



Elmore Kindergarten

Safeguarding & Child Protection Policy

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1. Definition of Safeguarding and Child Protection

Safeguarding is the action that is taken to promote the welfare of children and protect them from harm. Specifically, safeguarding means: protecting children from abuse and maltreatment, preventing harm to children's health or development, ensuring that children grow up with the provision of safe and effective care and taking action to enable all children and young people to have the best possible outcomes. (NSPCC, 2018)

Child protection is part of the safeguarding process. It focuses on protecting individual children identified as suffering or likely to suffer significant harm. This includes child protection procedures which detail how to respond to concerns about a child. (NSPCC, 2018)

The intention of Elmore Kindergarten's Safeguarding and Child Protection Policy is to:

- Protect all children who use our services.
- Provide all staff with the overarching principles that guide our approach to safeguarding and child protection.

Elmore Kindergarten believes that a child or young person should never experience abuse of any kind and takes responsibility for promoting welfare and safety across our organisational activities and operations. We understand our duty to keep children and young people safe in all aspects of our practice and are committed to promoting a safeguarding culture which protects everyone.

2. Safeguarding Statement

Elmore Kindergarten recognises that:

- The welfare of the child is paramount (Children Act 1989) and whilst we intend to work in partnership with parents and families, we will ensure that the child is always the focus.
- Working in partnership with children, young people, their parents, carers, extended families, and external agencies is essential in promoting welfare and safety.
- All children regardless of age, disability, special educational need, racial heritage, religious beliefs, sexual orientation, or identity (or that of their parents), residency status or any other characteristic have a right to equal protection from all types of harm and/or abuse.
- Some children are particularly vulnerable because of either their current life circumstances or previous life experience, or that of their parents.
- Some children are additionally vulnerable due to a special educational need, communication need including those with English as an additional language or their level of dependency. The criteria for those considered vulnerable is not exhaustive and Elmore Kindergarten acknowledges our responsibility to consider each child and young person's vulnerability on an individual basis.
- Sharing information with outside agencies such as those in the medical profession, second settings and social care services where appropriate is key to ensuring a multi-faceted approach to safeguarding.

Elmore Kindergarten will seek to keep children and young people safe by:

- Promoting an inclusive culture where every child matters.
- Listening to them.
- Valuing and respecting their views, opinions, beliefs, values, and behaviours.
- Appointing a Company Safeguarding Lead.
- Appointing a Designated Safeguarding Lead (DSL) in each nursery with a Deputy DSL.
- Adopting child protection and safeguarding practices through procedures and policies for all staff.
- Understanding our reporting criteria in relation for all types of child abuse and additional reporting responsibilities in relation to particular types of child abuse and ensuring that the staff team are aware of such reporting responsibilities.
- Developing and implementing a clear structure of safeguarding referral.
- Providing effective management for staff through supervision, support, training, and quality assurance measures.
- Safer recruitment for all staff.
- Safe and secure storage of information.
- Sharing information about safeguarding, child protection and good practice with children, parents, staff via our website, Famly, policies and procedures and one to one discussion.
- Using our 'Safeguarding Procedures' to share concerns and relevant information with external agencies and where appropriate involving parents and carers.
- Using our procedures to manage and report any allegations against staff.
- Creating and maintaining a culture of equal opportunity and managing via our policies and procedures any events of discrimination or bullying which may occur.
- Creating and maintaining a culture which promotes the difference between professional and personal relationships to ensure that the barriers between the two do not become blurred.
- Ensuring that we provide a safe physical environment for our children and staff applying compliance measure in accordance with the law and regulatory guidance.

3. Mobile Phones/Smart Watches at Work

Staff are engaged to dedicate their working hours to the care, development, and education of the children, to work as a team with effectiveness and commitment, within a safe and secure environment for all of us at work. Mobile phones come with many features such as: taking photos or filming. Staff can misuse them by ignoring children's safety, security and well-being whilst photographing a child or by showing unacceptable photos. Also, the ultimate effect of making/ taking long or persistent calls is losing concentration and attention at work that are essential requirements in the childcare area.

- It is our policy that all mobile phones are switched off whilst employees are at work and are locked or stored in the Staff Room. Mobile phones are allowed to be used only at break time and away from areas with children (Staff Room and Offices only)
- The use of apple watches/smart watches etc, are also not permitted. Staff wearing smart watches will be asked to remove them and leave them locked away along with their personal mobile phones in the Staff Room.
- The use of mobile phones/smart watches are in staff breaks or in staff member's own time in the designated (child free) staff area.
- Mobiles must never be used to take photographs of any of the children or any area of the nursery or the work or any member of staff at work.
- It is the responsibility of all members of staff to be vigilant and report any concerns to the Nursery Manager, Designated Safeguarding Lead (DSL) or Deputy (DSL) (see Whistle Blowing Policy in Staff Handbook)
- In banning the mobile phones at work, the management ensures that all staff has the nursery number where they can be contacted by family in the event of any emergency.
- Parents and visitors should avoid using a mobile while they are on the nursery premises.

