



Safeguarding Children and Child Protection Policy

At Jumpin Jacks Nursery we follow the statutory requirements for the Early Years Foundation Stage (2025) which states that "Children learn best when they are healthy, safe and secure, when their individual needs are met, and when they have positive relationships with the adults caring for them" (Pages 22, Point 3.1).

To ensure that this is implemented we:

- Have a written policy and procedure in place for the safeguarding and protection of children which is in line with the guidance and procedures of our local safeguarding partners which are Doncaster Safeguarding Children Partnership (DSCP).
- Ensure the Safeguarding Children and Child Protection Policy and procedure includes an explanation of the action to be taken in the event of an allegation being made against a member of staff, and cover the use of mobile phones and cameras in the setting.
- Refer to 'Safeguarding Children and Protecting professionals in Early Years Settings: online safety considerations' in order to safeguard children and practitioners online.
- Aim to create a high-quality setting which is welcoming, safe and stimulating, and where children are able to enjoy learning and can grow in confidence.
- Take all necessary steps to keep children safe and well, ensuring the suitability of all adults who have contact with the children, promote good health, manage behaviour and maintain records, policies and procedures.
- Have a designated safeguarding practitioner who will take lead responsibility for safeguarding children within the setting and be responsible for liaison with local statutory children's service agencies, and with the Local Safeguarding Partners (LSP).
- Ensure all staff understand the settings Safeguarding Children and Child Protection policy and procedures, and that they have up to date knowledge of safeguarding issues.
- Have regard to the Governments Statutory Guidance Working Together to Safeguard Children 2023 and to the Prevent Duty Guidance for England and Wales 2023.
- Follow the guidelines set out in the booklet 'What to do if you're worried a child is being abused' 2015.
- Are alert to any issues of concern in the child's life at home or elsewhere.

- Ensure the correct procedure is followed if professionals disagree of the best course of action to take in order to safeguard children accessing the DSCP website following the resolving professional difference protocol.

Staff Roles and Responsibilities

Training made available by the setting will enable staff to recognise the signs displayed by children that may be, or are at risk of possible abuse and neglect at the earliest opportunity and to respond in a timely and appropriate way.

These may include:-

- significant changes in children's behaviour;
- deterioration in children's general well-being;
- unexplained bruising, marks or signs of possible abuse or neglect;
- Disclosures or children's comments which give cause for concern;
- any reasons to suspect neglect or abuse outside the setting, for example in the child's home; or at school; at an out of school activity and/or that a girl may have been subject to (or is at risk of) female genital mutilation
- Inappropriate behaviour displayed by other members of staff, or any other person working with the children. For example: inappropriate sexual comments; excessive one-to-one attention beyond the requirements of their usual role and responsibilities; or inappropriate sharing of images.

Guidance which may be helpful in supporting practitioners to identify signs of possible abuse and neglect are what to do if you're worried a child is being abused: advice for practitioners, 2015 and keeping children safe in education, September 2025.

The setting has three Designated Lead Practitioners who will provide support, advice and guidance to any other staff on an ongoing basis, and on any specific safeguarding issue as required.

The Designated Lead Practitioners will attend relevant DSCP level 3 Safeguarding Children and Child Protection training that enables them to identify, understand and respond appropriately to signs of possible abuse and neglect.

All practitioners will be trained through the local authority to ensure that they have an up to date understanding of how to safeguard children and are able to implement the safeguarding policy and procedures appropriately.

Staffing and volunteering:-

- Our First Designated Lead Practitioners take overall responsibility for safeguarding children in the setting. Our First Designated Practitioners are: **Kirsty Ward** (Manager) and **Patricia Poole** (Assistant Manager)
- The second Designated Lead Practitioner is: **Beth Kane** (Deputy Manager)
- A Designated Lead Practitioner will always be available on site however when in exceptional circumstances where this is not possible there will be a Designated Safeguarding Lead contactable at all times.
- The Designated Lead Practitioner is responsible for liaison with local statutory children's service agencies, and with the Local Safeguarding Partners (LSP).
- Each Designated Lead Practitioner will undertake appropriate DSCP level 3 safeguarding training every 2 years adhering to local authority requirements to equip them to identify, understand and respond appropriately to signs of possible abuse and neglect and take the lead in responding to safeguarding concerns A refresher in Child Protection and Safeguarding Children will be completed at least every 2 years.
- All practitioners are made aware of their individual responsibility to safeguard children at all times and promote the health and well-being of all children through their induction and local authority training.
- The training is carried out every 2 years or sooner if required, to ensure that they have an up to date understanding of how to safeguard children and are able to implement the Safeguarding Children and Child Protection Policy and Procedures appropriately.
- Management receives regular safeguarding updates through local cluster meetings/briefings, regular newsletters from DSCP and additional safeguarding training carried out by the local authority.
- Staff will be informed by management of any Safeguarding updates which may arise within the three years. Management will inform all staff and leaders of any updates in order to keep their knowledge of safeguarding children up to date in line with Education inspection framework (2023)
- All staffs safeguarding children and child protection knowledge will be refreshed regularly through questions being asked during supervisions/appraisals. To support their CPD and identify any areas of development required. At each staff meeting, 'Any Safeguarding Concerns' is always the first item on the agenda, this is also asked in supervisions and appraisals to enable discussion around any safeguarding issues/concerns and to identify any solutions to address these should they arise.

- All practitioners will carry out training which highlights the signs and indicators around FGM and also undertake relevant Prevent Duty training.

Suitable People:-

- We have effective systems in place and ensure that any person employed to look after children and any other person who may have regular contact with children (including those living or working on the premises) is suitable to fulfil the requirements of their role.
- We abide by Ofsted requirements by carrying out an 'enhanced criminal records' check and 'barred list' check through the Disclosure and Barring Service (DBS) and other suitability checks, including references for staff, (including those living or working on the premises). This ensures that no disqualified person or unsuitable person works at the setting or has access to the children. Until a clear DBS and two satisfactory references are received the practitioner will not be left unsupervised with any children. These checks along with the interview process are carried out by professionals who have completed the safer recruitment training.
- Staff who have lived or worked abroad will require an additional criminal records check (or checks if more than one country) in line with section 3.16 of the Early Years Foundation Stage, Statutory Framework, Safeguarding and Welfare Requirements 2025. We refer to the document - Home Office- 'Application process for obtaining criminality information to provide to employers in the UK or to meet the requirements of the UK immigration rules to provide an overseas criminal record certificate in support of visa application'.
- All staff employed at Jumpin Jacks will have sufficient understanding and use of English to ensure the well-being of children in their care in relation to records kept, liaising with other agencies, to summon emergency help and understand instructions such as those for safety of medicines or food hygiene. This is in line with section 3 of the Early Years Foundation Stage, Statutory Framework, Safeguarding and Welfare Requirements 2025.
- We inform staff, volunteers, students and others of their requirement to disclose any convictions, cautions, court orders, reprimands and warnings which may affect their suitability to work with children (whether received before or during their employment at the setting). A reminder of this requirement is within their regular 1:1 or Supervision cycle. We will not allow people whose suitability has not been checked including

through a criminal record check to have unsupervised contact with children being cared for.

- We will record information about staff qualifications and the identity checks and vetting processes that have been completed (including the criminal record check, reference number, the date the check was obtained and details of who obtained it) and these are displayed in the nursery office.
- We will meet our disqualification requirements within the Early Years Foundation Stage, Statutory Framework, Safeguarding and Welfare Requirements 2025.
- We ensure we meet the responsibilities under the Safeguarding Vulnerable Groups Act 2006 which includes a duty to make a referral to the DBS where a member of staff is dismissed (or would have been, had the person not left the first) because they have harmed a child or put a child at risk of harm.
- In the event of the disqualification of a registered provider, a childcare worker, a person living in the same household as the registered provider, or a person employed in that household, the provider will not continue as an early year's provider- nor be directly concerned in the management of such provision. Where a person is disqualified, the provider will not employ that person in connection with early year's provision. Where an employer becomes aware of relevant information that may lead to disqualification of an employee, we will take appropriate action to ensure the safety of children.
- We are aware that a registered person or a childcare worker may also be disqualified because they live in the same household as another person who is disqualified, or because they live in the same household where a disqualified person is employed.
- If a registered person or childcare worker is disqualified, they may, in some circumstances be able to obtain a 'waiver' from Ofsted.
- We will notify Ofsted of any significant event which is likely to affect the suitability of any person who is in regular contact with children on the premises where childcare is provided. The disqualification of an employee could be an example of a significant event, adhering to section 3.22-3.26 of the Early Years Foundation Stage, Safeguarding and Welfare Requirements 2025.
- If a paid worker or volunteer is removed from working or would have been removed if the person had not left first, then a referral will be made to the Disclosure and Barring Service.
- We will give Ofsted the details laid out in section 3.22-3.26 of the Early Years Foundation Stage, Safeguarding and Welfare Requirements 2025.

