Safeguarding and Child Protection Policy

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<tr>
<th>Date Adopted / Reviewed:</th>
<th>By:</th>
<th>Position:</th>
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<tr>
<td>January 2017</td>
<td>Sharon Cox</td>
<td>PD</td>
</tr>
<tr>
<td>15.08.18</td>
<td>Justin Elder</td>
<td>MD</td>
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All staff and volunteers are required to read and sign to confirm they have read and understood this policy. All parents and carers are asked to read this document carefully prior to a child being placed.

Safeguarding Children is a much wider subject than the elements covered within this single policy, therefore this document should be read in conjunction with the nurseries other policies and procedures.

At Early Start Education Ltd (Early Start) we work with children, parents, external agencies and the community to ensure the welfare and safety of children in our care and to give them the very best start in life. Children have the right to be treated with respect, be helped to thrive and to be safe from any abuse in whatever form: EYFS: 3.4-3.18, 3.19, 3.21, 3.22.

The purpose of this Safeguarding Policy is to set a clear protocol of action and a framework for our responsibilities and legal duties in relation to each child’s welfare. The hope is to ensure a reliable and effective response in the event of any concern for a child’s welfare, and to support each child and each family. We aim to put children’s needs first at all times. We hope to encourage children to be confident and assertive. We aim to develop a trusting and respectful relationship with the children in our care, so that they know they will be listened to and believed.

This Policy complies with all relevant legislation and other guidance or advice from the Local Safeguarding Partnership.

Early Start recognises the responsibilities of all staff to safeguard children. All staff, including volunteers and students and service providers, have an active part protecting children from harm.

**The aims of this policy are:**

- To support the child’s development in ways that will foster security, confidence and independence
- To raise awareness of staff of the need to safeguard children and their responsibilities in identifying and reporting possible abuse
- To provide systematic means of monitoring children known to be at risk of harm
- To emphasise the need for good levels of communication between members of staff and between staff and parents/carers
- To ensure that all staff who have access to children are suitable to do so and have a valid satisfactory DBS check
- To ensure that all Early Years daycare staff receive regular child protection training as a condition of employment.

**Procedures**

- There is a named DSO (Designated Safeguarding Officer) and a deputy in each setting. This is Nursery Manager and Deputy.
- The company’s Lead DSO and Deputy is; Justin Elder – Managing Director; Sharon Cox – Programme Director
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- All members of staff develop their understanding of the signs and indicators of abuse
- All members of staff know how to respond to a child who discloses abuse
- All parents/carers are made aware of the responsibilities of staff members with regard to child protection procedures
- Our procedures are regularly reviewed and up-dated
- All new members of staff are given a copy of the safeguarding and child protection policy as part of their induction
- All new parents and carers are be given a copy of this policy.

Definition of Abuse
There are many different types of abuse. Children can be abused by an adult’s direct actions (e.g., beating a child) or because of an adult’s inactions (e.g., not feeding or bathing a child), and even by an adult’s indirect actions (e.g., domestic violence, addiction, etc). Children can be abused by adults as well as by other young people or children.

The authorities will be notified if any professional suspects that a child is either suffering or at risk of suffering significant harm. Sometimes a single traumatic event constitutes ‘significant harm’ to a child; and, sometimes, a build-up of concerns or a series of incidents over time also gives rise to ‘significant harm’.

The law recognises the following categories of abuse under the Children Act (1989):

<table>
<thead>
<tr>
<th>Physical Abuse</th>
<th>Sexual Abuse</th>
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<tbody>
<tr>
<td>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 fabricates the symptoms of, or deliberately induces, illness in a child.</td>
<td>Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape, buggery or oral sex) or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, sexual online images, watching sexual activities, or encouraging children to behave in sexually inappropriate ways.</td>
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<tr>
<th>Emotional Abuse</th>
<th>Neglect</th>
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<tr>
<td>Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child’s emotional development. 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 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 exploration and learning, or</td>
<td>Neglect is the persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health 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:</td>
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| 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 |
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<tr>
<th>Preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying, causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.</th>
<th>(including the use of inadequate care-givers)</th>
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<tr>
<td>• Ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs.</td>
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*Refer to appendices for further guidance and information*

