

Nursery Safeguarding Policy



INTRODUCTION

As an Ofsted-registered nursery, we comply with London Child Protection Procedures and Islington Safeguarding Children Partnership, procedures. It is our duty to 'safeguard and promote the welfare of children in our care'. This may mean supporting children and families when problems first start to emerge as well as to record and report any concerns regarding the possible abuse (physical, emotional, sexual or neglect) of children who attend our settings. Should an allegation be made against a member of staff, the appropriate procedure, described in section C below, is followed.

AIM

Our aim in this policy is to lay out our legal responsibility within legislation and explain our procedures to ensure we safeguard and promote the welfare of children.

The health, safety and welfare of children in our care is of paramount importance to everyone who works in the nursery and all staff are trained in Safeguarding.

LEGAL FRAMEWORK

Firstly, we aim to put children first, and so our policy is informed by the UN Convention on The Rights of the Child:

- Non-discrimination - All the rights apply to all children equally regardless of their race, sex, religion, language, disability, opinion, or family background. (Article 2).
- Best interests of child - When adults or organisations make decisions, which affect children, they must always think first about what is best for the child. (Article 3).
- The child's view - Children have the right to say what they think about anything which affects them. When courts or official organisations make decisions, which affect children, they must listen to what children want and feel. (Article 12).

The Children Act 1989 and Section 11 of the Children Act 2004 places duties on us to have a regard to the need to safeguard and promote the welfare of children.

The Early Years Foundation Stage Framework (EYFS) is mandatory for all early years' providers. It applies to all schools, including maintained nursery schools that have early years provision. Maintained nursery schools, like the other schools, must have regard to 'Keeping children safe in education 2022' when carrying out duties to safeguard and promote the welfare of children (by virtue of section 175(2) of the Education Act 2002).

[Working Together 2018](#) is the statutory guidance for "all organisations and agencies who have functions relating to children".

Working Together is a guide to "inter-agency working to **safeguard and promote the welfare of children**". It says that "practitioners should 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 social care."

Working Together defines safeguarding as:

- a. Protecting children from maltreatment.
- b. Preventing impairment of children's mental and physical health or development.

- c. Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care.
- d. Taking action to enable all children to have the best outcomes.

We therefore kindly request that parents and carers should read this policy prior to a child being left in our care.

DESIGNATED SAFEGUARDING OFFICERS

The name and contact details of Designated Officers for Safeguarding can be found on the Our Commitment to Safeguarding posters, displayed in the welcome area of the setting.

Designated Safeguarding Leads (DSL) are:

Joy Abegunde – Nursery Manager joy@islingtonplay.org.uk

Cinzia Tassinari – Deputy Nursery Manager cinzia@islingtonplay.org.uk

Deputy DSL Tracey Hollis – Room leader tracey@islingtonplay.org.uk

Deputy DSL Tasnia Ahmed – Early Years Educator tasnia@islingtonplay.org.uk

Designated Safeguarding Leads (DSL's) will have a key role in promoting practice guidance, ensure that records are kept and that any necessary referrals are made. All child protection files will be kept up to date and stored securely.

The DSL will be the key contact person for referrals and will attend Team around the Child Meetings (TAC) or Team around the Family Meeting (TAF) or other Child Protection conferences.

There will be a Designated Safeguarding Lead on site, always.

DSL's are able to discuss concerns with the Service Director Wendy Jeeves (DSL), who can provide support, and who is responsible for making quarterly reports on Safeguarding to the Board of Trustees. Lead trustee for Safeguarding is Amanda Castro.

A POLICY STATEMENTS

1. CHILDREN'S RIGHTS AND ENTITLEMENTS

At Paradise Park Children's Centre Nursery as (IPA) we recognise that all children have a right to freedom from abuse and harm.

We promote children's right to be strong, resilient and listened to by creating an environment within IPA that encourages children to develop a positive self-image, which includes their heritage arising from their colour, ethnicity, their languages spoken at home, their religious beliefs, cultures and traditions and home background.

We help children to establish and sustain satisfying relationships within their families, with peers and with other adults.

We will work with parents to build their understanding of, and commitment to, the principles of safeguarding all our children.

We are committed to creating and maintaining the safest possible environment for children, staff, parents and visitors and to promote an environment where children and adults will feel confident about sharing concerns which they may have about their own safety or the wellbeing of others.

We aim to put the **child's needs first at all times**. We hope to encourage children to be confident and assertive. We develop a trusting and respectful relationship with the children in our care, so that they know they will be listened to and believed.

2. **SAFEGUARDING CHILDREN**

Child protection is a duty for all staff and we will work with children, parents and the community to ensure the rights and safety of children and to give the very best start in life.

Child protection is a part of safeguarding and promoting welfare. It refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

Effective child protection is essential as part of our wider work to safeguard and promote the welfare of children. However, staff will proactively safeguard and promote the welfare of children so that the need for action to protect children from harm is reduced.

B HOW WE SAFEGUARD CHILDREN AT PARADISE PARK CHILDREN'S CENTRE NURSERY - ISLINGTON PLAY ASSOCIATION

We are committed to building a culture of safety in which children are protected from abuse and harm in all areas of our service.

1. **STAFF AND VOLUNTEERS**

- a. Our Designated Safeguarding Officer and their deputies, who co-ordinate child protection issues, are detailed on the 'Our Commitment to Safeguarding' posters displayed in the setting.
- b. We ensure that all staff, volunteers and parents are made aware of our safeguarding policies and procedures.
- c. We provide adequate and appropriate staffing resources to meet the needs of children in our care.
- d. We are aware of our responsibilities under the Safeguarding and Vulnerable Groups Act (2006) and follow the Safer Recruitment framework, a mechanism intended to ensure that only those suitable to do so are allowed access to children.
- e. Applicants for paid and voluntary posts which involve working with children (including our nursery) are clearly informed that the positions are exempt from the Rehabilitation of Offenders Act 1974.
- f. Candidates are informed of the need to carry out 'enhanced disclosure' checks with the Disclosure and Barring Service (DBS) before the post can be confirmed; staff and volunteers who are in the process of waiting for DBS clearance will not have unsupervised access to children.
- g. References are sought and DBS checks are carried out for staff and volunteers, to ensure that no disqualified person or unsuitable person works at the nursery or has access to the children.

