BLACKSHAW NURSERY

SAFEGUARDING - CHILD PROTECTION POLICY

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1. POLICY STATEMENT

At Blackshaw Nursery, we believe that every child has the right to develop to their full potential. Promoting and safeguarding the welfare of the children will always take priority.

If anyone is worried about the safety or welfare of a child using our service we have a legal duty and responsibility to act on our concerns. When it is safe for the child to do so, we will discuss our concerns with parents and carers in the first instance and, if necessary, make a child protection referral to Children's Social Care.

If a parent or carer wishes to discuss any aspect of safeguarding and protecting children, please speak to your child's key worker, the Childcare Co-ordinator or a designated child protection officer:
Gladys Kernick
Jemma Piper
Carla Richardson
Mary Ellis
Tel: 020 8672 4789

SAFEGUARDING CHILDREN LEGISLATION AND PROCEDURES

Safeguarding requirements are laid down in a number of laws, guidance and procedures. In preparing this policy the nursery has made reference to the following:

The Children Act 1989
The Children Act 2004
What to do if you are worried a child is being abused 2015
London Child Protection Procedures (updated every October)
Working Together to Safeguard Children 2015
Statutory Framework for the Early Years Foundation Stage (2014)
The Counter Terrorism & Security Act 2015
The Serious Crime Act 2015

These have helped to form the basis of this Safeguarding/Child Protection policy which is based on the requirements and guidance of the Wandsworth Safeguarding Children Board. These documents are available for reference in the office for all staff.

2. DUTIES AND RESPONSIBILITIES

MANAGEMENT RESPONSIBILITY

The management team will ensure that:

- Safeguarding policies and procedures are understood and implemented by all staff.
- Sufficient resources, supports and training are available to enable the staff to discharge their responsibilities with regard to safeguarding.
- Maintain management responsibility and oversight of safeguarding children in their settings.
- Staff and volunteers are able to raise concerns about poor or unsafe practice and have their concerns addressed in a sensitive, effective and timely way.
- Staff have regular supervision.
- All staff receive annual safeguarding updates.
- The designated members of staff for safeguarding will attend the full safeguarding training every 2 years and a refresher course at least annually.

DESIGNATED CHILD PROTECTION OFFICERS RESPONSIBILITY

The Designated Child Protection Officers role includes taking lead role and responsibility for:

- Ensuring all staff and volunteers are aware of the setting's safeguarding policy and procedures and that these are reviewed regularly.
- Ensuring all staff understand internal recording and reporting systems and know what to do if they are worried about a child.
- Recognising when it is appropriate/necessary to make a referral.
- Referring and follow up child protection concerns that arise within the setting.
- Attending safeguarding meetings, case conferences, core groups etc.
- Communicating safeguarding issues with the Local Authority, the Registered Person/Registered Body/Governing Body and with Ofsted, when appropriate.
- Ensuring the maintenance and safe storage of safeguarding records and copies of any referrals made to Children's Social Care
- Ensuring that all staff receive information about Safeguarding at induction, and receive safeguarding training appropriate to their role.

- To provide updates, support and advice to staff on safeguarding matters.

The designated person is not responsible for investigating child abuse. This responsibility remains with the Local Authority Children's Care under the Children Act 1989. However, they will support and co-operate with child protection investigations and the work together with other agencies in the actions and agreements that follow.
The designated Safeguarding Officer on the Management Committee is Sara Morgan, and the Deputy is Rachael Bolland.

STAFF RESPONSIBILITY

The welfare and safety of all children in our nursery is of paramount importance. Staff have a responsibility to report any form of child abuse, suspected child abuse or any concerns about a child's welfare to one of the designated child protection officers:
Gladys Kernick, Jemma Piper, Carla Richardson and Mary Ellis.
Failure to do so could result in disciplinary action being taken against the individual concerned.