- The company will nominate a few responsible employees to have their mobile phones in reach for emergencies related to the nursery and the children's safety whilst out on field trips.

4. Tablets/Camera Policy

The nursery will ask parents/ carers for written consent, prior to enrolment, to use the nursery tablets/camera to take images of their children as educational support as part of ongoing observations, for displays and separately for advertising. However, it is essential that photographs are taken and stored appropriately to safeguard the children in our care.

During special events, e.g., Christmas or leaving parties, staff may produce group photographs to distribute to parents. In this case individual permission will be asked for each child before this event, and staff will collect parents' emails. This will ensure all photographs taken are in line with parental choice.

Staff are only allowed to take photographs of children in the nursery or on trips using a nursery camera/tablet. Images will be downloaded onto the nursery computer in the office, and any images that are no longer used will be deleted as soon as possible. Images must be downloaded on the nursery computer only, and by the Senior EYP for the room. Images may only be transferred and stored onto the nursery computer, and data deleted of all devices (computer, tablet, camera,) as soon as pictures have been printed.

A tablet/camera must only be used to take images in the classrooms, the corridor, the gardens and play groups and on trips. If staff need to take images in the children's toilets or kitchen (for example to demonstrate hand washing as part of a topic) they MUST have either a Manager, Deputy or Senior staff with them, or prior consultation with the Deputy or Manager.

All staff are responsible for the location of the tablets/cameras; this should be labelled so it is easily identifiable as belonging to a specific classroom and placed in the designated area or locked in the office. At all times the camera must be placed in a prominent place where it can be seen.

Images stored on the camera must be suitable, children must not be put in compromising situations that may cause embarrassment and distress.

At no time are staff allowed to use mobile phones, tablets, cameras, or video cameras not belonging to the nursery to take pictures of children, or to carry on their person whilst at work around children.

We are not able to take pictures or videos on behalf of parents/carers on private cameras and if a member of staff becomes aware that a parent or anyone else is taking photographs or video of the children in our care then they will challenge the person taking the pictures.

Children in our nursery are not allowed to have devices capable of taking photographs or video in their possession while they are in our care. This includes devices such as mobile phones, watches with a camera facility and portable games or music consoles. Any child found with such a device will be asked to hand it to a member of staff for safe keeping and it will be returned at the end of the day.

5. Procedure if a Mobile, Tablet, Camera Device is Misused

1. It is the responsibility of all staff at work to be vigilant and report any cases to the Nursery Manager, Deputy or Safeguarding Lead Persons.
2. Violation of this policy may lead to a temporary or permanent ban of access to tablet/camera devices or nursery equipment such as laptops.

3. The Designated Safeguarding Lead (DSL), Deputy (DSL) or Nursery Manager should take concerns seriously, ensure concerns are logged and investigated appropriately.
4. The Nursery Manager, or in their absence Deputy Manager or Designated Safeguarding Lead (DSL) reserves the right to check the image contents of a member of staffs, or visitors' mobile phone, tablet or camera contents should there be any cause for concern over the appropriate use of it.
5. Should inappropriate material be found then our Local Authority Designated Officer (LADO) will be contacted immediately. We will follow the guidance of the LADO as to the appropriate measures for the staff member's dismissal.
6. Failure to adhere to the contents of this policy will lead to disciplinary procedures being taken against staff, or the police being called. The Nursery Manager, or in their absence the Designated Safeguarding Lead (DSL) has the right to call the Police by dialling 999 against a staff or visitor, should there be any cause for concern over the appropriate use of the device, and who have the right to check the images of mobile, camera/video camera or tablet.
7. At the same time and pending the Police investigation result, the employee will be suspended from work with a written warning letter and possibly be dismissed instantly or later, depending on the nature of the gross misconduct.

6. Identifying Risks to the Safety and Welfare of Children

Risks may arise from many different sources and can be categorised in several different ways. Here we have outlined some of the potential risks to be aware of:

- Someone that the child knows and who is in close physical proximity.
- Remote and occasionally anonymous (the internet – especially for older children)
- Other children through bullying or it may come from adults, including early year's educators or other professionals.
- A risk to welfare may also manifest itself through a child's mental wellbeing and happiness.

7. The Four Main Types 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. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child.

Signs, Symptoms and Indicators of Physical Abuse

Children may often display bumps, bruises and grazes as minor accidents and falls easily occur during day-to-day activities, so there isn't necessarily one specific indicator that a child is being physically abused.

However, please speak to your Designated Safeguarding Lead if:

- A child often has injuries, and/or those injuries aren't where you typically expect them.
- There is a pattern of injuries on certain days or particular times of the week/month/year.
- The parent's explanation of the injury doesn't match the injury, or you don't feel comfortable with their explanation.

Set out below are some of the possible signs which may help staff recognise if a child is being physically abused.