- h. We comply with the childcare disqualification requirements by requesting information from all staff on whether they are, or anyone living or working in their home is, disqualified from working with children.
- i. Visitors to our setting are required to sign in.
- j. Staff will take security steps to ensure that we have control over who comes to our settings so that no unauthorised person has unsupervised access to the children.
- k. Staff are committed to respond promptly and appropriately to all incidents or concerns of abuse that may occur and to work with statutory agencies in accordance with the procedures that are set down in '*What to do if you are worried a child is being abused*' (HMG 2015) [Stat guidance template \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

2. EARLY HELP

- a. All staff should be prepared to identify children who may benefit from early help. Early help means providing support as soon as a problem emerges at any point in a child's life, from the foundation years through to the teenage years. In the first instance staff should discuss early help requirements with the designated safeguarding lead who will, if necessary, liaise with parents and carers. Staff may be required to support other agencies and professionals in an early help assessment.
- b. All staff must be aware of the early help process, including identifying emerging problems, liaising with the designated safeguarding lead, sharing information with other professionals to support early identification and assessment and, in some cases, acting as the lead professional in undertaking an early help assessment.
- c. If early help is appropriate the designated safeguarding lead should support the staff member in liaising with other agencies and setting up an inter-agency assessment as appropriate.
- d. If early help and or other support is appropriate the case should be kept under constant review, and consideration given to a referral to children's social care if the child's situation doesn't appear to be improving.

3. HOW WE RESPOND TO SUSPICIONS OF ABUSE:

- a. If you have concerns about a child's welfare see the "Making a child protection referral" flowchart.
- b. Staff are aware that abuse of children can take different forms: physical, emotional and sexual, as well as neglect. Domestic Abuse, including Female Genital Mutilation/harmful traditional practices/honour-based abuse including abuse linked to a belief.
- c. Staff have due regard to the need to prevent people from being drawn into terrorism (the Prevent duty), under section 26 of the Counter-Terrorism and Security Act 2015. Staff are trained to understand the risks affecting children in the local area, how to identify children at risk of radicalisation and what to do to support them. Staff build children's resilience to radicalisation by providing a safe environment for debating controversial issues and helping them to understand how they can influence and participate in decision-making. See Appendix A: Possible Signs of Abuse/Neglect.
- d. When children are suffering from physical, sexual or emotional abuse, or may be experiencing neglect, this may be demonstrated through the things they say (direct or indirect disclosure) or through changes in their appearance, their behaviour or their play. See Appendix A: Possible Signs of Abuse/Neglect.
- e. Where such evidence is apparent, the staff member who makes the observation, makes a dated record of the details of the concern using the relevant '**concerns record form**' (see appendix C) and discusses

and agrees on a course of action with the Designated Safeguarding Lead or Deputy DSL. The information is stored securely in the child's personal file.

Appendix C [Safeguarding – Concerns Record](#)

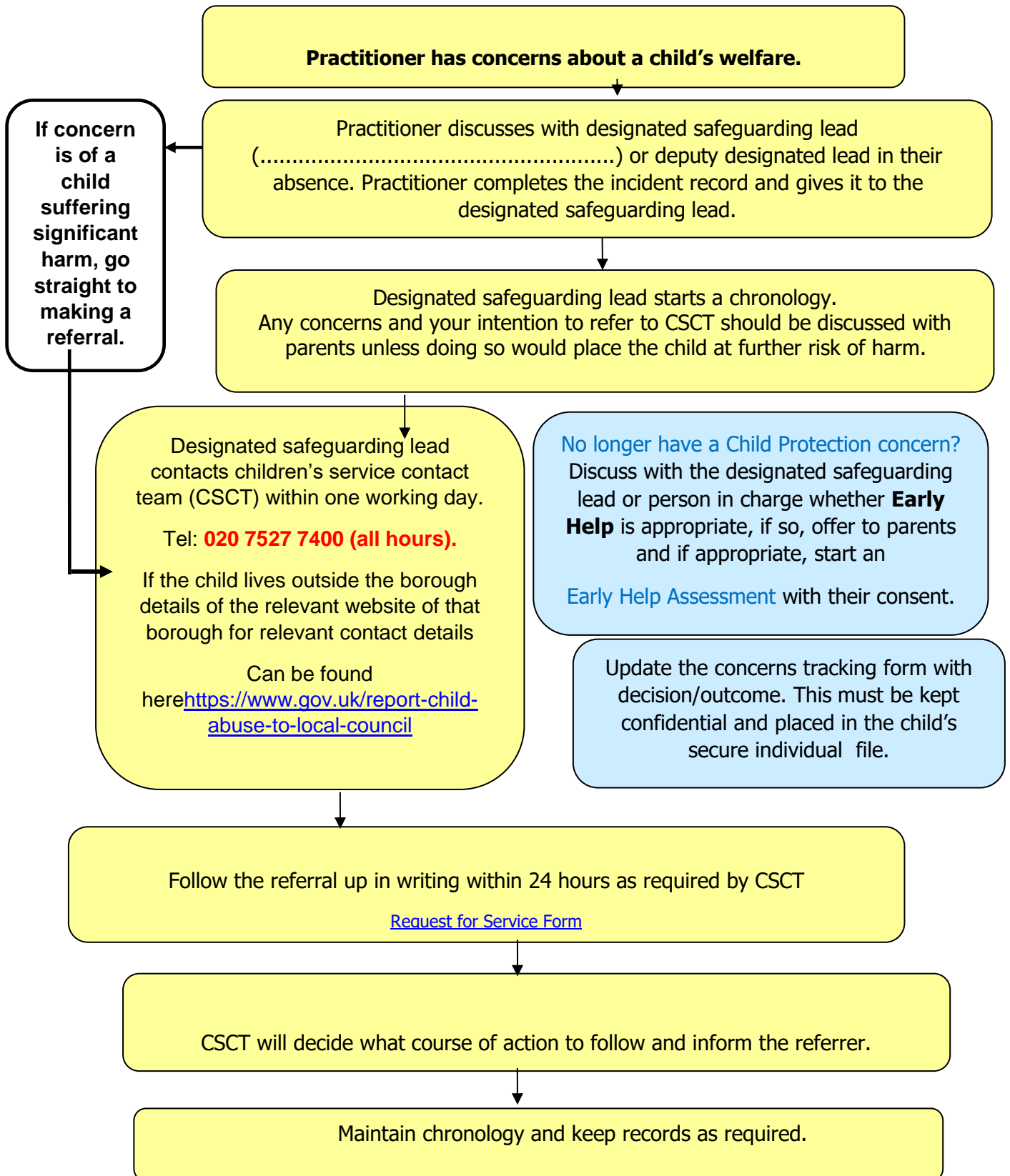
- f. We refer concerns to the local authority children's social care department and cooperate fully in any subsequent investigation.
- g. We take care not to influence the outcome either through the way we speak to children or by asking questions to children.
- h. We use the detailed procedures and reporting format agreed with the Local Authorities, when making a referral to children's social care or other appropriate agencies.