All staff have a duty to:

- Maintain up-to-date knowledge of safeguarding children matters and attend training
- Follow safeguarding child protection policy and procedures and report any concerns
- Work together with other agencies to safeguard children and to contribute to whatever actions are needed to safeguard and promote the child's welfare
- Share information/help to analyse information so that an assessment can be made of the child's needs and circumstances
- Work co-operatively with parents unless this is inconsistent with ensuring the child's safety
- Be alert to the risks which individual abusers, or potential abusers, may pose to children
- Report safeguarding concerns you may have about other staff and professionals as stated in the Whistleblowing and Allegations of abuse against staff section of this policy
- Operate safe practice at all times and to ensure you follow the Mobile Phone, Use of Social Networking Sites and related safeguarding policy and procedures as outlined in this document.

EQUAL OPPORTUNITY AND DIVERSITY

We recognise that child abuse occurs in all cultures, all religions and all social classes.

It is important to ensure assumptions are avoided that a particular way of caring for children is harmful, just because the parents may have a different approach and are mindful of culture/practise. However, situations where children are clearly at risk should not be ignored because of the family's cultural background.

3. RECOGNISING CHILD ABUSE

What is child abuse and neglect?

Child abuse and neglect are forms of maltreatment of children including serious physical and sexual assaults as well as cases where the standard of care does not adequately support the child's health or development. Children can be abused through the infliction of harm, or through failure to act to prevent harm.

- Abuse and neglect can affect children of any age, class or family background
- Children may be abused within the family, a setting, an institution or community.
- Children are abused by people known to them, or more rarely, by a stranger.
- Children can be abused by an adult or adults or another children or children.
- Children may show signs of being abused in different ways – physically, emotionally, behaviourally or they may tell you directly.

The main categories of child abuse are:

- Physical Abuse
- Emotional Abuse
- Sexual Abuse
- Neglect
- Other areas of abuse

However, abused children can suffer from more than one type of abuse.

The following definitions and indicators of abuse are taken *from* ***Working Together to Safeguard Children 2013*** *and the* ***Wandsworth Safeguarding Children Board London Child Protection Procedures***. The indicators described below are frequently found in cases of child abuse. Their presence is not proof that abuse has occurred, but:

- Must be regarded as indicators of the possibility of significant harm
- Indicates a need for careful assessment and discussion with the agency's nominated child protection person

- May require consultation with and/or referral to Children's Social Care.
- The absence of such indicators does not mean that abuse has not occurred.

GENERAL RISK INDICATORS

In an abusive relationship the child may:
- Appear frightened of the parent/carer
- Act in a way that is inappropriate to her/his age and development

The parent may:
- Persistently avoid child health services and/or treatment when the child is ill
- Have unrealistic expectations of the child
- Frequently complain about/to the child and may fail to provide attention or praise (high criticism / low warmth environment
- Be absent or leave the child with an inappropriate carer
- Have mental health problems which they do not appear to be managing
- Be misusing substances
- Persistently refuse to allow access on home visits
- Persistently avoid contact with services or delay treatment
- Be involved in domestic violence
- Fail to ensure the child receives an appropriate education
- **Professionals** should be aware of the potential risk to children when individuals, **previously** known or suspected to have abused children, move into the household.

PHYSICAL ABUSE

Definition
Physical abuse may take many forms e.g. 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.

Recognising Physical Abuse
The following are often regarded as indicators of concern
- An explanation which is inconsistent with an injury
- Several different explanations provided for an injury
- Unexplained delay in seeking treatment
- The parent/s are uninterested or undisturbed by an accident or injury
- Parents absent without good reason when their child is presented for treatment
- Repeated presentation of minor injuries (which may represent a 'cry for help' and if ignored could lead to a more serious injury)
- Family use of different doctors and accident & emergency departments
- Reluctance to give information or mention previous injuries

Bruising

Children can have accidental bruising, but the following must be considered as indicators of harm unless there is evidence or an adequate explanation provided. Only a paediatric view around such explanations will be sufficient to dispel concerns listed below:

- Any bruising to a pre-crawling or pre-walking baby
- Bruising in or around the mouth, particularly in small babies which may indicate force feeding
- Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive)
- Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally
- Variation in colour possibly indicating injuries caused at different times
- The outline of an object used (e.g. belt marks, hand prints or a hair brush)
- Bruising or tears around/ behind the earlobes indicating pulling or twisting
- Bruising around the face
- Grasp marks on small children
- Bruising on the arms, buttocks and thighs may be an indicator of sexual abuse

Bite marks

Bite marks can leave clear impressions of the teeth. Human bite marks are oval or crescent shaped. Those over 3cm in diameter are more likely to have been caused by an adult or older child.

Burns and scalds

It can be difficult to distinguish between accidental and non- accidental burns and scalds, and will always require experienced medical opinion. Any burn with a clear outline may be suspicious, e.g.:

- Circular burns from cigarettes (but may be friction burns if along the bony protuberance of the spine)
- Linear burns from hot metal rods or electrical fire elements
- Burns of uniform depth over a large area
- Scalds that have a line indicating immersion or poured liquid (a child getting into hot water of its own accord will struggle to get out and cause splash marks)
- Old scars indicating previous burns / scalds which did not have appropriate treatment or adequate explanation
- Scalds to the buttocks of a small child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath

Fractures
Fractures may cause pain, swelling and discolouration over a bone or joint, and loss of function in the limb or joint. Non-mobile children rarely sustain fractures. There are grounds for concern if:

- The history provided is vague, non-existent or inconsistent with the fracture type
- There are associated old fractures
- Medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement
- There is an unexplained fracture in the first year of life

Scars
A large number of scars or scars of different sizes or ages, or on different parts of the body, may suggest abuse.

EMOTIONAL ABUSE

Definition
Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development and may involve:

- Conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person
- Imposing developmentally inappropriate expectations of children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction
- Seeing or hearing the ill-treatment of another
- Causing children to feel frightened or in danger eg: witnessing domestic violence or experiencing bullying from siblings or peers
- Exploiting or corrupting children

Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Recognising Emotional abuse
Emotional abuse may be difficult to recognise, as the signs are usually behavioural rather than physical. The indicators of emotional abuse are often also associated with other forms of abuse. Professionals should be aware that emotional abuse might also indicate the presence of other kinds of abuse. The following may be indicators of emotional abuse:

- Developmental delay

- Abnormal attachment between a child and parent/carer, eg. anxious, indiscriminate or no attachment
- Indiscriminate attachment or failure to attach
- Aggressive behaviour towards others
- Appeasing behaviour towards others
- Scapegoated within the family
- Frozen watchfulness, particularly in pre-school children
- Low self esteem and lack of confidence
- Withdrawn or seen as a 'loner' – difficulty relating to others

SEXUAL ABUSE

Definition
Sexual abuse involves forcing or enticing a child to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape, buggery, oral sex) or non-penetrative acts. Sexual abuse includes abuse of children through sexual exploitation. Penetrative sex where one of the partners is under the age of 16 is illegal, although prosecution of similar age, consenting partners is not usual. However, where a child is under the age of 13 it is classified as rape under s5 Sexual Offences Act 2003. Sexual abuse includes non-contact activities, such as involving children in looking at, or in the production of pornographic materials, watching sexual activities or encouraging children to behave in sexually inappropriate ways.

Recognising Sexual Abuse
Sexual abuse can be very difficult to recognise and reporting sexual abuse can be an extremely traumatic experience for a child. Therefore both identification and disclosure rates are deceptively low. Boys and girls of all ages may be sexually abused and are frequently scared to say anything due to guilt and / or fear. If a child makes an allegation of sexual abuse, it is very important that they are taken seriously. Allegations can often initially be indirect as the child tests the professional's response. There may be no physical signs and indications are likely to be emotional / behavioural.