**Responsibilities**

There are many areas of responsibility in terms of safeguarding children. The DSO’s and all members of staff carry a range of responsibilities illustrated under the following headings:

<table>
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<tr>
<th>Training</th>
<th>Reporting Concerns</th>
<th>Managing Allegations against Staff</th>
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<tr>
<td>• Induction and refresher training in basic and advance Safeguarding Training</td>
<td>• We have a legal duty to pass on safeguarding / child protection concerns to the relevant authorities</td>
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<td></td>
<td>• We will inform parents when we have done this, except in cases where this could put the child at a greater risk</td>
<td>• We have a legal duty to contact Ofsted if an allegation of abuse is made against a staff member</td>
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<tr>
<td></td>
<td></td>
<td>• We will also inform the LADO (Local Authority Designated Officer) when an allegation is made</td>
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<tr>
<th>Good Communication</th>
<th>Confidentiality</th>
<th>Registration Requirements</th>
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<tr>
<td>• We aim to build good relationships with parents and carers to ensure that we provide continuity of care and work together in the best interests of children</td>
<td>• We maintain appropriate boundaries with regard to confidentiality</td>
<td></td>
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<tr>
<td></td>
<td>• We can not keep information to ourselves if we believe that someone may be at risk of harm</td>
<td>• We have made the setting safe for children; meeting the requirements set out by Ofsted</td>
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<tr>
<th>Accident/injury logs</th>
<th>Safer Recruitment</th>
<th>E-Safety</th>
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<tr>
<td>• If your child develops any health problems or suffers an injury whilst in our care, we will keep a record of the event (details, date, time and signed) and inform you about it when you collect</td>
<td>• All members of staff, volunteers and frequent visitors are required to have a DBS check for the Children’s Workforce and to comply with the Childcare Disqualification</td>
<td>• Mobile phone use is not permitted in the learning spaces of the nursery</td>
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<td></td>
<td></td>
<td>• Only authorised company devices may be used for photography / filming</td>
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<td></td>
<td></td>
<td>• Parents consent is</td>
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<thead>
<tr>
<th>Your child. Or immediately in the case of an emergency</th>
<th>Disclosure Regulations</th>
<th>Sought at registration for photography / filming children in our care to state the circumstances in which this is permitted (or otherwise) by the parents</th>
</tr>
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<tbody>
<tr>
<td>• You must tell us if you child has sustained an injury out of our care so that we can log it and both sign and date the record</td>
<td>• In an emergency, we have a duty of care to act in loco parentis and ensure that your child receives necessary emergency care</td>
<td>• Our internet enabled equipment and devices are protected by anti-virus, spyware and filtering software</td>
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<tr>
<td>• In an emergency, we have a duty of care to act in loco parentis and ensure that your child receives necessary emergency care</td>
<td>• Children’s use of the above is always supervised and they learn about e-safety</td>
<td>• Children’s use of the above is always supervised and they learn about e-safety</td>
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### Intimate Care
- We discuss and agree the nature and frequency of intimate care with parents
- We always aim to encourage children to strive for greater independence all stages of their development

### Early Help
- We work with parents and carers to identify children’s needs as early as possible
- To offer support quickly, directly and in partnership with other agencies and where possible to avoid escalation of need so that children and families do not require specialist or statutory services

### The Prevent Duty
- All childcare providers must have regard to prevent people being drawn into terrorism. The Early Years Foundation Stage, Child Protection (3.4) states that Providers must be alert to any issues for concern in a child’s life at home or elsewhere.