Bite Marks

- * Usually oval or circular in shape.
- * Visible wounds, indentations or bruising from individual teeth.

Fractures or Broken Bones

- * Fractures to the ribs or the leg bones in babies.
- * Multiple fractures or breaks at different stages of healing.

Other Injuries and Health Problems

- * Scarring.
- * Effects of poisoning such as vomiting, drowsiness or seizures.
- * Respiratory problems from drowning, suffocation, or poisoning.

Babies & Younger Children

- * Appearing limp as though comatose.
- * Respiratory problems.
- * Seizures.
- * Vomiting.
- * Unusual responses – irritable, poor feeding, lethargic, unresponsive.

Bruising

- * The head, ear, stomach, back and buttock areas.
- * Defensive wounds such as the forearm, upper arm, back of the leg, hands, or feet.
- * Clusters of bruises on the upper arm, outside of the thigh or on the body.
- * Bruises which also have dots of blood under the skin.
- * Bruised scalp and swollen eyes from hair being pulled violently.
- * Bruises in the shape of a hand or an object.

Burns or Scalds

- * Can be caused by hot liquids, hot objects, flames, chemicals, or electricity.
- * On the hands, back, shoulders or buttocks; scalds may be on lower limbs, both arms and/or legs.
- * A clear edge to the burn or scald.
- * Sometimes in the shape of an implement for example, a circular cigarette burn.
- * Multiple burns or scalds.

Emotional Abuse

The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of the other person. It may include not giving the child opportunity 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. This may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill treatment of another. It may involve serious bullying (including cyber bullying), causing children to frequently 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.

Signs, Symptoms, and Indicators of Emotional Abuse

Emotional abuse may be passive when a parent or carer does not provide the necessary level of love, support and interaction that a child needs or active abuse when a parent or carer deliberately and premeditatedly causes emotional harm to a child.

Emotional abuse can involve any of the following:

- Humiliating or constantly criticising a child.
- Shouting at a child, threatening a child, or calling a child names.
- Making the child the subject of jokes or using sarcasm to hurt a child.
- Blaming or scapegoating.
- Making a child perform degrading acts.

- Pushing a child too hard or not recognising their limitations.
- Exposing a child to distressing events or interactions such as domestic abuse or drug taking.
- Failing to promote a child's social development.
- Persistently ignoring them.
- Being absent.
- Never showing any emotions in interactions with a child – this is also known as emotional neglect.
- Children can show different emotions for a variety of reasons; hunger, tiredness, a change in routine, changes at home and therefore it can sometimes be difficult to identify if a child is being emotionally abused. Set out below are some of the possible signs which may help staff recognise if a child is being physically abused.

Babies and young children who are being either passively or actively emotionally abused may:

- Be over-affectionate towards strangers or people they don't know or haven't known for long.
- Lack confidence or become wary or anxious.
- Not appear to have a close relationship with their parent especially when dropped off or collected from nursery.
- Be aggressive or nasty towards other children and animals.
- Becoming withdrawn, clingy, anxious, or suddenly behaving very differently.
- Becoming aggressive.
- Problems sleeping.
- Eating disorders.
- Soiling of clothes.
- Obsessive behaviour.

Sexual Abuse

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

Signs, Symptoms, and Indicators of Sexual Abuse

Set out below are some of the possible signs which may help staff recognise if a child is being sexually abused.

Children who are sexually abused may:

- Stay away from certain people.
- Avoid being alone with people.
- Appear frightened to socialise with others especially adults.
- Show sexual behaviour which is inappropriate for their age.
- Use sexual language or know information that you would not expect them to.
- Sore genitals and anus.
- Unusual discharge.
- Copy what's happening to them in role play situations.

Neglect

Neglect is the ongoing failure to meet a child's basic needs and is the most common form of child abuse. Basic Needs can be categorised into four main areas:

1. Physical Neglect – where a child's basic needs for food, clothing, shelter or supervise a child to ensure their safety is not met.
2. Educational Neglect – where a child's parent does not ensure that they receive a suitable education.

3. Emotional Neglect – where a child’s needs for love, care and attention is not met. This can also translate into the definition of emotional abuse as above.
4. Medical Neglect – where a child is not taken the doctor or dentist, or medical advice is ignored.

Signs, Symptoms, and Indicators of Neglect

Set out below are some of the possible signs which may help staff recognise if a child is being neglected.

Poor Appearance and Hygiene

A child may:

- Be smelly or dirty.
- Have unwashed clothes.
- Have unsuitable or inadequate clothing.
- Appear hungry or overfed.
- Have frequent and untreated nappy rash.

Health and Development Problems

A child may have:

- Untreated injuries, medical or dental issues.
- Repeated accidental injuries caused by lack of supervision.
- Recurring illnesses or infections.
- Not been given appropriate medicines.
- Missed medical appointment for immunisations.
- Skin sores, rashes, flea bites, scabies, or ringworm.
- Thin or swollen tummy.
- Tiredness.
- Not reaching developmental milestones.