4. **RECORDING SUSPICIONS OF ABUSE AND DISCLOSURES**

Where a child makes comments to a member of staff that give cause for concern (disclosure), or staff observe signs or signals that give cause for concern, such as significant changes in behaviour, deterioration in general well-being, unexplained bruising, marks or signs of possible abuse and neglect, that member of staff will:

- a. Listen to the child, offer reassurance and give assurance that the member of staff will take action.
- b. Not ask leading questions to the child. Ask open questions such as 'can you tell me? can you show me?'
- c. Make a written record that forms an objective record of the observation or disclosure that includes:
 - i) The date and time of the observation or the disclosure;
 - ii) The exact words spoken by the child as far as possible;
 - iii) The name of the person to whom the concern was reported, with the date and time; and follow the making a child protection referral flow chart.
 - iv) The names of any other person present at the time.
 - v) Details of the discussion and action agreed upon with the Designated Safeguarding Officer, including name of DSO and date and time of discussion.These records are signed and dated and a chronology form providing an oversight of events is updated and all are stored in the child's personal file which is kept securely and confidentially.
- d. See Appendix B: Guidelines on Handling a Disclosure : How to React When a Child Wants to Talk About Abuse (found at the end of this document). and Appendix C : Safeguarding - Concerns Record

Making a Child Protection referral (Sept 2022)



5. WHEN MAKING A REFERRAL TO THE LOCAL AUTHORITY SOCIAL CARE TEAM

- a. The Designated Safeguarding Officer contacts children's service contact team (CSCT) within one working day of receiving concerns about a child's welfare.
- b. This contact is followed up in writing as soon as possible and within 48 hours by completing Islington's Children's Services request for service form.

Appendix D [Request for Service Form](#)

6. INFORMING PARENTS

- a. Parents are normally the first point of contact.
- b. If suspicion of abuse is recorded a referral is made to the local authority social care department. Parents are informed at the same time as the report is made, except where the guidance of the Local Safeguarding Children Board does not allow this e.g. where informing parents might put the child at further risk.
- c. This will usually be the case where the parent is the likely abuser. In these cases, the investigating officers will inform the parents.
- d. We will continue to welcome the child and the family whilst investigations are being made in relation to any alleged abuse.
- e. Confidential records kept on a child are shared with the child's parents or those who have parental responsibility for the child under the guidance of the Local Safeguarding Children Partnership. [Home | ISCP \(islingtonscp.org.uk\)](#)

7. LIAISON WITH OTHER AGENCIES

- a. We work within the Local Safeguarding Children Partnership guidelines.
- b. Refer to "What to do if you are worried a child is being abused" if you have concerns. [Stat guidance template \(publishing.service.gov.uk\)](#)
- c. We have procedures for contacting the Local Authority on child protection issues, to ensure that it is easy, in any emergency, for the setting and social services to work together.
- d. We notify the registration authority (Ofsted) of any incident and any changes in our arrangements which may affect the wellbeing of children.

C ALLEGATIONS OF ABUSE MADE AGAINST A MEMBER OF STAFF

1. It is the responsibility of all staff at PPCC nursery to report any allegations of abuse if they believe a member of staff is harming, or using unacceptable behaviour towards a child. Some staff may feel uneasy about reporting situations that constitute, or may lead to an investigation particularly when this involves a work colleague. In such circumstances they should follow the Whistle Blowing procedure. We will work with them to avoid any adverse repercussions and look at all options available so that they are and feel supported.

2. WHAT IS WHISTLE BLOWING?

Whistle blowing is the mechanism by which staff can voice their concerns, made in good faith, without fear of repercussion, relating to the Public Interest Disclosure Act 1998. Staff should acknowledge their individual responsibilities to bring matters to the attention of the Chief Executive and/or relevant external agencies. This

is particularly important where the welfare of the child/ren may be at risk. In investigating allegations, all actions will be conducted in a way that recognises the vulnerability of staff and seeks to protect them as far as possible from mistaken or false allegations.

3. **MANAGING ALLEGATIONS MADE AGAINST A MEMBER OF STAFF**

- a. See the “What to do if an allegation is made against a member of staff” flowchart.
- b. We ensure that all parents know how to complain about the behaviour or actions of staff or volunteers within the nursery, or anyone living or working on the premises occupied by the nursery, which may include allegations of abuse.
- c. We follow the guidance of the Local Safeguarding Children Partnership when responding to any complaint that a member of staff or volunteer within the IPA has abused a child.
We respond promptly to any disclosure from children or staff of abuse by a member of staff or volunteer within the setting, that may have, or is taking place. Staff will first record the details of any such alleged incident using a Safeguarding concerns form, and report to the designated safeguarding person or in their absence, the deputy DSL.
- d. The designated person will inform the Chief Executive. Any staff which allegations are made against, may be put on non-contact duty until the appropriate advice has been sought. The designated person will inform their line manager or Services Director who will contact the LADO immediately for advice, and share the advice given with the CEO. The CEO will inform the appropriate trustee. Depending on the advice given, IPA may refer to Children’s Social Care and/or suspend the member of staff and/or inform the police. According to the advice from the LADO and/or Social Care, the appropriate person i.e., Manager, Services Director or CEO will inform the person against whom an allegation has been made unless instructed not to by the Police if it might prejudice a criminal investigation. See flowchart for allegations against a member of staff.
- e. If the allegation is against a designated person, then the Chief Executive will be informed, who will then contact the LADO, following the same procedure as for the Designated person.
- f. The course of action to be taken thereon will be decided by the nature of the allegation(s).
- g. If a criminal allegation is made, e.g., of sexual abuse and impropriety, or physical assault, or inappropriate behaviour, the manager/Service Director/CEO/trustee will activate the Disciplinary procedure and suspend the person from any activity. The matter must then be reported immediately to the police and duty social worker. The suspension will remain in force unless and until the police and/or Children’s Services confirm there was no substance to the report. An incident report will be made and treated as confidential.
- h. If there is no criminal allegation, the appropriate person, (line manager/Services Director/CEO/trustee) will gather as much detail as possible from available sources of information by way of investigation, but not including seeking to interview any child if there is a possibility of a criminal allegation (which is a matter for the authorities). The appropriate person (manager/Services Director/CEO/trustee) should investigate if there is any company report relating to a child protection matter concerning any involved child. This is most important. Where appropriate, the appropriate person (manager/Services Director/CEO/trustee) should consider whether suspension of the worker is advisable and recommend accordingly to the Board of Trustees. This may include a situation which, though non-criminal, could lead on to a decision of gross misconduct. The person against whom such non-criminal allegations are made should have an opportunity to give an explanation or answer to any allegation at an interview.

