



## Fledglings Day Nursery

### SAFEGUARDING AND CHILD PROTECTION POLICY

Date Policy was reviewed:

Date of next review:

Signed by:

Signed by:

#### Contents

##### 1. Aims

1. Implementation and monitoring
2. Designated safeguarding Lead Team

##### 2. Definitions of Abuse

- 2.2 Physical abuse
- 2.3 Sexual abuse
- 2.3 Neglect
- 2.4 Emotional
- 2.5 Historical abuse
- 2.6 Domestic violence
- 2.7 FGM
8. The prevent duty
- 2.9 Non mobile babies

##### 3. How to recognise child abuse – signs and symptoms

- 3.1 Physical abuse
- 3.2 Sexual abuse
- 3.3 Emotional abuse
- 3.4 Neglect
- 3.5 Broader signs and symptoms
- 3.6 Vulnerability
- 3.7 Approach to safeguarding

##### 4. Confidentiality and appropriate Disclosure of information

##### 5. Dealing with an Emergency

##### 6. What to do if Abuse is disclosed

##### 7. Recording

- 8. Making a referral**
- 9. What to do if Abuse is suspected**
- 10. Working with Children and Young People**
  - 10.1 Support for Staff and Volunteers**
- 11. Safer Recruitment and employment of Staff and Volunteers**
- 12. Use of Mobile Phones, Cameras and E safety**
- 13. Staff Behaviour – Code of conduct**
- 14. Whistleblowing**
- 15. Key contacts**
- 16. Useful Documents and links**
- 17. Aims**

### **Safeguarding is everyone's responsibility**

The welfare of the child is paramount, and it is the duty of members, staff and volunteers under the governments *working together to safeguard children 2018* to implement this policy, together with the *information sharing guidance 2018* single assessment framework guidance 2014 and *safer recruitment Guidance* to ensure that it has in place appropriate procedures to safeguard the wellbeing of children and young people and protect them from abuse. We further protect our children by adhering to the prevent Duty guidelines and actively following the British Values, protecting children from the risk of radicalisation.

Fledglings Day Nursery is committed to Safeguarding all children, young people and vulnerable adults that we come into contact with. All staff and volunteers are expected to share this commitment. Safeguarding children is vital for our setting, as part of the legal requirements of our Ofsted registration. Having safeguards in place within our setting not only protects and promotes the welfare of children but also it enhances the confidence of staff, volunteers and parents/carers.

#### **1.1 Implementation and Monitoring**

- The role of the Designated Safeguarding Lead will be to take the lead responsibility for safeguarding children within the setting and liaising with local statutory children's services agencies as appropriate.
- The Designated Safeguarding Lead must attend an inter-agency child protection training course, to be updated at least every 2 years.
- All staff and volunteers are to undertake child protection training and this is to be updated every 3 years.
- The safeguarding policy must be part of the induction for all staff and volunteers.
- Fledglings Day Nursery will review this policy annually, to ensure that it is regularly and robustly reviewed.
- If the Designated Safeguarding lead is uncertain about concerns about a child, consultation with Families in Focus should take place.

## 1.2 The Designated Safeguarding team at Fledglings Day Nursery is:

<b>Designated safeguarding lead</b>	<b>Deputy Safeguarding</b>	<b>Deputy</b>
<b>Safeguarding</b>		
<b>Name:</b>	<b>Name:</b>	<b>Name:</b>
<b>Manager</b>		

## 2. Definitions of Abuse

Child abuse is any action by another person – adult or child – that causes significant harm to a child. The 1989 and 2004 Children Act recognises four categories of abuse

### 2.2 Physical abuse

Actual or likely physical injury 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. May involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical abuse also includes Female Genital Mutilation (FGM).

### 2.3 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. Sexual abuse also includes non-contact activities, such as involving children in looking at or in the production of sexual images. The activities may involve physical contact, including penetrative (eg rape, buggery) or non-penetrative acts (kissing, rubbing, masturbation touching on outside of clothing. Sexual abuse Includes grooming via the Internet, Sexting and children viewing or involved in pornography. Child Sexual Exploitation (CSE) is where a young person receives “something” (food, gifts, money, affection) as a result of them performing, and or another or others performing on them, sexual activities.

