LADYBIRDS
NURSERY

Safeguarding Children

Safeguarding Children and Child Protection

This policy includes information on:

Signs and Indicators of Abuse

Making Referrals to Children Social Care

Strategy Discussions

Section 47 Enquiries

Initial Child Protection Conferences

Record of Children with a Child Protection Plan

Implementation of the Child Protection Plan – Core Group Responsibilities

Child Protection Review Conferences

Managing Allegations of Abuse Made Against Adults Who Work With Children

Integrated Front Door

From 26th July 2021 the changes were made to Bolton's Safeguarding procedures to the Integrated Front Door Team.

This service operates from 8.45am until 5pm (01204 337777)

Team Manager:

Natalie Nicholson

Natalie.Nicholson@bolton.gov.uk

What is integrated front door team?

The Integrated Front Door model will allow **Early Help and Social Care team to provide a holistic view at the front door of the child/family**. ... The aim is

to move children more quickly to the right level of support without the need for extensive checks, delays and multiple contacts.

What are the 4 key aspects of safeguarding?

Safeguarding children and child protection

- protecting children from abuse and maltreatment.
- preventing harm to children's health or development.
- ensuring children grow up with the provision of safe and effective care.
- taking action to enable all children and young people to have the best outcomes.

Safeguarding Statement and our Commitment to ensure the Safety of Every Child:

Our nursery will work with all children, parents and the community to ensure the rights and safety of children and to give them the very best start in life.

Although this is an extensive policy and procedure document, it is important that all the staff at Ladybirds nursery are aware of all the signs and indicators of abuse, and what to do should they feel they see something suspicious.

We believe that Safeguarding is everybody's business. Every child deserves the best possible start in life and support to fulfil their potential.

A child's experience in their early years has a major impact on their future chances.

A secure, safe and happy childhood is important in its own right, and it provides the foundation for children to make the most of their abilities and talents as they grow up.

Everyone shares responsibility for Safeguarding and promoting the welfare of children, irrespective of roles and everyone working with young children should be familiar with local procedures and protocols for Safeguarding the welfare of children and young people.

Early Years Foundation stage 2017 states that each provider must have a designated safeguard lead, who must provide guidance, and support to any other staff, and must attend child protection training.

The Early Years Foundation Stage 2017 also states that providers must take all necessary steps to keep children safe and well, and must have regard to the statutory guidance ' Framework for Action July 2021

This policy is for all the staff, parents, carers who attend Ladybirds Nursery.

Along with this child protection policy, there are also other Safeguarding policies for staff and parents to adhere to.

Suitable Persons

We have three Safeguarding leads, Gill Franklin, Zoe Nicholson, and Michelle Gilston.

It is set out in the policy what our roles and responsibilities are, and how we intend to follow local procedures.

All the safeguarding leads are aware of what our responsibilities are in accordance to safeguarding every child at Ladybird's Nursery.

We have undertaken all the relevant safeguarding training in guidance with the Local Safeguarding Board, and we ensure we keep ourselves updated with any new information.

We renew our level 2 training face to face every 3 years, and level 3 every 2 years.

Covid 19

Face to face training by the multi agency training company that delivers the Level 3 training may be delivering their training differently in the future.

Updated information will be included in the policy when it becomes available.

All the other staff members have completed the initial level 1 training. They all read and sign the safeguarding policies and procedures, and have copies for their reference kept in their room.

Each time the policy is reviewed the staff are made aware of this.

Safeguarding is on the agenda at each staff meeting, and at each individual supervision.

Staff returning from long term sick or maternity leave are asked to update themselves with the policies and procedures, this is usually done at supervision after they return.

Any new information is cascaded to all staff.

All Safeguarding information is displayed in the staff room, with information on how to make any referrals, useful telephone numbers, and the Safeguarding policy for guidance and information.

Please see the Early Help policy for how and when we use the Early Help Form.

The signs and indicators of abuse are extensively listed in this policy for staff to refer to at any time, along with the full procedures to follow if there is a child protection concern.

There is also information in this policy on what to do if a child discloses information about any abuse., record keeping, confidentiality and sharing information with parents and Allegations against those who work with children.

To prove us with ongoing suitability of staff information, our staff complete our staff suitability forms regularly.

We understand that we at Ladybirds are getting Safeguarding right, we follow all the local procedures, we train our staff on vigilance and the correct procedures to follow, along with the three safeguarding leads having over 20 years of experience

Linked policies are:

Prevent

Female Genital Mutilation

Whistleblowing

Safer Recruitment

Mobile Phone

Camera Policy

E-Safety/Social Media

Confidentiality

Staffing

Supervision

GDPR/Data Protection/Information Sharing

Lost and Uncollected Child

Risk Assessment

Partnership with Parents

Partnership with Other Professionals

Staff Conduct

Managing Allegations of Abuse Made Against Adults Who Work With Children

It is essential that any allegation of abuse made against a professional who works with children or other member of staff at Ladybirds is dealt with quickly and consistently in a way that provides effective protection for the

child and at the same time supports the person who is the subject of the allegation.