Flowchart: Allegations Made Against A Member of Staff
Sept 2022

If an allegation is made that a member of staff has harmed a child or is alleged to have behaved in a way in their private life that may suggest they are unsuitable to work with children and young people, the head or manager (.....) or in their absence the most senior member of staff, must be informed immediately. If the allegation concerns the manager/head, the chair of the board of governors'/management committee/proprietor must be informed.

To assess the most appropriate course of action, the following initial information must be collated:

- the date and time of the observation or the disclosure
- the exact words spoken by the child/staff/member/parent/volunteer as far as possible.
- the name of the person to whom the concern was reported (with date and time)
- the names of any other person present at the time.
- wider relevant knowledge or background information

(Note: it is not appropriate at this stage to conduct formal interviews or take written statements from staff as this

The Local Authority designated officer (LADO) **must be informed within one working day** on Tel: **020 7527 8102**.

[LADO Referral Form](#)

The LADO will clarify if and how the matter will be taken forward and what appropriate course of action should be taken

After discussing the situation with the LADO it may become clear that a referral to Children's Services Contact Team (CSCT) is required.

After discussing the situation with the LADO, it may become clear that a referral to Children's Services Contact Team is **not** required and the setting is to follow their own complaints and disciplinary procedures.

Refer the allegation to Children's Services Contact Team: 020 7527 7400

Follow the referral up in writing within 24 hours as required by CSCT online

The incident should be documented and Early Years Safeguarding Leads Gwen Fitzpatrick 0207 527 5629 or Amanda Joy 020 7527 3154 should be informed of this outcome in writing where applicable.

Children's Social Care will contact the setting as to how to proceed. A formal strategy meeting will take place between Children's Social Care, the settings representative and the police (as appropriate). This meeting will agree what action is required immediately to safeguard and promote the welfare of the child, and/or provide interim services and support.

The member(s) of staff may be suspended on full pay (in line with your HR procedures. This overall decision to suspend is vested in the chair of the board of Governors/ management committee/proprietor. Suspension is a neutral act and allows a full investigation of facts to take place.

Ofsted **must** be informed within 24 hours on (0300 123 1231) of any allegation or concerns made against a member of staff. [Ofsted Notification Form](#)

(It is a breach of regulation if Ofsted are not notified within this time).

Once the investigation is complete, Ofsted may visit to discuss the implications of the investigation. It may be necessary to implement the setting's disciplinary, grievance or complaints procedure.

DBS (Disclosure and Barring Service) must be informed if a staff member has been dismissed as a result of the allegation

- i) to treat the matter as a disciplinary issue, either as misconduct or gross misconduct, with associated rights of appeal
 - ii) to dismiss the allegations as unfounded or to make such other disciplinary recommendations as is appropriate. The appropriate person (manager/Services Director/CEO/trustee) shall consider such recommendations and report the actions taken to the CEO and/or at the next meeting of the Board of Trustees.
- i. The person suspended should be advised by the appropriate person (manager/Services Director/CEO/trustee) of an appropriate Senior person with whom s/he can communicate during the period of suspension on matters relating to their employment, and the person so appointed should be told clearly, as should the person suspended, the address to which any communication should be made, whether or not communication includes personal contact, and the hours/times of contact.

In the case of point **i)** above, the suspension will remain in force on completion of the appropriate person's enquiries, if they are of the view that the misconduct is as serious as to constitute grounds for immediate termination of employment or voluntary service until the dismissal procedure has been implemented. If legal proceedings result in the conviction of the person for a serious offence involving a child, the Services Director/CEO/appropriate trustee shall consider any report or information from the police and/or Children's Services and shall recommend to the Board of Trustees a course of action up to and including instant dismissal. If the proceedings do not result in a conviction but there is evidence to suggest misconduct, the disciplinary procedure may be invoked.

- j. In the situation of **ii)** above, the Services Director/CEO or appropriate trustee shall write to the person concerned to inform them of the outcome of the investigation and, if the worker was suspended, the CEO or appropriate trustee will inform the person of the date and conditions, if any, of a return to duties, where a disciplinary offence has been committed but is not of a nature as to warrant immediate dismissal.
- k. Under no circumstances is any person suspended to re-enter premises or property or attend a session on site, or communicate in any way with any colleagues or parents of children whilst under suspension. This prohibition includes activities where there are no children/young persons present.
- l. In appropriate circumstances, in consultation with the Board of Trustees, and with other Officers as available, the Services Director/CEO/appropriate trustee may effect an instant dismissal if the evidence warrants it. For example, someone caught in the act of committing an offence involving a child on the property. This will be reported in the manner detailed above, and the trustee will make the appropriate reference to Children's Services, and/or, if appropriate, the Police. The personnel file of such a worker will have the necessary note of action taken entered in it.
- m. Lesser forms of misconduct involving a worker in a child-related incident where the worker's actions or behaviour are inconsistent with children's welfare should be reported and dealt with under the ordinary disciplinary procedure with, if judged appropriate, a record made in the person's personnel file. Children's Services should be informed if the matter is related to child protection, and it is possible they may express a view on the person's suitability to continue to work in the setting. Each case will be individual, judged on its own merits. The appropriate trustee will liaise on such issues with the Chief Executive, and a report with recommendations made if necessary to the Board of Trustees' next meeting.
- n. We cooperate entirely with any investigation carried out by Children's Social Care in conjunction with the police.

D VETTING AND BARRING

Where a member of staff or a volunteer is dismissed because of misconduct relating to a child, we notify the relevant national body in charge of barring.

E CONFIDENTIALITY

All suspicions of abuse and investigations are kept confidential and shared only with those who need to know. Any information is shared under the guidance of the Local Safeguarding Children Partnership.

F PARENTS & CARERS' RESPONSIBILITIES

The best way to ensure the highest care for the children at the nursery, is to develop a good partnership and to ensure a continuity of care between home and the setting. We can do this together with the parents/carers by sharing information regularly about the child.

If the child is having health problems or has suffered an accidental injury away from the care of the setting, it is vital the parent informs a member of staff when the child is left in the care of the setting. Staff will complete a written incident form which should be added to the child's folder and added to the child's chronology sheet.

Parents and carers should not use their mobile phones while in areas of the setting that are being used for activities with children. This is mainly because this is a space for communicating with their children.