Behavioural Indicators:
- Contact or non-contact sexually harmful behaviour
- Sexually explicit behaviour, play or conversation, inappropriate for the child's age
- Anxious unwillingness to remove clothes for sports/swimming (but this may be related to cultural norms or physical difficulties)
- Parents may ask staff not to undress or change their child
- Continual, excessive or inappropriate masturbation

- Self harm (including eating disorder), self mutilation or suicide attempts
- Involvement in sexual exploitation

Physical Indicators:
- Pain or itching of genital area
- Bloodstains on underwear
- Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing.

Sex offenders have no common profile, and it is important for professionals to avoid attaching any significance to stereotypes around their background or behaviour. While media interest often focuses on 'stranger danger', research indicates that as much as 80 per cent of sexual offending occurs in the context of a known relationship, either family, acquaintance or colleague.

NEGLECT

Definition
Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health and development. Neglect may occur during pregnancy as a result of maternal substance abuse.
Neglect may involve a parent failing to:
- Provide adequate food and clothing
- Provide shelter including exclusion from home or abandonment
- Protect a child from physical and emotional harm or danger
- Ensure adequate supervision including the use of inadequate care-taker
- Ensure access to appropriate medical care or treatment
- Meet or being unresponsive to a child's basic emotional need to feel loved and secure.

Recognising Neglect
It is rare that an isolated incident will lead to agencies becoming involved with a neglectful family. Evidence of neglect is built up over a period of time. Professionals should therefore compile a chronology and discuss concerns with any other agencies which may be involved with the family, to establish whether seemingly minor incidents are in fact part of a wider pattern of neglectful parenting.

When working in areas where poverty and deprivation are commonplace professionals may become desensitised to some of the indicators of neglect. These include:

- Failure by parents or carers to meet essential physical needs (e.g. adequate or appropriate food, clothes, warmth, hygiene and medical or dental care)
- Failure by parents or carers to meet essential emotional needs (e.g. to feel loved and valued, to live in a safe, predictable home environment)
- A child seen to be listless, apathetic and unresponsive with no apparent medical cause
- Failure of child to grow within normal expected pattern, with accompanying weight loss
- Child thrives away from home environment
- Child frequently absent from school
- Child left with inappropriate carers (e.g. too young, complete strangers);
- Child left with adults who are intoxicated or violent
- Child abandoned or left alone for excessive periods

Although neglect can be perpetrated consciously as an abusive act by a parent, it is rarely an act of deliberate cruelty. Neglect is usually defined as an omission of care by the child's parent, often due to one or more unmet needs of their own. These could include domestic violence, mental health issues, learning disabilities, substance misuse, or social isolation / exclusion.
While offering support and services to these parents, it is crucial that professionals maintain a clear focus on the needs of the child.

Potential risk to an unborn child

- Domestic violence or parental substance abuse or mental ill health.
- These concerns should be addressed as early as possible before the birth, so that a full assessment can be undertaken and support offered to enable the parent/s (wherever possible) to provide safe care.

OTHER AREAS OF ABUSE

All staff to be aware of the following 'risks' to children and report any concerns to the Designated Safeguarding Lead:

- Female genital mutilation
- Breast ironing
- Honour based violence
- Child sexual exploitation
- Forced marriage
- Toxic trio
- Mental health issues
- Domestic abuse

- Child missing from home, care or education
- Children who harm
- Fabricated and induced illness
- Substance misuse

The Designated Safeguarding Lead will report any concerns through the Multi Agency Safeguarding Hub.