Professionals who work with children as part of their employment need to be aware that inappropriate behaviour in their private lives may affect their suitability to work with children. This is incorporated into the code of conduct.

If in the instance, that an allegation is made against a person working with children at Ladybirds, we will follow the procedures outlined in Working Together to Safeguard Children. These procedures will be used when an allegation is made that an adult has:

- Behaved in a way that has harmed, or may have harmed a child
- Possibly committed a criminal offence against a child, or related to a child
- Behaved towards a child in a way that indicates they may pose a risk of harm to children.

The 'First Steps' will be adhered to and we will follow the procedure set out by Bolton's Safeguarding Board.

The lead designated officers will take charge of this procedure, although all our staff are aware that they may make the telephone call to the LADO (Lisa Kelly) if they feel they are not being listened to be senior staff.

Disqualified Procedures

We are aware of the procedures to follow following disqualification of staff members.

Record Keeping

Record keeping is an integral part of the management of allegations. We will keep complete and accurate records that will need to contain information which provides comprehensive details of:

- Events leading to the allegation or concern about the adult's behaviour

- The circumstances and context of the allegation
- Professional opinions
- Decisions made and the reason for them
- Action that is taken
- Final outcome.

Discussions with the LADO

Discussions will take place with the LADO when the concern or allegation meets the criteria. At this stage we give a factual account of the allegation, and ensure it is all recorded, dated and signed. A chronology of events initiated and any other key information identified. We will not attempt to make any other investigations before discussions with the LADO. (Lisa Kelly)

Initial Discussions

The purpose of the initial discussions is for the LADO and the manager to consider the nature content and context of the allegation and agree a course of action.

The initial sharing of information and evaluation may lead to a decision that no further action is to be taken in regard to the individual facing the allegation, and the manager will decide how best to proceed within the nursery.

For other cases, the discussion may focus on agreeing a course of action including whether information meets agreed thresholds to hold a strategy meeting under child protection procedures, and if suspension of the adult is appropriate.

The decision to suspend will rest with Ladybirds nursery.

Use of suspension

Suspension will be considered in every case where:

- There is cause to suspect a child is at risk of significant harm

- The allegations warrants investigation by the police
- The allegation is so serious is might be grounds for dismissal

Suspension will not be seen as an automatic response to an allegation. Careful consideration will be sought before any decisions are made.

Alternatives to Suspension

While weighing the factors as to whether suspension is necessary, alternatives to suspend should be considered if available and deemed suitable. This may be achieved by:

- The individual undertaking duties which do not involve direct contact with the child concerned or other children, eg office work is possible
- Providing a colleague to be present at all times when the staff member has direct contact with the child.

Agreeing Next Actions

Further consultations by the LADO will take place, she may then decide to consult with the police to determine the next course of action.

If the information given about an adult's behaviour does not require a strategy meeting under section 47, a similar meeting will be called to evaluate jointly the level of concern and to determine whether the persons suitability to continue working with children in his or her current position is called into question.

The LADO will retain overall management of the process until the case reaches its conclusion and will ensure accurate records are kept.

Confidentiality During Investigations

During the investigation the employer and the LADO have a responsibility to maintain confidentiality as far as possible. Sensitive information will only be disclosed on a need to know basis to other professionals.

Section 47 Strategy meetings

If from the information received, the LADO considers that the threshold for harm has been met, then the LADO will liase with the Children's Services Social

Care team to organise a Section 47 Strategy meeting. The child's needs will be discussed and consecutive meetings will be used to discuss what should happen to the alleged member of staff.

Covid 19

These meetings may be conducted in a different way. The policy will updated with the information as soon as it becomes available.

What to record

In reaching a judgement on an allegation, the nursery manager and LADO in consultation with other professionals as appropriate should specify and record their concerns clearly indicating why the behaviour may be inappropriate and identifying any potential risk to the child. A written record of the discussion and outcome should be made by the LADO and shared with the manager.

Initial Consideration Meeting

If the information about the adult's behaviour does not require a Strategy Meeting under section 47, then a similar meeting will be held to evaluate the level of concern, and to determine if the person in question can continue to work with children.

The Decision to Undertake a Disciplinary Investigation

The decision to instigate disciplinary procedures will be based upon the nature and seriousness of the behaviour.

The investigation is the responsibility of the employer, and we have a duty to keep the LADO informed of progress and timescales.

Support for the Child and Family

Parents or carers of the child should always be kept informed of the process of the investigation. Parents will be told the outcome as soon as possible after the judgement has been made.

Support for the Individual

As an employer, we are aware that we have a duty of acre to our staff, and we will act to minimise the stress. Support to the individual is key to fulfilling our duty.

We will inform individuals as soon as possible, and the likely course of action that will be taken, unless there is an objection by the police or Social Care.