### 2.4 Neglect

The persistent failure to meet a child’s basic physical and/or psychological needs, or the failure to protect a child from exposure to any kind of danger, resulting in the significant impairment of a child’s health or development, including failure to thrive.

### 2.5 Emotional

Severe or persistent emotional ill treatment or rejection likely to cause adverse effect on the emotional and behavioural development of a child. It may involve seeing or hearing the ill-treatment of another. Some level of emotional abuse is involved in all types of maltreatment

of a child, though it may occur alone. It involves conveying to children that they are worthless/unloved, inadequate, or valued only insofar as they meet the needs of another person; age or developmentally inappropriate expectations being imposed on children; the exploitation or corruption of children; overprotection or preventing a child taking part in normal social activities; serious bullying, peer on peer abuse; (includes cyber bullying); not giving the child opportunities to express their views; deliberately silencing them or making fun of what they say or how they communicate. This can also include racist, disability, homophobic or transphobic abuse.

### **Other recognised categories of abuse:**

#### **2.6 Historical abuse**

There may be occasions when a child will disclose abuse 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.

#### **2.7 Domestic violence and abuse (DVA)**

Staff may be working with children experiencing violence at home. Domestic violence and abuse (DVA) is the abuse of one person over another who is, or has been, in a relationship. The abuse may be verbal, sexual, physical, emotional, financial or psychological. Both men and women can be abused or abusers. This can also include teenage relationship abuse, forced marriage and gender-based violence against women and girls. Children experiencing abuse may be affected in a number of different ways. Staff will need to treat them sensitively, record their concerns and consider informing First Response. If staff and the safeguarding lead have concerns about the safety of the children, the Child Protection policy must be followed.

#### **2.8 Female Genital Mutilation (FGM)**

Female Genital Mutilation (FGM) is a form of physical abuse against children. FGM is also known as female circumcision or female genital cutting. FGM has no health benefits, and it harms girls and women in many ways. It involves removing and damaging healthy and normal female genital tissue and interferes with the natural functions of girls' and women's bodies.

FGM has been a criminal offence in the UK since 1985. In 2003 it also became 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 penalty of 14 years in prison.

Section 73 of the Serious Crime Act 2015 amended the Female Genital Mutilation Act to include FGM protection orders (FGMPOs). A FGM protection order is a civil measure which can be applied for through a family court. The FGM protection order offers the means of protecting actual or potential victims from FGM under civil law.

The age at which girls undergo FGM varies enormously according to the community. The procedure may be carried out when the girl is newborn, during childhood, adolescence, at marriage or during the first pregnancy. However, in the majority of cases FGM takes place between the ages of 5-14 and therefore girls within that age bracket are at a higher risk.

***The sign that children may be at risk of FGM are as follows:***

Child is female, from a culture where FGM is practised, and parents request an extended summer holiday to the country of origin.

If staff are concerned that a child is at risk of FGM, they must tell the safeguarding lead. The safeguarding lead must request to meet parents in private and ask them directly if they are seeking to take their daughter abroad to have FGM carried out on her. The safeguarding lead should refer the matter to First Response or to the Police. A partnership agreement will be drawn up with social care and the parents. The parents should be told about the referral only if it is felt that it will not bring further risk to the child. It is helpful if you can have conversations at the earliest opportunity with parents and carers and provide information in leaflets and posters about FGM from the BAVA website <http://www.bava.org.uk/types-of-abuse/female-genital-mutilation/>.

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 that staff are aware of what FGM is and the signs to look out for girls at risk of the practice. For more information please go to the BSCB FGM Safeguarding Guidance: <https://bristolsafeguarding.org/children-ome/professionals/policies/#FGM>.

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

The Bristol Safeguarding Children Board has created an FGM referral risk assessment for professionals to consider risks of girls from FGM.

<https://bristolsafeguarding.org/media/27269/fgm-referral-risk-assessment-2018.pdf>.

At any time you may seek advice from BAND, Families in Focus or First Response, a record of the outcome of using the risk assessment must be kept.

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 difficulty 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 must be reported to the police and/or First Response.**

You have a 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 must be

documented and reported to First Response and/or the police. Legal action may be considered.

For more information on this topic, see the online South West Child Protection Procedures, NSPCC or locally BAVA.

