

MANOR HOUSE DAY CARE

Safeguarding and Promoting Children's Welfare

This policy is underpinned by:

- Children Act 1989 and 2004
- Childcare Act 2006
- Safeguarding Vulnerable Groups Act 2006
- Children and Social Work Act 2017
- The Statutory Framework for the Early years Foundation Stage (EYFS) 2017
- Working together to safeguard children 2018
- Data Protection 1998
- The Protection of Children Act 1999
- Freedom of Information Act 2000
- Equality Act 2010 - Human Rights Act 2000
- Rehabilitation of Offenders Act 1974
- "What to Do if You Worried a Child is Being Abused" 2015
- The Common Assessment Framework (2005)
- Keeping Children Safe in Education 2018
- Data Protection Act 2018
- Counter-terrorism and Security Act 2015

This policy works alongside the following specific policies to cover all aspects of child protection:

- Looked after children
- Mobile phones and smart watches
- Internet, E-Safety and Social Media
- Cameras and Photography
- Extremism – The Prevent Duty & British Values
- Monitoring non-attendance
- Uncollected children
- Intimate, safe and respectful care
- Missing children
- Respecting children's rights
- Lock down and intruder
- Safer recruitment
- Staff information and conduct
- Ratios and lone working
- Students and volunteers
- Staff working with their own children
- Agency
- Babysitting
- Monitoring staff behaviour
- Whistleblowing and disclosure
- Compliments, comments and complaints

We are committed to creating an environment in which children are safe from abuse and in which any suspicion of abuse is promptly and appropriately responded to. We recognise that the welfare of all children is paramount and that all children and young people, regardless of ability or culture, have equal rights of protection. We have a duty of care when they are in our charge and will do everything possible to provide a safe and caring environment whilst they attend our setting; to aid in doing this, we also monitor children's attendance.

We work with children, parents, external agencies and the community to ensure the welfare and safety of children to give them the best start in life.

Students, volunteers and visitors will never be left alone with individual children or small groups. We have recording procedures in place for visitors. On occasions, employees may be required to work with a small group of children on their own. In these circumstances they will always be visible by another member of staff. When carrying out intimate care such as nappy changing, the door is left ajar so that the child's modesty is considered but ensuring the safety and welfare of the child and member of staff is paramount.

With regard to a robust recruitment process, please see our Safer Recruitment policy.

Exclusion of Known Abusers

It will be made clear to applicants for posts within the nursery that the position is exempt from the provisions of the Rehabilitation of Offenders Act 1974.

We also operate various other policies and procedures as listed above to ensure children are kept safe whilst in our care.

All staff have access to and comply with the whistleblowing policy which will enable them to share any concerns that may arise about their colleagues in an appropriate manner.

Types of Abuse and Particular Procedures to be Followed

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by harming them or by failing to act to prevent harm. Children may be abused within a family, institution or community setting by those known to them or a stranger. This could be an adult or adults, another child or children.

What to do if you're worried a child is being abused (advice for practitioners) 2015.

The signs and indicators listed below may not necessarily indicate that a child has been abused but will help us to recognise that something may be wrong, especially if a child shows a number of these symptoms or any of them to a marked degree.

Indicators of Child Abuse

- Failure to thrive and meet developmental milestones
- Fearful or withdrawn tendencies
- Unexplained injuries to a child or conflicting reports from parents or staff
- Repeated injuries

- Unaddressed illnesses or injuries
- Significant changes to behaviour patterns.

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.

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 as we do for adults abusing children and will take advice from the appropriate bodies on this area.

Physical Abuse

Action needs to be taken if staff have reason to believe that there has been a physical injury to a child, including deliberate poisoning, where there is definite knowledge or reasonable suspicion that the injury was inflicted or knowingly not prevented. These symptoms may include bruising or injuries in an area that is not usual for a child, e.g. fleshy parts of the arms and legs, back, wrists, ankles and face.

Many children will have cuts and grazes from normal childhood injuries. These should also be logged and discussed with the nursery manager or room leader.

Children and babies may be abused physically through shaking or throwing. Other injuries may include burns or scalds. These are not usual childhood injuries and should always be logged and discussed with the designated safeguarding lead (DSL) and/or nursery manager.

Female Genital Mutilation

This type of physical abuse is practised as a cultural ritual by certain ethnic groups and there is now more awareness of its prevalence in some communities in England including its effect on the child and any other siblings involved.

This 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 community¹. Symptoms may include bleeding, painful areas, acute urinary retention, urinary infection, wound infection, septicæmia, incontinence, vaginal and pelvic infections with depression and post-traumatic stress disorder as well as physiological concerns. If you have concerns about a child relating to this area, you should contact children's social care team in the same way as other types of physical abuse.

There is 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, we will ensure this is followed in our setting.