### What to do if you’re worried a child is being abused (Case Escalation Procedure)
- The practitioner reports the incident they are concerned about to the DSO or Deputy immediately or as soon as possible
- They record the incident, recording only what they have observed
- The DSO should gather any other or further information that could assist them
- Concerns should be discussed with the child’s parents unless there is a concern that this will place the child at greater risk – as may be the case for instances of suspected sexual abuse
- Before making a decision whether to refer the incident to Children’ Services the DSO may discuss the issues with the MASH Team or Local Authority
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Designated Officer (LADO) to determine whether there is no further action and to monitor the case, refer to Early Help and or to make a request to Children’s Service for support or protection

- The Incident is reported to Children’s Services; this will be done by phone initially to the MASH Team (Tel: 0203 373 4600) and followed-up by a written referral submitted within 24 hours via [www.newham.gov.uk/mash](http://www.newham.gov.uk/mash)
- Or the incident is recorded using a Safeguarding Concern Form and saved on the child’s file
- Referrals will be shared with the family and should not be made without their knowledge/agreement unless this would jeopardise the child/young person’s safety
- The DSO will continue to liaise with the MASH Team until the outcome of referral is concluded.

Confidentiality

Safeguarding children raises issues of confidentiality. All information held by Early Start is subject to General Data Protection Regulations 2018 and all newly registered families are asked to acknowledge that they have read Early Start’s Privacy Policy.

All staff have a responsibility to share relevant information about the protection of children with other professionals, providing it is only for the purpose of safeguarding and where a child is at risk of significant harm, particularly the investigative agencies (Children’s Services and the Police).

All requests of this nature must be directed to DSO or Lead DSO. If a child confides in a member of staff and requests that the information is kept secret, it is important that staff and or volunteers tell the child in a manner appropriate to the child’s age/stage of development that they cannot promise complete confidentiality. Instead they must explain that they may need to pass information to other professionals to help keep the child or other children safe.

Staff and volunteers who receive information about children and their families in the course of their work should share that information only within appropriate professional contexts and only with the authority of the relevant line manager.

Information Sharing

The General Data Protection Regulations 2018 are not a barrier to sharing information – they simply provides a framework to ensure that information is shared appropriately. It reinforces common sense rules of information handling, and helps us strike a balance between the many benefits of public organisations sharing information and maintaining safeguards and privacy of the individual.

Remember to:

- Be open and honest with families about what information can be shared and in what circumstances
- Seek advice from the DSO or Lead DSO
- Share information with consent, where appropriate and where possible
- Consider safety and well-being and who may be affected by your sharing this information
- Ensure that the information you share is necessary, proportionate, relevant, accurate, timely & secure
- Keep a record of your decision and reasons for sharing information
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- When a child leaves your setting, you should send any Child Protection records to the new setting, addressed to their Nominated Safeguarding Officer.

**Record Keeping**
Records should be kept whenever there are any concerns that might indicate possible safeguarding and or child protection concerns. This includes physical presentations on the child’s body, change in moods or behaviour, statements or drawings from the child, and any concerns around parental behaviour or non-attendance for instance.

Records should include specific and objective accounts, the date, year and time of the incident, the name, date of birth and address of the child(ren), action taken, who information has been shared with, and a stated opinion or interpretation of the facts.

**The Prevent Duty**
Under the Counter-Terrorism and Security Act 2015 we have a duty to refer any concerns of extremism to the police. In Prevent priority areas including Newham the local authority will have a Prevent lead who can also provide support:

Safeguarding concerns relating this duty may include a change in behaviour of a child or family member, comments causing concern made to a member of the team (or other persons in the setting) or actions that lead staff to be worried about the safety of a child in their care.

Staff and volunteers should be alert to any early signs in children and families, who may be at risk of radicalisation, and follow the procedures for reporting and recording concerns if they are worried about a child; the Case escalation procedure.

**Supporting Families**
Staff work in partnership with families to build up trusting and supportive relations. Parents are normally 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 Pan-London Safeguarding Procedures does not allow this; where the child may be a more risk if this was done.

During any statutory referral, investigation or intervention process, the nursery will continue to welcome children and the families; taking advise from the lead agency. Parents and families will continue to be treated with respect in a non-judgmental manner but staff will always act in the best interest of the child.