SAFEGUARDING DISABLED CHILDREN/CHILDREN WITH SPECIAL NEEDS

Disabled children and young people can be particularly vulnerable to abuse because:

- The increased level of care they may require
- Increased likelihood of being socially isolated
- Dependency on parents and carers increases their risk of exposure to abusive behaviour
- Impaired capacity to resist or avoid abuse
- Speech, language or communication needs which may make it difficult to tell others what is happening
- No access to someone they can trust to disclose abuse
- Inadequate & poorly coordinated support services can lead to isolation (widely recognised as a risk factor for abuse)
- Lack of support may lead to stress & exhaustion (risk factors for abuse)
- Additional financial costs/stresses: It can cost 3 times more to raise a child with disabilities
- Looked after children disabled children are particularly susceptible to possible abuse because of their additional dependency on residential and hospital staff for day to day physical care needs

Safeguards for disabled children are essentially the same as for non-disabled children but may not be implemented or followed up for following reasons:

- Indicators of abuse may be attributed to the child's impairment or medical condition
- Staff may be reluctant to challenge parents/carers or to report suspicions because of over identification' of parents needs/rights/challenges
- Underestimation of the child's ability may mean child does not fulfil potential

All practitioners need to be aware of the potential indicators of abuse and/or neglect for disabled children, such as:

- A bruise in a place which might not be of concern to an ambulant child but of concern on a non-mobile child
- Not getting enough help with feeding leading to malnourishment
- Poor toileting arrangements
- Lack of stimulation

- Unjustified and/or excessive use of restraint
- Rough handling, extreme behaviour modification, eg deprivation of liquid, medication, food or clothing
- Unwillingness to try to learn a child's means of communication
- Ill-fitting equipment, eg calipers
- Invasive procedures which are unnecessary or carried out against child's will.

(*Please see 'Safeguarding Disabled Children: Practice Guidance Summary' Department for Children Schools and Families July 2009 for more details*)**.**

4. PREVENT DUTY

This policy reinforces our existing safeguarding duties by spreading understanding of the prevention of radicalization. We will build the children's resistance to radicalization by promoting fundamental British values, and enable them to challenge extremist views. Please see the full Prevent Duty Policy.

5. RESPONDING TO CHILD ABUSE

BLACKSHAW NURSERY: CHILD PROTECTION PROCEDURES

Blackshaw Nursery takes its duties and responsibilities towards child protection very seriously. All staff are required to follow child protection procedures if they are concerned about the safety or welfare of any child.
Failure to act on concerns could place a child in real danger.

STEPS TO TAKE IF CHILD ABUSE IS SUSPECTED

1. Consider what you know, what you have seen & things about the child which causes concern.

2. Listen to the child if s/he tells you of abuse. Reassure the child that they did the right thing to tell you. Never promise to keep something a secret. Let the child know you will be telling the designated Child Protection Officer as you all have a responsibility to keep the child safe. Don't probe or interrogate the child – Write down what the child told you using the child's own words.

3. Discuss your concerns urgently with your Designated Child Protection Officers:

Gladys Kernick – Childcare Co-ordinator: 020-8679-8143/07963-367783

Jemma Piper – Deputy Childcare Co-ordinator: 07777-660500

Carla Richardson – Nursery Supervisor: 020-8543-5602/07958-282795

Mary Ellis – Administrator: 020-8642-6544/07910-455242

4. The designated Child Protection Officer will then make the decision about whether a referral to Children's Social Care (MASH) or other action is necessary. They will also guide you on your next action in accordance with Child Protection procedures.

5. If appropriate, and in consultation with the designated Child Protection Officer, arrange to see the child's parents/carers. Be open and honest, telling parents the reasons for your concerns. Explain your duty to report your concerns to Social Services. Make a written record of this meeting. (N.B. In case of suspected sexual abuse DO NOT in form or meet with parents before referral).

6. Keep a written record of all concerns, any discussions with the child and parents, discussions with Ofsted and children's social care – keep a note of names/times and any decisions made.

7. Use appropriate forms (attached B) in accordance with the Safeguarding and Child Protection policy.

REPORTING PROCEDURE

As soon as a concern has been alerted regarding a particular child, the Child Protection Procedures as above should be followed and discussed with the designated child protection advisor. The Child Protection Record will be completed (attached B: Child Protection Recording).

