Safeguarding Children / Child Protection Policy and Procedure

This child protection policy and procedure forms part of our safeguarding arrangements.

Aims

We consider the welfare of the child to be paramount and it is the duty of staff and volunteers (under HM Government's Working Together to Safeguard children 2023 guidance) to implement this policy, and to ensure that it has in place appropriate procedures to safeguard the well-being of children and young people and protect them from abuse. We cooperate with the council (South West of England Child Protection Procedures) and the keeping Bristol Safe Partnership (KBSP) to safeguard and promote the welfare of children and young people and ensure the effectiveness of our safeguarding procedures.

Safeguarding and promoting the welfare of children, in relation to this policy is defined as:

- Protecting children from maltreatment
- Preventing the impairment of children's mental and physical health and development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children to have the best outcomes
  (Definition taken from the HM Government document 'Working together to safeguard children 2023)

1 Implementation and Monitoring

- The Management will appoint a Designated Safeguarding Lead. (please see attached job description)
- The Designated Safeguarding Lead (DSL) will take responsibility for safeguarding children within the setting and liaising with local statutory children's services agencies as appropriate. They must also attend multi-agency child protection training courses, to be updated every 2 years (in Bristol this is run by the Keeping Bristol Safe Partnership – KBSP).
- The Designated Safeguarding Leads at Archfield and Woodland House Nursery: Emma Base, Sara Dixon, Leila Garau (Deputy), Sharni Burgess (Deputy) and Nicola Smith (Deputy).
- The DSL will provide advice and support to other staff on child welfare, safeguarding and child protection matters.
- The DSL will take the lead responsibility on online safety and filtering and monitoring of the internet and devices in the setting.
- All staff and volunteers are to undertake child protection training which is to be updated every 2 years. There will be an annual update for all staff to keep practice updated, run by the Designated Safeguarding Leads. The Safeguarding Policy must be part of the induction for all new staff and volunteers.
- All staff and volunteers are aware of how to support children to understand and recognise risk;
- The setting will review this policy annually to ensure it is being implemented.
- If the Designated Safeguarding Lead is uncertain about the concerns of a child, consultation with Family Help should take place.
- We have regard to 'Working Together to safeguard children' 2023 guidance, Keeping Children Safe in Education (2025) and What to do if you are worried a child is being abused (2015), advice for practitioners.
- Our policy and procedures will be in line with the South West of England Child Protection procedures.

- Staff and volunteers working with children must maintain an attitude of 'it could happen here'.

Designated Safeguarding Team

All staff have a safeguarding duty. However, the management and leadership team with specific safeguarding responsibilities are;

Designated Safeguarding Lead (DSL)

Designated Safeguarding Lead (DSL)

Deputy Designated Safeguarding Lead (DSL)

Deputy Designated Safeguarding Lead (DSL)

Deputy Designated Safeguarding Lead (DSL)

2 Definition of Abuse

Child abuse is any action by another person – adult or child – that causes significant harm to a child.

The 1989 Children Act recognises four categories of abuse:

- **Physical Abuse –** a form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child, or failure to prevent physical injury. Physical harm may also be caused when a Parent or Carer fabricates the symptoms of, or deliberately induces illness in a child.

- **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 the 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. Sexual abuse can take place online and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children (see Peer on peer abuse)

- **Emotional Abuse** – the persistent emotional maltreatment of a child as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only in so far 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 a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing a child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of

another. 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.

- **Neglect** - 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:
  - **a.** Provide adequate food, clothing and shelter (including exclusion from home or abandonment)
  - **b.** Protect a child from physical and emotional harm or danger
  - **c.** Ensure adequate supervision (including the use of inadequate care-givers)
  - **d.** Ensure access to appropriate medical care or treatment

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

Other recognised categories of abuse:

Historical Abuse

There may be occasions when a child will disclose abuse (either sexual, physical, emotional or neglect) which occurred in the past. This information needs to be treated in exactly the same way as a disclosure of current child abuse. The reason for this is that the abuser may still represent a risk to children now.

Domestic Abuse
Any incident or pattern of incidents of controlling, coercive, threatening behavior, violence or abuse between those aged 16 or over who are, or have been intimate family partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to: psychological; physical; sexual; financial and emotional.

Children can be victims of domestic abuse and exposure to domestic abuse and/or violence can have a serious, long lasting impact on children. Children seeing, hearing or experiencing this may demonstrate many of the symptoms listed in the Recognising/Indicators of child abuse section below. Staff will need to treat them sensitively, record their concerns and consider informing First Response.

If staff have any concerns about any child being exposed to domestic abuse then they would complete a concern about a child form and hand to the setting DSL.

Please refer to our separate policy: **Workplace Domestic Abuse Policy** for concerns about a member of staff being abused.

Female Genital Mutilation (FGM)

FGM has been a criminal offence in the UK since 1985. In 2003 it also become a criminal offence for UK nationals or permanent residents to take their child abroad to have female genital mutilation (Female Genital Mutilation Act 2003). Anyone found guilty of the offence faces a maximum of 14 years in prison. Section73 of the serious Crime Act 2015 amended the Female Genital Act to include FGM protection orders (FGMPOs). A FGM protection order is a civil measure which can be applied for through family court. The FGM protection order offers the means of protecting actual or potential victims from FGM civil law.