### **2.9 The Prevent Duty - Radicalisation and Extremism**

We have a duty to keep children safe from the dangers of radicalisation and extremism. Protecting children from the risk of radicalisation is part of our safeguarding duty and should be responded to as such. All staff should receive prevent awareness training. To raise concerns or to ask for advice with regard to extremism contact **First Response** or contact **01179455537 channelsw@avonandsomerset.pnn.police.uk**

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 for the **Prevent team**, explaining you are calling about extremism or radicalisation.

If you think a child is at risk of extremism you must contact the Counter Extremism Group at email: [counter.extremism@education.gsi.gov.uk](mailto:counter.extremism@education.gsi.gov.uk) or Tel: 020 7340

The EYFS focuses on children's personal, social and emotional development and supports children in age appropriate ways to learn right from wrong, mix, and share with other children and value other views, know about similarities and differences between themselves and others and challenge negative attitudes and stereotypes. Fledgling's Day Nursery actively promotes British Values of democracy, rule of law, mutual respect and tolerance.

### **2.10 Non-Mobile Babies**

Injuries in Non-mobile babies are rare and must be further investigated by a paediatrician even if an explanation seems plausible. All staff and Volunteers at Fledglings Day Nursery working with non-mobile babies need to follow the Bristol Safeguarding Children Board "**Addendum to the Multi Agency Guidance for Injuries in Non- Mobile babies**".

If Fledglings Day Nursery need to use the procedure, it is important that as well as 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. 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. Keeping Bristol Safe Partnership, "Multi Agency Guidance for Injuries in Non – Mobile babies".

### **3. How to recognise child abuse – Signs and Symptoms**

Recognising abuse is the most important duty that staff undertake to ensure that they are protecting children from abuse. Staff are not responsible for diagnosing or investigating child abuse. Set out below are some of the possible signs which may help staff recognise if a child is being abused. Although these signs do not necessarily indicate that a child has been abused, they may help staff recognise that something is wrong. The possibility of abuse should be investigated if a child shows a number of these symptoms, or any of them to a marked degree. If you are worried, it is not your responsibility to investigate and decide if it is abuse. It is your responsibility to act on your concerns and do something about it.

#### **3.1 Physical Abuse**

- Unexplained recurrent injuries or burns
- Improbable excuses or refusal to explain injuries
- Wearing clothes to cover injuries, even in hot weather
- Refusal to undress for appropriate activities e.g. changing wet clothes
- Bald patches
- Fear of medical help or examination
- Self-destructive tendencies
- Aggression towards others
- Fear of physical contact – shrinking back if touched
- Admitting that they are punished, but the punishment is excessive (such as a child being beaten every night to 'make him listen'.
- Fear of suspected abuser being contacted

#### **3.2 Sexual Abuse**

- Being overly affectionate or knowledgeable in a sexual way, inappropriate to the child's age
- Medical problems such as chronic itching, pain in the genital, venereal diseases
- Personality changes such as becoming insecure or clinging
- Regressing to younger behaviour patterns such as thumb sucking or bringing out discarded cuddly toys
- Sudden loss of appetite or compulsive eating
- Being isolated or withdrawn
- Inability to concentrate
- Lack of trust or fear of someone they know well, such as not wanting to be alone with them.
- Starting to wet again, day or night/nightmares
- Become worried about clothing being removed

- Suddenly drawing sexually explicit pictures
- Trying to be 'ultra-good' or perfect; overreacting to criticism

### **3.2 Emotional Abuse**

- Physical, mental and emotional development lags
- Sudden speech disorders
- Continual self-depreciation (I'm stupid, ugly etc.)
- Overreaction to mistakes
- Extreme fear of new situations
- Inappropriate response to pain ('I deserve this')
- Neurotic behaviour (rocking, hair twisting, self-mutilation)
- Extremes of passivity or aggression

### **3.4 Neglect**

- Constant hunger
- Poor hygiene
- Constant tiredness
- Poor state of clothing
- Emaciation
- Untreated medical problems
- No social relationships
- Compulsive scavenging
- Destructive tendencies

### **3.5 Broader signs and symptoms of abuse**

- Becoming excessively aggressive, withdrawn or clingy.
- Seeming to be keeping a secret
- Significant changes in children's behaviour
- Deterioration in children's well-being
- Unexplained bruising, marks or signs of possible abuse or neglect.
- Any bruising on a non-mobile baby
- 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
- Sexually explicit language or actions
- Are upset, withdrawn or angry after using the internet or texting
- Children who go missing, particularly on repeat occasions

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



### **3.6 Vulnerability**

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
- Young carers
- Parents/carers in prison
- Mental Health
- 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. Every child will have a named Key Worker 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.