- We are aware that this information must be provided to Ofsted as soon as reasonably practicable, but at the latest within 14 days of the date the provider became aware of the information or ought reasonably to have become aware of it if they had made reasonable enquiries. (Section 3.25 of EYFS Safeguarding and Welfare Requirements 2025).
- Volunteers and students do not work unsupervised even if they have a DBS check.
- All staff, volunteers and students will be required to read all policies and risk assessments, giving confirmation through signing to say that they have read and understood these, and will be required to read and sign annually/when policies and risk assessments are updated.
- We will follow our legal responsibilities under The Equality Act 2010 (2023) including the fair and equal treatment of practitioners (Section 3.20 of EYFS Safeguarding and Welfare Requirements 2023) regardless of age, disability, gender reassignment, marriage, civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
- We ensure all staff receives induction training to understand their roles and responsibilities including information about emergency evacuation procedures, safeguarding, child protection and health and safety issues.
- Staff will be deployed in appropriate rooms based on their experience and training to ensure that all children's needs are met and to ensure their safety. Parents/carers will be informed about staff deployment and when relevant will be involved. Staff will ensure children are adequately supervised at all times.
- At least one person who has a current paediatric first aid (PFA) certificate will be on the premises and available at all times when children are present and will accompany children on outings. This PFA training will be renewed every three years and be relevant for workers caring for young children and where relevant babies. All newly qualified entrants to the Early Years Workforce who have completed a level 2 or above qualification on or after 30th June 2016 must also have either a full PFA or emergency PFA certificate within 3 months of starting work to be included in the required staff to child ratios. An exception to this requirement can be made should a disability prevent the newly qualified entrant from completing the PFA course. If otherwise competent to carry out their childcare duties the newly qualified entrant can still be included in the staff: child ratios. Where staff have attended a relevant PFA training course we obtain written evidence of attendance. We display a record of staff PFA certificates and when they need to be renewed.

Practitioner's knowledge of safeguarding children:-

- Will be included in the induction process of practitioners.
- Will be updated every two years (or earlier if needed) through providing access to training in safeguarding by the local authority and promoting the welfare of children.
- Staff and leaders will receive regular updates on safeguarding at least annually in line with Education Inspection Framework 2023
- Will be refreshed regularly through senior members of staff asking safeguarding questions to others in the team. As part of the CPD process and through yearly quizzes in staff meetings this enables their knowledge to be updated and identify areas of support required.
- Will be supported through the implementation of all relevant policies including the 'Intimate Care Policy,' 'Reproduction of Images Policy' and the 'Whistle Blowing Policy'
- Will be refreshed at staff meetings whenever the policy is reviewed.
- The designated persons will attend training on Early Help.
- At each staff meeting, 'Any Safeguarding Concerns' is always the first item on the agenda, this is also asked in supervisions and appraisals.

In order to promote safe practice in addition to the above we:-

- Implement a code of conduct for all staff
- Create opportunities for staff supervision and appraisal
- Provide opportunities to engage parents
- Create clear and safe boundaries for children
- Never promise to keep a secret for a child or ask a child to keep a secret for us. If the children are involved in making a special card or gift for a parent or carer, we ask them to keep it a surprise.

Procedure to be followed if a child is absent from nursery:-

- If a child does not attend nursery due to illness, we ask that the parents/ carers telephone at the earliest opportunity to inform us.
- If a child does not attend nursery and the parents / carers do not contact nursery, a member of staff will telephone the child's parents/ carers to investigate why they have not attended. This will be done by 9am for a morning session or 1.30pm for an afternoon session unless there is regular occurrence of lateness/absence which will be authorised by a member of the management team.

- If the member of staff cannot get hold of the parent / carer by telephone, a message will be left for them to contact nursery. If there is regular absence then a member of staff will try the child's emergency contacts. If no contact is made then a member of the management team will send a letter to the child's home address asking them to make contact with nursery. They will use their professional judgement as to when this letter is sent based on the individual child's circumstances.
- The letter will ask the parents/carers to make contact with nursery within one week from the date of the letter. If no contact is made with nursery within one week then a home visit will be carried out by two members of staff one of which will be a member of management.
- If the parent/carer cannot be contacted at their home address the designated person for safeguarding will use their professional judgment and the police may be called.
- If the manager cannot find out the reason for the absence and the child continues not to attend nursery, the information will be passed onto early years.
- The information is recorded in the Safeguarding Monitoring Folder which is reviewed at the end of each calendar month.
- A member of the Management team has responsibility for reviewing this data.

Keeping children safe folders:

- Each child who is known to Social Services or the Child Protection Health Team, who is on an Early Help Assessment, or any child nursery feels would benefit from having their welfare monitored is allocated a Keeping (child's name) Safe' folder.
- Each folder contains a front page with the child's name, any LAC, CIN or Child protection meeting minutes and any other relevant information. Each folder also contains an information sheet where the designated person will record information of any conversations with outside agencies and parents/carers.
- These folders will be kept securely in the lockable nursery office in a locked cupboard.

Procedure for children arriving at nursery with an existing injury:-

- Any sign of a mark or injury to a child when they arrive at nursery will be recorded on an 'Existing Injury' form which must be completed by the

parent/carer and witnessed by a practitioner, unless it puts the child in any immediate danger.

- This practitioner will then record any further discussions regarding the injury and the parent/carer will have access to these records.
- If there appears to be any queries regarding the injury, then social care will be informed immediately and this will be followed up in writing within 48 hours. Social care should acknowledge the referral within one working day. If nothing is heard back from social care within three working days, then they should be contacted again. Ofsted will also immediately be notified, although this is not mandatory.
- Parents/carers will be informed if the nursery makes the decision to inform social care unless it is considered that doing so would constitute a danger to the child, the staff or the nursery.

The collection of a child by an alternative adult:-

- If a child is to be collected by an alternative adult this will be recorded in the relevant room diary
- The alternative adult collecting the child from nursery must be aged over 16 years.
- When the alternative adult collects the child, if they are not known to nursery then they will be asked for the child's password and the member of staff will leave the alternative adult inside the nursery entrance while they check this information.

Collection of Safeguarding Monitoring Information and its Storage:-

- Each child has a section in the filing cabinet in the office, which is organised alphabetically according to their surnames. In each section a record is kept of all Accidents, Incidents, injuries, Records of Medicines Administered and Existing Injury Forms that the child has been a part of, as well as their registration form.
- Accident / Incident / Existing Injury/ Injury/Record of Medicines Administered forms are completed as the need arises.
- The completed forms are signed by parents/carers as they collect their child from nursery. The forms are then given to a member of the Management team who files these forms in the "safeguarding monitoring" file under the child's name.

- If any form remains accidentally unsigned, then the member of staff **MUST** telephone the parent/carer to inform them of the details recorded on the form. The forms must then be signed by the parent / carer at the next earliest opportunity.
- **Staff who do not ensure that forms are signed by the parent / carer at the time of handover will be disciplined in line with the Nursery disciplinary procedure.**
- The forms are reviewed by a member of the management team and any patterns in accidents, incidents, existing injuries or concerns raised about medicines may require an investigation. This will result in a child being more closely monitored and placed on a Keeping Safe File. If necessary, Social Care will be informed.

Sharing the Safeguarding Children and Child Protection Policy with Parents / Carers before their Child begins Nursery:-

- All our mandatory policies and procedures are uploaded on to the online tapestry system for parents/carers to access at their leisure and read.
- As part of the registration process, on the permission forms parents / carers are asked to sign to say that they are aware that if we have a safeguarding or welfare concern regarding a child that we legally have a duty to follow our safeguarding procedure.
- Parents/carers are notified of any updates to policies and are made aware that they can access these at any time.
- Parents/carers can request to access the policies and procedures file which is kept in the nursery staff room at any time.

Practitioners may be concerned about a parent or carer who seems unusually stressed and impatient with a child or situation when a child and family are experiencing temporary difficulties caused by:

- Loss of parent or guardian;
- Divorce;
- Redundancy;
- Financial pressures;
- Illness in the family;
- The family moving house;
- New hours of working or promotion of the parents;
- A new baby;
- Difficulties in dealing with the child in a particular stage of development, such as tantrums, toilet-training or challenging behaviour.

- Any other significant event

Support for parents/carers:-

- When parents/ carers sign their child up to nursery, they will be put on to the online system.
- Parents and carers are encouraged in the registration documents to inform staff of any changes in their circumstances that may affect the behaviour of their children at nursery on a temporary basis.
- Members of staff ensure parents/carers know that we are always here to support them and discuss any issues they may have; this may result in advice being given relating to other agencies that can provide additional support for the child and their family.