Housing and Family Issues

A child may be:

- Living in an unsuitable home environment – animal mess, no heating.
- Left alone for a long time.
- Taking on the role of carer for other family members including siblings.

It’s important to remember that some children may suffer more than one type of abuse. Staff must be sensitive to signs of abuse, particularly in children with limited or non-verbal communication.

8. Disclosure

If you’re in a situation where a child discloses abuse to you, there are several steps you can take.

- Listen carefully to the child. Avoid expressing your own views on the matter. A reaction of shock or disbelief could cause the child to ‘shut down’, retract or stop talking.
- Let them know they’ve done the right thing. Reassurance can make a big impact to the child who may have been keeping the abuse secret.
- Tell them it’s not their fault. Abuse is never the child’s fault, and they need to know this.
- Say you believe them; a child could keep abuse a secret in fear they won’t be believed. They’ve told you because they want help and trust you’ll be able to help them.
- Don’t talk to the alleged abuser. Confronting the alleged abuser about what the child’s told you could make the situation a lot worse for the child.
- Explain what you’ll do next. If age appropriate, explain to the child you’ll need to report the abuse to someone who will be able to help.
- Don’t delay reporting the abuse – the sooner the abuse is reported after the child discloses, the better. Report this to your Designated Safeguarding Lead (DSL) as soon as possible, so details are fresh in your mind and action can be taken quickly.
- Never promise not to tell anyone.

9. Grooming

What is Grooming?

Grooming is when someone builds an emotional connection with a child to gain their trust for the purposes of sexual abuse, sexual exploitation, or trafficking. Children and young people can be groomed online or face-to-face, by a stranger or by someone they know – for example a family member, friend or professional. Groomers may be male or female and of any age. Many children and young people do not understand that they have been groomed or that what has happened is abuse. Groomers sometimes spend a long time gaining a child's trust and that of their family, so they can spend time alone with the child. Sometimes people who work with children may use the same approach with colleagues in the workplace.

Groomers may gain trust by:

- Pretending to be someone they are not, for example saying they are the same age online.
- Offering advice to the child.
- Displaying a level of understanding to the child.
- Buying gifts for the child.
- Giving the child attention.
- Using their professional position or reputation.
- Taking the child on trips, outings, or holidays.

They may also use:

- Secrets and intimidation to control a child to make them feel ashamed or guilty.
- Online social networks with older children.

Signs, symptoms, and Indicators of Grooming

It can be difficult to identify if a young child is being groomed. The general signs, symptoms and indicators of abuse referenced in this policy are perhaps the best indicator. Groomers often go to great lengths not to be identified.

If an older child is being groomed, they may:

Be very secretive, especially with regards to what they are doing online.

- Have older boyfriends or girlfriends.
- Go to unusual places to meet friends.
- Acquire new things such as clothes or mobile phones that they can't or won't explain.
- Have access to drugs and alcohol.

10. Indirect Abuse/Domestic Abuse

What is indirect/domestic abuse?

Indirect abuse occurs when a child is in the same house as someone else who is being harmed. This type of abuse is often connected to Domestic Violence where a child witness one of their parents or siblings being abused. Please be aware that domestic abuse can seriously harm children.

Children can experience indirect abuse/domestic abuse in a variety of ways, they may:

- See abuse taking place.
- Hear the abuse happening.
- See injuries and/or distress.
- Become hurt if they are nearby or trying to stop the abuse.

Signs, symptoms, and Indicators of Indirect/ Domestic Abuse

It can be difficult to tell if domestic abuse is happening, because it usually takes place in the family home and abusers can act very differently when other people are around.

Children who witness domestic abuse may suffer from the signs, symptoms and indicators shown under emotional abuse, but may also:

- Become aggressive.
- Display anti-social behaviour.
- Suffer from depression or anxiety.

11. Female Genital Mutilation (FGM)

What is FGM?

Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons.

FGM is mostly carried out on young girls between infancy and age 15. 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.

Effects of FGM:

Immediate complications can include:

- Severe pain
- Excessive bleeding (haemorrhage)
- Genital tissue swelling
- Fever
- Infections e.g., tetanus
- Urinary problems
- Wound healing problems
- Injury to surrounding genital tissue.
- Shock
- Death

Long-term consequences can include:

- Urinary problems (painful urination, urinary tract infections)
- Vaginal problems (discharge, itching, bacterial vaginosis, and other infections)
- Menstrual problems (painful menstruations, difficulty in passing menstrual blood, etc.)
- Scar tissue
- Sexual problems
- Increased risk of childbirth complications (difficult delivery, excessive bleeding, caesarean section, need to resuscitate the baby, etc.) and new-born deaths.
- Need for later surgeries.
- Psychological problems (depression, anxiety, post- traumatic stress disorder, low self-esteem, etc.)

Why is FGM carried out?

The reasons why female genital mutilations are performed vary from one region to another as well as over time and include a mix of socio-cultural factors within families and communities.