### **3.7 Different approaches to Safeguarding**

There are a range of approaches to safeguarding these include:

- ACES – 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.
- Contextual Safeguarding is 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.

Not all concerns about children or young people relate to abuse, there may well be other explanations.

### **4. 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 prejudice the welfare of the child.

All information that has been collected on any child will be kept locked and secure and 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 HM Government's Information Sharing, Advice for practitioners. (Please see Further Information section for a link.)

- 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 very important that only those who need to know, actually know, to avoid rumour and gossip that could affect the child, parent / carer.

## 5. Dealing with 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 other circumstances you need to refer the matter to First Response and follow the procedure described in section 1 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

The child is the legal responsibility of the parent/carer and they must be involved as soon as practical, unless to do so would put the child at immediate risk of harm. Having taken the necessary emergency action it is important that you make immediate contact with First Response. If it is out of office hours, contact the Emergency duty team.

## 6. What to do if Abuse is disclosed

Fledglings Day Nursery is committed to ensuring that it meets its responsibilities in respect of child protection by treating any allegation 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 they told you, for another worker or committee member; as 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 conversations with the child, 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.
- If appropriate inform parents/ carers that you are will need to report your concern. This might not always be possible and should not put the child or yourself at risk. When you report an incident, the duty officer will ask you if the parent/carer has been informed. If they haven't, they will want to know the reasons why. Telling the parent/carer that you are going to report your concern (or, in an emergency, that you have reported your concern) to the First Response Team can be difficult, especially if staff have a close relationship with the child's parent/carer. Staff may feel unsure, uncertain about reporting the matter, nervous about how the parent will react or worried whether what they have seen is really child abuse or not. Nevertheless, staff should aim to tell the parents/carers that they are concerned. It is good practice to explain that injuries to children, particularly small children, must be investigated. It is important to make the parents/carers understand that there is a Safeguarding Policy in place which must be followed. Tell the parent/carer that the Safeguarding Policy is designed to provide protection for children and help for parents.
- If necessary, report the disclosure yourself to the LADO and OFSTED.

## 7. Recording

Any member of staff or volunteer receiving disclosure of abuse, or noticing possible abuse, must make an accurate record as soon as possible noting what was said or seen, putting the event into context, and giving the date, time and location.

Records should be: clear, use straightforward language, concise, accurate, dated, presented chronologically. Actions and decisions taken, and who agreed and who is responsible should be carefully recorded. Your records should cover these basic facts:

- What you saw: when and where (this includes the position of any bruises or marks that you have seen on the child, trying to indicate size, colour and shape recorded on the body map)
- What you said: when, where and who to
- What was said to you: when, where and who by
- What you thought and why you thought it

- What you did; and
- Any other relevant information Find out (if possible) if there have been any previous concerns.

All hand written records will be retained, even if they are subsequently typed up in a more formal report. Written records of concerns about children should be kept, even when there is no need to make a referral immediately. Confidentiality must be maintained and information relating to individual children/families will be shared with staff on a strictly need to know basis.

## **8. Making a referral**

- 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 responsible for child protection.
- If the allegations implicate a senior staff member, the concerns should be discussed with the next tier of line management -
- You or your Designated Safeguarding Lead will report this information to an appropriate agency. Mostly this will be First Response who will triage your call.
- You can contact First Response by phone or if it is at the Families in Focus (previously called Early Help) level, by using the online Request for Help form (see link in 'further information').
- First Response will assess your call and pass you onto an appropriate agency. This will be Social Care (Level 3 Statutory Response) if it is a Child Protection issue or Families in Focus (Level 2 Escalating, Targeted support/Escalating Needs) if the concern is at a lower level but a multiagency response is needed. First Response may also signpost to other services or even ask you to plan to support the child. (Level 1 Plus Additional support Universal Services).
  - Once the referral has been made, if appropriate, you can tell the child what is going to happen and what to expect.

Discuss your concerns with the Designated Safeguarding Lead. If the allegations implicate a senior worker, the concerns should be discussed with the next tier of line management.