Procedure for checking the identity of visitors:-

- If a visitor or prospective parent arrives at the setting, we check their reason for visit before allowing them to enter the setting under supervision.
- Any unknown visitor to the setting is asked for at least 1 form of photographic identification to verify who they are (which is recorded on the visitors log alongside a nursery practitioner signature) and, if appropriate, which organisation they work for (e.g. official identity badge, driving license).
- If we require further verification, we will contact the main landline telephone number of their organisation to clarify their identity. Ensuring that they remain in the entrance until confirmation is received. If this is not confirmed then under no circumstances will the visitor be permitted to enter the building.
- All visitors are required to sign the visitor's log, record the time of their arrival, reason for visit, car registration details, and the organisation in which they have come from.
- If the visitor is **known** to the setting, we check that they have a valid reason to enter. They are then required to complete the visitor's log and will not be left unsupervised in the setting.

All reasonable steps are taken to ensure an unauthorised person does not enter the premises.

Allegations against staff

- The allegation WILL NOT be discussed with any practitioner, including the practitioner against whom the allegation was made.
- The practitioner against whom the allegation was made will either be put on duties away from the children or sent home with immediate effect, the course of action will be decided by a member of the management team.
- If the practitioner has been sent home then they will be sent, by post, a letter suspending them from work whilst an investigation is carried out. The letter will explain that no blame is being apportioned at this time.
- The Local Authority Designated Officer (LADO) will be informed within 24 hours or within one working day to ensure the case is dealt with as quickly as possible.
- The contact details for the Local Authority Designated Officer is 01302 737332.
- The LADO Referral form will be completed and returned to: The LADO, Doncaster Children's Services Trust, Mary Woollett Centre, Danum Road, Doncaster, DN4 5HF
- A Strategy Meeting will then be organised by the LADO in order for a decision to be made on how to proceed. This will include whether or not an internal investigation needs to be carried out or whether or not the police will be notified, in which case, they will carry out the investigation.
- Ofsted will be informed within 24 hours or within one working day, however in some circumstances, such as home related incidents advice may be sought from the early years safeguarding officer/LADO as to whether this step needs to be taken.
- Support will be provided to the individual throughout the period of investigation.
- Following the strategy meeting, the practitioner will be invited to a meeting where the allegations and the findings of the investigation will be discussed alongside any relevant actions that must be implemented. This is not part of the Disciplinary Procedure.
- After the final strategy meeting it will be decided whether there is no basis for the allegations and the practitioner will be free to return to work as normal, or if there is a cause for concern, the Disciplinary Procedure will be followed, which may result in the dismissal of the employee.
- The Disclosure and Barring Service (DBS) will also be informed whenever an allegation is made against a member of staff which has been confirmed to have been a safeguarding issue.

- Regard will be given to the document 'Working together to safeguard children, 2023
- Ofsted will be informed within 24 hours of any allegations of serious harm or abuse by any person living, working or looking after children at the premises
- If anyone (paid worker or volunteer) is removed from work which involves children or vulnerable adults (or would have been removed if the person had not left first) then a referral will be made to the Disclosure and Barring Service.

Whistle Blowing

- If a practitioner has concerns about the behavior of another practitioner, volunteer or student, they **MUST** follow the Whistle Blowing Policy.
- In the first instance, a practitioner with concerns must first inform the nursery owner or manager either in person or anonymously.
- In extreme cases where the 'whistleblower' is not satisfied with the response or proposed action taken by Jumpin Jacks Day Nursery, then the matter must be referred to Ofsted on **0300 123 4666** or via email: **whistleblowing@Ofsted.gov.uk**.

Staff taking medication/other substances

Staff members must not be under the influence of alcohol or any other substance which may affect their ability to care for children. If a staff member is taking medication which may affect their ability to care for children, the staff member should seek medical advice and management must be informed of this immediately. Staff will only be permitted to work directly with the children in the setting providing medical advice confirms that the medication is unlikely to impair that staff member's ability to look after children properly. Any medication being taking by practitioners must be recorded by management in their staff file within their health declaration records.

We have regard for the Working together to safeguard children 2018 and to the prevent duty guidance for England and Wales 2015 by ensuring:-

- If we have concerns about children's safety or welfare, we notify agencies with statutory responsibilities without delay. This means the local children's social care services and, in emergencies, the police.
- We inform Ofsted of any allegations of serious harm or abuse by any person living, working, or looking after children at the premises (whether the allegations relate to harm or abuse committed on the premises or elsewhere). This is done in consultation with the Early Years Safeguarding Officer/LADO.
- We notify Ofsted of the action taken in respect of the allegations. These notifications would be made as soon as is reasonably practicable but at the latest within 14 days of the allegations being made.
- We understand that as a registered provider, who, without reasonable excuse, fails to comply with this requirement, commits an offence.

Types of Abuse

In the 'Working Together to Safeguard Children, 2023' the following definitions of abuse are given (See table below).

Abuse is defined as: a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults, or another child or children.

Type of Abuse	Impact of the 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.	The impact of physical abuse can lead directly to neurological damage, physical injuries pain and disability, or, in the extreme, death. Physical abuse has been linked to aggressive behavior, emotional and behavioral symptoms and educational difficulties.
Emotional abuse - The persistent emotional maltreatment of a child such as	Some level of emotional abuse is involved in all types of maltreatment

<p>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 another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing 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 frequently to feel frightened or in danger, or the exploitation or corruption of children.</p>	<p>of a child, though it may occur alone.</p>
<p>Sexual abuse - Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching 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</p>	<p>The impact of sexual abuse can induce in the child disturbed behavior; including self-harm inappropriate sexualized behavior; sadness, depression and loss of self-esteem.</p>

<p>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.</p>	
<p>Neglect - The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:</p> <ul style="list-style-type: none"> • provide adequate food, clothing and 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-givers); or • ensure access to appropriate medical care or treatment. • It may also include neglect of, or unresponsiveness to, a child's basic emotional needs. 	<p>Neglect impacts young children by affecting their ability to form attachments and is associated with major impairment of growth and intellectual development.</p>
<p>In addition to this, we recognise a fifth type of abuse... Domestic Violence - is any pattern of incidents of controlling, coercive, threatening behavior, violence, or abuse between those aged 16 or above who are, or have been intimate partners of family members, regardless of gender of sexuality. The abuse can encompass, but is not limited to psychological, physical, sexual, financial or emotional - Home Office, 2012.</p>	<p>This can have a serious impact on a child's safety and welfare. Children are at increased risk of physical injury during an incident either by accident or because they attempt to intervene.</p>

Chart of Common Accidental and Non-Accidental Injury Sites

Common Sites of Accidental Injury	Common Sites of Non-Accidental Injury
<p>Occur on the:-</p> <ul style="list-style-type: none"> • Forehead • Nose • Chin • Elbow • Forearm • Hip • Bony spine • Knee • Shins <p>Bruises are likely to be:-</p> <ul style="list-style-type: none"> • Few, but scattered • No pattern • Same colour and age <p>Consider:-</p> <ul style="list-style-type: none"> • Age and activity of the child (e.g. learning to walk) • May be confused with birthmarks or other skin conditions. <p>Injuries are likely to be</p> <ul style="list-style-type: none"> • Minor and superficial • Treated • Easily explained <p>Fractures are likely to be:-</p> <ul style="list-style-type: none"> • Of arms and legs • Seldom on the ribs apart from road traffic accidents • Rare in very young children • May rarely be due to brittle 	<p>Occur on the:-</p> <ul style="list-style-type: none"> • Skull - fracture, bruising or bleeding under the skull from shaking. • Eyes - bruising, especially both eyes • Ears - pinch or slap marks, bruising • Mouth - torn frenulum • Cheeks / side of face - bruising, finger marks • Neck - bruising, grasp marks • Upper and inner arms - bruising, grasp marks • Chest - bruising, grasp marks • Back, buttocks, thighs - linear bruising of belt / buckles / scalds / burns • Genitals - bruising • Knees - grasp marks <p>Bruises are suspicious if they are:-</p> <ul style="list-style-type: none"> • Frequent • Patterned (e.g. finger and thumb marks) • Old and new in some places • In unusual places (see above) <p>Consider</p> <ul style="list-style-type: none"> • The developmental level of the child and their activities • May be difficult to see in some darker skins. • <p>Injuries are suspicious if they are:-</p> <ul style="list-style-type: none"> • Bite marks • Fingernail marks • Large and deep scratches • Incisions e.g. from razor blades

<p>bone syndrome</p> <p>Burns and scalds are likely to be:-</p> <ul style="list-style-type: none"> • Treated • Easily explained • May be confused with other conditions such as impetigo / nappy rash etc. <p>Genital Area:-</p> <ul style="list-style-type: none"> • Injury may be accidental - seek expert advice • Soreness may be nappy rash or irritation from nappy rash. • Anal soreness may be due to constipation or thread worm infestation. 	<p>Fractures are suspicious if they are:-</p> <ul style="list-style-type: none"> • Numerous <p>Burn scalds are suspicious if they:-</p> <ul style="list-style-type: none"> • Have a clear outline • Are splash marks around the burn area • In an unusual position e.g. the back of a hand • Are indicative shapes eg. The bar of an electric fire <p>Consider:-</p> <ul style="list-style-type: none"> • Age of child - always suspicious in babies under the age of two, • Delays in seeking treatment. <p>Sexual Abuse</p> <ul style="list-style-type: none"> • Unexplained soreness, bleeding or injury in the genital area • Sexually transmitted disease
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Female Genital Mutilation

From October 2015 it became a statutory duty for all practitioners to report cases of FGM in children under 18 years of age to the police, as in the FGM Act 2003 amended by the serious crime act 2015.