It is helpful if you can to have conversations at the earliest opportunity with Parents and Carers and provide leaflets about FGM from the KBSP website communities page: Welcome to the Keeping Bristol Safe Partnership website. (www.bristolsafeguarding.org)

All agencies have a statutory responsibility to safeguard children in terms of preventing girls from FGM and identifying children who have already survived the procedure. It is important staff are aware of what FGM is and the signs to look out for in girls at risk of the practice. For more information please go to the Keeping Bristol Safe Partnership FGM Safeguarding Guidance, in the Honour-Based-Violence section:

https://bristolsafeguarding.org/policies-and-guidance/honour-based-violence-and-forced-marriage/

Being able to identify girls who are at risk needs a sensitive approach.

The Keeping Bristol Safe Partnership has an FGM referral risk assessment for professionals to consider the risks of girls from FGM.
https://democracy.bristol.gov.uk/documents/s27068/Appendix%203%20FGM%20Referral%20Risk%20Assessment%202018.pdf

At any time, we can seek advice from BAND, Family Help or First Response. A record of the outcome must be kept.

Some signs that MAY indicate a girl is at risk of FGM include:

- Parents requesting an extended leave from school on top of school holidays.
- If a girl comes from a country that has high prevalence of FGM.
- Mother and other siblings have undergone FGM.
- Child may indicate that they are going to a special event

Consider whether any other indicators exist that suggest FGM may have or has already taken place, for example:

- The child has changed in behaviour after a prolonged absence from the setting.
- The child has health problems, particularly bladder or menstrual problems.
- The child has difficulties walking, sitting or standing and may appear to be uncomfortable.

If a girl is at immediate risk of FGM taking place it is a significant child protection issue and it must be reported to the Police and/or First Response.

You have the statutory duty to report if a girl under 18 informs you they have had FGM or if you see it. If FGM has taken place it is a significant child protection issue and it must be documented and reported to First Response and/or the Police.

When FGM has taken place, the Children's social care team will liaise with health services so that a statutory safeguarding assessment takes place and to look at how the girl and family will be supported to access appropriate health care if needed. Legal action may be considered.

For more information on this topic, see the online South West Child Protection Procedures, NSPCC or locally KBSP & BAVA. Contact details are in Appendix A.

The Prevent Duty/Radicalisation

Under the Counter –Terrorism and Security Act 2015 we have a duty to refer any concerns of extremism to the police prevent team. It is essential that staff members are able to identify children who may be vulnerable to radicalisation, and know what to do when they are identified. Staff will be trained to recognise possible signs. In line with our e-safety policy, appropriate controls for digital content will be in place.

There is no single way of identifying an individual who is likely to be susceptible to a terrorist ideology. As with managing other safeguarding risks, staff should be alert to changes in children's behaviour which could indicate that they may be in need of help or protection. It is important to take action if staff observe behaviour of concern. The Police Prevent Team can give advice, contact 01278 647466 or ring 101 and ask the for Prevent Team, explaining you are calling about extremism or radicalisation.

Any concerns about a child will be referred through First Response or to the Police. The concern may then be dealt with through usual safeguarding processes or referred to the Channel process.

Another source of advice around preventing extremism in schools and children's services nationally is the Counter Extremism Group.

If concerned about extremism in a school or organisation that works with children, or if you think a child might be at risk of extremism, contact the helpline.
Telephone 020 7340 7264 or
Email: counter.extremism@education.gov.uk

Channel info: channelsw@avonandsomerset.pnn.police.uk

British Values

The DfE have recently reinforced the need to "create and enforce a clear and rigorous expectation on all nurseries to promote the fundamental British Values of democracy, the rule of law, individual liberty and mutual respect and tolerance of those with different faiths and values".

The Government set out its definition of British Values in the 2011 'Prevent Strategy'. At Archfield/Woodland House Nursery these values are reinforced regularly in the following ways:

- **Democracy –** we listen to children and parent voices. Our nursery behaviour policy is clear that children are expected to contribute and co-operate, taking into account the views of others.
- **The Rule of Law –** we consistently reinforce our high expectations of children. Children are taught the value and reasons behind our expectations (rules) and that they are there to protect us, that everyone has a responsibility, and that there are consequences when rules are broken.
- **Individual Liberty –** within the nursery, children are actively encouraged to make choices, knowing that they are in a safe and supportive environment. As a nursery, we educate and provide boundaries for young children to make choices safely, through our provision of a safe environment and empowering teaching. Children are encouraged to know, understand and exercise their rights and personal freedoms.
- **Mutual Respect –** part of our nursery ethos and behaviour policy has revolved around core values such as 'Respect' and children are modelling this by caring, sharing and listening to others. Staff help children to understand how to respect by talking about how actions/words can hurt others.
- **Tolerance of those of Different Faiths and Beliefs –** we aim to enhance children's understanding of different faiths and beliefs by participating in a range of celebrations throughout the year. We provide resources and activities that challenge gender, cultural and racial stereotyping. We create an ethos of inclusivity and tolerance within our nursery where views, faiths and cultures are celebrated.

Non-Mobile Babies

Injuries in non-mobile babies are rare and must be further investigated by a paediatrician even if an explanation seems plausible. The mark/injury must be recorded along with the explanation given. All non-mobile babies with an injury should be discussed with a Hospital or Community Paediatrician or the Children's Emergency Department who will make a decision on whether the baby needs to be examined by a medical professional. Early Years settings working with non-mobile babies need to follow the Keeping Bristol Safe Partnership "Multi Agency Protocol for Injuries in Non-Mobile babies".