## **9. 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, when & where) and share these concerns with the Designated Safeguarding Lead.

- Decide a plan of action
- 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.
- Work with the child and parents/carers to reduce risk, this may be by offering a service through your setting or by referring to additional support externally.
- If you or the Designated Safeguarding Lead is uncertain about whether the concern is reportable, call the Families in Focus 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. Parents / carers should be informed unless you think this could put the child or yourself at risk.
- First Response will assess your call and pass you onto an appropriate agency. This will be Social Care (Level 3 Statutory Response) if it is a Child Protection issue or Families in Focus (Level 2 Escalating, Targeted support/Escalating Needs) if the concern is at a lower level but a multiagency response is needed. First Response may also signpost to other services or even ask you to plan to support the child. (Level 1 Plus Additional support Universal Services).

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. 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.

## **10. 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.

**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 before an investigation of any type occurs.**

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 he or she may pose a risk of harm to 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 child.
- 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, an immediate referral must be made to the police, First Response or emergency services.

In addition:

- The designated Safeguarding Lead must contact the Local Authority Designated Officer (LADO) **WITHIN 1 WORKING DAY** of receiving the report of an allegation.

**Local Authority Designated Officer (LADO) for Bristol is: Nicola Laird**

**Telephone: 0117 903 7795 or Work Mobile: 07795 091020**

**[nicola.laird@bristol.gov.uk](mailto:nicola.laird@bristol.gov.uk)**

- 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 the LADO has been contacted.
- Fledglings day Nursery will take advice from the LADO on how and when to inform the parents of the child.
- Fledglings Day Nursery will 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 the Designated Safeguarding Lead (DSL), the above procedure will be followed but the report will be made by the Deputy Safeguarding Leads.

## 10.1 Support to Staff and Volunteers

The management and leadership team at Fledglings Day Nursery 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 the emotional distress this can cause. They can talk to the setting's Designated safeguarding Lead. Or/and signposted to relevant agencies.
- Staff, volunteers or management members 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

### **11. Safer 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's Manager/Leader) and volunteers will be checked by the Disclosure and Barring Service on joining the scheme, to be renewed every 3 years.
- 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 living or working in their household- (This will be revived in September 2018)
- Two references will be taken up prior to appointment for new staff and volunteers and a medical reference will 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.

### **12. Use of Mobile Phones, Cameras and Online 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.

### **13. Staff Behaviour – Code of conduct**

All staff, volunteers and management members 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 education settings,” as a tool to develop setting specific guidance on behaviour for staff and volunteers.

#### **14. Whistleblowing**

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 the staff allegation section earlier in this document.

#### **15. Key contacts**

**Emergency:** 999

**Police: Non-emergency:** 101

**Police Prevent Team:** 01278 647466

**First Response Team** 0117 903 6444

**Families in Focus:** North 0117 352 1499; East / Central 0117 3576460 ; South 0117 903 7770

**Disabled Children Team** (all Bristol) - Tel: 0117 9038250

**Emergency Duty Team /Out of Office Hours** Tel: 01454 615 165

**On-Call Consultant Paediatrician** (via BRI Switchboard) 0117 923 0000 – non-mobile babies

**North Duty Team:** Ridingleaze, Laurence Weston 0117 903 8700

**East/Central Duty Team:** Welsman, St Paul’s 0117 903 6500

**South Duty Teams:** Broadwalk, Knowle 0117 903 1333 Symes House, Hartcliffe 0117 353 2200

**Designated Senior Officer for Early Years:** Sally Jaeckle: 0117 9224895  
sally.jaeckle@bristol.gov.uk

#### **For Staff Allegations Contact:**

**Local Authority Designated Officer (LADO) for Bristol:** Nicola Laird: 01179037795  
[nicola.laird@bristol.gov.uk](mailto:nicola.laird@bristol.gov.uk)

*Registered providers must inform Ofsted of any allegations of serious harm or abuse as soon as reasonably practicable, but at the latest within 14 days of the allegations being made.*