Where FGM is evident a referral must be made directly to the police by phoning 101, by the person who has witnessed the abuse, the responsibility of reporting the incident cannot be transferred to another person.

Where it is a probability that FGM is to be carried out but has not yet taken place the normal safeguarding referral procedures must be followed.

Staff are made aware of signs and indicators and referral process around FGM and their role and responsibility within this through reading policies and completing the relevant training.

There are 4 types of FGM:

1. Type 1 is the removal of the tip of the clitoris
2. Type 2 is the total removal of the clitoris and surrounding labia
3. Type 3 is the removal of the clitoris and labia and sewing up of the vagina leaving only a small opening for urination and menstruation - this is the most barbaric form of FGM
4. Type 4 is pricking, piercing or incising of the clitoris and/or labia

If you identify that a child has a family history of FGM or details that she may be at risk of FGM, but you do not have information to suggest that the risk is imminent or you would not describe it as serious you should follow normal safeguarding procedures.

Any information regarding suspected FGM around a child and the conversations between outside agencies will be documented and kept in a 'Keeping Safe' file specific to the child, within the office, which will be locked away in the filing cabinet.

You can also contact the NSPCC FGM helpline on 0808 800 5000 for more information.

The Prevent Duty and British Values

All practitioners are aware of the Prevent Duty 2011 and 2015 (last updated 2023), and know that this is to reduce the threat to the UK from terrorism by stopping people including children becoming terrorists or supporting terrorism. Prevent work is dependent on effective partnership which is why as a setting we strive in partnership working, building up positive relationships with families to ensure that children are safeguarded at all times.

As a setting we are aware of any outside agencies a child may be involved with through the registration process and regular discussions and contact with parents/carers. When we are aware that a child is involved with outside agencies, we liaise with them and if necessary, hold regular meetings which also involve the child's parents/carers.

As a setting we refer to the document the 'Prevent duty guidance for schools and childcare providers' 2015.

All staff are aware of their responsibilities and are required to complete e-learning channel training and WRAP training shortly after starting their employment at the setting.

As a setting we actively promote British Values to comply with the prevent duty including

- Democracy
- Rule of law
- Individual liberty
- Mutual respect and tolerance for others

Making a referral:-

- If you identify that a child or member of their family is a victim of extremism and/or radicalisation, or is being exploited and encouraged to take part in a terrorist event or activity you should gather as much information as possible before making a referral.
- The setting has a critical incident policy which includes a contingency plan for evacuations and a lockdown procedure to follow should it be required.
- Any information provided will enable the police, practitioner and channel specialist to identify the level of vulnerability.
- You will then have an initial conversation with the Designated Lead Practitioner who is present (as listed above) The Designated Safeguarding Lead will make a referral to South Yorkshire Police on 101 or to the Designated Prevent Officer (please see numbers below)
- A preliminary assessment will be carried out to identify if the vulnerability factors of; Engagement, Intent and Capability are present. If so a multi-agency panel meeting will take place and an intervention package will be created.
- Review meetings will also take place.
- If the preliminary assessment identified that the channel process is not suitable, the referral will be passed to other support services to ensure the correct support packages are created.

Inappropriate referrals may be because:

- Vulnerabilities for being drawn into terrorism may be absent
- The person may already be involved with MAPPA (Multi agency public protection arrangements)
- The referral may be malicious

Child Sexual Exploitation

It is the responsibility of all staff to record and refer if they feel a child is at risk of being sexually exploited or discloses that they are being sexually assaulted. The staff member identifying the possible case of sexual exploitation should share their concerns with Designated Lead Practitioner who is present (as listed above) who will support them through the referral process, sharing information with the appropriate agencies.

Child sexual exploitation is a form of sexual abuse and may involve physical contact including assault by penetration or non-penetration acts such as masturbation, kissing, rubbing and touching outside clothing. It may include non-contact activities such as involving children in the production of sexual images, forcing children to look at sexual images or watch sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child for preparation for abuse. Child sexual exploitation does not always involve physical contact and can also occur through the use of technology.

Like all forms of child sexual abuse, child sexual exploitation:

- Can still be abuse even if the sexual activity appears consensual
- Can affect any child or young person under the age of 18 years
- Can take place in person or via technology or both
- Can include both contact and non-contact sexual activity
- May occur without the child's immediate knowledge
- Can involve force and/or enticement-based methods of compliance and may or may not be accompanied by violence or threats of violence
- Can be perpetrated by individuals or groups and can be a one-off incident or a series of incidents over a period of time
- Is typified by some form of power imbalance in favour of those perpetrating the abuse

One of the key factors found in most cases of child sexual exploitation is the presence of some form of exchange (sexual activity in return for something) for the victim/or perpetrator. While there can be gifts or treats involved in other

forms of sexual abuse it is most likely referred to as child sexual exploitation if the 'exchange' as the core dynamic at play results in financial gain for or enhanced status of the perpetrator.

Practitioners are aware of how children can be exploited and will act on any concerns immediately. This also includes recognising where older children may be at risk. If a practitioner has concerns, they will follow their normal safeguarding referral route, recording all information in a keeping safe file which is stored in a locked cupboard in the nursery office.

If it is felt that a child is being exploited or is at risk you must contact the child sexual exploitation team on 01302 737777.

Upskirting

Upskirting is a highly intrusive practice, which typically involves someone taking a picture under another person's clothing without their knowledge, with the intention of viewing their genitals or buttocks (with or without underwear).

Online Safety

We take an active role in ensuring that children are kept safe online both in the nursery and at home. Children only have access to the internet on the large tablet in the room under direct supervision of a practitioner. If children are involved in learning that takes place online then a practitioner will ensure the website used is safe prior to allowing the children to access the internet and that children will have limited access time on the tablet. Parental controls are applied on the large tablets to ensure children are not able to access any age-inappropriate apps.

We provide information for parents about keeping their children safe online at home and signpost them to further information on how to apply filters and virus protection to their home devices. This information is shared through information on the parents/carers board and through newsletters.

All information recorded on the online system which records a child's development will only be shared with the child's parents/carers, other professional's and Ofsted my request limited information and this will only be shared on a need-to-know basis and be kept purely confidential.

All tablets which are used across the setting are virus protected using Bull guard and password protected to ensure the safety of children at all times.

Children are not permitted to bring their own devices into the setting, should this be identified, the electronic device will be removed and kept in a secure place and returned to their parent/carer upon the child's departure.

To safeguard children and practitioners online, providers will find it helpful to refer to "Safeguarding children and protecting professionals in early year's settings: online safety considerations".

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

During the registration process permission is sought from parents/carers to allow children to have access to the internet whilst under supervision whilst at the setting.

We encourage children to talk to trusted adults and if we suspect a child is being abused in any way online, we follow our safeguarding procedure. (see separate "using the internet" computers and games systems procedure).

Online abuse

Online abuse is any type of abuse that happens on the web, whether through social networks, playing online games or using mobile phones. Children and young people may experience cyberbullying, grooming, sexual abuse, sexual exploitation, or emotional abuse. Children can be at risk of online abuse from people they know, as well as from strangers. Online abuse may be part of abuse that is taking place in the real world (for example Reviewed June 2024 bullying or grooming). Or it may be that the abuse only happens online (for example persuading children to take part in sexual activity online). Children can feel like there is no escape from online abuse - abusers can contact them at any time of the day or night, the abuse can come into safe places like their bedrooms, and images and videos can be stored and shared with other people

Private Fostering

A definition of private foster care is a privately fostered child under the age of 16 (or under 18 if disabled who is cared for and accommodated by someone other than a parent or close relative. A close relative means a grandparent brother sister, uncle or aunt (whether of the full blood or half blood or by affinity i.e. marriage or a step parent).

- The arrangement is made privately - without the involvement of the local authority, by a parent or person with parental responsibility.
- A child is not privately fostered if the person caring for him/ her has done so for fewer than 28 days and does not intend to do so for longer than that.

Who has parental responsibility?

- The mother always has parental responsibility unless this is taken away from her by a court.
- The father gets parental responsibility if he is named on the birth certificate.

Roles and Responsibilities of the Local Authority

- The LA must satisfy themselves that the arrangements are satisfactory and that the foster carers are suitable.
- A proper balance needs to be maintained between parental and private responsibilities and statutory duties towards private foster children.
- Supervisory and regulatory.
- The LA must satisfy itself that the welfare of the child who is being privately fostered is being satisfactorily safeguarded and promoted.