Support and Aftercare

It is important for us as an employer to take into account the emotional effect that allegation investigations may bring to the workplace. It is our duty to have good aftercare and to consider that staff may have some unresolved feelings and need extra support.

Referral to the Disclosure and Barring Service

If Ladybirds removes an individual from work such as looking after the children, the organisation will make a referral to the Disclosure and Barring Service.

Signs and Indicators of Abuse

Ladybirds Nursery is committed to building a 'culture of safety' in which children are protected from all harm and abuse in all areas of service delivery.

In our nursery there are two designated people who co-ordinated child protection issues. Gill, the Manager, and Zoe, the deputy. Both these people are aware of the constant need for safeguarding training and keeping up to date with the relevant and current legislation. Our training is ongoing through the multi-agency training programme. Both have level 3 Safeguarding.

Their individual roles include, the responsibility for informing Children's services about any suspicion of any form of abuse against a child, communicating with the relevant agencies, recording the incident and the outcome, liaising with parents/carers, ensuring the continued safety of the child whilst the investigation is going on and the child is in our care at nursery. The manager is firstly responsible for these actions, if she is not available then the deputy manager will take full responsibility.

Should either of these two people not be available, the team leaders would be the senior members of staff in charge, the staff would report to the team leader their concerns. They will immediately contact either Gill or Zoe in case of an emergency. They are aware of where to find the phone numbers.

It is the responsibility of all the staff to be vigilant, looking out for signs and symptoms of any kind of abuse, and report it to either Gill or Zoe immediately. All the staff are aware of where to find out about the signs and indicators of abuse, all the rooms have their own wall charts, there is one in the office and one in the kitchen.

We ensure that all staff and parents are made aware of our safeguarding policies and procedures.

- We provide adequate and appropriate staffing resources to meet the needs of the children.
- Candidates are informed of the need to carry out 'enhanced disclosure' checks with the Disclosure and Barring Service before posts can be confirmed.
- Where applications are rejected because of information that has been disclosed, applicants have the right to know and to challenge incorrect information.
- We abide by Ofsted requirements in respect that no disqualified person or unsuitable person works at the nursery, or has access to the children.

- We have procedures for recording the details of visitors to the nursery, they are asked to sign in and out at the reception area.
- We take security steps to ensure that we have control over who comes into the building, so that no unauthorised person has access to the children.

Ladybirds Nursery is completely committed to responding promptly and appropriately to all incidents or concerns of abuse that may occur, and to work with statutory agencies in accordance with the procedures that are set down in 'What to do if you are worried a child is being abused' (HMG 2006)

We understand the definition of significant harm, although there is no absolute criteria on which to relay when judging what constitutes significant harm. Consideration of the severity of ill treatment may include the degree and extent of physical herm, the duration and frequency of abuse and neglect, the extent of premeditation, the degree of threat, coercion, sadism, and bizarre or unusual elements in child sexual abuse.

Sometimes one single traumatic event may constitute significant harm, a violent assault, suffocation, or poisoning.

To understand and establish Significant Harm it is necessary to consider:

- The family context, including protective Factors
- The child's development within the context of the family and wider social and cultural environment
- Any special needs such as a medical condition, communication difficulty or disability that may affect the child's development and care within the family
- The nature of harm, in terms of ill-treatment or failure to provide adequate care
- The impact on the child's health and development
- The adequacy of parental care

Categories of Abuse and Neglect

The abuse or neglect of a child can be caused by inflicting harm or by failing to act to prevent harm. Children may be abused in a family, community or institutional setting, by those known to them, or much more rarely, a stranger.

The following definitions are taken from Chapter 1 of Working Together to Safeguard Children and Keep Children Safe in Education.

Abuse

A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to prevent harm. Children may be abused in a family or in a institutional or community setting, by those who know them or more rarely by a stranger. They may be abused by an adult, by adults or by other children.

Physical Abuse

Physical Abuse 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 fabricated the symptoms of, or deliberately induces illness in a child.

Emotional Abuse

Emotional Abuse is a form of significant harm which involves the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development.

It may involve conveying to children 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 the child's developmental capability, as well as overprotection and limitation of exploring and learning, or preventing the child participating in normal social interactions. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying

(including cyber bullying) causing children to frequently feel frightened or in danger, or the exploitation or corruption of children.

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

Sexual Abuse

Sexual Abuse is a form of significant harm which 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 penetration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of the clothing. They may also include non-contact activities, such as encouraging the children to behave in a sexually inappropriate way, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by males. Women can also commit acts of sexual abuse as can other children.

Neglect

Neglect is the persistent failure to meet as child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health and development.

Neglect may occur during pregnancy as a result of maternal substance misuse.

Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food and clothing, 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)
- Ensure access to appropriate medical care or treatment

Indicators of Abuse

The following policy guidance is intended to help all staff who come into contact with children. This is not a comprehensive guide, nor does the presence of one

or more factors prove that a child has been abused, it may however, indicate that further enquiries should be made.