If settings need to use the procedure, it is important that, as well as discussing this with and/or arranging for the baby to be examined by the Community Paediatrician, settings contact Social Care/First Response to request checks are made on the family. The referrer will request the check under the **non-mobile baby protocol**. This information will be made available to the Community Paediatrician to help in any risk assessment of the injury. This is not the same as making a referral and parents should be reassured that this is the case, but it is important that they check to see if the baby is already known to Social Care/Police.

The setting will support the parents/carers in making arrangements to attend medical examination appointment and will check with the hospital/medical examiners that the baby did attend the appointment. If a parent/carer informs the setting that the baby has previously been medically examined for this injury/mark, then details need to be requested and this information double checked.

If a baby presents with a serious injury then seek medical attention immediately, usually by calling 999.

If an injury is serious or suggests abuse, we will make a **safeguarding referral** to Social Care/First Response. Regardless of whether the child is a non-mobile baby.

Missing child/Unauthorised absence

Children going missing from the setting when this is unexplained (through not attending when expected), particularly if this is persistent, or if a child is unexpectedly removed from a setting, can act as a vital sign for a range of safeguarding possibilities. This may include abuse and neglect, sexual abuse or exploitation and criminal exploitation. It may indicate mental health problems, risk of substance abuse, risk of travelling to conflict zones, risk of genital mutilation, risk of forced marriage, family crisis or other issues that could affect the health and well-being of a child.

As part of our requirements under the statutory framework and guidance documents we are required to monitor children's attendance patterns to ensure they are consistent and no cause of concern.

Parents should please inform the nursery prior to their children taking holidays or days off, and all sickness should be called into the nursery on the day so the nursery management are able to account for a child absence.

Although the children are not in compulsory education, we believe that we have a responsibility to follow up on unauthorized absences to ensure that the child and family are safe and well, which forms part of our safeguarding commitment.

If a child has not arrived at nursery by 10am the parents will be called to ensure the child is safe and healthy. If the parents are not contactable then the further emergency contacts will be used to ensure all parties are safe.

To manage this appropriately we have a separate policy regarding children going missing from childcare or Unauthorised Absence.

Child on Child Abuse

Children can abuse other children. This is generally referred to as child-on-child abuse and can take many forms. This can include (but is not limited to): abuse within intimate partner relationships; bullying (including cyber bullying), sexual violence and sexual harassment; harmful sexual behavior, physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm; sharing nudes or semi nudes and initiation/hazing type violence and rituals. It is important that all victims are taken seriously and offered appropriate support. Keeping Children Safe in Education 2025, part five, provides information and guidance on managing cases of child-on-child sexual violence and sexual harassment. We do not tolerate any harmful behaviour in nursery and will take swift action to intervene where this occurs.

Our nursery may be the only stable, secure and safe element in the lives of children at risk, or who have suffered harm. Whilst at nursery, their behaviour may be challenging, defiant, or they may be withdrawn or display abusive behaviours towards other children. We recognise that some children may abuse their peers and any incidents of 'Child on Child abuse' will be managed in the same way as any other child protection concern and will follow the same procedure.

In addition, safeguarding action may be needed to protect children against:

(Please note that some of these terms are used to describe the same/similar harms and there are often overlaps: e.g. a child might get groomed or coerced into a gang where there is the risk of being a victim of serious violence and that gang might be involved in county lines drug selling.)

- Bullying, including online bullying (cyberbullying)and prejudice-based bullying
- Racist, disability and homophobic or transphobic abuse
- Gender-based violence/violence against women and girls
- Child on Child Abuse (bullying, physical abuse, sexual violence, sexual harassment, up skirting, sexting and initiation/hazing)
- Child Sexual Exploitation and trafficking
- Modern slavery/trafficking/children from abroad
- Child Criminal Exploitation and County Lines (Serious violence)
- Gang activity or youth violence
- Risks linked to using technology and social media, including online bullying; the risks of being groomed online for exploitation or radicalisation; and risks of accessing and generating inappropriate content, e.g.: sharing nudes or semi nudes and accessing pornography
- Teenage relationship abuse
- Substance abuse
- Poor parenting
- Homelessness
- Forced marriage
- So-called "honour-based" abuse (this includes Forced Marriage, FGM and Breast Ironing)

ACES and Trauma Informed Practice

Adverse Childhood Experiences (ACEs) are stressful experiences occurring during childhood that directly harm a child or affect the environment in which they live. Recognising and understanding the impact of trauma informs an approach to building resilience.

Trauma-Informed practice is an approach which is grounded in the understanding that trauma exposure can impact a child's neurological, biological, psychological and social development (KBSP).

More information: Adverse Childhood Experiences and Trauma Informed Practice in Bristol

Safer Options and Contextual Safeguarding
An approach to understanding, and responding to, young people's experiences of significant harm beyond their families. It recognises that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse.

More information: Safer Options, Contextual Safeguarding and Extrafamilial Harm

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 under voluntary arrangements with consent of parents or an interim or full care order)
- Contact arrangements for the biological parents (or those with parental responsibility)
- The child 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.