Allegations or concerns about parents should be notified to the Children's Social Care Department (now called MASH or Multi-Agency Safeguarding Hub) where the child lives:

Wandsworth:	**020 8871 7208**
	out of hours 0208 871 6600
Merton	**020 8545 4227**
Croydon	**020 8726 6408**
Sutton	**020 8770 4532**
Lambeth	**020 7926 7856/6508**
Richmond	**020 8891 7969/020 8744 2442**
Ofsted	**0300 123 1231**

Where there is a concern, any action taken, the reasons for any decision made and the personnel involved must be recorded on the Child Protection Record sheet by the designated child protection officer or person in charge and countersigned by the staff member concerned.

If the concern is about a staff member, **the Allegations Against Staff procedures (See Section 5**) need to be followed.

PRIVATE FOSTERING

Section 44 of the Children Act 2004 and Regulations in the National Minimum Standards 2005 require all local authorities to assess Private Fostering Arrangements and to ensure that the welfare of privately fostered children are safeguarded and promoted.

What is private fostering?

Where children under 16 years of age (or 18 if disabled) are cared for and provided with accommodation on a full-time basis (over 28 days) by people who are not their parents or a relative*. This is a private arrangement made between the parent and the carer who is not a family member or relative.

As a professional working with the children, if you come across a private fostering situation, please report this to your designated child protection advisor as you have a responsibility to let Children's Social Care know immediately.

INFORMATION SHARING & CONFIDENTIALITY

Information sharing

Information Sharing is vital to safeguarding and promoting the welfare of children. A key factor in previous serious case reviews has been a failure to record information.

Parental consent is generally required to share information and parents should be encouraged and supported to give consent for you to share information with other professionals that would benefit and support their child.

Seven golden rules for information sharing

1. **Remember that the Data Protection Act is not a barrier to sharing** information but provides a framework to ensure that personal information about living persons is shared appropriately.

2. **Be open and honest** with the person from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. **Seek advice** if you are in any doubt, without disclosing the identity of the person where possible.
4. **Share with consent where appropriate** and, where possible, respect the wishes of those who do not consent to share confidential information.
5. **Consider safety and well-being**: Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.
6. **Necessary, proportionate, relevant, accurate, timely and secure**: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.
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.

Confidentiality

- In general, you have a duty to respect confidentiality and privacy and ensure you keep all information and details about parents and children confidential within the service.
- However, *child protection concerns are an exception* and you have a statutory duty to report these concerns and share information with other appropriate professional colleagues, social workers or the police as required.
- It is always better to gain consent before reporting concerns. However, you can and should share Information without consent in the following situations:
  - The child is at risk of significant harm or harming someone else
  - The child needs urgent medical treatment
  - Information is required as part of a legal proceeding e.g. by order of the Court
  - Information is requested by the police if investigating a serious crime
  - Sharing that information is required to undertake a statutory function.

  In these instances, information should not be shared with anyone else who is not directly professionally involved in keeping the child safe.
- In situations where there are no concerns around the child's safety but it is felt that sharing information would benefit the child and/or the parents (eg: to access additional help/support with learning, specialist health services, prevention services, parenting support and skill development, undertaking a common assessment, referring children in need of extra support), parental consent is necessary before information can be shared.

- Professionals who breech confidentiality policy or who fail to share information to keep children safe should face actions under disciplinary/code of conduct policies.