The following factors will be taken into account when we are assessing risks to a child. This is not a exhaustive list:

- An unexplained delay in seeking medical treatment that is obviously needed
- An unawareness or denial of any injury, pain or loss of function
- Incompatible explanations offered or several different explanations given for a child's illness or injury
- A child reacting in a way that is inappropriate to his/her development
- Reluctance to give information or failure to mention previous known injuries
- Frequent attendances at Accident and Emergency Departments or use of different doctors and Accident and Emergency Departments
- Frequent presentation of minor injuries (which if ignored could lead to a more serious injury)
- Unrealistic expectations/consistent complaints about the child
- Alcohol misuse or other substance misuse
- A parent request to remove a child from home or indication of difficulties in coping with the child
- Domestic Violence and abuse
- Parental mental health
- The age of the child and the pressures of caring for a number of children in one household

Recognising Physical Abuse

This section provides a guide to staff of some common injuries found in child abuse. Whilst some injuries may appear insignificant in themselves, repeated minor injuries, especially in the very young children, may be symptomatic of physical abuse.

It can sometimes be difficult to recognise whether an injury has been caused accidentally or non-accidentally, but it is vital that all concerned with children are alert to the possibility that an injury may not be accidental, and seek appropriate expert advice. Medical opinion will be required to determine whether an injury has been caused accidentally or not.

Situation of particular concern are:

- Delayed presentation/reporting of an injury
- Admission of physical punishment from parents/carers as no punishment is acceptable at this age
- Inconsistent or absent explanations from parents/carers
- Associated family factors such as substance misuse, mental health problems and domestic violence and abuse
- Other associated features of concern eg signs of neglect such as poor clothing, hygiene and or nutrition
- Observation of rough handling
- Difficulty in feeding/excessive crying
- Child displaying wariness or watchfulness
- Recurrent injuries
- Multiple injuries at one time.

Bruising

See also the Policy for 'Bruising Protocol for Immobile Babies and Children'

Children can have accidental bruising, but it is often possible to differentiate between accidental and inflicted bruises. It may be necessary to do blood tests to see if the child bruises easily.

The following must be considered as non-accidental unless there is evidence or an adequate explanation provided.

- Any bruising to a pre-crawling baby or pre-walking baby – see also the following section on Injuries or Abuse on Children Under One Year Old.

- Bruising in or around the mouth, particularly in small babies for example 3 to 4 small round or oval bruises on one side of the face and one on the other may indicate force feeding
- Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruise can be accidental or abusive)
- Bruising on the head or on sites unlikely to be injures accidentally for example the back, mouth, cheek, ear, stomach, chest, under the arm, neck, genitals, and rectal areas
- Variation in colour possibly indicating injuries caused at different times – it is now recognised in research that it is difficult to age bruises apart from the fact that they may start to go yellow at the edges after 48 hours.
- The outline of an object used eg bely marks, hand prints or a hair brush
- Linear bruising at any site, particularly on the buttocks or the face
- Other shaped bruising for example crescent shape bruising, which may be suggestive of a bite mark
- Bruising or tears around or behind the earlobe (s) indicating injury by pulling or twisting
- Bruising around the face
- Grasp marks to the upper arms, forearms, or leg or chest of small children
- Petechial haemorrhages (pinpoint bold spots under the skin). These are commonly associated with slapping, smothering, suffocation, strangling and squeezing
- Multiple bruises of the same or varying colour
- Clusters of small round bruises suggestive of a grip

Injuries or Physical Abuse in Infants Under One Year Old

See also Bruising Protocol for Immobile Babies and Children

Any injury in a non mobile infant causes concern. Of particular concern are injuries to infants six months and under.

Any injuries are unusual in this age group, unless accompanied by a full consistent explanation. Even small injuries may be significant, and may be a sign that another hidden injury is already present. Such injuries include:

- Small single bruises eg on the face, cheeks, ears, chest, arms or legs, hands, feet or trunk
- Bruised lip or torn frenulum (small area of skin between the inside of the upper and lower lip and gum)
- Lacerations, abrasions or scars without a consistent explanation particularly where they are on sites usually covered by clothing and/or shaped like ligature marks and/or systematically distributed on the baby's body
- Burns and scalds – accidental burns or scalds only occasionally occur in non-mobile infants and will be of particular concern where they have clearly defined borders and/or burns to the trunk or lower limbs and/or situated on the back of the hands or the soles of the feet, back and other usually protected areas such as inner arms and/or where they are in the shape of an implement for example a cigarette lighter, iron, or the tip of a cigarette and/or in a glove/stocking distribution or symmetrical which suggests submersion into hot water.
- Pain tenderness or failing to use arm or leg which may indicate pain and an underlying fracture.
- Small bleeds into the whites of the eyes or other eye injuries, which may require investigation, as there may be indicative of a sub-conjunctival haemorrhage.
- Soft swelling to one or both sides of the head, which requires medical attention as it may be indicative of a skull fracture.