Please refer to the **Looked After Children policy** for further details

Child Sexual Abuse in the Family Environment

Intra-familial child sexual abuse refers to child sexual abuse that occurs within a family environment. Around two-thirds of all child sexual abuse reported to the police is perpetrated by a family member or someone close to the child. Sexual abuse which takes place within family environments often remains hidden and is the most secretive and difficult type of abuse for children and young people to disclose. Therefore, professionals must be able to spot the signs of possible sexual abuse and take appropriate action. The Centre of Expertise on child sexual abuse have produced resources to support professionals, including the 'signs and indicators' template for identifying and responding to concerns of child sexual abuse (https://www.csacentre.org.uk/knowledge-in-practice/practice-improvement/supporting-practice-in-tackling-child-sexual-abuse/).

Confidentiality and Appropriate Disclosure of Information

Confidentiality is crucial to all our relationships, but the welfare of the child is paramount. The law does not allow anyone to keep concerns relating to abuse to themselves. Therefore, confidentiality may not be maintained if the withholding of information will jeopardise the welfare of the child.

All information that has been collected on any child will be kept locked and secure. Access will be limited to the appropriate staff, management and relevant agencies.

In the event of an investigation it is essential that no information on child protection concerns relating to a child are disclosed inappropriately. Any such leaks could have serious consequences for both the child concerned and any investigation.

If uncertain about what information may be shared, take advice or refer to Bristol's Information Sharing Protocol.

- Whilst Parents/Carers have the right to see any records kept on their child, this might not always be appropriate and should not put the child or yourself at risk.
- It is important that only those who need to know, actually know, to avoid rumour and gossip that could affect the child, Parent/Carer and the nursery.

Transfer of a Child Protection Safeguarding file from one to education setting to another e.g from an early years setting to another early years setting or to a school.

- The Designated Safeguarding Lead must inform the receiving setting that the child has a child protection file and that this is going to be transferred to them.
- The Designated Safeguarding Lead should pass the original copy of the child protection/safeguarding file to the receiving setting; this should be delivered separately to the child's main file and be delivered either by hand or recorded delivery. The Parent/Carer of the child must never be used to transfer the child protection file. The transfer of files must happen within five days of the child starting their new school/setting and the setting should record the transfer has been made.
- The setting should ensure that confidentiality is maintained and the transfer process is as safe as possible.

- When a new child starts that has previously been attending another setting, the previous setting will be asked if the child has a Child Protection/Safeguarding file;
- If so, once the transfer of the file has been made, the setting should record that the file has been received (receipt) and keep this record for 6 years.
- Settings transferring the file, should keep a copy of the transferred file themselves for a minimum of 6 years and/or until the child reaches their 25th birthday. A recommendation is to mark the envelope with the date of the child's 25th Birthday as the 'Date for Destruction'.

Please refer to the KBSP document '**Guidance on the Transfer of a Child Protection Safeguarding file to another education setting'** for full details of what should be in a file, how to transfer it and what records should be retained.

Parents/Carers will be made aware that, as an education provider, we have a duty to share/pass on child protection/safeguarding information to the next education provider.

Protecting Children and Young People

We will use KBSP Bristol Multi Agency Threshold Guidance, to help us identify the response needed.

Recognising Abuse, Neglect & Exploitation

Recognising abuse is one of the first steps in protecting children and young people. There could be signs or behaviour that make you feel concerned. All staff should be alert to the following types of behaviour in the children:

- Failure to thrive and meet development milestones
- Becoming excessively aggressive, withdrawn or clingy.
- Seeming to be keeping a secret.
- Significant changes in children's well-being.
- Significant changes to patterns of behaviour
- Deterioration in children's well-being.
- Any bruises or marks on a non-mobile baby.
- Unexplained bruising, marks or signs of possible abuse or neglect;
- Unreasonable fear of certain people or places.
- Acting out in an inappropriate way, perhaps with adults, other children, toys or objects.
- Children's comments which give cause for concern, e.g. inconsistent explanations of bruising, injuries or burns.
- Self-harm.
- Repeated injuries
- Unaddressed illnesses or injuries
- Sexually explicit language or actions.
- Are upset, withdrawn or angry after using the internet or texting.
- Children who go missing, particularly on repeat occasions.

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.

Vulnerability

Vulnerability considerations raised by the Equality Act 2010 and Keeping Children Safe in Education 2025

In relation to safeguarding and promoting the welfare of children, our nursery will consider how we are supporting children regarding protected characteristics.
Some children may be more vulnerable to abuse for a range of reasons, so staff need to be alert to these.

- Disabled children. Staff should be vigilant regarding possible signs of abuse relating to disabled children and not automatically assume that signs relate to their impairment.
- Send/children with behaviour issues
- Looked after children/children in care
- Homelessness
- Children with allocated social worker or family support worker
- Privately fostered children
- Young carers
- Parents/carers in prison
- Parents/carers or children with alcohol, drug use or domestic abuse issues
- Mental Health issues in parents/carers or children
- Missing from home, care or education
- Is at risk of being radicalized or exploited
- Children isolated and unsupported for a range of reasons

This list is not exhaustive and vulnerability is a changing situation which can affect any child. These children may benefit from Early Help. Every vulnerable child will have a named Key Person and when needed they will work together with the DSL or Inclusion Lead to ensure the child is supported. If needed, a written support plan will be put in place.

Staff should be equally vigilant regarding signs relating to disabled children and not automatically assume that any of the above relates to their impairment.

Not all concerns about children or young people relate to abuse, there may well be other explanations. It is important to keep an open mind and consider what you know about the child and their circumstances.