Breast Ironing

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. Although this is unlikely to happen to children in the nursery due to their age, we will ensure any signs of this in young adults or older children are followed up using the usual safeguarding referral process.

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.

Sexual Abuse

Action needs to be taken if the staff member has witnessed an occasion(s) where a child indicated sexual activity through words, play, drawing, had an excessive preoccupation with sexual matters or had an inappropriate knowledge of adult sexual behaviour or language. This may include acting out sexual activity on dolls/toys or in the role play area with their peers, drawing pictures that are inappropriate for a child, talking about sexual activities or using sexual language or words. The child may become worried when their clothes are removed, e.g. for nappy changes.

The physical symptoms may include genital trauma, discharge and bruises between the legs or signs of a sexually transmitted disease (STD). Emotional symptoms could include a distinct change in a child's behaviour. They may be withdrawn or overly extroverted and outgoing. They may withdraw away from a particular adult and become distressed if they reach out for them, but they may also be particularly clingy to a potential abuser so all symptoms and signs should be looked at together and assessed as a whole.

¹ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/512906/Multi_Agency_Statutory_Guidance_on_FGM_-_FINAL.pdf

If a child starts to talk openly to an adult about abuse, they may be experiencing the procedure below will be followed:

Procedure:

- The adult should reassure the child and listen without interrupting if the child wishes to talk
- The observed instances will be detailed in a confidential report
- The observed instances will be reported to the nursery manager or DSL
- The matter will be referred to the local authority children's social care team (see reporting procedures).

Child Sexual Exploitation (CSE)

Working Together to Safeguard Children defines CSE as "...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."

We will be aware of the possibility of CSE and the signs and symptoms this may manifest as. If we have concerns, we will follow the same procedures as for other concerns and we will record and refer as appropriate.

Emotional Abuse

Action should be taken if the staff member has reason to believe that there is a severe, adverse effect on the behaviour and emotional development of a child, caused by persistent or severe ill treatment or rejection.

This may include extremes of discipline where a child is shouted at or put down on a consistent basis, lack of emotional attachment by a parent, or it may include parents or carers placing inappropriate age or developmental expectations upon them. Emotional abuse may also be imposed through the child witnessing domestic abuse and alcohol and drug misuse by adults caring for them.

The child is likely to show extremes of emotion with this type of abuse. This may include shying away from an adult who is abusing them, becoming withdrawn, aggressive or clingy in order to receive their love and attention. This type of abuse is harder to identify as the child is not likely to show any physical signs.

Neglect

Action should be taken if the staff member has reason to believe that there has been any type of neglect of a child (for example, by exposure to any kind of danger, including cold, starvation or failure to seek medical treatment, when required, on behalf of the child), which results in serious impairment of the child's health or development, including failure to thrive.

Signs may include a child persistently arriving at nursery unwashed or unkempt, wearing clothes that are too small (especially shoes that may restrict the child's growth or hurt them), arriving at nursery in the same nappy they went home in or a child having an illness or identified special educational need or disability that is not being addressed by the parent. A child may also be persistently hungry if a parent is withholding food or not providing enough for a child's needs.

Neglect may also be shown through emotional signs, e.g. a child may not be receiving the attention they need at home and may crave love and support at nursery. They may be clingy and emotional. In addition, neglect may occur through pregnancy as a result of maternal substance abuse.

Domestic Abuse / Honour Based Violence / Forced Marriages

We look at these areas as a child protection concern. Please refer to the separate policy for further details on this.

Reporting Procedures

All staff have a responsibility to report safeguarding concerns and suspicions of abuse. These concerns will be discussed with the designated safeguarding lead (DSL) as soon as possible.

- Staff will report their concerns to the DSL (in the absence of the DSL they will be reported to the Deputy DSL)
- Any signs of marks/injuries to a child or information a child has given will be recorded and stored securely
- If appropriate, the incident will be discussed with the parent/carer, such discussions will be recorded, and the parent will have access to these records on request
- If there are queries/concerns regarding the injury/information given, then the following procedures will take place:

The designated safeguarding lead will:

- Contact the local authority children's social care team to report concerns and seek advice (if it is believed a child is in immediate danger, we will contact the police)
- Inform Ofsted
- Record the information and action taken relating to the concern raised
- Speak to the parents (unless advised not to do so by LA children's social care team)
- The designated safeguarding lead will follow up with the Local Authority children's social care team if they have not contacted the setting within the timeframe set out in Working Together to Safeguarding Children (2018). We will never assume that action has been taken,

Keeping children safe is our highest priority and if, for whatever reason, staff do not feel able to report concerns to the DSL or deputy DSL they should call the Local Authority children's social care team or the NSPCC and report their concerns anonymously.