5. SAFE RECRUITMENT AND STAFFING

SAFE RECRUITMENT AND SELECTION

The nursery has a duty to safely recruit staff and adopt safe recruitment procedures. Before starting work at the nursery, all staff will be subject to full checks on their suitability and will be fully vetted under OFSTED's and Safeguarding Children Board Child Safe Recruitment and Selection Procedures, including the following checks:

- **Disclosure and Barring Scheme (DBS)**
- **Identity:** obtain documented picture ID proof
- **Academic qualifications:** documented proof
- **Professional references:** x 2
- **Previous employment history:** considering gaps or repeated changes
- **Health**
- **Medication & possible effects on performance disclosure**

Disclosure and Barring Scheme (DBS)

1. A DBS enhanced with a barred list check must be made in respect of every person who:
   - works directly with children;
   - lives on the premises on which the childcare is provided; and/or
   - works on the premises on which the childcare is provided (unless they do not work on the part of the premises where the childcare takes place, or do not work there at times when children are present).
2. When a provisional offer is made to a candidate, the appointment is conditional on a satisfactory DBS.

All staff, volunteers and placements must have a clear DBS before having unsupervised access to children in the nursery. At the first opportunity, staff must inform the nursery management team of any arrest, caution, charge or pending prosecution made against them at any time, or for any reason, during their employment with Blackshaw Nursery. Failure to do so will result in disciplinary action being taken.

The management team, in conjunction with the management committee, will take appropriate action regarding any disclosures made by staff in relation to their DBS check.

DBS checks will be carried out on all staff every 3 years.

If a member of staff is dismissed due to a safeguarding matter, the nursery has a duty to inform the DBS.
Disclosure & barring service declarations must be completed annually for all staff.

DISQUALIFICATION

If any member of your household (staff only) is charged or cautioned for any matter, including motor offences, you must notify the management team and Ofsted immediately who will make a decision in case any further action is necessary.

WHISTLEBLOWING: REPORTING CONCERNS ABOUT STAFF & PROVIDERS

1. Children have the right to be safeguarded against the unsafe or unprofessional actions and behaviours of child care providers.
2. You have a duty to report and take action if you are concerned about the actions or behaviour of anyone in the nursery.
3. The primary focus is on the needs and rights of the child, which should take priority over those of child care providers.
4. CONFIDENTIALITY: Information and details about your concerns must be restricted to those persons who have a need to know in order to:
    - Protect children
    - Facilitate enquiries
    - Manage disciplinary/complaints processes.

    You cannot share details with anyone else not directly involved in these processes as this violates the rights of the child, the parents and/or the child care provider.

The expression 'whistleblower' is used to describe an employee who becomes aware of a problem or concern in an organisation and brings this concern to the attention of the management so that the problem can be investigated and, if appropriate, corrected. It is accepted that coming forward is never easy – however you are encouraged to discuss the issue with a senior member of staff or management committee before the problem becomes serious. If the problem or concern involves the management team, the member of staff should report to the Chair of the management committee, Alicia Erauncetamurguil on 020-8725-1207.

ALLEGATIONS OF ABUSE AGAINST STAFF

Allegations made against staff either by an adult or child will be investigated under allegation management procedures.

The procedures will apply where a staff person has:

- Behaved in a way that has harmed or may have harmed a child
- Possibly committed an offence against or related to a child
- Behaved towards a child or children in a way that indicates that s/he is unsuitable to work with children

They will also apply where:

- Concerns arise about the person's behaviour with regard to their own children
- Concerns arise about the behaviour in private or community life of a partner, member of the family or other household member

If an allegation is made against a staff member, they will be suspended pending the outcome of the investigation.

REPORTING ALLEGATIONS AGAINST A MEMBER OF STAFF

If you have a concern or need to report an allegation, you need to inform within 24 hours: a copy of the LADO referral form is attached to this policy.