If you are worried, it <u>is not</u> your responsibility to investigate and decide if it is abuse. It <u>is</u> your responsibility to act on your concerns and do something about it.

1. What to do if Abuse is Disclosed

Archfield/Woodland House Nursery are committed to ensuring that it meets its responsibilities in respect of child protection by treating any allegations seriously and sensitively.

- **Stay calm**.
- **Listen** to what the child/young person is actually saying.
- **Reassure** them that they have done the right thing by telling you.
- **Ask open questions** e.g. Can you tell me why you are upset? Can you tell me what is frightening you? Can you tell me why you don't want to go home today? Open questions enable you to gain information and clarification.
- **Don't ask leading questions.** This could lead a child to say something or agree with you wrongly. A closed question is: Are you afraid to go home because your mum will hit you?
- **Do not ask the child/young person to repeat** what they have told you, for another member of staff. If the matter is to be investigated further it will be done so by trained professionals.
- **Do not promise the child that this information can be kept secret**, as subsequent disclosure could then lead to the child feeling betrayed.
- If appropriate, explain to the child who you are going to tell and why. If the child asks what might happen next, it is ok to say that you don't know, but that you can be there to support them if they want.
- Make a note of any conversation with the child, trying to make these as detailed as possible, including when and where the conversations took place. Draw a diagram if appropriate, to show the position of any bruises

or marks the child or young person shows you, trying to indicate the size, shape and colour.

- **Record** as soon as possible and use the **actual words** used by the child.
- **Keep all records factual.** Be aware of not making assumptions or interpretations of what the child/young person is telling you. Store all records securely.
- **Discuss your concerns with the Designated Safeguarding Lead.** If the allegation implicates the Designated Safeguarding Lead, the concerns should be discussed with the second Designated Safeguarding Lead. This must be reported to the LADO as soon as possible.
- **If appropriate inform Parents/Carers** that you are going to report your suspicions/concerns. This might not always be possible and should not put the child or yourself at risk. When you report an incident, First Response will ask you if the Parent/Carer has been informed. If they haven't, they will want to know the reasons why.
- The Designated Safeguarding Lead, will report this information to an appropriate agency, mostly this will be First Response.
- Call First Response if you have a concern about a child or you think they may need some help, who will triage the call (see appendix A).
- First Response will assess the call and pass you on to an appropriate agency. This will be Social Care (Level 4 Specialist, Statutory Response) if it is a Child Protection issue or the child is in need of another specialist service or Family Help (Level 3 Intensive support) where the children and families have multiple complex needs requiring intensive and coordinated support.
- First Response may also decide that support could be offered at Level 2 (Additional needs), from the community-based services. An identified lead agency will be expected to continue providing or start providing support, according to this advice (this may be our provision). First Response may also make a 'No Further Action' decision.
- In all cases the referrer/DSL will be contacted using the contact details provided. Referrers/DSL must feedback the outcome of the referral to the child/family.
- Where a child has an existing social worker or Family Help worker, information on disclosures should be shared directly with the lead professional. First Response manages new referral and requests only.

2. What to do if Abuse is suspected

If any signs or symptoms lead you to feel concerned that a child may be being abused or neglected, it is important that you record these (what, where and where) and share these concerns with the Designated Safeguarding Lead.

Decide a plan of action, such as:

- Ongoing observation of the child, noting any further concerns.
- Discussion with other staff to gain further information they may have.
- Discussion with Parents/Carers to establish if there might be reasons for the child's behaviour/actions.
- Keep an open mind and avoid assumptions about the source of the harm.

If you, or the Designated Safeguarding Lead, is uncertain about whether the concern is reportable, call the Family Help Team for advice.

If you are still concerned about the welfare of the child/young person, this information must be passed on to First Response or the agency where the child lives such as, North Somerset: Single Point of Access Team, South Glos: Access and Response Team or B&NE. Parents/Carers should be informed, unless you think this could put the child or yourself at risk.

If First Response has been contacted and they pass you to Children's Social Care, they should let you know that they are responding to what you have told them. It is unlikely that you will be told what action has been taken unless it has implications for the setting. If you have not heard from the Social Care Team, it may be appropriate to contact them to ensure that the details you gave them have been taken into consideration and acted upon;

- First Response will assess the call and pass you on to an appropriate agency. This will be Social Care (Level 4 Specialist, Statutory Response) if it is a Child Protection issue or the child is in need of another specialist service or Family Help (Level 3 Intensive support) where the children and families have multiple complex needs requiring intensive and coordinated support.
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- Where a child has an existing social worker or Family Help worker, information on disclosures should be shared directly with the lead professional. First Response manages new referral and requests only.

All staff should be aware that children may not feel ready or know how to tell someone that they are being abused, exploited, or neglected, and/or they may not recognise their experiences as harmful. It is important to maintain professional curiosity and to speak to the DSL if you have concerns about a child.

3. What to do in an Emergency

If you think a child is in immediate danger or a criminal act has taken place you should telephone the Police on 999. In all circumstances, you need to refer the matter to First Response or the relevant agency where the child lives and follow the procedure described in the section above.

In a medical emergency your first action may need to be one of the following:

- Telephone for an ambulance, or,
- Ask the Parent to take the child to the hospital at once, or,
- Take the child yourself.