Occasionally an infant can be harmed in other ways for example

- Deliberate poisoning which can present as sudden collapse, coma
- Suffocation which presents as collapse, cessation of breathing (apnoeic attack) bleeding from the mouth and nose.

These infants are at most risk of serious deliberate harm and as such require careful consideration.

ANY EVIDENCE OF PHYSICAL INJURY IN AN INFANT AGED SIX MONTHS AND UNDER, FOR EXAMPLE, THERMAL INJURY, CLINICAL OR RADIOLOGICAL EVIDENCE OF FRACTURS SHOULD BE REFERRED TO CHILDREN'S SOCIAL CARE.

Remember: An older infant with any of the above findings would also warrant CAREFUL consideration.

Infants DO NOT bruise themselves by lying on a dummy or banging themselves with a rattle and other infant toys or by flopping forward and banging their heads against their parents faces.

Young infants can have serious injuries such as fractured ribs or limbs without any external signs. They require paediatric assessment, X- Rays and other tests to make a diagnosis.

Shaking injuries in young infants leading to severe brain damage can present with or without external injuries, such as minor bruises of the head. Signs such as drowsiness, vomiting or poor feeding may be either vague or overt.

Rough play is not an appropriate activity or an acceptable explanation for any injury to infants.

Fractures

Fractures may cause pain, swelling and discolouration over a bone or joint. It is unlikely that a child will have a fracture without the parents/carers being aware of the child's distress.

There are grounds for concern if:

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

Rib fractures are only caused in major trauma such as a road traffic accident, a severe shaking injury or a direct kick.

Skull fractures are uncommon in ordinary falls, i.e from three feet or less. The injury is usually witnessed, the child will cry and if there is a fracture, there is likely to be swelling on the skull developing over 3 to 4 hours. All fractures of the skull should be taken seriously.

Subdural Haematoma is a very worrying injury, seen usually in young children. It may be associated with retinal haemorrhages and fractures particularly skull and rib fractures. The cause is usually a severe shaking injury in association with an impact blow. There may or may not be a fractured skull. The baby may present in Accident and Emergency with sudden breathing difficulties, sudden collapse, fits or as an unwell baby – drowsy, vomiting and later an enlarged head.

Joints

A tender, swollen "hot" joint with a normal X-Ray appearance may be due to infection in the bone or trauma. There may be both. A further X-Ray will usually be required in 10 to 14 days. Where there is infection, this of course will require treatment.

Mouth Injuries

Tears to the frenulum (tissue attaching upper lip to gum) often indicate force feeding of a baby. There is often finger bruising to the cheeks and around the mouth. Rarely , there may also be grazing on the palate. Blunt trauma to the mouth causes swelling and damage to the inner aspects of the lips.

Internal Injuries

There may be internal injuries eg a perforation or a viscus with no apparent external signs of bruising to the abdomen wall.

Poisoning

Ingestion of tablets or domestic poisoning in children under 5 is usually due to carelessness of a parent or carer, but it may be self-herm even in young children.

Bite Marks

Bite marks can leave clear impressions of the teeth when seen shortly after the injury has been inflicted. The shape then becomes a more diffused ring bruise or oval or crescent shaped. Those over 3cm in diameter are more likely to have been caused by an adult or older child,

Burns and Scalds

It can be difficult to distinguish between accidental and non-accidental burns and scalds and will always require experienced medical attention. Any burn with a clear outline may be suspicious eg

- Circular burns from cigarettes (but may be friction burns if along the bony protuberance of the spine or impetigo in which case they will heal quickly with treatment)
- Linear burns from hot metal rods or electrical fire elements
- Burns of uniform depth over a large area
- Scalds that have a line indicating immersion or poured liquid (a child getting into hot water of its own accord will struggle to get out and cause splash marks)
- Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanations

Scalds to the buttocks of a small child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or a bath.

The following points are worth remembering:

- A responsible adult checks the temperature of the bath before the child gets in
- A child is unlikely to sit down voluntarily in a hot bath and cannot accidentally scald its bottom without also scalding the feet.
- A child getting into too hot water of his or her own accord will struggle to get out and there will be splash marks.

Scars

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

Recognising Emotional Abuse

Emotional abuse may be difficult to recognise, as the signs are usually behavioural rather than physical. The manifestations of emotional abuse might also indicate the presence of other kinds of abuse.

The indicators of emotional abuse are often associated with other forms of abuse.