G IPA's PARADISE PARK CHILDREN'S CENTRE RESPONSIBILITIES

CULTURE

- We create within the setting a culture of value and respect for the individual, having positive regard for children's heritage arising from their colour, ethnicity, languages spoken at home, cultural and social background.

GOOD COMMUNICATION

- Nursery staff should build a good relationship with parents and carers to ensure that we provide a good continuity of care between the child's home and the setting.
- Nursery staff should work with families to protect their children, sharing information regularly.

FOSTERING DEVELOPMENT

- Paradise Park Children's Centre and all other services within IPA introduce key elements of keeping children safe into daily practice to promote the personal, social and emotional development of all children, so that they may grow to be strong, resilient and listened to and that they develop an understanding of why and how to keep safe.
- Paradise Park Children's Centre and all other services within IPA ensure that this is carried out in a way that is developmentally appropriate for the children.

HEALTH & SAFETY

- We will ensure that the setting is safe for children.
- A separate policy for health & safety is to be abided by all staff and is available to parents and carers.

QUALITY ASSURANCE

- Our safeguarding policies and procedures and practice are reviewed annually to ensure they are up to date and effective.

ACCIDENT OR INJURY BOOK

- If a child develops any health problem or suffers an injury during the time that they are in the setting, the setting will keep a written record of the event (accident form) and inform the parent or carer about it, immediately by phone if an emergency.

TRAINING

- Staff undergo training in safeguarding every 2-3 years and records of training with dates for renewal are held centrally.
- All staff complete Foundation level safeguarding training and key persons and Designated Officers complete higher levels.
- This helps to ensure that staff's knowledge is up to date so that they can recognise indicators of abuse and respond appropriately and effectively.
- There is always a trained Designated Safeguarding Officer on site.

POLICE CHECKS

- We follow Safer Recruitment Guidelines (see IPA Safer Recruitment Policy)
- All staff and volunteers have a Disclosure and Barring Service (DBS) check every 3 years.
- This is required for any professional who works with children.

MOBILE PHONES

Parents, carers and staff should not use their mobile phones while in areas of the setting that are being used for activities with children. This is mainly because this is a space for communicating with children. All staff are responsible for ensuring parents understand this. Personal mobile phones are not allowed in the areas of our settings used for activities with children.

CHILD PROTECTION

- If a member of staff becomes concerned that any child might be at risk of abuse, it is their duty to pass this onto the nursery's Designated Safeguarding Officer(s).

CONFIDENTIALITY

- Staff must maintain appropriate boundaries with regard to confidential information regarding children.
- However, we cannot keep any information confidential if staff believe that a child may be at risk of harm and need to share information with appropriate agencies.

ALLEGATIONS

- We have a legal duty to contact Ofsted if an allegation of abuse is made against any member of staff and we will also contact the LADO.
- We will investigate these issues and, if appropriate involve the Police and/or social services.
- We will ensure that funders and commissioners are informed of actions resulting from any investigation, if appropriate.

PHOTOS/VIDEOS

- Photographs taken for the purpose of recording a child or group of children participating in activities or celebrating their achievements is an effective form of recording their progression. However, it is essential that photographs are taken and stored appropriately to safeguard the children in our care.
- At no time are staff allowed to use mobile phones, cameras or video cameras not belonging to the organisation to take any images of children. Only the designated setting camera(s) is to be used to take any photograph within the setting or on outings.

SECURITY OF IMAGES

- Images taken and stored on the camera must be downloaded as soon as possible, ideally once a week. Neither the camera(s) nor the memory card(s) must ever be connected to a computer outside of the setting. Images are to be stored securely on the IPA's password protected network. Images must only be used for authorised purposes, such as display purposes, promotion of play and evidencing of progress and assessment.
- Any nursery equipment used to take photos must remain in the nursery office stored securely, when not in use. Equipment must only be used within the nursery building and immediate vicinity, or when taken on organised trips. They must never be used in the toilet or changing areas.

IMAGE PERMISSION

- Photographs taken for the purpose of recording a child or group of children participating in activities or celebrating their achievements is an effective form of recording their progression. However, it is essential that photographs are taken and stored appropriately to safeguard the children in our care.
- IPA staff must not display images of children or staff on websites, in publications or in public places without prior consent. If the photograph is used, staff should avoid naming the child. Parents will be asked about consent at the point of their child's assessment prior to starting at the nursery. Staff must take steps to ensure they are aware of parents' wishes and record any consent for use of photographs.
- All staff must sign out any camera or video camera that they use and are responsible for it until they sign it back in. The cameras must only be used within the organisation's buildings and immediate vicinity, or when taken on organised trips. They must never be used in the toilet or changing areas.