**Supporting Children**
Early Start recognises that all its settings play a part in the prevention of harm to children. We will foster an ethos of support in all settings by:

- Establishing and maintaining an ethos where children feel secure and are encouraged to talk and are always listened to
- Ensuring that all children develop a good relationship with their keyworker adult
- Including play / curriculum opportunities which equip children with the skills they need to stay safe from harm and to know to whom they should turn for help
- Maintaining close partnerships with parents.
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Monitoring Children’s Attendance
As part of our requirements under the statutory framework and guidance documents we are required to monitor children’s attendance patterns to ensure they are consistent and no cause for concern. Parents should inform the nursery prior to their children taking holidays or days off, and all sickness should be called on the day so the management are able to account for a child’s absence. This should not stop parents taking time with their children, but enables children’s attendance to be logged so we know the child is safe.

Concerns That Fall Below Child Protection Thresholds (Early Help)
Early help is the principle of providing the right support at the right time to tackle problems emerging for children and their families. It is about providing effective help as soon as difficulties emerge, while they are still low level.

In the nursery, we mostly work with children who have additional needs before they meet the threshold that demands a referral.

Early Help is about stepping in to avoid escalation of need so that children, young people and families do not require specialist or statutory services unnecessarily including children with additional needs and or safeguarding/child protections concerns.

Early Help aims that preventative services are provided at the right time to achieve better long-term outcomes for families. As an Early Years setting, we can support children and families by working in partnership including with other relevant professionals and by assessment, planning, action and review; recording by using the Newham Early Help Record (EHR). The EHR sets out a structured way of working together with different professionals and agencies and the family to prevent complex needs escalating and or to inform a later referral if needs do escalate and met statutory thresholds.

Supporting Staff
We recognise that staff working in the setting who are involved with a child who has suffered, or may be at risk of harm, may find the situation stressful or upsetting. We will support such staff by providing an opportunity to talk through their anxieties with the DSO and seek further support as appropriate, including up to date training every two years.

Managing Allegations against Staff
All staff have a legal responsibility to report concerns about professional conduct of colleagues whose behaviour might harm a child, and to ensure that every allegation against a member of staff is given consistent and fair consideration.

All allegations against staff members should be dealt with fairly, 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. Guidance recommends that most allegations should be thoroughly investigated by the local authority within a month.

An allegation is information or a concern which suggests that an adult working with children and young people has:
- Behaved in a way that has harmed, or may have harmed, a child
- Possibly committed a criminal offence against, or related to, a child
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- Behaved towards a child or children in a way that indicates he or she is unsuitable to work with children.

We understand that a child may make an allegation against a member of staff. If such an allegation is made, the member of staff receiving the allegation should immediately inform the Lead DSO in complete confidence. The Lead DSO will contact the Local Authority Designated Officer (LADO) and inform Ofsted. At the discretion of the Lead DSO, the member of staff may be suspended until the outcome of the Strategy Meeting/Investigation(s).

**Safer Recruitment**
Safer Recruitment accredited training has been undertaken by the Lead DSO and Deputy. Our recruitment and selection procedures are in place that help deter, detect, and reject people who might harm children, or are otherwise considered unsuitable to work with them. We are committed to ensuring that all staff are vetted and subject to DBS and childcare disqualification disclosures, references from previous employers and pre-employment health checks.

Our policy is to provide a secure and safe environment for all children; where staff are aware of and comply with Ofsted ratio requirements. There is always a minimum 2 staff on duty.

**List of Appendices:**

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2. Legal framework
3. Definition of safeguarding
4. Definition of Child Protection
5. Types of Abuse and the Safeguarding / Child Protection Procedures to be followed
6. Signs and Symptoms
7. Case Escalation Procedure Diagram
8. Dealing with a Disclosure
9. The Role of the Designated Safeguarding Officer (DSO) and Lead DSO
10. Staff and Volunteers Responsibilities
11. Support
12. Allegations Involving Staff / Volunteers
13. Safeguarding Staff against Allegations
1. Important Contacts for Safeguarding Children
   - The Nursery Manager and Deputy are the DSO for your setting
   - Lead DSO - Justin Elder  0203 373 0283
   - Deputy Lead DSO - Sharon Cox  0203 373 7247
   - Newham Children's Services MASH  02033734600 Secure email: MASH@newham.gcsx.gov.uk. Online reporting via www.newham.gov.uk/MASH
   - Local Authority Designated Officer (LADO) – Nick Pratt  02033731462 Or CPRT.LADO@newham.gov.uk
   - Ofsted  0300 123 1231 Or enquiries@ofsted.gov.uk
   - Newham Safeguarding Partnership  02033733392
   - Non-emergency police  101
   - Emergency  999
   - Newham Prevent Officer - Ghaffar Hussain  02033732634
   - Government helpline for extremism concerns  020 7340 7264
   - NSPCC - 24 Hour helpline  0808 800 5000