Working with Children and Young People

Recognising inappropriate behaviour in staff, volunteers and other adults

There is no guaranteed way to identify a person who will harm children. However, there are possible warning signs. These may include:

- Paying an excessive amount of attention to a child or groups of children, providing presents, money or having favourites.
- Seeking out vulnerable children, e.g. disabled children.
- Trying to spend time alone with a particular child or group of children on a regular basis.
- Making inappropriate sexual comments.
- Sharing inappropriate images.
- Being vague about where they have worked or when they have been employed.
- Encouraging secretiveness.

There may be other sources of concern; this is not a conclusive list. If you are concerned about another staff member or volunteer's behaviour you need to pass this on to the Designated Safeguarding Lead.

Physical Contact/Positive Touch

At Archfield/Woodland House Nursery we care for very young children. There will be times when staff are required to have close physical contact with a child. It is also important for the children to feel safe, secure and loved in their environment. We understand that children can react differently to physical contact and we respect this. Staff have

received training in safeguarding, child protection and professional love.

If a Staff Allegation is made, or you suspect a Member of staff or Volunteer of abuse or inappropriate behaviour

The LADO MUST be involved and consulted on ALL staff allegation incidents that may meet the harm threshold before an investigation of any type occurs.

Definitions of harm

If it appears that a staff member or volunteer has:

- Behaved in a way that has harmed a child, or may have harmed a child, or,
- Possibly committed a criminal offence against or related to a child, or,
- Behaved towards a child or children in a way that indicates they may pose a risk of harm to the children.
- Behaved or may have behaved in a way that indicates they may not be suitable to work with children.

Then these procedures **MUST** be followed:

- Record your concerns and report them to the Designated Safeguarding Lead.
- The Designated Safeguarding Lead should take steps to ensure that during the remainder of the working day that particular member of staff is not left in sole charge of the children or any other child.
- If a child is in immediate danger, then the member of staff will be escorted off the premises.
- It may be clear in some cases, where a child has been injured and/or there is clear evidence of significant harm or risk of significant harm, that an immediate referral must be made to the Police, First Response or Emergency Service. In addition:
- The Designated Safeguarding Lead must contact the Local Area Designated Officer (LADO) WITHIN 1 WORKING DAY of receiving the report of an allegation, using the online LADO referral form 1-lado-referral-form-kbsp-oct22

Local Authority Designated Officer (LADO)

Telephone: 0117 903 7795

- The setting should then follow the LADO's advice on how to deal with allegations against staff. NOTE: DO not start any investigation into the allegation until LADO has been contacted.
- The setting should take advice from the LADO on how and when to inform parents of the child.
- The setting is required to inform OFSTED of any allegations of abuse against a member of staff, student, or volunteer, or any abuse that is alleged to have taken place on the premises or during a visit or outing within 14 days.
- If the concern is regarding any of the Designated Safeguarding Leads, the LADO must be contacted immediately.

Low Level concerns

A low-level concern is a concern, no matter how small, that is inconsistent with the staff code of conduct, including inappropriate conduct outside of work. Where a concern does not meet the harm threshold it will be dealt with under our low level concerns policy and procedure. If a setting is uncertain if a concern is at low level or staff allegation level, a professional discussion with the LADO should be sought.
Please also refer to our **Low level concern policy**.

Support to Staff and Volunteers

The nursery management will fully support all members of staff in following this procedure. Following an allegation or investigation:

- Staff and volunteers who work with issues of child protection may themselves need support in dealing with emotional distress this can cause. They can talk to the Designated Safeguarding Lead and any of the appropriate agencies listed in the appendix.
- Staff, volunteers or management may also be subject to allegations of abusing children in relation to their work for the setting. While support will be offered to these individuals by the setting, we will ensure that the agency dealing with the matter is given all assistance in pursuing any investigation and the Bristol LADO will be informed. The disciplinary procedure may be implemented.
- Staff and volunteers may also experience abuse outside of the work setting. They can talk to the setting's DSL or line manager to seek support. E.g. Domestic Abuse

Recruitment and Employment of Staff and Volunteers

We acknowledge that paedophiles and those that pose a threat to children may be attracted to employment that allows them access to children and young people. As part of this policy we will ensure that people working with the children are safe to do so.

- All staff (including the setting manager) and volunteers will be checked by the Disclosure and Barring Update Service on joining. It is the employee's responsibility to sign up to the update service and pay the annual fee. This will be checked every year, if an employee has not signed up they will have to register again.
- All people connected with the setting must declare all convictions/cautions incurred since DBS disclosure which may affect their suitability to work with children.
- All people connected with the setting must declare their disqualification status and that of other persons within the household.
- Two references will be taken up prior to appointment for new staff and volunteers and a medical reference may also be required.
- The selection and interview procedure of the setting will be adhered to. This must include a full employment history, qualifications, interview and identity checks.
- Providers must also meet their responsibilities under the Safeguarding Vulnerable Groups Act 2006 which includes a duty to make a referral to the Disclosure and Barring Service where a member of staff is dismissed (or would have been had the person not left the setting first) because they have harmed a child or put a child at risk of harm.
- Applicants will be informed of any online searches as part of the recruitment process. This would normally be carried out on short-listed candidates only.