E Safety – See E safety Policy

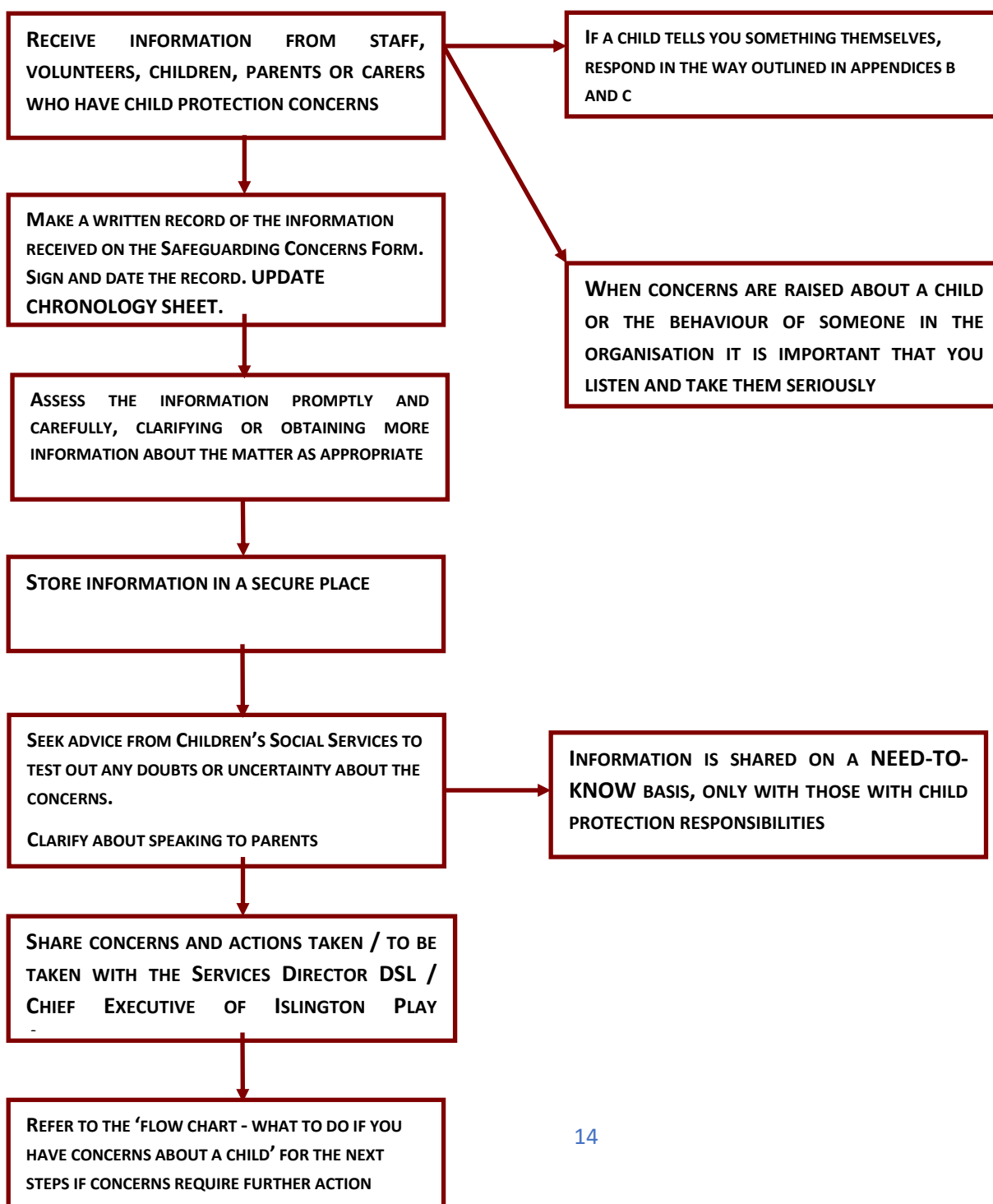
- It is important that staff and families understand the need to maintain professional boundaries i.e., staff should not befriend families on social media, or discuss any issues relating to the nursery through social media or any network. All concerns relating to your professional position and practice should only be discussed through the appropriate organisational channels i.e., through organisational email, by phone or through the nursery whatsapp group created by the nursery manager.

H DESIGNATED SAFEGUARDING OFFICER(S)'S RESPONSIBILITIES

The Designated Safeguarding Officer(s) at the nursery, are detailed on the 'Our Commitment to Safeguarding' posters displayed around the setting. Incidents should be reported to the Lead in the first instance, and in the Lead's absence to the Deputy.

It is not the role of the Designated Safeguarding Officer(s) to decide whether a child has been abused or not. This is the task of Children's Social Services, who have the legal responsibility. But it is the responsibility of the Designated Safeguarding Officer(s) to ensure that concerns are shared and appropriate action taken.

Designated Safeguarding Officer(s): Responding to Concerns



Contact List

1) To make a request for services for vulnerable children and young people, including referrals to Islington Children's Social Care

Children's Services Contact Team (Monday – Friday, 9am – 5pm)

222 Upper Street, N1 1XR

Telephone 020 7527 7400
Switchboard 020 7527 7000
Email CSCTreferrals@islington.gov.uk

For urgent enquiries out of hours contact the Emergency Duty Team

Telephone 020 7226 0992
Link line Linkline.Islington@islington.gov.uk

You must complete Islington Children's Services request for service form as soon as possible and within 24 hours of referral.

NB: if you want to get advice on how to deal with a child protection concern or whether it is something you should refer, you can speak to the Duty Child Protection Co-ordinator on 020 7527 8102.

2) To inform Ofsted Enforcement Team

Report online or by telephone within 14 days [Report a serious childcare incident - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

Ofsted South Region

Freshford House, Redcliffe Way, Bristol BS1 6LX

Ofsted Helpline 0300 123 1231
Email: enquiries@ofsted.gov.uk

3) To inform Islington Designated Safeguarding Officers (DSO)

Gwen Fitzpatrick, Early Years Safeguarding Advisor (EYDSO)

Lead for Children's Centres and Safeguarding

Telephone 020 7527 5629
Email: gwen.fitzpatrick@islington.gov.uk

Local Authority Designated Officer (LADO)

Targeted and Specialist Children and Families Services

Telephone: 020 7527 8102
Email lado@islington.gov.uk

4) To inform the Education Welfare Service

Soola Georgiou

Education Welfare Service Team Manager (Safeguarding)

Telephone 020 7527 5845

For ongoing support contact:

Amanda Joy

Early Years and Childcare Safeguarding and Operations Officer

Telephone 020 7527 3154
Email amanda.joy@islington.gov.uk

If a child who you look after lives in another borough, you must contact the relevant Social Services Department for the borough he/she lives in:

Hackney Children Social Care Initial Assessment team
Telephone 020 8356 5500
Out of hours telephone 020 8356 2300

Haringey Children Social Care Referral & Assessment team
Hornsey Team 020 8489 1857
Tottenham Team 020 8489 5409
Switchboard 020 8489 0000
Out of hours telephone 020 8348 3148

Camden Children Social Care Services
Telephone 020 7974 6666
Out of hours telephone 020 7974 4444 or 6666

Islington Council Counselling Service 0800 243 458

Holloway Police Station Telephone 020 7704 1212

Or dial 999 in an event of an emergency (101 to contact the police in the event of a non-emergency)

Appendix A: Possible signs of abuse/neglect

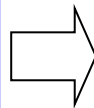
The four main categories of abuse are physical, sexual, emotional abuse and neglect. Bullying and peer on peer abuse can also be categories of abuse. The abuse, or possible abuse, of a child may come to your attention in a variety of ways. There may be aspects of the child's behaviour or presentation that lead you to suspect that they may be at risk. These possible signs should be shared with the Designated Safeguarding Officer. The Designated Safeguarding Officer may then decide to refer the child/young person to care agencies for further enquiries to be made.

Possible signs of abuse/neglect include:

- Information given by the child
- Information reported by a concerned adult
- Changes in the child's/young person's behaviour, for example, the child/young person suddenly becomes quiet, tearful, withdrawn or aggressive
- Loss of weight without a medical explanation
- Eating problems, for instance, overeating or loss of appetite

These signs do not necessarily mean that a child has been abused. However if you are concerned about the welfare of a child you must report it to the Designated Safeguarding Officer. Do not assume that someone else will help the child. They might not.