The following may be indicators of emotional abuse:

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

Professionals should be aware of potentially harmful interactions of a parent/ carer towards their child. At this age their ability to communicate their needs is limited. However, most children will respond to how adults are interacting with them, and this may have an impact on them and their development. Therefore, professionals should have cause for concern if they feel parents/ cares:

- Are negative or hostile towards the child
- Reject them or use them as a scapegoat
- Have inappropriate interactions with them, including threats or attempts to discipline them
- Use then to fulfil their own needs (eg marital disputes)
- Fail to promote their development, by not providing appropriate stimulation, or isolating them from other children/adults as applicable
- Are emotionally unavailable to the child, by being withdrawn or unresponsive (for example, emotional neglect)

Recognising Sexual Abuse

Children of both genders and of all ages may be sexually abused and are frequently scared to say anything due to guilt and fear. This is particularly

difficult for a child to talk about and full account should be taken of the cultural sensitivities of any individual child/family.

Recognition can be difficult, unless the child discloses and is believed. There may also be no physical signs and indications are likely to be emotional/ behavioural.

Some behavioural indicators associated with this form of abuse are:

- Inappropriate sexualised conduct
- Sexual knowledge inappropriate for the child's age
- Sexually explicit behaviour, play or conversation, inappropriate to the child's age
- Continual and inappropriate excessive masturbation
- Self-harm (including eating disorder), self-mutilation, and suicide attempts
- Running away from home
- Poor concentration and learning problems
- Loss of self-esteem
- Involvement in prostitution or indiscriminate choice of sexual partners
- An anxious unwillingness to remove clothes eg for a sports event

Some physical indicators associated with this form of abuse are:

- Pain or itching of the genital area
- Recurrent pain on passing urine or faeces
- Blood on underclothes
- Pregnancy in younger girl where the identity of the father is not disclosed and there is secrecy or vagueness about the identity of the father
- Physical symptoms such as discharge, bleeding or other injuries to the genital or anal area, bruising/bite mark on buttocks, abdomen and on inner thighs, sexually transmitted infections, presence of seamen on vagina, anus, external genitals or clothing.

Recognising Neglect

The growth and development of a child may suffer when the child received insufficient food, love, warmth, care, concern, praise, encouragement and stimulation.

Professionals need to be aware of the possibility of parents/carers neglecting to adequately care for their children. Factors of neglect may include:

- Parents/Carers not giving their child prescribed treatment for a medical condition that has been diagnosed
- Repeated failure by parents/carers to take their child to essential follow-up medical appointments
- Persistent failure by parents/cares to engage with relevant child health promotion programmes such as immunisations, health and development reviews and screenings
- Not seeking medical advice when necessary, jeopardising their health and wellbeing particularly if they are in pain
- Dental neglect – rotten or grossly discoloured teeth with noticeable odour, child being able to eat normally, covers mouth with hand, chronic pain
- Being cared for by a person who is not providing adequate care, including hygiene either through inability or negligence
- Not feeding properly or being fed inadequate or inappropriate food
- Suffering severe and/or persistent infestations such as scabies or head lice
- Being consistently dressed in inappropriate clothing, for example the weather or the size
- Red/mottled skin, particularly on the hands and feet, seen in the winter due to the cold
- Swollen limbs with sores that are slow to heal, usually associated with cold injury
- Recurrent diarrhoea

- Abnormal voracious appetite at nursery
- Being persistently smelly or dirty
- Being listless, apathetic and unresponsive with no apparent medical cause
- Being excessively clingy, fearful, withdrawn or unusually quiet for their age
- Being inadequately supervised
- An incident that suggests a lack of supervision, such as sunburn or other burn, ingestion of a harmful substance, near drowning, a road traffic accident or being bitten by an animal
- Being indiscriminate in relationships with adults

A clear distinction needs to be made between organic and non-organic failure to thrive. This will always require a medical diagnosis. Non-organic failure to thrive is the term used when a child does not put on weight and grow and there is no underlying medical cause for this.

Impact of Abuse and Neglect

The sustained abuse or neglect of children physically, emotionally or sexually can have long-term effects on the child's health, development and well-being. It can impact significantly on a child's self-esteem, self-image and on their perception of self and others. The effects can also extend into adult life and lead to difficulties in forming and sustain positive and close relationships. In some situations, it can affect parenting ability and lead to the perpetration of abuse on others.

In particular, physical abuse can lead directly to neurological damage, as well as physical injuries, disability or at the extreme, death. Harm may be caused to the children, by both the abuse itself, and the abuse taking place in the wider family or institutional context of conflict and aggression. Physical abuse has been linked to aggressive behaviour in children, emotional and behavioural problems and educational difficulties.

Severe neglect of young children is associated with major impairment of growth and intellectual development. Persistent neglect can lead to serios impairment of health and development, and long-term difficulties with social functioning, relationship and educational progress. Neglect can also result in extreme cases of death.

Sexual abuse can lead to disturbed behaviour including self-harm, inappropriate sexualised behaviour and adverse effects which may led into adulthood. The severity of impact is believed to increase the longer the abuse continues, the more extensive the abuse and the older the child. A number of features of sexual abuse have also been linked with the severity of impact, including the extent of premeditation, the degree of threat and coercion, sadism and bizarre or unusual elements. A child's ability to cope with the experience of sexual abuse, once recognised or disclosed, is strengthened by the support of a non-abusive adult who believes the child, helps the child, and is able to offer help and protection.