Use of Mobile Phones, Cameras and E Safety

We are aware of the risks associated with the use of mobile phones and cameras in the setting. To manage this appropriately we have a separate policy regarding the use of these devices. In addition, we will ensure that all internet compatible devices used in the setting will have appropriate filters and controls. The implementation of filters and controls will be overseen by the DSL.
Please refer to our **Safeguarding Online & E-safety Policy**.

Staff Behaviour/Conduct

All staff and volunteers within the setting recognise that they need to conduct themselves in an appropriate, open and transparent way to ensure a safer environment for all.

In addition, we will use 'Guidance for Safer Working Practice for those working with children and young people in an education settings' as a tool to develop setting specific guidance on behavior or code of conduct for staff and volunteers.
Please also refer to our **Staff Code of Conduct Policy**.

Whistle Blowing

We have a separate whistle blowing procedure so serious and or systemic concerns about senior staff or management may be reported to more senior member of staff/management or to an appropriate external organisation if necessary. Allegations about specific staff members should be dealt with in line with staff allegation section earlier in this document.

Training/CPD

1.As part of staff induction they will be required to watch our safeguarding video and read essential policies around safeguarding on Day 1 of their employment covering the areas outlined below. To follow up a staff members understanding on our safeguarding policies and procedures, staff will be required to complete a safeguarding quiz. A DSL will then go through this with the staff member at the end of their induction to ensure they understand our policies and procedures around safeguarding.

2.Safeguarding training is designed and will be delivered to all staff every 2 years caring for children 0-5 years old and is appropriate to the age of the children being cared for. It will be delivered during one of our in-service days and will cover the following areas:

What is meant by the term safeguarding.

• The main categories of abuse, harm and neglect.

• The factors, situation and actions that could lead or contribute to abuse, harm or neglect.

• How to work in ways that safeguard children from abuse, harm and neglect.

• How to identify signs of possible abuse, harm and neglect at the earliest opportunity.
These may include:

- Significant changes in children's behaviour.

- A decline in children's general well-being.

-Unexplained bruising, marks or signs of possible abuse or neglect.

- Concerning comments or behaviour from children.

- Inappropriate behaviour from practitioners, or any other person working with the children. This could include inappropriate sexual comments; excessive one-to-one attention beyond what is required through their role; or inappropriate sharing of images

• Any reasons to suspect neglect or abuse outside the setting, for example in the child's home or that a child may experience emotional abuse or physical abuse because of witnessing domestic abuse or coercive control or that a girl may have been subjected to (or is at risk of) female genital mutilation.

• How to respond, record and effectively refer concerns or allegations related to safeguarding in a timely and appropriate way.

• The setting's safeguarding policy and procedures.

- Legislation, national policies, codes of conduct and professional practice in relation to safeguarding.
- Roles and responsibilities of [practitioners/childminders and assistants] and other relevant professionals involved in safeguarding.

Training for the DSL

Training for the DSL should take account of any advice from the local safeguarding partners or local authority on appropriate training courses.

In addition to the areas set out in paragraph 2, training for the DSL must cover the elements listed below:

- How to build a safe organisational culture.

- How to ensure safe recruitment.

- How to develop and implement safeguarding policies and procedures.

- If applicable, how to support and work with [other practitioners/assistants] to safeguard children.

- Local child protection procedures and how to liaise with local statutory children's services agencies and with the local safeguarding partners to safeguard children.

- How to refer and escalate concerns.

- How to manage and monitor allegations of abuse against other staff.

-How to ensure internet safety.

Further Information

South West Child Protection Procedures – provide detailed online information on all aspects of child protection, e.g : Staff allegations https://www.proceduresonline.com/swcpp/

Multi Agency Guidance for injuries in non-mobile babies https://sites.southglos.gov.uk/safeguarding/wp-content/uploads/sites/221/2015/05/Non-mobile-baby-injury-policy-update-final-July-2023.pdf

Working Together to Safeguard Children 2023

Working together to safeguard children 2023: statutory guidance

First Response online Request for Help form- From 23rd July 2025 you can only call First Response to make a referral

Keeping Children Safe in Education (2025)

https://assets.publishing.service.gov.uk/media/68add931969253904d155860/Keeping_children_safe_in_education_from_1_September_2025.pdf

Guidance for safer working practice for those working with children and young people in education settings https://www.saferrecruitmentconsortium.org/GSWP%20Sept%202019.pdf

Information sharing. Advice for practitioners providing safeguarding services to children, young people, parents and carers. 2024

DfE non statutory information sharing advice for practitioners providing safeguarding services for children, young people,parents and carers

KBSP "Guidance on the transfer of a child protection safeguarding file to another educational setting"

https://bristolsafeguarding.org/media/myopzmfj/transfer-of-cp-and-safeguarding-file-reviewed-may-2020.pdf

Prevent Duty Guidance for England and Wales
Prevent duty guidance: Guidance for specified authorities in England and Wales (print-ready PDF)

Effective Support for Children and Families in Bristol (Replaced the KBSP Threshold Guidance-2023)
Effective support for children and families, previously known as threshold guidance

EYFS Safeguarding and Welfare Requirements – Child Protection September 2023
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1170108/EYFS_framework_from_September_2023.pdf

Inspecting safeguarding in early years, education and skills
https://www.gov.uk/government/publications/inspecting-safeguarding-in-early-years-education-and- skills/inspecting-safeguarding-in-early-years-education-and-skills

KBSP Protocol: Children who Display Harmful Sexual Behaviour
https://bristolsafeguarding.org/media/njmpdlgl/kbsp-hsb-protocol.pdf

Safeguarding children and protection professionals in early years settings online safety considerations
https://www.gov.uk/government/publications/safeguarding-children-and-protecting-professionals-in-early-years-settings-online-safety-considerations

EYFS safeguarding welfare requirements-Child Protection November 2024
EYFS statutory framework for group and school-based providers

Safeguarding d/deaf and disabled children and young people
Safeguarding d/Deaf and disabled children and young people | NSPCC Learning

Useful Contacts:

Designated Safeguarding Leads at Archfield & Woodland House Nursery: Emma Base, Sara Dixon

Leila Garau (Deputy), Sharni Burgess (Deputy) & Nicola Smith (Deputy) (Please see attached our

Job description, roles and responsibilities).

