of victims. Children can be targeted and recruited into county lines in a number of locations including schools, further and higher educational institutions, pupil referral units, special educational needs schools, children's homes and care homes.

Signs and indicators to be aware of include:

- Changes in the way young people you might know dress
- Unexplained, sometimes unaffordable new things (e.g. clothes, jewellery, cars etc.)
- Missing from home or schools and/or significant decline in performance
- New friends or relationships with those who don't share any mutual friendships with the victim or anyone else
- May be carrying a weapon
- Receiving more texts or calls than usual
- Sudden influx of cash, clothes or mobile phones
- Unexplained injuries
- Significant changes in emotional well-being
- Young people seen in different cars/taxis driven by unknown adults
- Young people seeming unfamiliar with your community or where they are
- Truancy, exclusion, disengagement from school
- An increase in anti-social behaviour in the community
- Unexplained injuries
- Gang association or isolation from peers or social networks.

Cuckooing

Cuckooing is a form of county lines crime in which drug dealers take over the home of a vulnerable person in order to criminally exploit them as a base for drug dealing, often in multi-occupancy or social housing properties. Signs that this is happening in a family property may be an increase in people entering or leaving the property, an increase in cars or bikes outside the home; windows covered or curtains closed for long periods, family not being seen for extended periods; signs of drug use or an increase in anti-social behaviour at the home.

If we recognise any of these signs, we will report our concerns as per our reporting process.

Contextual safeguarding-

As young people grow and develop they may be vulnerable to abuse or exploitation from outside their family. These extra-familial threats might arise at school and other educational establishments, from within peer groups, or more widely from within the wider community and/or online.

As part of our safeguarding procedures we will work in partnership with parents/carers and other agencies to work together to safeguard children and provide the support around contextual safeguarding concerns

Up skirting

Up skirting and down blousing are criminal offences. They involve taking a pictures of someone's genitals or buttocks or other intimate images under their clothing without them knowing, either for sexual gratification or in order to humiliate, or distress, the individual. This is a criminal offence and any such action would be reported following our reporting procedures.

Child abuse linked to faith or belief (CALFB)

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

- Witchcraft and spirit possession, demons or the devil acting through children or leading them astray (traditionally seen in some Christian beliefs)
- The evil eye or djinns (traditionally known in some Islamic faith contexts) and dakini (in the Hindu context)
- Ritual or multi murders where the killing of children is believed to bring supernatural benefits, or the use of their body parts is believed to produce potent magical remedies
- Use of belief in magic or witchcraft to create fear in children to make them more compliant when they are being trafficked for domestic slavery or sexual exploitation.

This is not an exhaustive list and there will be other examples where children have been harmed when adults think that their actions have brought bad fortune.

Sharing low-level concerns

On occasion, inappropriate, problematic or concerning behaviour by staff or other adults is observed but does not meet the threshold for significant harm. This may be classed as a 'low-level' concern, although this does not mean that it is insignificant.

See Low-Level Concerns Policy for full details

This constitutes a record of low-level concern. We retain all records of low-level concerns in a separate low-level concerns file, with separate concerns regarding a single individual kept as a chronology. These records are kept confidential and held securely, accessed only by those who have appropriate authority. Records will be retained at least until the individual leaves their employment.

Monitoring Attendance of Children – It is not compulsory for a child to attend an Early Years Setting however under our safeguarding responsibilities we are required to monitor children's attendance and patterns of absence. If a child is not going to attend a session, we ask parents/carers to share the length and the reason for the absence. This information will enable us to monitor illnesses that may occur across the setting. If a child has not arrived at nursery within one hour of their normal start time the parents will be called to ensure the child is safe and healthy. If parents are not contactable then the further emergency contacts will be used to ensure that all parties are safe.

When a child is part of a child protection plan, or during a referral process, any absences will immediately be reported to the local authority children's social care team to ensure the child remains safeguarded.

Looked after children

As part of our safeguarding practice we will ensure our staff are aware of how to keep looked after children safe. In order to do this we ask that we are informed of:

- The legal status of the child (eg whether the child is being looked after voluntary arrangements with consent of parents or on an interim or full care order)
- Contact arrangements for the biological parents (or those with parental responsibility)
- The child's care arrangements and the levels of authority delegated to the carer by the authority looking after him/her
- The details of the child's social worker and any other support agencies involved
- Any child protection plan or care plan in place for the child in question.

Disclosure of Abuse

A child may quite innocently disclose details of abuse that occurs within the family or a child may confide in a member of staff as the one adult he/she can trust. It is important that the member of staff is sympathetic and supportive. He/she should always believe what the child is saying – research has shown that children rarely fabricate allegations of sexual abuse.