There is increasing evidence of the adverse long term consequences for children's development where they have been subject to emotional abuse. Emotional abuse has an important impact on a child's mental health, behaviour and self-esteem. It can be especially damaging in infancy. Underlying emotional abuse is as important, if not more so than visible forms of abuse in terms of its impact on the child. Domestic violence and abuse, mental health problems and Parental substance misuse may be features in families where children are exposed to abuse.

The context in which abuse takes place may also be significant. The interactions between a number of different factors can serve to minimise or increase the likelihood or level of significant harm. Relevant factors will include the individual child's coping and adapting strategies, support from family or social network , the impact and quality of professional interventions and subsequent life events.

Responding to suspicions of abuse

- We acknowledge that abuse of children can take different forms – physical, emotional, sexual and neglect.

- 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 play.

- Where such evidence is apparent, the key person makes a dated record of the details of the concern, and discusses what to do with the manager or the deputy (the designated people)

- We refer concerns to the local authority children's social care department and co-operate fully in any subsequent investigation. (In some cases this may mean the police or another agency identified by the local Safeguarding Children's Board.

- We take care not to influence the outcome either through the way we speak to children or by asking questions of children.

Recording suspicions of abuse and disclosures

- Where a child makes comments to a member of staff that gives cause for concern (disclosure), we observe the signs and signals that gives cause for concern, such as significant changes in behaviour; deterioration in general well-being, unexplained bruising, marks or signs of possible abuse or neglect. The member of staff then:

- Listens to the child, offers reassurance and gives assurances that he/she will take action.

- Does not question the child.

- Makes a written record that forms an objective record of the observation or disclosure that includes the date and time of the observation, or the disclosure, the exact words spoken by the child as far as possible, the name of the person to whom the concern was reported, with the date and time, the name of any other persons present at the time. These records are signed and dated and kept in the child file in the office which is private and confidential. It is important to tell the child that what they say may be passed on to another person, but that they are safe. Never must you tell a child you will keep a secret.

- We will make reference to the

First Five Minuets…..What to do if you are worried a child is being abused…

1. Concern about a child

2. Consult with Manager/Deputy, Safeguarding Officers/Lead Practitioners
3. Referral process through the Integrated Front Door with all the information. (Unless the child is in immediate significant danger, then a phone call to duty social worker on 01204 331500)
4. Record all information.
5. Follow up within 3 working days if no response from Intergrated Front Door Team.

Informing Parents.

Parents are made aware of the safeguarding policy, they are asked to read the policy at their child's settling in period, parents are asked to sign the declaration on the registration form to say they understand our commitment to safeguarding every child.

- Parents are usually the first point of contact.
- If a suspicion of abuse is recorded, parents are informed at the same time as the report is made, except where the guidance of the Local Safeguarding Children's Board does not allow this.
- This will usually be the case where the parent is the abuser. In these cases the investigating officers will inform the parents.

Confidentiality

Records concerning safeguarding any child are kept strictly confidential. The records will only be shared with the relevant and appropriate agencies.

Liaison with other agencies.

- We work within the Local Safeguarding Children Board guidelines.

- We have a copy of 'What to do if you are worried a child is being abused' for parents and staff, and all staff are familiar with what to do if they have any concerns.
- We have procedures for contacting the local authority on child protection issues, including maintaining a list of telephone numbers and names for points of contact in case of an emergency.
- We notify Ofsted of any incident or accident and any changes in our agreements which may affect the wellbeing of children.
- Covid 19 – This will not impact on Ladybirds nursery liasing with any other agencies where we suspect any form of abuse. We will ensure that we make telephone contact t=with the relevant person.

Managing Allegations of Abuse Made Against Adults Who Work With Children

It is essential that any allegation of abuse made against a professional who works with children or other member of staff at Ladybirds is dealt with quickly and consistently in a way that provides effective protection for the

child and at the same time supports the person who is the subject of the allegation.

Professionals who work with children as part of their employment need to be aware that inappropriate behaviour in their private lives may affect their suitability to work with children. This is incorporated into the code of conduct.

If in the instance, that an allegation is made against a person working with children at Ladybirds, we will follow the procedures outlined in Working Together to Safeguard Children. These procedures will be used when an allegation is made that an adult has:

- Behaved in a way that has harmed, or may have harmed a child
- Possibly committed a criminal offence against a child, or related to a child
- Behaved towards a child in a way that indicates they may pose a risk of harm to children.

The 'First Steps' will be adhered to and we will follow the procedure set out by the Integrated Front Door Team

The lead designated officer will take charge of this procedure, although all our staff are aware that they may make the telephone call to the LADO if they feel they are not being listened to be senior staff.

Records will be kept at every stage of the investigations.