2. Legal Framework
   - Children Act 1989 and 2004
   - Childcare Act 2006
   - Safeguarding Vulnerable Groups Act 2006
   - The Statutory Framework for the Early Years Foundation Stage (EYFS) 2014
   - What to do if you're worried a child is being abused 2015 (practice directive)
   - Counter Terrorism and Security Act 2015
   - Education Act 2002 (section 175)
   - Safeguarding Children and Safer Recruitment
   - Working Together to Safeguard Children 2018
   - Children & Family Act 2014
   - Private Arrangements for Fostering Regulations 2005

3. Definition of Safeguarding
   Safeguarding and promoting the welfare of children, in relation to this policy is defined as:
   - Protecting children from maltreatment
   - Preventing the impairment of children’s health or development
   - Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
   - Taking action to enable all children to have the best outcomes.

4. Definition of Child Protection
   The concept of significant harm was introduced in the Children Act (1989) as the threshold that justifies compulsory intervention in family life in the best interests and welfare of the children. The Act gives a Local Authority a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm.
Under s31 of the Children Act (1989) ‘harm’ means: ill-treatment or the impairment of health\(^1\) or development\(^2\), including for example, impairment suffered from seeing or hearing ill-treatment of another. There is no absolute criterion on significant harm.

Consideration of the severity of ill-treatment may include the degree and extent of:
- Physical harm
- The duration and frequency of abuse and neglect
- The extent of premeditation
- The presence or degree of threat, coercion, sadism
- Bizarre or unusual elements.

Sometimes a single event or circumstance can constitute as presenting significant harm to children.

5. Types of Abuse and the Safeguarding / Child Protection Procedures to be followed

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by harming them or by failing to act to prevent harm. Children may be abused within a family, institution or community setting by those known to them or a stranger. This could be an adult or adults, another child or children.

Physical abuse
Action needs to be taken if staff have reason to believe that there has been a physical injury to a child, including deliberate poisoning, where there is definite knowledge or reasonable suspicion that the injury was inflicted or knowingly not prevented. These symptoms may include bruising or injuries in an area that is not usual for a child, e.g. fleshy parts of the arms and legs, back, wrists, ankles and face.

Many children will have cuts and grazes from normal childhood injuries. These should also be logged and discussed with the manager or Senior Early Education Practitioner.

Children and babies may be abused physically through shaking or throwing. Other injuries may include burns or scalds. These are not usual childhood injuries and should always be logged and discussed with the nursery manager.

Female genital mutilation
This type of physical abuse is practised as a cultural ritual by certain ethnic groups and there is now more awareness of its prevalence in some communities in England including its effect on the child and any other siblings involved. For those nurseries caring for older children in their out of school facility this may be an area of abuse you could come across. Symptoms may include bleeding, painful areas, acute urinary retention, urinary infection, wound infection, septicaemia, incontinence, vaginal and pelvic infections with depression and post-traumatic stress disorder as well as physiological concerns. If you have concerns about a child relating to this area, you should contact children’s social care team in the same way as other types of physical abuse. There is a mandatory duty to report to police any case where an act of female genital mutilation appears to have been carried out on a girl under the age of 18, we will ensure this is followed in our setting.
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Fabricated illness
This is also a type of physical abuse. This is where a child is presented with an illness that is fabricated by the adult carer. The carer may seek out unnecessary medical treatment or investigation. The signs may include a carer exaggerating a real illness or symptoms, complete fabrication of symptoms or inducing physical illness, e.g. through poisoning, starvation, inappropriate diet. This may also be presented through false allegations of abuse or encouraging the child to appear disabled or ill to obtain unnecessary treatment or specialist support.