Staff should remain calm and reassuring-children who have been abused often have low self-esteem and may withdraw if they detect signs of doubt etc. **DO NOT DISPLAY SIGNS OF SHOCK OR DISBELIEF**

Staff should listen carefully and not interrupt if the child wants to talk. He/she should never ask leading questions, attempt to cross-examine the child, impose the adult's own assumption or press for evidence. e.g. Do not say "What did he do next?" This can later be interpreted as putting ideas into a child's mind. Instead say, "Tell me what happened."

If the child asks for secrecy it is important that the child is told sensitively that there may be a duty to refer. Children should be assured that the matter will be treated confidentially and only shared with those who need to know.

It is not the responsibility of any member of staff to carry out investigations into suspected or reported abuse. They simply seek discreet clarification or listen to disclosures of the child.

However, all workers must remain alert and vigilant during the course of their work with children. They should be able to recognise signs and symptoms of abuse as children may not disclose abuse for many reasons.

Response Process Including Reporting of Allegations Against Staff and Volunteers

Staff must raise any concerns with the ' **Designated Person for Safeguarding (DPfS)**':

Rosalie Bennett at More2Childcare and Lauren Harding at More2Riverside.

We also have additional DSL trained staff: Luzianne Victoria, Rosemary Salazar de Kelly and Kerry Lewington at More2Childcare. At More2Riverside: Rebecca Sweeney, Maisie Stott, Sarah Murphy and Samantha Ross

Rosalie Bennett or Lauren Harding, will discuss these concerns with the Deputy Manager and/or Director on a need to know basis and appropriate action will be considered. In the absence of the Designated Person for Safeguarding, concerns should be raised with the Deputy Manager (who has also received comprehensive safeguarding training) and in their absence, Glenda Alexander, Director.

Staff must not make comment either publicly or in private with anyone including coworkers about a parent's supposed or actual behaviour, strict confidentiality will be observed at all times.

It will be the duty of the DPfS or Deputy DPfS to make contact with the Multi-Agency Safeguarding Hub (MASH) in the Royal Borough of Greenwich Children Services for advice on what actions to take. See, below for contact details of the MASH including a consultation line for advice and guidance following a concern.

Multi-Agency Safeguarding Hub (MASH): **020 8921 3172**
(This number is for both advice and referrals)
Safeguarding Consultation Line: **020 8921 2267**

Referrals or other communications via secure e-mail: MASH-referrals@royalgreenwich.gov.uk
Woolwich Centre, First Floor, 35 Wellington Street, London, SE18 6HQ

Referrals outside office hours are handled by the Social Care and Safeguarding Emergency Duty Team, who can be contacted on **020 8854 8888** or Childrens-Out-Of-Hours@royalgreenwich.gov.uk

Where an allegation of abuse implicates a member of staff or volunteer, the DPfS must also inform the Local Authority Designated Officers (LADOs) in Children's Services on telephone number: **0208 921 3930**. (Winsome Collins – Manager) If appropriate you may be requested to complete a referral form and this should then be sent by email to childrens-LADO@royalgreenwich.gov.uk.

Designated Officer for nurseries (PVIs) - Rachel Walker – **020 8921 3930**

If a child or young person is in immediate danger, then the DPfS should contact the Police and/or emergency services by dialling 999.

Parents and families will be treated with respect in a non-judgemental manner whilst investigations by the appropriate authorities are being carried out in the best interests of the child.

Contact for advice and guidance on Early Help

Early Help within Children's Services provides a range of information, support and advice to families with children and young people aged between 0-19 or to 25 years old for disabled young people. In addition, Early Help can provide information and advice to a range of practitioners, including voluntary sector workers about services and Early Help Assessments for children who benefit from early intervention and help.

Consultation line for general advice and guidance: 020 8921 4590 (1pm to 4pm)
Early Help Referrals: early_help_refer@royalgreenwich.gov.uk

Government helpline for extremism concerns **020 7340 7264**
Child exploitation and Online protection command (CEOP)
<https://www.ceop.police.uk/safety-centre/>

Escalation and Whistleblowing

As an organization, More2Nurseries follows the principles contained in the Public Interest Disclosure Act 1998.

The More2Nurseries Whistleblowing policy is used if there are any concerns in the workplace involving: fraud, or any other crime; a risk to health and safety of staff, families or members of the public; a breach of the council's statutory or legal obligations and duties; a miscarriage of justice. If workers feel that More2Nurseries has failed to take action on a reported concern or that children are being put at risk whilst in the care of the organization they must feel free to escalate their concerns directly to Glenda Alexander or the Deputy Manager of the other nursery (Luzianne Victoria) at More2Childcare (DSL) or Rebecca Sweeney (DSL) at More2Riverside.

Record Keeping

In all child protection cases the record of concern, alongside any other paperwork, should be kept in a confidential file in the office using a 'record of concern sheet' for initial and individual incidents and a running log sheet used to record subsequent information. The designated person is responsible for completing this record as soon as possible on the same day as the referral is made. All records should be dated and signed by the person reporting and the DSL.