These contact numbers are displayed 020 8314 6660/NSPCC- 020 7825 2500

Recording Suspicions of Abuse and Disclosures

The training provided to all staff will enable them to recognise the different types and indicators of physical abuse, neglect, emotional abuse and sexual abuse. 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.

When a child comes into nursery with a worrying mark/injury the parents/carer will be asked to complete an "existing injuries" form which asks for details of how the injury was caused and is dated and signed. This form is viewed, and counter signed by the designated Safeguarding Lead.

If a member of staff feels there is a cause for concern about a child, then a 'Record of Concern' is opened. This 'Record of Concern' will record any worrying changes observed in a child's behaviour, physical condition or appearance. This will be quite separate from the usual on-going records of children's progress and development. The record will include, in addition to the name, address and age of the child any timed and dated observations. It will describe objectively the child's behaviour/appearance, without comment or interpretation. Where possible, the exact words spoken by the child are recorded and it is then dated and signed by the recorder. When appropriate a body map will be used to record a concern about physical injury to a child.

We take care not to influence the outcome either through the way we speak to children or by asking questions of children. Such records are highly confidential and will be kept in a separate file that will not be accessible to people in the nursery other than the Manager, Safeguarding Officer, Deputy Safeguarding Officer, Key Person and other members of staff as appropriate.

Parents will normally be the first point of reference, unless we feel this would be detrimental to a child's safety. Procedures to follow when there is a concern:

- We may seek advice from the Multi Agency Safeguarding Hub (MASH) on 020 8314 6660 which may then lead to a referral being made.

Recording Details

Staff should make an objective record of any observation or disclosure, supported by the nursery manager or designated safeguarding lead (DSL). This record should include:

- Child's name
- Child's address
- Age of the child and date of birth
- Date and time of the observation or the disclosure
- Exact words spoken by the child
- Exact position and type of any injuries or marks seen
- Exact observation of any incident including any concern was reported, with date and time; and the names of any other person present at the time
- Any discussion held with the parent(s) (where deemed appropriate).

These records should be signed by the person reporting this and the *manager/*DSL/*supervisor, dated and kept in a separate confidential file. If a child starts to

talk to an adult about potential abuse it is important not to promise the child complete confidentiality. This promise cannot be kept. It is vital that the child is allowed to talk openly, and disclosure is not forced or words put into the child's mouth. As soon as possible after the disclosure details must be logged accurately.

It may be thought necessary that through discussion with all concerned the matter needs to be raised with the local authority children's social care team and Ofsted. Staff involved may be asked to supply details of any information/concerns they have regarding a child. The nursery expects all members of staff to co-operate with the local authority children's social care, police, and Ofsted in any way necessary to ensure the safety of the children.

Staff must not make any comments either publicly or in private about the supposed or actual behaviour of a parent or member of staff.

Informing Parents

Parents will be informed if a child is to be referred to MASH, but **will not** be informed if a child is suspected of being sexually abused or is deemed to be in potential immediate danger.

If a child is deemed to be in immediate danger, Manor House Day Care will contact the Police via 999 and subsequently, MASH where appropriate.

Confidentiality

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

Support to Families

The nursery takes every step in its power to build up trusting and supportive relations among families, staff, students and volunteers within the nursery.

The nursery continues to welcome the child and the family whilst enquiries are being made in relation to abuse in the home situation. Parents and families will be treated with respect in a non-judgmental manner whilst any external investigations are carried out in the best interest of the child.

Confidential records kept on a child are shared with the child's parents or those who have parental responsibility for the child, only if appropriate in line with guidance of the local authority with the proviso that the care and safety of the child is paramount.

We will do all in our power to support and work with the child's family.

Disclosure and Consent: First Party Disclosure

This is when a parent or child tells us something that concerns us. In this instance we will share information without consent, record the information without a parent's signature or knowledge; if to do so might expose the child to further harm.

Disclosure and Consent: Third Party Disclosure

This is when another person tells us of their concern about a child. We will record the conversation and any action we took. We would advise the person to refer it to the Multi-Agency Safeguarding Hub at Lewisham or help them to do so. If they refuse to refer, we would tell them that we intend to make a referral to safeguard the child.

Informed Consent

To allow us to share information about children or young people in our care we must ensure we have the informed consent of someone with parental responsibility. We will explain the purpose of the information, how the information will be shared, who the information will be shared with and how the information will be stored and for how long.

We do not have to have informed consent to share information if we are concerned that a child is being abused or neglected, or if required by the court or police.