The signs and indicators listed below may not necessarily indicate that a child has been abused, but will help us to recognise that something may be wrong, especially if a child shows a number of these symptoms or any of them to a marked degree.

Indicators of child abuse
- Failure to thrive and meet developmental milestones
- Fearful or withdrawn tendencies
- Aggressive behaviour
- Unexplained injuries to a child or conflicting reports from parents or staff
- Repeated injuries
- Unaddressed illnesses or injuries
- Significant changes to behaviour patterns.

We are aware that peer on peer abuse does take place, so we include children in our policies when we talk about potential abusers. This may take the form of bullying, physically hurting another child, emotional abuse, or sexual abuse. We will report this in the same way as we do for adults abusing children, and will take advice from the appropriate bodies on this area.

Sexual abuse
Action needs be taken if the staff member has witnessed an occasion(s) where a child indicated sexual activity through words, play, drawing, had an excessive preoccupation with sexual matters or had an inappropriate knowledge of adult sexual behaviour or language. This may include acting out sexual activity on dolls/toys or in the role play area with their peers, drawing pictures that are inappropriate for a child, talking about sexual activities or using sexual language or words. The child may become worried when their clothes are removed, e.g. for nappy changes.

The physical symptoms may include genital trauma, discharge and bruises between the legs or signs of a sexually transmitted disease (STD). Emotional symptoms could include a distinct change in a child’s behaviour. They may be withdrawn or overly extroverted and outgoing. They may withdraw away from a particular adult and become distressed if they reach out for them, but they may also be particularly clingy to a potential abuser so all symptoms and signs should be looked at together and assessed as a whole.

Staff should be alert to the possibility of child sexual exploitation (CSE) and the signs and symptoms that may be manifested and to follow the case escalation procedures.

Emotional abuse
Action should be taken if the staff member has reason to believe that there is a severe, adverse effect on the behaviour and emotional development of a child, caused by persistent or severe ill treatment or rejection.
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This may include extremes of discipline where a child is shouted at or put down on a consistent basis, lack of emotional attachment by a parent, or it may include parents or carers placing inappropriate age or developmental expectations upon them. Emotional abuse may also be imposed through the child witnessing domestic abuse and alcohol and drug misuse by adults caring for them.

The child is likely to show extremes of emotion with this type of abuse. This may include shying away from an adult who is abusing them, becoming withdrawn, aggressive or clingy in order to receive their love and attention. This type of abuse is harder to identify as the child is not likely to show any physical signs.

Neglect
Action should be taken if the staff member has reason to believe that there has been any type of neglect of a child (for example, by exposure to any kind of danger, including cold, starvation or failure to seek medical treatment, when required, on behalf of the child), which results in serious impairment of the child's health or development, including failure to thrive.

Signs may include a child persistently arriving at a setting unwashed or unkempt, wearing clothes that are too small (especially shoes that may restrict the child's growth or hurt them), arriving at nursery in the same nappy they went home in or a child having an illness or identified special educational need or disability that is not being addressed by the parent. A child may also be persistently hungry if a parent is withholding food or not providing enough for a child's needs.

Neglect may also be shown through emotional signs, e.g. a child may not be receiving the attention they need at home and may crave love and support at nursery. They may be clingy and emotional. In addition, neglect may occur through pregnancy as a result of maternal substance abuse.

6. Signs and Symptoms
Physical Abuse
- Unexplained recurrent injuries or burns
- Improbable excuses or refusal to explain injuries
- Wearing clothes to cover injuries, even in hot weather
- Refusal to undress for gym
- Bald patches
- Chronic running away
- Fear of medical help or examination
- Self-destructive tendencies
- Aggression towards others
- Fear of physical contact - shrinking back if touched
- Admitting that they are punished, but the punishment is excessive (such as a child being beaten every night to 'make him study')
- Fear of suspected abuser being contacted.