**Ofsted Compliance and Investigation Team** (For reporting any Child Protection concerns).-  
Tel: 0300 123 1231

**Ofsted Whistleblowing hotline** – 0300 123 3155

**Bristol Safeguarding Children Board:** 0117 903 7780

**Bristol Safeguarding Children Board Training:** 0117 922 4626

**Ofsted Whistle blower Hotline:** 0300 123 3155 (Monday to Friday from 8.00am to 6.00pm) email: [whistleblowing@ofsted.gov.uk](mailto:whistleblowing@ofsted.gov.uk) Address: WBHL, Ofsted, Piccadilly Gate, Store Street, Manchester M1 2WD

**MARAC:** [dvmaracbristol@avonandsomerset.pnn.police.uk](mailto:dvmaracbristol@avonandsomerset.pnn.police.uk)

**Next Link Domestic Violence Support** (Men, women, children and young people):  
[enquiries@nextlinkhousing.co.uk](mailto:enquiries@nextlinkhousing.co.uk) 0117 925 0680

**National Association for the Prevention of Cruelty to Children (NSPCC)**, help for adults concerned about a child: 0800 800 5000

**ChildLine** - help for children who are being abused: 0800 1111 (open 24 hours)

**Integrate Bristol, concerns regarding FGM, 24-hour helpline:** 0800 028 3550

**Forward** (FGM support) [www.forwarduk.org.uk](http://www.forwarduk.org.uk) Tel:0208 960 4000

**South West Child Protection Procedures** (online guidance) [www.swcpp.org.uk](http://www.swcpp.org.uk)

**NSPCC FGM helpline:** 0800 028 3550 or email [fgmhelp@nspcc.org.uk](mailto:fgmhelp@nspcc.org.uk).

**Bristol Against Violence and Abuse (BAVA)** email [bava@bristol.gov.uk](mailto:bava@bristol.gov.uk) or [www.bava.org.uk](http://www.bava.org.uk)  
Channel info: [channelsw@avonandsomerset.pnn.police.uk](mailto:channelsw@avonandsomerset.pnn.police.uk)  
BAND Development and Support Worker –Tel:

## 16. Useful Documents and links

**BSCB:** <http://www.bristol.gov.uk/page/children-and-young-people/bristolsafeguarding-children-board>.

**Working Together to Safeguard Children A guide to inter-agency working to safeguard and promote the welfare of children July 2018** [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/729914/Working\\_Together\\_to\\_Safeguard\\_Children-2018.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/729914/Working_Together_to_Safeguard_Children-2018.pdf).

**Multi Agency Guidance for injuries in non-mobile babies** <https://bristolsafeguarding.org/media/f1nn0dos/non-mobile-baby-injury-kbsp-policy-reviewed-may-2020.pdf>

**Working Together to Safeguard Children 2018** <https://www.gov.uk/government/publications/working-together-to-safeguard-children--2#history>

**Making a referral to First Response online advice and link to practitioner booklet** <https://www.bristol.gov.uk/social-care-health/make-a-referral-to-first-response>

**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, 2018** [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/721581/Information\\_sharing\\_advice\\_practitioners\\_safeguarding\\_services.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721581/Information_sharing_advice_practitioners_safeguarding_services.pdf)

**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** [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/439598/prevent-duty-departmental-advice-v6.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/439598/prevent-duty-departmental-advice-v6.pdf)

**KBSP Threshold Guidance-2018** <https://bristolsafeguarding.org/media/42802/threshold-guidance-kbsp-edit.pdf>

**EYFS Safeguarding and Welfare Requirements – Child Protection** [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/596629/EYFS\\_STATUTORY\\_FRAMEWORK\\_2017.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/596629/EYFS_STATUTORY_FRAMEWORK_2017.pdf)

**EYFS Safeguarding and Welfare Requirements – Child Protection March 2021 Start Sept 2021** [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/974907/EYFS\\_framework\\_-\\_March\\_2021.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/974907/EYFS_framework_-_March_2021.pdf)

**Inspecting safeguarding in early years, education and skills 2019** <https://www.gov.uk/government/publications/inspecting-safeguarding-in-early-years-education-and-skills/inspecting-safeguarding-in-early-years-education-and-skills>

**Keeping children safe in education 2020** [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/912592/Keeping\\_children\\_safe\\_in\\_education\\_Sep\\_2020.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/912592/Keeping_children_safe_in_education_Sep_2020.pdf)

**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>



**Author**

**John Malyckyj**

**Fledglings Day Nursery**

**8th February 2022**