Details that need to be included are:

1. Name of child.
2. Age and date of birth
3. Any special factors
4. Parent's name(s).
5. Home address and phone number.
6. Is the person making the report expressing their own concerns or passing on those of somebody else? If so record details.
7. What has prompted the concerns? Include dates, times etc. of any specific incidents.
8. Any physical signs? Behavioural signs? Indirect signs?
9. Has the child made a disclosure? If so, what was said in their exact words.
10. Have the parents been contacted? If so, what was said?
11. Has anybody been alleged to be the abuser? If so, record details of the alleged abuser.
12. Has anyone else been consulted? If so, record details.

Courts may require the nursery to provide such records in alleged cases of abuse which come to court. Class registers may also be called for. These documents need to be kept for eight years. Medical records should be kept until the child reaches the age of twenty five.

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 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.

Confidentiality

Child protection raises issues of confidentiality which must be clearly understood by everyone. Staff, volunteers and trustees have a professional as well as a statutory

responsibility to share relevant information about the protection of children with other professionals, particularly the Police and Children's Services through the MASH.

As part of this Policy clear boundaries of confidentiality will be communicated to all workers within More2Nurseries. All personal information regarding a child will be kept confidential except when it is suspected that a child under 18 years is a victim of abuse.

Where possible, consent should be obtained from the child before sharing personal information with third parties. In some circumstances obtaining consent may be neither possible nor desirable as the safety and welfare of the child should be the priority.

Child Protection issues are highly sensitive and staff who receive information about children or their families in the course of their work should share that information only within appropriate professional contexts. All child protection records must be kept secure.

E-Safety policy and use of mobile phones and photography

Our nursery is aware of the growth of internet use and the advantages this can bring. However, it is also aware of the dangers and strives to support children, staff and families in using the internet safely. We have separate policies for e-safety, use of mobile phones and photography. These cover the use of computers, phones, cameras, photography by professional/press organisations, staff and parents/carers. Parents/carers are asked for permission to photograph their child on admission to the nursery and as required for external releases. Staff training highlights the importance and vigilance around suspected inappropriate use of images. We encourage staff and families to complete a free online e-safety briefing which can be found at <http://moodle.ndna.org.uk/>

Health and Safety

More2Nurseries approach to accident prevention is set out in the Health and Safety Policy. This includes making sure that every activity for children and young people is adequately risk assessed to minimise accidents and other risk of harm; and to maximise the benefits that children, young people and families get from our services. The Health and safety Policy also ensures:

- Children and young people are not left unattended
- Any activity using potentially dangerous equipment is supervised by trained staff
- Parental consent is obtained as necessary
- Records about children's allergies, medical problems or any special needs are recorded
- First aid facilities are readily available and adequate
- Equipment is adequate and checked regularly
- There is access to a telephone at all times for emergency calls
- Insurance cover is adequate and cover all necessary activities, transport and public liability

All accidents however minor must be recorded in an accident book. Workers must have access to a telephone at all times to call for help or to call emergency services if needed.

Bullying

More2Nurseries does not tolerate bullying of any kind, including cyber-bullying. Children can bully each other, be bullied by an adult, and they can bully adults sometimes. We will do our utmost to inform children and young people as well as their parents and carers about bullying and the consequences of bullying and how to report such incidences promptly. There is also an expectation that anyone who knows bullying is happening will report it to the DSO/DDSO, who will take local action as necessary.

Children who are bullied need protection. However, those responsible for the bullying need to address the reasons for their behaviour and will be encouraged to relate to others in positive ways. Persistent offenders will risk being excluded from our services. Staff and volunteers found guilty of bullying will be dealt with in accordance with organisation's disciplinary procedures.

Some common forms of bullying include:

- Name calling, sarcasm, spreading rumours and teasing
- Being unfriendly, excluding, tormenting, graffiti, gestures, racial taunts, homophobic and sexist remarks
- Pushing, kicking, hitting, punching or any other use of violence
- Sexually abuse comments or gestures
- Practical jokes which may cause physical or emotional harm even though these may not be intended

Bullying is a form of discriminatory behaviour and will be dealt with in accordance to the procedures outlined in More2Nurseries Policy 2e. Dealing with Discriminatory Behaviour.

Implementation and Monitoring of Policy

The DPfS is responsible for the implementation and monitoring of this Safeguarding Policy. This includes ensuring all staff and volunteers receive adequate safeguarding training, ensuring the policy is reviewed and updated annually or as necessary in the light of national and local guidance changes.

Our nursery has a clear commitment to protecting children and promoting welfare. Should anyone believe that this policy is not being upheld, it is their duty to report the matter to the attention of the Designated Person for Safeguarding at the earliest opportunity.