Emotional Abuse
- Physical, mental and emotional development lags
- Sudden speech disorders
- Continual self-deprecation ('I'm stupid, ugly, worthless, etc')
- Overreaction to mistakes
- Extreme fear of any new situation
- Inappropriate response to pain ('I deserve this')
- Neurotic behaviour (rocking, hair twisting, self-mutilation)
- Extremes of passivity or aggression.
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Sexual Abuse
- Being overly affectionate or knowledgeable in a sexual way inappropriate to the child’s age
- Medical problems such as chronic itching, pain in the genitals, venereal diseases
- Other extreme reactions, such as depression, self-mutilation, suicide attempts, running away, overdoses, anorexia
- Personality changes such as becoming insecure or clinging
- Regressing to younger behaviour patterns such as thumb sucking or bringing out discarded cuddly toys
- Sudden loss of appetite or compulsive eating
- Being isolated or withdrawn
- Inability to concentrate
- Lack of trust or fear of someone they know well, such as not wanting to be alone with a babysitter or child minder
- Starting to wet again, day or night/nightmares
- Become worried about clothing being removed
- Suddenly drawing sexually explicit pictures
- Trying to be 'ultra-good' or perfect; overreacting to criticism.

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

Note: A child may be subjected to a combination of different kinds of abuse. It is also possible that a child may show no outward signs and hide what is happening from everyone.

7. Case Escalation Procedures
- Report concerns/suspicions to Designated Safeguarding Officer (DSO) and/or your line manager
- DSO will then gather information from person/s concerned and instruct a written account to be completed on same day to inform decision making process.
- DSO will contact Social Care, Health, Education to ascertain if family are already known to these services.
- DSO to observe and monitor adult/child interactions at and engage with parent/carer to ensure continued dialogue and attendance at services.
- Keep continued record of concerns, and follow up if attendance declines, by phone or home visits.
- If concerns persist or escalate then a decision to refer to Social Care will be made in consultation with line manager. and or Designated Senior Person
- The DSO will then complete the MASH request for support/protection [www.newham.gov.uk/MASH](http://www.newham.gov.uk/MASH) after informing parent/carer where applicable.

NB: referrals will be shared with the family and should not be made without their knowledge/agreement unless this would jeopardise the child/young person’s safety.
Safeguarding and Child Protection Policy

All urgent referrals will be initiated by phone/email to MASH Service and followed up with the on-line request for support or protection within 24 hours by completion of as much of this form as possible. DSO will liaise with MASH service until outcome of referral is concluded.

Line Manager to be kept informed at all times.

Diagram to illustrate Case Escalation Procedures:

1. RECOGNISE
   - Do you have a suspicion or concern?
   - About a child or young person
   - No Further concerns keep a record
   - No further action
     - Parents/carers should be informed that you are making a referral unless this will put the child at more risk
     - In an emergency situation call the police 999

2. RESPOND
   - Discuss your concerns with your designated DSO and/or your line manager
   - Concerns ongoing - DSO to collate, monitor and keep records. Decision to escalate concerns taken.
   - Provide identifying details of the child
   - If the allegation is against a member of staff – Contact line
     - Local Authority Designated Officer Nick Pratt (LADO)
     - 0203 373 4107
     - Inform the LADO of allegation within 1 working day

3. REFER
   - MASH
     - 02033734600
   - Provide identifying details of the child
9.

8. Dealing with a Disclosure
If a child discloses that he or she has been abused in some way, the member of staff / volunteer should:

- Listen to what is being said without displaying a reaction. Allow the child to talk freely.
- Reassure the child, but not make promises that it might not be possible to fulfil. Not promise absolute confidentiality.
- Reassure him or her. Stress that it was the right thing to tell.
- Explain what has to be done next and who has to be told.
- Make a written record, upon discussion with DSO - The child’s known details including name, date of birth, address and contact numbers. Whether or not the person making the report is expressing their own concerns or those of someone else. The nature of the allegation, including dates, times, specific factors and any other relevant information.
- Details of witnesses to the incidents. Make a clear distinction between what is fact, opinion or hearsay. A description of any visible bruising or other injuries. The child’s account if it can be given, of what has happened and how any bruising or others injuries occurred. Accounts from others, including colleagues and parents. Note any indirect signs, such as behavioural changes.
- Pass the information to the DSO and or DLSO without delay.