1. The designated child protection officer or the chair of the management committee
2. The Local Authority Designated Officer (LADO); tel no. 020-8871-7208 email MASH@wandsworth.gov.uk
3. Ofsted

LADO PROCEDURE FLOW CHART

An allegation is made against an adult working with children and is reported to the nursery designated child protection officer

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The designated child protection officer or manager contacts the Local Authority Designated Officer (LADO) Tel: 020 8871 6622

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Information is passed to a Child Protection Coordinator (CPC) who decides whether the alleged may have:

- Harmed a child or put a child at risk of harm
- Displayed behaviour involving or related to a child that might constitute a criminal offence
- Has behaved in a way that raises concern about the adult's suitability to work with children

YES → The CPC arranges a strategy meeting to exchange information and decide on formal investigations which may include a police investigation

MAYBE →

NO → No further action

→ Agency investigates as a disciplinary matter

→ Agency feeds back to CPC on their disciplinary investigation and decisions made

REPORTING ALLEGATIONS OR DISCLOSURES MADE BY A CHILD ABOUT A PERSON LIVING WITH OR CARING FOR A CHILD

Mash – Multi-Agency Safeguarding Hub: tel no. 020-8871-6622;
Email: MASH@wandsworth.gov.uk

16. SAFE PRACTICE

SUPERVISION AND APPRAISAL

From September 2012 it is a legal requirement for all registered early years providers to have supervision and appraisal arrangements in place.

The purposes of supervision

- To consider a child's needs interests and levels of development.
- To coach, mentor and support staff
- To raise concerns about a child's or family's safety and wellbeing
- To raise safeguarding concerns about staff members
- Support continuous professional development.
- Review workload, patterns, schedule or personal issues.
- Discuss performance management and target setting.
- Appraisals will be reviewed yearly.

ALCOHOL AND DRUGS

Staff are not permitted to attend work under the influence of alcohol or drugs under any circumstances. The management team must be notified of any prescribed medication which may affect your performance at work.

MOBILE PHONES/CAMERAS

Use of video cameras, cameras or mobile phones to take pictures in Blackshaw Nursery is forbidden unless agreed with a member of the management team. Phones must be kept out of childcare areas. When photos have been printed from nursery cameras they must be deleted straight away. (Please refer to Use of Mobile Phones and Digital Photographs policy).

LATE COLLECTION OF CHILDREN

If a child is late being collected from nursery then 2 members of staff must stay until the child is collected. If the child is not collected after closing, the member of staff on duty should contact the parent, next of kin or emergency contact person and member of the Management Team on call (see Late Collection of Children/Attendance policy).

CHILD ATTENDANCE

Parents are responsible for contacting the nursery either by email or phone to report their child's absence. If a parent fails to report absence, the child's keyworker will inform a member of the management team who will contact the parent to ascertain the reason for absence. The reason will be noted in a log book.

RISK ASSESSMENTS

Regular risk assessments should be carried out in the nursery to ensure children's safety at all times.

STAFF SUPPORT

The Management Team should ensure that any staff dealing with safeguarding and child protection issues are provided with appropriate support through Occupational Health and counselling sessions if required.

LINKS TO SAFEGUARDING POLICY

This Safeguarding policy is linked to the following safety & welfare policy:

Health & Safety policy
Behaviour Management policy
Late collection of children/Attendance policy
Mobile phones & digital photography policy
Use of social networking sites policy
Infant/child abduction policy

Outings policy
Out of hours babysitting policy
Prevent duty

USEFUL WEBSITES AND CONTACTS

- www.safeguardingchildreninwandsworth.org.uk – Wandsworth Safeguarding Children Board

- www.londonscb.gov.uk - London Safeguarding Children Board

- www.nspcc.org.uk - NSPCC information site providing data, research information, copies of briefing papers and links to other sites.

- OFSTED Tel: 0300 123 1231

- Prevent Duty Co-ordinator Tel: 0208 871 6094

- Children's Social Care /Multi-Agency Safeguarding Hub

Wandsworth	020 8871 6622 or 0208 871 6600 out of hours; Email MASH@wandsworth.gov.uk
Merton	020 8545 4227
Croydon	020 8726 6408
Sutton	020 8770 4532
Lambeth	020 7926 7856/6508
Richmond	020 8891 7969/020 8744 2442