The most cited reasons are:

- Where FGM is a social norm, the social pressure to conform to what others do and have been doing, as well as the need to be accepted socially and the fear of being rejected by the community, are strong motivations to perpetuate the practice. In some communities, FGM is almost universally performed and unquestioned.
- FGM is often considered a necessary part of raising a girl, and a way to prepare her for adulthood and marriage.
- FGM is often motivated by beliefs about what is considered acceptable sexual behaviour. Where it is believed that being cut increases marriageability, FGM is more likely to be carried out.
- In most societies, where FGM is practised, it is considered a cultural tradition, which is often used as an argument for its continuation.

Signs, Symptoms, and Indicators that FGM may have been carried out on a child.

Before FGM takes place, a child may talk about:

- A special holiday
- A special celebration
- Someone special coming to stay.
- “Becoming a woman”

After FGM takes place, a child may:

- Have difficulty walking, standing, or sitting.
- Spend longer going to the toilet.
- Appear withdrawn, anxious, or upset.
- Have a change in behaviour.
- Complain of tummy ache
- Show other symptoms as detailed in sexual abuse above

What should you do if you FGM has taken place?

FGM has been a criminal offence in the United Kingdom since 1985 and since 2003 it is also a criminal offence for UK nationals or permanent UK residents to take their child abroad to have FGM carried out.

Under Section 74 of the Serious Crime Act 2015 amended the Female Genital Mutilation Act 2003, it is a legal duty for people working with children to contact the police, if:

1.They are informed by a girl under the age of 18 that she has undergone an act of FGM

or

2. They observe physical signs that an act of FGM may have been carried out on a girl under the age of 18

This mandatory reporting is in addition to the usual reporting of child abuse as per the safeguarding communication flow chart detailed in this policy.

12.Breast Ironing

What is Breast Ironing?

Breast ironing or breast flattening originates mainly from Cameroon and parts of Africa and involves pounding or massaging the breasts with hot objects including spatulas, rocks, and hammers. The reasons for this practice relate to the desire to keep female children “childlike” therefore protecting them from unwanted male attention, rape and early pregnancy which would shame the family. Some children have breast ironing carried out by their female relatives including their mothers as a way of protecting them from forced or arranged marriage when they are young.

The effects of breast ironing are far reaching and include:

- Abscesses
- Issues with breast feeding
- Mental health including depression.
- Links to increased risk of breast cancer

Concerns have been raised that breast ironing is taking place in African communities in the United Kingdom and therefore it has been included in statutory guidance relating to “Honour Violence”. Managers are to be aware of risk according to information held by their Local Safeguarding Children Board.

13.Radicalisation, Extremism, and the Prevent Duty Guidance

Elmore Kindergarten understands the responsibility placed on us by Section 20 of the Counter Terrorism and Security Act 2015 as a childcare provider to prevent children being drawn into extremism and terrorism through the process of radicalisation, as per the Prevent Duty Guidance 2019.

All staff have a statutory duty to:

- Prevent all children being drawn into any type of terrorism.
- Identify those who may be particularly vulnerable to radicalisation.
- Take action in the event of any concerns about a child.

Elmore Kindergarten commits to place the British Values at the core of everything we do in our nurseries daily, these include Democracy, Rule of Law, Individual Liberty & Mutual Respect and Tolerance.

All our Senior Staff complete training on Counter Terrorism, the Prevent Duty and British Values.

It can be difficult to recognise when a view of the child or the family becomes extreme and the signs, symptoms and indicators of abuse can be hard to spot. However, we have outlined some of the possible signs which may help staff recognise.

Younger children may:

- Copy behaviour which they see at home.
- Isolate themselves.
- Choose only to play with certain groups of children or interact with certain staff members.
- Have a noticeable change in behaviour.

Older children may:

- Isolate themselves from friends and family.
- Talk as though from a scripted speech.
- Be unwilling or unable to discuss their views.
- Demonstrate a sudden disrespectful attitude towards others.
- Show increased levels of anger.
- Become secretive, especially around internet use.

Reporting

There are no mandatory reporting procedures under the Prevent Duty Guidance, 2019. However, if you believe a child is at risk from radicalisation, please follow our safeguarding procedures and seek advice and guidance from the Local Authority Safeguarding Team.

14.Fabricated and Induced Illness or Injury (FII)

What is FII?

Fabricated or induced illness (FII) is a rare form of child abuse which occurs when a parent or carer, usually the child's biological mother, exaggerates or deliberately causes symptoms of illness in their child. FII can involve children of all ages, but the most severe cases are usually associated with children under five.

FII is also known as "Munchausen's syndrome by proxy" (not to be confused with Munchausen's syndrome, where a person pretends to be ill or causes illness or injury to themselves)

Signs, Symptoms, and Indicators of FII

FII covers a wide range of symptoms and behaviours involving parents seeking healthcare for a child who is not unwell and is perfectly healthy, including:

- Extreme neglect to induce illness.
- Exaggeration of or inventing symptoms
- Deliberate injury to the child (included under the definition of physical abuse)

- Manipulation of test results to suggest the presence of illness – for example, by putting glucose in urine samples to suggest the child has diabetes.
- Deliberately induces symptoms of illness – for example, by poisoning a child with unnecessary medication or other substances.