For children from overseas who are privately fostered, it is necessary to find out who has parental responsibility, and so the LA must be contacted to obtain this information.

Private Fostering may include:

- Any person who intends to privately foster a child
- Any person who is already privately fostering a child
- Any person who has given notice of intent to privately fostering a child should who is going to be privately fostered.
- A parent or any other person who has parental responsibility for a child who is or is going to be privately fostered.
- Any other person involved directly or indirectly in arranging private foster care.

Should the setting identify private fostering arrangements with any children within the setting then we have a duty to report the arrangements to the DSCP on fostering&adoption@doncaster.gov.uk or 01302 734214. Prior to reporting the private fostering arrangements, the DSL will first encourage the parents/carers to report the private fostering arrangement themselves,

providing them with information relating to private fostering. All information around the identified private fostering case will be recorded and will be used in the referral to report the concern.

Domestic Abuse

Domestic abuse includes:-

- Emotional
- Physical
- Financially
- Psychological
- Sexual

All staff have an understanding of how children are affected by domestic abuse, whether directly or indirectly. Staff are made aware of this through their induction and as part of their safeguarding children and child protection training.

The staff member identifying the possible case of domestic abuse should share their concerns with Designated Lead Practitioner who is present (as listed above) immediately who will follow the safeguarding referral process, sharing information with the appropriate agencies.

Substance Misuse

Parental substance misuse' is the long-term misuse of drugs and/or alcohol by a parent or carer. This includes parents and carers who: - consume harmful amounts of alcohol (for example if their drinking is leading to alcohol-related health problems or accidents) - are dependent on alcohol - use drugs regularly and excessively - are dependent on drugs. - It also includes parents who aren't able to supervise their children appropriately because of their substance use (NSPCC, 2018).

Most parents and carers who drink alcohol or use drugs do so in moderation, which doesn't present an increased risk of harm to their children (Clever, Unell and Aldgate, 2011). However, parents and carers who misuse substances can have chaotic, unpredictable lifestyles and may struggle to recognise and meet their children's needs. This may result in their children being at risk of harm.

Fabricated Illness

Fabricated illness is a rare form of child abuse and is where a parent or carer fabricates or deliberately causes symptoms of an illness in a child. Typical signs include:

- Persuades healthcare professionals that their child is ill even though they are perfectly healthy
- Exaggerates or lies about their child's symptoms
- Manipulates test results to suggest the presence of an illness
- Deliberately induces symptoms of illness in their child

If any staff member has concerns regarding fabricated illness, they must follow the safeguarding procedure and inform the Designated Lead Practitioner who is present (as listed above) immediately. This information will be closely monitored and advice will be sought from relevant agencies if necessary.

Peer on Peer Abuse

Abuse can happen in many forms and it is important to not put peer on peer abuse down as "banter" or "part of growing up". There are many different types of abuse that can occur with peer on peer such as:

- Physical abuse (biting, pulling hair etc.)
- Sexual abuse (can include inappropriate touching)
- Bullying/Emotional (name calling, physical)
- Trolling/Online bullying
- Texting/Sexting
- Cyber Bullying (text messages/chatroom/Instagram/Facebook/Snapchat/ other social media platforms.

This is continually reviewed as methods of peer on peer abuse can change with new technology. Should peer on peer abuse be suspected we will gather as much information as possible and refer this to the Designated Lead Practitioner who is present (as listed above). A decision will be made if the child has acted intentionally and it is reoccurring. Strategies will then be put into place in consultation with the child's parents/carers and the behaviour will be closely monitored. If the strategies are unsuccessful and the child's behaviour continues then a referral will be made using the referral process to the relevant agencies e.g. Early Help.

To prevent peer on peer abuse staff promote British Values and talk to the children about being kind to each other.

Protecting Children against Dangerous Dogs

The Dangerous Dogs Act (2014) prohibits persons from having in their possession or custody dogs belonging to types that are bred for fighting, enables restrictions to be imposed in relation to other types of dogs which present a serious danger to the public and makes further provision for securing that dogs are kept under proper control. Any dog can be 'dangerous' if it has already been known to inflict or threaten injury, this is not just the typical dogs which are commonly known to be bred for fighting (Pitbull terrier and Japanese Tosa, Dogo Argentino, Fila Brasileiro, XL Bully)

All children, in particular young and very small children are likely to be at greatest risk from attack(s) from dog(s). This is because younger children are unaware and unprepared for the potential dangers they could face.

If a staff member becomes aware that a child is living in the same household or has contact with a dangerous or prohibited dog they should collect as much information as possible such as the owner's details, the dog's name and the breed. This information should be shared with the police with no delay and the case should be referred to children's services trust. Referrals should also be made if it is known that a child under the age of 18 has been bitten more than once by the same dog.

To protect children from dangerous dogs in the setting we do not allow any dogs to enter the premises unless prior consent is sought from a member of management. Should a parent/carer arriving with their dog having not sought prior consent then they must remain in the nursery car park where their child will be escorted to them only if it is deemed safe to do so following the Dangerous Dog Act 2014. If a dog does stray into the settings outdoor premises children will not be permitted to access the area whilst the dog is present. The dog will not be approached and the appropriate agency will be contacted.

While out on visits children are discouraged from touching any dogs and are kept away from them. Where possible a route will be avoided if there are a lot of dogs on that route. A mobile phone is taken on all trips so in the event of an emergency management at the setting can be informed of any serious incident

and an ambulance can be called prior. This will be included on any risk assessment for outings and visits.

Should a dog be permitted into the setting a risk assessment and parent/carer consent will be sought prior.

Honour Based Abuse

Honour based abuse can include forced marriages, FGM and is a fundamental abuse of human rights. There is no 'honour' in these types of abuse and can bring shame on the family. Honour based abuse is a collection of practices which is used to control behaviour within families and/or communities. A crime committed or an incident that defends the honour of the family or community could also be an indication of honour-based abuse. Physical violence can occur if the perpetrator believes a family member has dishonored the family. Honour based abuse can be distinguished from other forms of abuse as it is usually based on some degree of approval from a family member and/or community. Honour based abuse can affect both men and women.

Forced Marriage - there is a difference between arranged marriage and forced marriage. Forced marriage occurs when someone is forced into marriage and can also occur in young children under the age of 18.

Staff in the setting are aware of different cultures and practices within those cultures enabling them to identify if honour based abuse may be taking place. This information is gathered from parents/carers through the registration process.

If a practitioner has any concerns regarding honour based abuse the normal safeguarding referral process will be followed.

Child Criminal Exploitation

Child criminal exploitation is common in county lines and occurs where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18. The victim may have been criminally exploited even if the activity appears consensual. Child criminal exploitation does not always involve physical contact; it can also occur through the use of technology.

Like other forms of abuse and exploitation, county lines exploitation:

- Can affect any child or young person (male or female) under the age of 18 years;
- Can still be exploitation even if the activity appears consensual;
- Can involve force and/or enticement-based methods of compliance and is often accompanied by violence or threats of violence;
- Can be perpetrated by individuals or groups, males or females, and young people or adults;
- Is typified by some form of power imbalance in favour of those perpetrating the exploitation.

Local issues/Gang/ County Lines

County Lines is a form of criminal exploitation where urban gangs persuade, coerce or force children and young people to store drugs and money and /or transport them to suburban areas, market towns and coastal towns (Home office, 2018). It can happen in any part of the UK and is against the law and a form of child abuse.

Children and young people may be criminally exploited in multiple ways. Other forms of criminal exploitation include child sexual exploitation, trafficking, gang and knife crime.

County line gangs are highly organised criminal networks that use sophisticated, frequently evolving techniques to groom young people and evade capture by the police.

Perpetrators use children and young people to maximise profits and distance themselves from the criminal act of physically dealing drugs (National Crime Agency, 2019) Young people do the majority of the work and take the most risk.

Dedicated mobile phone lines or "deal lines" are used to help facilitate county lines drug deals. Phones are usually cheap, disposable and old fashioned, because they are changed frequently to avoid detection by police.

Gangs use the phones to receive orders and contact young people to instruct them where to deliver drugs. This may be to a local dealer or drug user, or a dealer or drug user in another county.

Signs of this to look out for are;

- Children arriving home late or going missing, being absent from school
- Having large amounts of drugs on them

- Being secretive
- Having 'friends' that are older, not their usual type of friend
- Being vulnerable, an easy target
- Suddenly having money, clothes, gifts, more than one mobile
- Disruptive, aggressive, behaviour changes
- Becomes sexual or violent in nature
- Has recurring injuries, is frightened, is unkempt

Should the setting identify a child/young person is being drawn in to anti-social or criminal behaviour, including gang involvement and association with organised crime groups including child criminal exploitation, then advice would be sought from the DSCP and a referral will be made to provide early intervention.