- We ensure that all parents know how to complain about the behaviour or actions of staff, students or volunteers within the nursery which may include allegation of abuse.
- We follow the guidance of the Local Safeguarding Children Board when responding to any complaint that a member of staff, student or volunteer has abused a child.
- The first steps are as follows:

1. Manager/Person in charge receives complaint.
2. **Do not wait to act if the child is at risk of significant harm: Contact Police or Integrated Front door**
3. Make sure children are safeguarded Refer to LADO (Lisa Kelly)
4. Do not question the victim or perpetrator or witnesses.
5. Ring nominated officer – (01204 337964) who is the Local Authority Designated Officer (LADO Lisa Kelly)
6. Designated safeguarding officer at nursery will discuss with LADO and agree a course of action.
7. 3 possible courses of action, A. Single agency action b employer, B. No further action, C. LADO, Strategy meeting.
8. Depending on the outcome will depend on any action taken.
9. The incident is reported to Ofsted, and a written copy will be sent.
10. The incident is logged and stored in the persons confidential records.

- We co-operate entirely with any investigations carried out by any professional body.

LADYBIRDS NURSERY We have a clear 'Whistleblowing' Policy, the guidelines are available around the nursery for staff to read. The staff are clear about who to report to should they suspect any malpractice.

We understand that we must report any allegations of serious harm or abuse by any persons, living, working, or looking after children at the premises.

Making Referrals to the Intergrated Front Door

Duty to Refer

Any professionals, employees, managers, carers and volunteers in all agencies must make a referral to Children's Social Care if is believed or suspected that:

- A child is suffering or is likely to suffer Significant Harm or
- A child would be likely to benefit from family support services with the agreement of the person who has Parental Responsibility

Where there are concerns about Significant Harm, then the referral must be made immediately. (01204 331500) It is the policy of Ladybirds that any staff member who suspects, witnesses, or sees anything they think could be abuse or harm to a child, they should report this to the senior managers, who will take appropriate action.

Should the managers fail in their duty, the staff, through this extensive policy and procedure handbook, should then follow the procedure to repot this to Children's Social Care themselves.

Urgent Medical Treatment

If the child is suffering from a serious injury, or requires treatment, medical attention must be sought immediately by calling an ambulance. The duty Consultant Paediatrician must be informed of the nature of the concerns and a referral will be made in accordance with this procedure as soon as practicably possible.

The child will be accompanied to the hospital by a staff member, and all relevant paperwork will be taken.

Parents will be informed immediately

Ensuring Immediate Safety

The safety of the child is paramount in all decisions relating to their welfare. Any action taken by staff will ensure that no child is left in immediate danger.

The law empowers anyone who has care of a child to do all that is reasonable in the circumstances to safeguard their welfare.

Confidentiality

The safety and welfare of the child overrides all other considerations including the following:

- Confidentiality
- The gathering of evidence
- Commitment or loyalty to relatives or friends

Confidentiality cannot and should not be promised to anyone in these circumstances.

Listening to the Child

If the child makes an allegation or discloses information which raises concerns about Significant Harm the initial response should be limited to listening carefully to what the child says so as to:

- Clarify the concerns
- Offer reassurance about how they will be kept safe
- Explain that the information will be passed on to Children's Social Care and the Police

If a child is freely recalling the events, the response should be to listen rather than to stop the child, however it is important that the child should not be asked to repeat this information to anyone.

If the child has an injury but no explanation is volunteered, it is acceptable to enquire how the injury was sustained.

However, the child must not be pressed for information or cross-examined.

A record of all conversation will be kept.

The person making the referral should provide the following information:

- Full name, any aliases, date of birth and gender of child
- Full family address and any know previous addresses
- Identity of those with parental responsibility

- Names, dates of birth, and information about all household members, including any other children in the family, and significant people who live outside the child's household
- Ethnicity, first language spoken and religion of child and parents
- Any need for an interpreter, signer or other communication aid
- Any special needs of the child
- Is the child registered at nursery, and if so, what nursery
- Any significant or important events or incidents in the child's life
- Cause for concern including the details of any allegations, their source and location
- The identity and current whereabouts of the suspected perpetrator
- The child's current location and emotional and physical condition
- Whether the child is safe or in need of immediate protection because of any approaching deadlines. (if the child is about to be collected)
- The referrers relationship and knowledge of the child and parents
- Known current or previous involvement of other agencies/professionals

All the above information will be recorded.

Policy Issued January 2016

Date to be reviewed January 2017

Date Reviewed May 2017

Date to be Reviewed May 2018

Date Reviewed May 2018

Date to be Reviewed May 2019

Date reviewed April 2019

Date to be Reviewed April 2020

Date Reviewed June 2020 (Additional Covid 19 Information)

Date to be Reviewed August 2020

Date Reviewed September 2021

Date to be Reviewed September 2022

Date Reviewed December 2021

Date to be Reviewed December 2022

Date Reviewed February 2022

Date to be Reviewed February 2023

Date Reviewed:

This policy will be reviewed sooner than the review date should any new information become available.