15. Child Trafficking and Modern Slavery

What is child trafficking and modern slavery?

Child trafficking and modern slavery are child abuse; children are recruited, moved, or transported and then exploited, forced to work or sold. Many children are trafficked into the UK from abroad, but children can also be trafficked from one part of the United Kingdom to another.

Children are trafficked for:

- Child sexual exploitation*
- Benefit fraud
- Forced marriage.
- Domestic enslavement such as cleaning, cooking and childcare
- Forced labour in factories or on farms.
- Criminal activity such as pickpocketing, begging, transporting drugs, working on cannabis farms, selling pirated DVDs and bag theft.
- Child sexual exploitation (CSE) is a type of sexual abuse. Children in exploitative situations and relationships may receive 'something' such as gifts, money, or affection because of performing sexual activities or others performing sexual activities on them.

Signs, Symptoms and Indicators of Child Trafficking and Modern Slavery

It can be difficult to spot a trafficked child; however, they may show the following signs:

- Reluctant to talk to you or may have a prepared story to explain their life as taught by the traffickers.
- They don't understand that they are victims.
- Find it too hard to talk about their experiences – often children may suffer from Post-Traumatic Stress Disorder
- Feel guilty and confused by the abuse they have suffered.

If you think any children, older siblings or young parents are at risk of any of the above, or feel they have already been affected, then please make your Designated Safeguarding Lead aware.

16. County Lines

What is County Lines?

There is currently no legal definition, but County Lines is basically a form of exploitation, including child exploitation. County Line gangs use children and other vulnerable people to move drugs and money to and across areas using traditional gang culture as well as targeted and specific grooming of individuals including children. Once caught up in county lines, both adults and children are at risk of extreme physical and/or sexual violence, gang recriminations and trafficking. Families and individuals including children are being taken advantage of due to their naivety, inexperience, and desire to belong or earn money and can easily be groomed into selling and transporting drugs.

How are children being exploited?

Criminals are deliberately targeting vulnerable children. Gangs groom children into trafficking their drugs for them with promises of money, phones, friendship and belonging. In reality, children are then controlled using threats, violence, and sexual abuse. The effects of this are that they live in fear and continue being exploited as they feel that they have no way to leave and live a different life – so they must keep doing what the gang wants. They themselves are then considered criminals, in fact they have been groomed and exploited to carry out such criminal behaviour when they do not have the age or understanding that they have been exploited.

What are the signs of criminal exploitation and county lines?

- Returning home late, staying out all night or going missing
- Being found in areas away from home
- Increasing drug use or being found to have large amounts of drugs on them.
- Being secretive about who they are talking to and where they are going.
- Unexplained absences from school, college, training, or work
- Unexplained money, phone(s), clothes, or jewellery
- Increasingly disruptive or aggressive behaviour
- Using sexual, drug-related or violent language you wouldn't expect them to know.
- Coming home with injuries or looking particularly dishevelled

What are the likely outcomes for those involved in County Lines?

The risk to a child, young person, and their family and friends, because of experiencing criminal exploitation can include but is not limited to:

- Physical injuries: risk of serious violence and death
- Emotional and psychological trauma
- Sexual violence: sexual assault, rape, indecent images being taken and shared as part of initiation/revenge/punishment, internally inserting drugs.
- Debt bondage- young person and families being 'in debt' to the exploiters, which is used to control the young person.
- Neglect and basic needs not being met.
- Living in unclean, dangerous and/or unhygienic environments
- Tiredness and sleep deprivation: child is expected to carry out criminal activities over long periods and through the night.
- Poor attendance and/or attainment at school/ college/university
- Tragically the young people exploited through 'county lines' can often be treated as criminals themselves and the grooming and exploitation they have been subjected to is missed.

If you feel someone is being by exploited or associated with county lines, you should.

- Call the local police on 101 or in an emergency 999.
- If you would rather remain anonymous, you can contact the independent charity Crime stoppers on

17.Information Sharing and Elmore Kindergarten Paperwork

Elmore Kindergarten understands that sharing information is an essential part of our responsibility to safeguard and promote the welfare of all children. We know that practitioners play a significant role in identifying, understanding, and recording safeguarding issues at an early stage, and then appropriately sharing this information.

Therefore, Elmore Kindergarten aims to adhere to the frameworks laid out in the 2015 Government Publication: Information sharing advice for practitioners providing safeguarding services to children, young people, parents and carers, specifically the seven golden rules to sharing information.

Please familiarise yourself with the process:

The seven golden rules to sharing information.