Informing Without Consent

We may share information without consent when:

- The child or young person is at risk of significant harm
- The child or young person is at risk of harming themselves or someone else
- The child or young person needs urgent medical treatment
- Information is required by the court as part of a legal proceeding
- Information is requested by the police if investigating a serious crime
- Sharing information is required to undertake a statutory function e.g. Social Care Services
- The disclosure prevents the child or young person from committing a criminal offence that could place others in jeopardy or place us at risk of collusion

Information Sharing

When sharing information, we will follow the following rules:

- Remember the Data protection act is not a barrier to sharing information
- Be open and honest
- Seek advice if we aren't sure
- Share with consent where appropriate or over-ride this in the public interest
- Consider safety and well-being
- Necessary, proportionate, relevant, accurate, timely and secure
- Keep a record

When decision making, we will use the following key questions:

- Do we have a clear and legitimate purpose for sharing the information?
- Does the information allow a living person to be identified?
- Is the information Confidential?
- Do I have consent to share?
- Is there sufficient public interest to share the information? E.g to safeguard a child.

- Am I sharing the information appropriately and securely?
- Have I properly recorded my decision to share or not to share the information?

Children in Need

Children in need are children that the Local Authority has a duty towards in both terms of family support and child protection. The law defines children in need if:

- He/she is unlikely to achieve or maintain, or have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him/her of services by a local authority
- His/her health or development is likely to be significantly impaired, or further impaired, without the provision for him/her of such services or
- He/she is disabled
- Action we would take if we were concerned about a child or young person's health or development
- If we do not suspect abuse or neglect and do not have concerns about significant harm, we would liaise with the SENCO to determine what early support we can provide within the setting
- If we do not suspect abuse or neglect and do not have concerns about significant harm, we would consider engaging the family in the CAF process.
- If we do not suspect abuse or neglect but are concerned about significant harm and feel it warrants a social care service response, we would call Lewisham Children's Social Care team.

If we are unsure how to proceed, we would contact the MASH team for advice.

Children in Need of Protection

Children in need of protection must be responded to promptly and appropriately by the local authority. Should there be concern that a child is at risk of significant harm through abuse or neglect, we will contact MASH immediately on 020 8314 6660 to discuss concerns, later using the MASH referral form to request child protection from MASH, or doing so via email (mashagency@lewisham.gov.uk). If we suspect a child is suffering from abuse or neglect, we would Open Record of Concern and follow the LSCB flow chart and refer to MASH or if the child is at immediate risk contact the police. Once we have called MASH we would follow this up with the MASH Referral Form within 24 hours. We have a copy of 'What to do if you're worried a child is being abused' for parents and staff. All staff are familiar with what to do if they have concerns. This document is kept in the office.

The Common Assessment Framework (CAF)

If we identified a child or young person with unmet needs that cannot be met by themselves or their agency or by a single-agency referral, or where the need is not a safeguarding issue, we would use the Common Assessment Framework.

The CAF form is consensual which means that parents agree to engage in the CAF process. This will enable us to identify if we need help from other professionals.

The aim of the CAF process is to make sharing information between professionals about children and their needs easier and more productive. The assessment focuses on the needs of the child or young person and gathers information that helps identify what those needs are.

We are committed to working with the Early Help Department of MASH who will meet and discuss the assessment and decide an action plan to address the unmet needs. We will always make these meetings a priority to attend.

Liaise with Other Bodies

The nursery operates in accordance with Lewisham Safeguarding Children's Board guidelines. Parents will be allowed access to all written records about their child (except in exceptional cases where data protection laws stipulate it is against the best interests of the child to do so) and, where requested, comments from parents are incorporated into children's records.

When a referral to MASH is made parents will be advised unless this places the child at an increased risk of significant harm. The nursery will contact Ofsted as required notifying them of any changes as stated in EYFS statutory Framework and if any allegation has been made. The group will maintain ongoing contact with the registering authority, including names, addresses and telephone numbers of individual social worker, to ensure that it would be easy, in any emergency, for the nursery and Social Services Department to work together.

Should the concern relate to a member of staff, contact will also be made with the Local Authority Designated Officer (LADO).

Supporting Families

The nursery will take every step in its power to build up trusting and supportive relationships between families and staff and volunteers in the group. Where abuse at home is suspected, the nursery will continue to welcome the child and family while investigations proceed. Confidential records kept on a child will be shared with the child's parents unless this places the child at an increased risk of significant harm.

Contact Numbers

Organisation	Contact Number
Local Authority Designated Officer, Eleanor Hagondon-Lowe	0208 314 7280 LewishamLADO@Lewisham.gov.uk
Ofsted	0300 123 1231
Multi-Agency Safeguarding Hub (MASH)	0208 314 6660 mashagency@Lewisham.gov.uk
Non-Emergency Police	101
Lewisham Police Station	0208 721 2481

Government Counter Extremism Helpline	0207 340 7264 counter.extremism@education.gov.uk
London Safeguarding Children Board	https://www.safeguardinglewisham.org.uk/lscb/lscb/professionals/early-help-1