Cuckooing

Cuckooing" (also known as "forced home invasion") - a tactic used by criminals, typically drug dealers, to take over the homes of vulnerable individuals, such as care leavers or those with addiction, physical or mental health issues, and use the property as a base for criminal activity. This is a common characteristic of the county lines business model and can occur in a range of settings such as rental and private properties, student accommodation, prisons, and commercial properties;

Incels

A person (usually a man) who regards himself or herself as being involuntarily celibate and typically expresses extreme resentment and hostility toward those who are sexually active.

Breast Ironing

Much like FGM (Female Genital Mutilation), Breast Ironing is a harmful cultural practice and is child abuse. Breast Ironing, also known as "breast flattening" is the process whereby young pubescent girls breasts are ironed, massaged and/or pounded down through use of hard or heated objects. This is done in order for the breasts to disappear or delay the development of the breasts entirely. It is believed that by carrying out this act, young girls will be protected from harassment, rape, abduction and early forced marriage and therefore kept in education.

Breast ironing is practiced in some African countries, notably Cameroon. Girls aged between 9 and 15 have hot pestles, stones or other implements rubbed on their developing breast to stop them growing further. In the vast majority of cases breast ironing is carried out by mothers or grandmothers and the men in

the family are unaware. Concerns have been raised that breast ironing is also found to be amongst African communities in the UK, with as many as 1,000 reported cases of young girls being subjected to breast ironing.

Breast ironing is a well-kept secret between the young girl and her mother/grandmother. Some indicators that a girl has undergone breast ironing are as follows:

- Unusual behaviour after absence from school or college including depression, anxiety, aggression, withdrawn etc;
- Reluctance in undergoing normal medical examinations;
- Some girls may ask for help, but may not be explicit about the problem due to embarrassment or fear
- Fear of changing for physical activities due to scars showing or bandages being visible.

Breast ironing is a form of physical abuse that has been condemned by the United Nations and identified as *Gender-based Violence*. Although, countries where breast ironing is prevalent have ratified the African Charter on Human Rights to prevent harmful traditions practices, it is not against the law. There is no specific law within the UK around breast ironing, however, it is a form of physical abuse and if professionals are concerned a child may be at risk of or suffering significant harm they must refer to their Local Safeguarding Partners Procedures.

Due to the instruments which are used during the process of breast ironing, for example spoon/broom, stones, pestle, breast band, leaves etc, combined with the insufficient aftercare, young girls are exposed to significant health risks. Breast ironing is extremely painful and violates a young girl's physical integrity. It exposes girls to numerous health problems such as, abscesses, itching and discharge of milk, infection, dissymmetry of the breasts, cysts, breast infections, severe fever, tissue damage and even the complete disappearance of one of both breasts. In some extreme cases, breast ironing can even be related to the onset of breast cancer.

Breast ironing can also have a massive impact on young girl's social and psychological well-being.

Child Abuse Linked to Faith and Beliefs

Abuse linked to faith or belief is where concerns for a child's welfare have been identified, and could be caused by, a belief in witchcraft, spirit or demonic possession, ritual or satanic abuse features; or when practices linked to faith or belief are harmful to a child.

Any abuse that takes place against those who are branded (or labelled) either as a witch or as having been possessed by an evil spirit is unacceptable. Significant harm (including murder) can occur because of concerted efforts to 'excise' or 'deliver' evil from a child (or vulnerable adult).

From our own experience and in consultation with communities, we know this kind of abuse is under-reported.

Spotting the signs that this abuse exists can prevent escalation from 'subtle' harms that may often go unnoticed by many to 'extreme' situations where there is a loss of life. Witchcraft beliefs are used to blame a person (rather than circumstances) for misfortune that happens in life.

Trauma Informed Working

Staff are aware of how trauma in a child's life can have short and long term impacts. There can be many different causes impacting on families which may trigger the emotional well being of individuals. Staff undergo training around this to work with children and their families to ensure they are supported.

Safeguarding Children with Special Educational Needs and Disabilities (SEND)

Children with SEND are sort to be highly vulnerable and have an increased chance of being abused based on their additional needs and being dependent on others. Therefore, practitioners who come into contact with children with SEND are made aware of the child's individual needs and are aware that children will still display factors of abuse regardless of their ability, and not to presume that the signs are based on the additional needs of the child.

Signs for practitioners to be aware of:

- Force feeding;
- Unjustified or excessive physical restraint or rough handling;

- Extreme behaviour modification including the deprivation of liquid, medication, food or clothing;
- Misuse of medication, sedation, heavy tranquillisation;
- Invasive procedures against the child's will;
- Deliberate failure to follow medically recommended regimes;
- Misapplication of programmes or regimes;
- Ill-fitting or poorly maintained equipment which may cause injury or pain, inappropriate splinting;
- Not having their holistic development needs as children recognised or met due to excessive focus on disability.

Babies, small children and children with communication difficulties may be more vulnerable due to their level of ability to communicate. Practitioners identify how an individual child shows when they are distressed and how they identify when they are frightened or dislike someone through their knowledge of the child through observations and assessment in order to identify any possible signs of abuse.

Practitioner will consider the mobility of a child when identifying an injury that occurs without a satisfactory explanation.

If a practitioner has any concerns regarding a child with SEND being abused, they must follow the safeguarding procedure, contacting the Designated Lead Practitioner who will contact the referral and response team.

Children in Care

Confidentiality and Children in Care

- A Designated Person for Safeguarding children will ensure that the registration form is completed appropriately this includes information as to whether a child has involvement with social care. If this is the case further discussions will take place around the child and their individual circumstances.
- If the child is taken into care whilst the child is attending nursery then a Designated Person will ensure that they liaise closely with the professionals involved with the child to ensure that their needs are met.
- The Designated Person will inform the child's key person if a child is in care. It may not be necessary that any other practitioners know this information, however relevant information will be shared on a need to know basis.

- The designated person will ensure that all practitioners are aware if a child is taken into care whilst they are attending the setting and if a previously authorised adult becomes unauthorised, for example, if there is a care order against either parent.

Supporting Children in Care:-

- In order to provide support to children in care, a Designated Person for Safeguarding Children will ensure that all meetings relating to the child in care are attended by at least one professional from the nursery setting.
- Children in care receive additional support to ensure that their needs are met through the completion of Personal Educational Plans (PEPs).
- A PEP is completed by the child's social worker, the child's key person within the nursery and the child themselves to enable them to have their views taken into consideration. The PEP form is provided by Doncaster Local Authority.

What information is needed to complete a PEP?

- a. The child's name
 - b. The child's home address
 - c. The name of the person with parental responsibility
 - d. The child's date of birth
 - e. The child's religion and ethnicity
 - f. The first language the child speaks
- The social worker will complete a section to detail who will make important decisions for the child such as who will give permission for referrals, emergency treatment and who will make decisions on health issues.
 - The child's key person will provide information on how the child is developing within Communication, Language and Literacy and Personal, Social and Emotional Development to enable further support to be discussed.
 - The child can discuss any concerns they have or anything that is worrying them. The child can also share any achievements with their key person and social worker.
 - The Personal Education Plan is aimed at monitoring and supporting the attainment of children in care. The PEP should be reviewed every half

term (4-6 weeks) and should be coordinated with the child's social worker. The PEP should also support transitions between settings giving other practitioners working with the child an overview of their developmental needs and how they can be supported.

The Continuum of Need

This is a scale on which there are descriptions of levels of need, divided up into four sections:-

- **Universal Needs (Level 1)** - Children who have no identified additional needs and children who may from time to time require additional support that can be met with universal services.
- **Emerging Needs (Level 2)** - Children and families with additional needs who would benefit from or who require extra help to improve education, parenting and/or behaviours, or to meet specific health or emotional needs, or to improve material situation.
- **Complex Needs (Level 3)** - Children and families with complex needs requiring integrated targeted support
- **Safeguarding/Specialist (Acute) Needs (Level 4)** - Children whose needs have been significantly compromised, they are suffering or likely to suffer significant harm or impairment, immediate intervention is required to keep them safe.

The purpose of assessment

The purpose of the assessment is always:

- To gather information about a child and their family
- To analyse their needs and/or the nature and level of any risk and harm being suffered by the child
- To decide whether the child is a child in need and/or is suffering or likely to suffer significant harm
- To provide support to address those needs to improve the child's outcomes to make them safe.

If it is highlighted that a child is in the vulnerable section of the continuum of need, then a conversation will take place between nursery and the parent/carer and an early help assessment will be carried out to offer support to the family.

If a child is in the acute section of the continuum of need then the safeguarding referral process must be followed immediately as this is a cause for concern around the safety of the child. The referral will be made by the practitioner who raised the concern; however, the designated safeguarding person will be on hand to provide support through the process.

Should the setting have urgent concerns regarding a child's mental health then a referral will be made immediately to DSCP on 01302 734214. Alternatively, any concerns which the setting may be made aware of in relation to a child's mental health will be followed up and a referral will be made via the DSCP website to help provide the appropriate support a child may need.