1. Remember that the GDPR 2018 and human rights law are not barriers to information sharing, they simply provide a framework to ensure that personal information is shared appropriately.
2. Be open and honest with the individual (and/ or their family where appropriate) from the outset. Explain why, what, how and with whom information will, or could be shared with, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. Seek advice from other practitioners if you have any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.

4. Share with informed consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You can share information without consent if there is good reason to do so e.g., if their safety is at risk.
5. Always consider the safety and well-being of the individual when sharing information, and others who may be affected by their actions.
6. Necessary, proportional, relevant, adequate, accurate, timely and secure: Ensure that the information you share is necessary for the purpose, shared only with individuals who need to have it, that it's accurate and up to date, shared securely and in a timely fashion
7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose

18.The Safeguarding File

As soon as a Designated Safeguarding Lead (DSL) is alerted to a safeguarding concern of any kind a safeguarding file will be created online in SharePoint where information can be securely held. The safeguarding file is used for logging, monitoring, collating, and storing information about a child.

What constitutes a 'concern' for one child may not be a 'concern' for another. The Designated Safeguarding Lead must always remember that needs may be different depending on the individual circumstances. Therefore, please use professional judgement when making decisions relating to sharing information.

19.Court Orders

If a Court Order names or affects a child for any reason, the Business Manager should be made aware. The Nursery Manager must strictly follow the rules set out in the Court Order, irrespective of requests by family members or outside agencies.

Elmore Kindergarten understands the importance of the safe recruitment of staff. We are committed to employing the very best individuals who are suitable to work with children in our care.

This is achieved by:

- Clear, consistent, and robust interview process
- Reference collection and reviewing employment history
- All staff will complete an Enhanced Disclosure and Barring Service (DBS) check
- Review identification
- Check all staff have a Right to Work in the United Kingdom
- Review professional qualifications and completion of the Elmore Kindergarten Induction Programme

Once recruited, all employees must:

Attend Safer Recruitment training (only applicable to senior management). Complete a declaration during their Performance Management meetings twice a year which enables them to work with children – any changes to circumstances must be discussed with the Nursery Manager.

20.How to Respond to Safeguarding Allegations

The safety and wellbeing of the children is of paramount importance. In the event of an allegation against a member staff, please report this to your Designated Safeguarding Lead (DSL). The flowcharts in this policy describe the procedure that must be followed if there is a concern about a child, or if an allegation has been against a member of staff.

21.Children who may be Particularly Vulnerable

Whilst all children are vulnerable to harm, some children may have increased risk of abuse. This could be due to a range of individual, societal and economic issues.

The following list details all children who we believe to be particularly vulnerable, but this list is not exhaustive. In fact, any child could be considered more vulnerable than another for whatever circumstance – this should also be included on Busy Bees Vulnerable Persons Register:

- Disabled or have Special Educational Needs
- Children “looked after” by the Local Authority
- Children who have previously been “looked after” by the Local Authority
- Privately fostered children
- Affected by domestic abuse.
- Affected by substance misuse/drug use.
- Affected by mental health issues including self-harm and eating disorders.
- Affected by poor parenting.
- At risk of Fabricated or Induced Illness
- At risk of gang and youth violence
- Part of an asylum-seeking family
- Live transient lifestyles
- LGBT (lesbian gay bisexual transgender)
- Living in chaotic and unsupportive home situations
- Do not have English as a first language.

22. How can we Help Children Keep Themselves Safe?

We have an important role to help children keep themselves safe and support them to do so in age-appropriate techniques, this includes:

- Placing Human Rights and British Values at the heart of everything we do
- Supporting children to have a positive sense of self through using their own voice.
- Understanding emotions through stories and songs
- Helping them to form positive relationships with others.

23. Additional Relevant Policies

Further Elmore Kindergarten and Government policies can be accessed in the Parent Hub section of our website – www.elmorekindergarten.com

Safeguarding	Broomhill Nursery	Ecclesfield Nursery	Middlewood Nursery
If the DSL or Deputy DSL is not available or to escalate concerns, contact Jackie Walker-Smith – Operations Manager			
Designated Safeguarding Lead (DSL)	Chloe Hewitt Nursery Manager	Esther Welsh Nursery Manager	Jemma Flanagan Nursery Manager
Deputy DSLs	Becky Eyre Emily Saunders Lead Senior EYPs	Aoife O’Regan Deputy Manager	Gaynor Flanagan Lead Senior

SAFEGUARDING

What to do if...



You have safeguarding concerns about a child.

If you feel concerned about a child, whether you have seen something not quite right or they have verbally disclosed something to you, you must report it at the nearest opportunity to your DSL or D/DSL.

Please remember:

1. Write it down as soon as it happens while it is fresh in your memory
2. Listen to the child
3. Reassure the child
4. Always write it down in their words, not what you think they have tried to say
5. Never promise to keep it a secret. You must tell someone to make sure they are safe

Your DSL will then follow our internal procedures and update you with an outcome.