Referral Agencies

- **First Response – 0117 9036444 (Bristol)** The place to call if you are concerned about a child or young person (who lives in Bristol) or think they need some help. Calls to First Response may result in direct referral to a Social Work Team or Early Help and/or advice and guidance being given about services to help families.
- **Family Help: North:** 0117 352 1499; **East/Central:** 0117 3576460; **South:** 0117 903 7770
- **Disabled Children Team** (all Bristol) – Tel: 0117 903 8250
- **Emergency Duty Team/Out of Hours** – Tel: 01454 615 165
- **Police:** Non-emergency – Tel: 101 Emergency – Tel: 999
- **On-Call Consultant Paediatrician** (via BRI Switchboard) 0117 923 0000 – non-mobile babies

For Staff Allegations Contact:

- **Local Area Designated Officer (LADO) LADO@bristol.gov.uk Telephone 0117 903 7795**
  Online LADO referral form 1-lado-referral-form-kbsp-oct22

- **Registered providers must inform Ofsted of any allegations of serious harm or abuse as soon as reasonably practicable, but at least within 14 days of the allegation being made.**
- Ofsted Compliance and Investigation Team (For reporting any Child Protection Concerns) – Tel: 0300 123 4666
  Ofsted Whistleblowing Hotline – 0300 123 3155

Support and Advice

- **South West Child Protection Procedure (online guidance) https://www.proceduresonline.com/swcpp/**
- **Child line – Tel: 0800 1111 (open 24 hours)**
- **NSPCC – Tel: 0800 800 500**
- **NSPCC Whistleblowing hotline – 0800 280 285**
- **NSPCC FGM helpline – 0800 028 3550 or email fgmhelp@nspcc.org.uk**
- **Keeping Bristol Safe Partnership:** guidance and training https://bristolsafeguarding.org/
- **Police Prevent Team:** 01278 647466 PreventSW@avonandsomerset.police.uk
- **Refuge National Domestic Abuse Helpline:** T: 0808 2000 247
- N**ext Link (domestic abuse Bristol):** T: 0800 470 0280/0117 925 0680
- **Employers initiative on domestic abuse:** https://www.eida.org.uk/
- **BAND Development and support– 0117 9542128**

Legal Framework behind our Child protection and Safeguarding Procedures

- 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) 2025
- Working together to safeguard children 2023
- Keeping children safe in education 2025
- Data Protection Act 2018
- What to do if you're worried a child is being abused 2015
- Counter –Terrorism and Security Act 2015

Designated Safeguarding Lead:

Emma Base , Sara Dixon, Leila Garau (Deputy), Sharni Burgess(Deputy) & Nicola Smith (Deputy)

Responsibilities of the Designated Safeguarding Person:

- To ensure that all staff/volunteers are aware and understand the safeguarding policy and procedures.
- To ensure the policies include the process for accurate and confidential recording, storing and sharing information.
- To maintain a system for settings record keeping and collation of information
- To ensure effective measures are in place for safer recruitment, as in line with 'Keeping Children Safe in Education, 2025.
- To ensure that appropriate checks are carried out to ensure that individuals are not disqualified under the Childcare (Disqualification) Regulations 2009.
- To be available to discuss with staff on concerns or suspected abuse
- To make a decision on referral
- To work with parents and carers for the protection of children
- To manage the settings role in the child protection plan
- To attend Multi Agency KBSP training
- To maintain and implement a training plan in relation to child protection and safeguarding.
- To maintain records of the training of all members of staff
- To ensure all staff have an awareness of the Prevent Duty (2023) and British Values
- To ensure all staff adhere to the Section 5B of the Female Genital Mutilation Act 2003.
- To provide staff support
- Manage any allegation made against staff and liaising with LADO in accordance with 'Working Together to Safeguard Children (2023).
- To complete an Annual Safeguarding Audit.
- Take on the role of E-safety officer and ensure relevant policies and procedures are up to date

Liaising with other agencies:

- To discuss concerns with Children's Social Care/Families in Focus Team
- To refer concerns about children and young people and provide information to First Response
- To refer staff allegations to the LADO
- To attend child protection conferences

- Advise Ofsted if in registered setting about any staff allegation or allegation against anyone living on the premises
- To attend Safeguarding Network meetings for safeguarding updates and feedback to team

To have knowledge of:

- Signs and symptoms of child abuse and neglect
- Roles and responsibilities of other agencies
- Requirement of record keeping and the referral procedure
- The conduct of case conferences
- How to make and what to include in a referral

Date Policy reviewed:	1/09/2025
Signed by (Print name and signature):	Sara Dixon
Date of next review:	1/09/2026