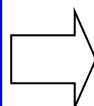
Physical Abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.



Some possible signs of physical abuse:

- Unexplained injuries, e.g. bruising, bite marks, burns and fractures, particularly if recurrent
- Improbable explanations given for injuries.
- Several different explanations provided for an injury.
- Refusal to discuss injuries.

Sexual Abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children. Child sexual

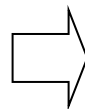


Some possible signs of sexual abuse:

- Acting in a sexual way inappropriate to their age
- Continual or excessive masturbation
- Asking if you will keep a secret if they tell you
- Unexplained sources of money, sweets or presents
- Reluctance to change for an activity
- Chronic ailments such as stomach ache or headaches
- Involving other children in sexual activity

Emotional Abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. Children who witness domestic violence are at risk of significant harm. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

This could involve constant criticism, name-calling, ridicule, sarcasm, bullying, or unrealistic expectations of parents/carers over what a child/young person can achieve.



Some possible signs of emotional abuse:

- Withdrawal
- Nervousness
- Aggressive behaviour

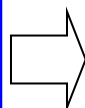
Emotional abuse may be difficult to recognise as the signs are usually behavioural rather than physical. The manifestations of emotional abuse might also indicate the presence of other kinds of abuse.

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. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- protect a child from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate care-givers); or
- ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

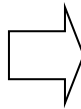
This could be when a child's/young person's personal or intimate requirements are ignored, not ensuring children/young people are safe, or exposure to undue cold, heat or unnecessary risk of injury.



Some possible signs of neglect:

- Constant hunger
- Poor personal hygiene
- Constant tiredness
- Poor state of clothing
- Untreated medical problems
- Compulsive eating
- Scavenging

Bullying is the abuse and/or intimidation by a person, people or an organisation against another or others. It may be a specific act or it may be institutional. It is an abuse of a perceived power relationship. Children can also bully other children (see peer on peer abuse). Bullying may include verbal abuse and intimidation, acts of physical or sexual abuse and coercion, e-bullying, through texting, filming on mobiles and posting on social networks. Whatever its form it is unacceptable. It must be challenged and appropriately addressed.

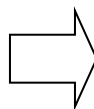


Some possible signs of bullying:

- Reluctance to attend activities previously enjoyed.
- Tearfulness, depression, erratic emotions, loss of concentration.
- Stomach aches, headaches, difficulty in sleeping, bed-wetting, bruising, cuts, scratches, damaged clothing, bingeing on food, alcohol or cigarettes.
- Shortage of money, frequent loss of possessions.
- Asks for money or starts stealing (to pay bully/ies).
- Drop in performance.

Vulnerability of disabled children:

- Attitudes and assumptions can lead to the denial or failure to report abuse
- Reluctance to challenge carers – misplaced empathy
- Seeing abuse as attributable to the stress and difficulties of caring for a disabled child
- Beliefs that abuse does not impact on disabled children in the same way
- Double standards – unsatisfactory situations accepted for disabled children
- Dependency – exposure to a wide range of carers for personal and intimate care
- Isolation – easier for abuse and neglect to remain hidden
- Lack of participation and choice in decision making – disempowered and less likely to complain
- Especially vulnerable to bullying and intimidation
- Behaviours misconstrued as part of child's disability
- Communication barriers – may make it difficult to tell others what is happening
- Judgements made about a child's ability to communicate not based on accurate information and specialist advice
- Child's preferred method of communication not recognised / equipment and / or facilitation not available
- Communication aids don't contain the necessary words to help a child describe an experience of abuse



Some possible signs:

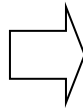
In addition to the above some possible signs of abuse for disabled children are:

- Bruising on sites that may not be concerning on a non-disabled child
- Not getting enough help with feeding
- Over or under medicating
- Poor hygiene and personal care arrangements
- Rough handling/excessive restraint
- Lack of stimulation
- Unwillingness to learn a child's means of communication
- Ill-fitting equipment/invasive procedures which are unnecessary or carried out against a child's will

Extremism and Radicalisation

Why would a young person be drawn towards extremist ideologies?

- Young people, including those who are otherwise well-behaved and achieving well at school, can be drawn towards extremism in similar ways as those who are persuaded to expose themselves to other risks, such as joining gangs.
- They may be searching for answers to questions about their identity, wanting to belong or to deepen their faith
- They may be driven by the desire for 'adventure' and excitement
- They may be driven by a need to feel better in themselves and promote their 'street cred'
- They may be drawn to a group or an individual who can offer them a sense of identity, a social network and who seem to offer them support. Young people who already have contacts, such as friends or family who are already involved in extremism may be especially vulnerable.
- They may also have personal experiences of racism or discrimination that fuel a sense of grievance, or they may be influenced by world events which result in them needing to feel they want to change things in the world or make a difference.



Some possible signs of extremism and radicalisation:

- Out of character changes in dress, behaviour and peer relationships
- Spending increasing amounts of time online
- Secretive behaviour
- Becoming quick to condemn others who do not share their beliefs without interest in their point of view
- Losing interest in friends and activities
- Becoming isolated or withdrawn, and struggling with what might seem a personal or identity crisis of some kind, perhaps becoming more argumentative and domineering
- Showing sympathy for extremist causes
- Justifying or even glorifying violence
- Possessing illegal or extremist literature
- Advocating messages similar to illegal organisations such as "Muslims Against Crusades" or other non-proscribed extremist groups such as Britain First or the English Defence League.

Female Genital Mutilation is illegal in the UK.

For the purpose of the criminal law in England and Wales, FGM is mutilation of the labia majora, labia minor or clitoris.

- FGM is an unacceptable practice for which there is no justification. It is child abuse and a form of violence against women and girls.

- FGM is prevalent in 30 countries. These are concentrated in countries around the Atlantic coast to the Horn of Africa, in areas of the Middle East, and in some countries in Asia.

- It is estimated that approximately 103,000 women aged 15-49 and approximately 24,000 women aged 50 and over who have migrated to England and Wales are living with the consequences of FGM. In addition, approximately 10,000 girls aged under 15 who have migrated to England and Wales are likely to have undergone FGM.

- FGM is a deeply embedded social norm, practised by families for a variety of complex reasons. It is often thought to be essential for a girl to become a proper woman, and to be marriageable. The practice is not required by any religion.

What is FGM? 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. The age at which FGM is carried out varies enormously according to the community. The procedure may be carried out shortly after birth, during childhood or adolescence, just before marriage or during a woman's first pregnancy.