Early Help

Early Help is a shared assessment tool for use across all children's services and all local areas in England. It aims to help early identification of need to provide support for parents/carers and to promote coordinated service provision.

Why do we need Early Help?

To give all practitioners working with children and young people a holistic tool for identifying a child's needs before they hit crisis point and a shared language for discussing and addressing them.

- To ensure important needs are not overlooked and reduce the scale of assessment that children and young people undergo.
- To provide a common structure to record information and facilitate information sharing between practitioners.
- To provide evidence to facilitate requests to involve other agencies, reducing unnecessary referrals and enabling specialist services to focus their resources where they are most needed.
- To provide the correct support for children and their families to ensure that their welfare is paramount.

Identifying children and families who would benefit from Early Help:-

- All professionals, including those in universal services and those providing services to adults with children have a responsibility to identify emerging problems and to share information with other professionals to support early identification and assessment.
- It is the responsibility of the Local Safeguarding Children Partnership to monitor and evaluate the effectiveness of training provided for professionals.

- All designated persons will complete Early Help training for safeguarding to help identify families and children who would benefit from Early Help and understand their role in providing Early Help.
- It is important to respond to the needs of all vulnerable children including unborn children, babies, older children, young carers, disabled children and those who are in secure settings.
- Professionals should, in particular, be alert to the potential need for early help for a child who:
 - Is disabled and has specific additional needs
 - Has special educational needs
 - Is a young carer
 - Is showing signs of engaging in anti-social or criminal behaviour
 - Is in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health problems and domestic violence
 - Has returned home to their family from care and/or
 - Is showing early signs of abuse and/or neglect
- Practitioners working with children should ensure they attend regular training and keep up to date with latest research to identify the symptoms and triggers of abuse and neglect, to share information and work together to provide children with the help that they need.

Effective assessment of the need for Early Help:-

- As a setting we will work with local agencies to put processes in place for the effective assessment of the needs of individual children who may benefit from early help services.
- There will be an inter-agency assessment should children and families need support from a wide range of local agencies (for example, education, health, housing etc.). These early help assessments should identify what help the child and family require to prevent needs relating to a point where intervention would be needed via a statutory assessment under the Children Act 1989.
- The early help assessment will be undertaken by a lead professional who should provide support to the child and family, act as an advocate on their behalf and coordinate the delivery of support services. The lead professional role could be undertaken by a variety of professionals including:
 - General practitioner (GP)
 - Family support worker

- Teacher
- Health Visitor
- Special needs coordinator
- Decisions about who should be the lead professional should be taken on a case by case basis and should be informed by the child and their family.
- For an early help assessment to be effective the assessment should be undertaken with the agreement of the child and their parents/carers. It should involve the child and their family as well as all professionals working with the family.
- If parents/carers do not give consent for an early help assessment to be carried out then the lead professional should make a judgment as to whether without the help the needs of the child may escalate. If so then a referral to children's social care may be necessary.
- If at any time it is considered that the child may be a child in need as defined in the Children Act 1989 or that the child has suffered significant harm or is likely to do so then a referral should be made immediately to children's social care. This referral can be made by any professional.
- The family needs to be clear about the action to be taken and the services to be provided.
- Early Help Hub contact details:- 01302 734110

Referral Process

- If the practitioner highlights a concern, then they must gain written parental consent to make the referral unless the child is at risk. They will then access the Doncaster Safeguarding Children Partnership website on <https://www.doncasterchildrenstrust.co.uk/worried-about-a-child> and fill out an enquiry form, submitting all relevant information. A response will be made in 72 hours of the date the form was submitted. This website link is subject to change due to updates being made.

Information Sharing

- For effective identification, assessment and service provision it is essential that effective sharing of information takes place between professionals and local agencies.
- Early information sharing is key to providing effective early help where there are emerging problems. At the other end of the continuum, sharing information can be essential to put in place effective child protection

services. Serious case reviews have shown how poor information sharing has contributed to the deaths or serious injuries of children.

- Fears of sharing information cannot be allowed to stand in the way of the need to promote the welfare and protect the safety of children. You should never assume that someone else will pass on information which they think may be critical to keeping a child safe. If a professional has concerns about a child's welfare and believes they are suffering or likely to suffer harm, then they should share the information with the local authority social care.
- Information can only be shared to relevant professionals with parental permission unless there is a safeguarding concern.

Responding to suspicions of abuse

- We acknowledge that abuse of children can take different forms - physical, emotional, and sexual, as well as neglect. This also includes a child effected by domestic violence, whether directly or indirectly.
- When children are suffering from physical, sexual or emotional abuse, or may be experiencing neglect, this may be demonstrated through the things they say (direct or indirect disclosure) or through changes in their appearance, their behaviour, or their play.
- Where such evidence is apparent, the practitioner who has highlighted the concern will make a dated record of the details and discuss the best cause of action with the settings designated practitioner who is in charge on that day. The information is recorded in a 'keeping (child's name) safe file' which is stored away in the lockable nursery office in a lockable cupboard .
- If the concern is highlighted through child disclosure the practitioner present will not ask any leading questions which may influence the information the child is sharing.
- All practitioners will ensure the Safeguarding Procedure is followed at all times.

If a child makes an allegation or disclosure of abuse to a practitioner, they should:-

- Remain calm and receptive
- Show the child that he or she is being listened to carefully
- Give reassurance to the child that they will receive help
- Produce a written report that is signed and dated of the information that has been disclosed.

- Pass on the concern to a member of the management team, who has the responsibility of passing on the matter to the appropriate authorities within two hours.

The member of staff should not:-

- Allow shock or distaste to show;
- Probe for more information and ask questions;
- Speculate by commenting on what is being disclosed;
- Insult the abuser, the child is usually close to the perpetrator and hates the behavior, not the person.
- Make false promises to the child;
- Promise to keep the information confidential;
- Discuss the information with anyone outside the nursery or with any other members of staff other than management. **The information must be kept in the strictest confidence**

This kind of disclosure can be extremely upsetting for the adult concerned and they are entitled to seek support from the designated persons for Safeguarding, the nursery manager or the nursery owners.

Procedure to follow if you are told about or witness or suspect abuse:-

Within one hour contact must be made with:-

The first Designated Person for Safeguarding Children is: **Kirsty Ward (Early Years Manager) and Patricia Poole (Early Years Assistant Manager)**

The second Designated Person for Safeguarding Children is: **Beth Kane (Early Years Deputy Manager)**

Confidentiality and informing parents:-

- If staff raise any concerns with parents/carers this will be done in confidence in an area of nursery away from other parents and carers.
- However, we will not disclose concerns to a parent/carer if we believe that this would compromise the safety of their child or of the practitioner who has raised the concerns.
- Information will only be shared to relevant agencies without parent/carers consent, should there be any significant safeguarding concerns.

- All information will be recorded in the child's 'keeping safe' file and information shared will be documented with all conversations recorded.

Informing parents/carers is at the discretion of the designated person in charge, but this is only when:-

- The child will not be at risk of any harm.
- It is considered safe for the practitioner to do so.
- A prior discussion with Children's Social Care has taken place if children are already involved with social care, this is in line with the EYFS.
- It is immediately necessary to prevent abuse actually taking place; you should not confront the suspected person as this could prejudice a police enquiry.
- If any individual still has concerns, having reported any matter to any of the above person, that individual is free at any time to contact CSC or NSPCC

Reporting Procedures:-

- If you are concerned about a child, you must share your concerns with the designated person in charge who will decide what action is necessary.
- Where a child may be at risk of significant harm (section 47 of the Children Act), this will be referred to the Multi Agency Safeguarding Hub (MASH), Ofsted and/or the police immediately.
- Where a child is in immediate danger the police will be contacted.
- Consulting with MASH/ Police /NSPCC is not the same as making a referral, but they will advise you if a referral needs to be made.

Where professionals disagree about the best course of action to take in order to safeguard children the 'resolving professional difference' protocol can be accessed on the DSCP website-

https://doncasterscb.proceduresonline.com/p_resolving_prof_diff.html

Making a Referral (Due to immediate concerns):-

- Contact the DSCP on 01302 734214/ MASH on 01302 737777
- Ofsted may also be informed at this time. (Not mandatory)

Information that you need to provide includes:-

About you:-

- Your name, address and telephone number
- Your occupation, job title and place of work.

About the child:-

- The child's name, address and DOB
- The name of the family doctor
- The name of the Health Visitor
- The name of the Social Worker (If applicable)

About the child's family:-

- Name and addresses of parents/carers
- Names of any siblings of the child
- Date of birth of any other family members
- The ethnic origin of the child and family
- Any special needs of the child or family
- Schools which the child of family attend

Your concern:-

- How long you have known the child
- Why you are worried about the child
- What the child said about the injury/situation
- Any immediate or impending danger to the child

Other relevant information:-

- The current whereabouts of the parents/carers e.g.
- Place of work
- Times of work
- When parents are due home
- When the child is due to go home

After writing the report, you must sign and date it.