9. The Role of the Designated Safeguarding Officer (DSO) and Lead DSO
Organisations must have a Designated Safeguarding Officer and Lead Officer who will have responsibility for co-coordinating action and liaising with other agencies.

The role of the DSO includes:

- Ensuring that all staff and volunteers are aware of the Newham Safeguarding Procedures and adequately trained to equip them with the appropriate knowledge and skills.
- To carry out their responsibilities for safeguarding children effectively. This requires compliance checks to ensure all staff have attended the minimum mandatory safeguarding trained at induction stage and attended a refresher course every two years.
- Ensuring that temporary staff and volunteers are made aware of the service’s arrangements for Safeguarding children within seven working days of being in role.
- Monitoring procedures in place to ensure safe recruitment of staff.
- Monitoring procedures in place to cover allegations against staff.
- Ensuring that Early Start operates within the legislative framework and recommended guidance.

10. Staff and Volunteers Responsibilities
If any member of staff is concerned about a child he or she must inform their immediate line manager and the Designated DSO or Lead DSO.

The member of staff, if directed by DSO, must record information regarding the concerns on the same day. The recording must be a clear, precise, and a factual account of the observations. The DSO and line manager will then make a decision whether concerns need to be escalated to Social Care via Newham’s Children’s Services MASH System.
Safeguarding and Child Protection Policy

If it is decided to make a request for support or protection to Children's Services, this will be done with prior discussion with the parents, unless to do so would place the child at further risk of harm. (See Appendix Case Escalation Procedures).

Particular attention will be paid to the attendance and development of any child about whom the Nursery has concerns, or who has been identified as being the subject of a Child Protection Plan, Child in Need Plan or Early Help Plan.

11. Support
Safeguarding issues can be stressful. Staff and volunteer will receive support from their line manager and or designated senior staff. Early Start staff have access, in addition, to the Employee Assistance Programme.

12. Allegations Involving Staff / Volunteers
An allegation is any information which indicates that a member of staff / volunteer may have behaved in a way that has, or may have harmed a child, possibly committed a criminal offence against/related to a child or behaved toward a child in a way which indicates he or she is unsuitable to work with children.

The person to whom an allegation is first reported to should take the matter seriously and keep an open mind. He or she should not investigate or ask leading questions if seeking clarification, it is important not to make assumptions. Confidentiality should not be promised and the person should be advised that the concern will be shared on a 'need to know' basis only.

Actions to be taken include making a written record of the allegation using the informant's words including time, date and place where the alleged incident took place, what was said and anyone else present. This record should be signed and dated and immediately passed on to the Lead DSO.

The Lead DSO will not investigate the allegation directly but refer complaints to the Local Authority's Designated Officer (LADO) and or notify Ofsted if relevant. The Local Authority Designated Officer (LADO) from Newham Council is:
Nick Pratt 0203 373 4107
All allegations against staff and volunteers need to be sent to the CPRT.LADO@newham.gov.uk

Depending on the nature of the allegation and the advice of the LADO, Early Start’s policy will be to suspend the member of staff / volunteer for the duration of the investigation. This is not an indication of admission that the alleged incident has taken place, this is to protect staff as well as children and families throughout the process.

13. Safeguarding Staff against Allegations
The amount of time a member of staff is physically left alone with a child will be kept to a minimum. If possible staff should keep one another in full view. If a child uses inappropriate language or physical contact with a member of staff / volunteer this must be recorded in the nursery incident form and reported to the DSO.

Staff must never carry out a personal task that child is able to do for itself. Or carry out a task e.g. changing nappies, if they have not gained consent from the parent to do so. If a child is not able to complete the task for itself, another member of staff should witness the event.
Safeguarding and Child Protection Policy

Staff must be aware of how and where they touch children any unnecessary or inappropriate contact should be avoided. Staff must be aware that personal tasks could be misconstrued.

Staff should refer to the Company staff handbook and the code of conduct. Staff should be aware that they should not socialise on a personal or intimate level with parents or carers and should disclose any existing relationships with parents/carers prior to admission of the child with their line manager.