Potential indicators that girls are at risk of FGM

- A female child is born to a woman who has undergone FGM;

- A female child has an older sibling or cousin who has undergone FGM;

- A female child's father comes from a community known to practise FGM;

- The family indicate that there are strong levels of influence held by elders and/or elders are involved in bringing up female children;

- A woman/family believe FGM is integral to cultural or religious identity;

- A girl/family has limited level of integration within UK community;

- Parents have limited access to information about FGM and do not know about the harmful effects of FGM or UK law;

- A girl confides to a professional that she is to have a 'special procedure' or to attend a special occasion to 'become a woman'

- A girl talks about a long holiday to her country of origin or another country where the practice is prevalent;

- Parents state that they or a relative will take the girl out of the country for a prolonged period;

- A parent or family member expresses concern that FGM may be carried out on the girl;

- A family is not engaging with professionals (health, education or other);

- A family is already known to social care in relation to other safeguarding issues;

- A girl requests help from a teacher or another adult because she is aware or suspects that she is at immediate risk of FGM;

- A girl talks about FGM in conversation,

- A girl from a practising community is withdrawn from Personal, Social, Health and Economic (PSHE) education or its equivalent;

- A girl is unexpectedly absent from school;

- A girl has attended a travel clinic or equivalent for vaccinations / anti-malarials.

Remember: this is not an exhaustive list of risk factors. There may be additional risk factors specific to particular communities. For example, in certain communities FGM is closely associated to when a girl reaches a particular age.

Child sexual exploitation

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 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. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

It is important to avoid language or actions that may lead a young person to feel they are not deserving of support or are in some way to blame for their abuse.

The following vulnerabilities are examples of the types of things children can experience that might make them more susceptible to child sexual exploitation:

- Having a prior experience of neglect, physical and/or sexual abuse;
- Lack of a safe/stable home environment, now or in the past (domestic violence or parental substance misuse, mental health issues or criminality, for example);
- Recent bereavement or loss;
- Social isolation or social difficulties;
- Absence of a safe environment to explore sexuality;
- Economic vulnerability;
- Homelessness or insecure accommodation status;
- Connections with other children and young people who are being sexually exploited;
- Family members or other connections involved in adult sex work;
- Having a physical or learning disability;
- Being in care (particularly those in residential care and those with interrupted care histories)

Not all children and young people with these vulnerabilities will experience child sexual exploitation. Child sexual exploitation can also occur without any of these vulnerabilities being present.

Potential indicators of child sexual exploitation

Children rarely self-report child sexual exploitation so it is important that practitioners are aware of potential indicators of risk, including:

- Acquisition of money, clothes, mobile phones etc without plausible explanation;
- Gang-association and/or isolation from peers/social networks;
- Exclusion or unexplained absences from school, college or work;
- Leaving home/care without explanation and persistently going missing or returning late;
- Excessive receipt of texts/phone calls; • Returning home under the influence of drugs/alcohol;
- Inappropriate sexualised behaviour for age/sexually transmitted infections;
- Evidence of/suspicions of physical or sexual assault;
- Relationships with controlling or significantly older individuals or groups;
- Multiple callers (unknown adults or peers);
- Frequenting areas known for sex work;
- Concerning use of internet or other social media;
- Increasing secretiveness around behaviours; and
- Self-harm or significant changes in emotional well-being.

Practitioners should also remain open to the fact that child sexual exploitation can occur without any of these risk indicators being obviously present.

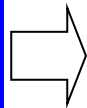
Peer on peer abuse

Peer on peer/child on child abuse can be motivated by perceived differences eg on grounds of race, religion, gender, sexual orientation, disability or other difference. It can result in significant, long lasting traumatic isolation, intimidation, or violence to the victim. Children or young people who harm others may have additional or complex needs eg significant disruption in their own lives, exposure to domestic violence or witnessing or suffering abuse, educational under achievement, being involved in crime. It should be recognised that peer abuse is harmful to both the perpetrator (who is a child) and the victim.

Peer-on-peer abuse includes, but is not limited to:

- physical and sexual abuse
- sexual harassment and violence
- emotional harm
- on and offline bullying
- teenage relationship abuse

It can even include grooming children for sexual and criminal exploitation.



Some possible signs:

- Absence from school
- Disengagement from activities
- Physical injuries
- Mental or emotional health issues
- Becoming withdrawn – lack of self esteem
- Lack of sleep
- Alcohol or substance misuse
- Changes in behaviour
- Inappropriate behaviour for age
- Harmful towards others

Appendix B: Guidelines on handling a disclosure and how to react when a child wants to talk about abuse

If a child makes a disclosure of abuse the following actions are to be taken:

- React calmly so as not to frighten or deter the child/young person
- Listen carefully to what the child / young person tells you without interrupting and take it seriously
- Ask questions for clarification only e.g., when where and how? Avoid asking questions that are leading and suggest a particular answer like did they..., did you...?
- Do not stop a child / young person who is freely recalling significant events. Allow them to continue at their own pace.
- Acknowledge how difficult it might have been for them to share this with you
- Reassure them that they have done the right thing in telling
- Tell the child/young person that they are not to blame. Even when a child has broken a rule they are not to blame for the abuse
- Be aware the child may have been threatened
- Never promise a child / young person that what they told you can be kept a secret. Explain to the child / young person that you have a responsibility for their safety and therefore have to tell somebody in authority. Let them know that there are others who can help them and that they are not alone.
- Tell them what you will do next and with whom the information will be shared

- Ensure the safety of the child/young person
- As soon as possible take care to record in writing on a Safeguarding Concerns form, what was said using the child's own words. Record the date, time, setting, any names mentioned, to whom the information was given and other people present. Sign and date the record
- Record any subsequent events and actions
- It is not your responsibility to decide if a child has been abused. Any disclosure must be raised with the Named Designated Safeguarding Lead or in their absence the deputy DSL, and followed through appropriately

Helpful things to say

- I believe you
- It was right for you to tell
- It is not your fault
- I will help you

Avoid saying

- Why didn't you tell anyone before?
- I can't believe it
- Are you sure this is true?
- Never make false promises
- Never make statements such as "I am shocked, don't tell anyone else"

A child may recall former abuse once in a safe situation. Although they may be under no current threat to their safety, any disclosure must be raised with the Designated Safeguarding Officer and followed through appropriately.

You may also have concerns about a child's welfare where there has not been any disclosure or allegation. In the best interests of the child / young person, these concerns should be raised with the Designated Safeguarding Officer and followed through appropriately.

Appendix C: [Safeguarding – Concerns Record](#)

Appendix D: [Request for Service Form](#)