It is important that you record, in writing, your concerns as and when a situation occurs. Any information recorded must be precise with personal details, relevant and factual information and be legible.

Early Years Foundation Stage/ Curriculum

- We introduce key elements of child protection into our programme at a developmentally appropriate level for our children.
- Children's personal, social and emotional development is promoted so that they feel emotionally safe in our setting and grow to be strong, resilient, and listened to and develop an understanding of why and how to keep themselves safe.
- Children are provided with opportunities and experiences which foster a culture of mutual value and respect through having positive regard for each other's heritage arising from their colour, gender, ethnicity, languages spoken at home, cultural and social background.

Use of Mobile Phones and Cameras

Staff, visitors, volunteers and students are not permitted to use mobile phones to take or record any images of the children. Staff must use the designated camera/ nursery ipads whenever they are taking photographs in the setting and on outings with the children. Parents need permission from a designated safeguarding practitioner to use personal cameras, videos or mobile phones for photographs, images or recordings in the setting. If permission is given it will only be allowed under supervision from a designated person. (This does not include photographs of other children).

Procedures

- Under the General Data Protection Regulations 2018 (primary), and the Equalities Act 2010 (secondary), the setting must seek parental consent to take photographs and use video recorders. The parent/carer of each child is required to complete a consent form which gives the reasons and specific purposes for photographs and images being taken (for example; 1 Consent for use of photos/video recorders for Learning Journeys, 2 consent for use for Publicity and 3 consent for use for Settings website.)
- The setting has a designated camera and nursery tablets which are the responsibility of the designated safeguarding practitioners.

- The information contained within each learning diary is to relate to an individual, identifiable child; therefore it is to be treated as personal data.
- Images are to be stored in line with the Data Protection Act 1998
- All images will be stored and disposed of securely. The aim will be to prevent unauthorised access, ensure confidentiality and protect identity.
- In accordance with the General Data Protection Regulations 2018, we are registered with the Information Commissioners Office (ICO).
- Any documents with information about children and their families related to safeguarding and child protection will be retained in accordance with the responsibilities under the General Data Protection Regulations (GDPR) 2018. (Please see separate data protection policy).
- The setting has a separate reproduction of images of children policy.

The following aspects of security are to be managed accordingly:

- Physical security - effective measures will be put in place to ensure physical security and to protect against theft, including that of laptops, computers, cameras, and any personal data, including photographic images.
- Computer security - effective measures are to be implemented to ensure computer security. Awareness will be raised in respect of technological advancements which could put online systems at risks.
- Security procedures are to be proportionate to the potential risks involved and must be subject to constant monitoring and review
- Photographs will be stored on the settings computer/laptop/tablet, which is password protected, or on encrypted memory stick(s), until the images are no longer required or the setting ceases to operate, should this occur then all photographs will be shredded or deleted from the computer/laptop/tablet and the encrypted memory stick.
- The settings digital camera/s or memory cards must not leave the setting and will not be removed from the site electronically unless there is a specific reason which has been agreed with the designated safeguarding officer and details logged. In the case of an outing or other activity away from the setting, risks must be minimised, e.g. download all photos before removing camera/s or memory cards and other portable devices from the setting.
- Photos are printed in the setting by staff and images are then removed from the cameras memory.
- Encrypted memory sticks must be used. The designated practitioner is to ensure all photographs are permanently wiped from memory sticks/cards,

computer hard disc and portable devices or other relevant devices once the images are no longer of use.

- All images, including those held within learning diaries will remain on site at all times, unless prior explicit consent has been given by both a Designated Practitioner for Safeguarding and the parent or carer of any child or young person captured in the photograph. Should permission be given to take images off site, all relevant details are to be recorded, for example: who, what, when and why.
- Before permission is given to take images or learning diaries off site a risk assessment will be carried out to look at transportation and storage outside of the setting to prevent families and friends and others accessing any personal data brought home from work by the employee.
- Children have their photographs taken to provide evidence of their achievements for developmental records. Photographs may be taken during indoor and outdoor play and displayed in albums or a child's development record/learning diary for children and parent/carers to look through.
- Events such as, sports day, outings, Christmas and fund-raising events may be recorded by video and photographs by staff and parent/carers but always in full view of all attending. Parents/carers, staff, volunteers and students will be notified of this in advance.
- No images will be taken of children which captures them in what are commonly understood as non public activities like toileting or changing clothes, or which show body parts not usually visible in public settings.
- Use of cameras and mobile phones is prohibited in the toilet or nappy changing area.
- If photographs of the children taking part in an activity are used to advertise/promote our setting via our Website, in the local press etc.; we do not show children who are in breach of rules or are behaving in a reckless or dangerous fashion.
- A breach of this policy could result in disciplinary action and staff allegations procedure will be followed.
- We will do our up most to protect children's identity: We will not photograph children where consent is not given.
- Mobile phones belonging to staff, volunteers, students and others should be left in their car or in the designated secure area which is situated in a **box in the manager's office.**
- Personal calls must be directed through the settings phone.
- Staff must not make personal calls during their working hours. However, in urgent cases, a call may be made or accepted if deemed necessary and by arrangement with a member of the Management.

- The settings mobile phone is kept in the manager's office
- Visitors and parents are not permitted to use their phones inside the building unless they have received permission from the designated safeguarding practitioners.
- Staff will be vigilant when children are in the outside area to prevent unauthorised persons taking photographs or recording images.
- Driving: if any practitioner is required to drive in a working capacity, and has responsibility for the work mobile, the phone must be switched off whilst driving. It is strongly recommended that practitioners follow the same procedures regarding their personal mobile phones.
- The nursery monitors its inside and outside areas with a CCTV security system and posters are displayed to say that it is in operation. (Please refer to CCTV policy and procedure).

Publications and documents that we are aware of are:-

1. Statutory Framework for the Early Years Foundation Stage (September, 2025)
2. The Children Act 1989
3. The Children Act 2004
4. Childcare Act 2006
5. Working together to safeguard children, (2023)
6. Keeping Children Safe in Education (September, 2025)
7. What To Do If You're Worried a Child is Being Abused (March,2015)
8. Information Sharing (July, 2018)
9. Child Sexual Exploitation (February, 2017)
10. General Data Protection Regulations (2018)
11. The Early Help Handbook/ Threshold document
12. Safeguarding vulnerable groups act (2006)
13. FGM Act (2003)
14. Dangerous dog act (2003)
15. Sexual Offences Act (2003)

16. Criminal Justice and Court Services Act (2000)
17. Rehabilitation of Offenders Act (1974)
18. Human Rights Act (1999)
19. Equality Act 2010
20. Education Inspection Framework (2023)

Local and National Contact Information

- ☎ Multi Agency Safeguarding Hub (MASH) - 01302 737777
- ☎ Urgent out of office referrals - 01302 796000
- ☎ Professional number - 01302 737033 (not to be shared with parents)
- ☎ Early Help Enquiry 'One Front Door' <https://dscp.org.uk/report-concern> or <https://www.doncasterchildrenstrust.co.uk/worried-about-a-child>
- ☎ Early Help Hub - 01302 734110
- ☎ Police - 101 (Non-emergency) 999 (Emergency) 112 (Emergency European)
- ☎ Local Authority Designated Officer - LADO - 01302 737332.
- ☎ Doncaster Safeguarding Children Partnership - dscp@doncaster.gov.co.uk - 01302 734214
- ☎ Child Sexual Exploitation Team - 01302 737200
- ☎ Domestic Violence Helpline - 0800 4701 505
- ☎ Domestic Abuse Hub - 01302 737080,
- ☎ Private Fostering - 01302 737789

- ☎ Police Prevent Team - 0114 2523217 - 101 or in an emergency 999 - Prevent@southyorks.pnn.police.uk
- ☎ Rachael Long, Crime and Community Safety Theme Manager, 01302 737469 - Rachael.Long@doncaster.gcsx.gov.uk
- ☎ Anti-Terrorist Hotline - 0800 789 321
- ☎ Department for Education helpline - 020 7340 7264
counter.extremism@education.gov.uk
- ☎ Report Extremist material online - www.gov.uk/report-terrorism
- ☎ Disclosure and Barring Service (DBS) Tel: 0300 0200 190 or 0870 909 0811
- ☎ Information Commissioners Office (ICO) Tel: 0303 123 1113
- ☎ Early Years' Service - Jayne Bloodworth - 01302 734434 or 07790390369
- ☎ Ofsted 0300 123 4666 - The National Business Unit, Ofsted, Piccadilly Gate,
Store Street, MANCHESTER, M1 2WD
- ☎ NSPCC FGM Helpline- 0800 028 3550
- ☎ Whistleblowing OFSTED hotline number- 0300 123 3155

The policy was implemented by Kirsty Ward On 20th August 2025
Please note all policies and procedures will be reviewed yearly basis, unless there is a need to implement changes prior.