If you need to make a referral to Social Care, the number to call is Sheffield Safeguarding Hub on 0114 2734855

You are concerned about someone who works or volunteers with children.

If you see or hear any of the following concerns/allegations regarding a staff member, student or volunteer - it must be reported to your DSL or D/DSL and they will contact LADO (Local Authority Designated Officer):

1. They have harmed a child.
2. They have committed a criminal offence related to a child.
3. They have behaved towards a child or group of children in a way that indicates a risk of harm to them.

LADO must be contacted within 24 hours regarding a concern or an allegation that has been made on **0114 2734855** then select **option 1**.

Any allegations reported to LADO must also be reported to OFSTED within 24 hours on 0300 123 1231

The staff member, student or volunteer will be suspended, and a full investigation will be carried out by LADO

If you are not happy with how your DSL has dealt with your concern, you CAN report to another DSL onsite, or to the Operations Manager, or another DSL within the company. Or you can ring the Safeguarding Hub or LADO to report a concern yourself.

Safeguarding children is everyone's responsibility



Safeguarding Procedure: Concerns About a Child

Last Updated 08/03/21

Someone raises concerns about a child at your setting:

- Concerns passed on **verbally** to the DSL/D straight away
- Concerns **then** written down and given/sent securely to the DSL/D to keep as a record in the safeguarding file

DSL/D should collect information by:

- Reviewing the child's safeguarding file
- Discussing with staff involved

These checks are important but should not delay the referral of a child or young person under 18 years old who is suffering or likely to suffer significant harm

Is the child **suffering or likely to suffer significant harm**?

YES...

Discuss with parents/carers?

- You do not need consent to refer to Children's Social Care but you should usually inform parents/carers of your concerns and that you are making referral
- You do not need to discuss the referral with parents/carers if you think it will place a child, parent/carer or worker at further risk
- If you cannot contact parents/carers **DO NOT WAIT** to make a referral as this may increase the risk

- Talk immediately to the child's social worker if one is already involved
- If no allocated social worker, [refer concerns](#) immediately to
- **Sheffield Safeguarding Hub (SSH), tel. 0114 273 4855**
- Within 24 hours, securely send a completed [Multi-Agency Confirmation Form \(MACF\)](#) to SSH

Not sure...

Consult **Thresholds of Need Guidance (SCC)** at:
www.safeguardingsheffieldchildren.org

and/or:

Seek advice from the **Multi-Agency Support Team**, on **0114 2037485**

and/or:

Discuss with a social worker in the **Sheffield Safeguarding Hub** on **0114 2734855**

NO but need support...

- Discuss support needs with parents/carers
- Explain EHA (Early Help Assessment) process & seek agreement for parent/carer involvement

Early Help Assessment:

- Family needs support from an agency other than early years setting
- Complete [EHA part 1](#) (single issue) or [FCAF](#) (multiple issues)
- Send securely to [MAST](#) and discuss at Early Years Partnership Meeting/ [TAF/EH Gateway Meeting](#) to co-ordinate support

If EHA Meeting identifies more complex needs or no positive outcome at level 3, case will 'step up' to level 4

Early Help Assessment level 4:

- Family need multi-agency, intensive support
- Complete [FCAF/MyPlan/EHCP](#) with parents/carers & involved practitioners
- Send securely to [MAST](#)



Safeguarding Procedure: Allegations Made Against a Member of Staff

If an allegation is made that a member of staff has harmed a child or is alleged to have behaved in a way in their private life that may suggest they are unsuitable to work with children and young people the DSL, D/DSL or in their absence the most senior member of staff, must be informed immediately. If the allegation concerns the DSL or A/DSL the Operations Manager and Director must be informed.

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

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

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

The Local Authority designated officer (LADO) **must be informed within one working day** on Tel: 0114 2734855
Email: LADO@sheffield.gov.uk

LADO referral

The LADO will clarify if and how the matter will be taken forward and what appropriate course of action should be taken. In serious situations the LADO will advise whether a suspension should take place immediately and/or whether a strategy meeting is required.

After discussing the situation with the LADO it may become clear that a referral to The Sheffield Safeguarding Hub is required.

Refer the allegation to The Sheffield Safeguarding Hub - Tel: 0114 273 4855
Follow the referral up in writing within 24 hours

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

Ofsted must be informed within 24 hours on (0300 123 1231) of any allegation or concerns made against a member of staff. Complete the safeguarding and child protection concerns form and send this to Ofsted: enquiries@ofsted.gov.uk.

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

After discussing the situation with the LADO, it may become clear that a referral to The Sheffield Safeguarding Hub is **not** required and the setting is to follow their own complaints and disciplinary procedures.

The incident should be documented.
Safeguarding Lead Hollie Snape & Operations Manager Nazli Hussein must be informed of this outcome in writing where applicable.

The member(s) of staff may be suspended on full pay (in line with HR procedures). This overall decision to suspend is vested with the Operations Manager/Director. Suspension is a neutral act and allows a full investigation of facts to take place.