



Safeguarding & Child Protection Policy (Childcare) (Suffolk)

August 2024

Status: Active

Review date: August 2025

Scribbles Day Nursery is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment.

Please note that within this policy, the term 'staff' is used to cover all employees, volunteers, work placement trainees

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1.0 Purpose

1.1 The purpose of Scribbles Day Nursery's Safeguarding Policy is to ensure every child at our organisation is safe and protected from harm. This means we will always work to:

- Protect our children and young people from maltreatment
- Prevent impairment of our children's and young people's health or development
- Ensure that our children and young people grow up in circumstances consistent with the provision of safe and effective care
- Undertake that role so as to enable our children/young people to have optimum life chances and enter adulthood successfully.

1.2 This policy will give clear direction to staff, volunteers, visitors and parents about the expected behaviour and our legal responsibility to safeguard and promote the welfare of all children at our organisation.

2.0 Introduction

2.1 Scribbles Day Nursery fully recognises the contribution it can make to protect children from harm and supporting and promoting the welfare of all children. The elements of our policy are prevention, protection and support.

2.2 Our policy applies to all children, volunteers and visitors.

3.0 Our Ethos

3.1 Scribbles Day Nursery will establish and maintain an ethos where our children feel secure, are encouraged to talk, are listened to and are safe. Children will be able to talk freely to any member of staff or regular visitor to our nursery if they are worried or concerned about something.

3.2 All staff, volunteers and regular visitors will, either through training or induction, know how to recognise a disclosure from a child and will know how to manage this. We will not make promises to any child and we will not keep secrets. Every child will know what their chosen adult will have to do with whatever they have been told.

3.3 We will provide activities and opportunities that will equip our children with the skills they need to stay safe.

3.4 At all times we will work in partnership and endeavour to establish effective working relationships with parents, carers and colleagues from their agencies.

4.0 Procedures

- 4.1 When new staff, students or volunteers join Scribbles Day Nursery they will be informed of the safeguarding arrangements in place. They will be given a copy of our organisation's Safeguarding Policy and told who our Safeguarding Lead Practitioner (SLP) for Safeguarding is. They will also be shown the recording format, given information on how to complete it and who to pass it to. Visitors who attend Scribbles Day Nursery on a regular basis will have access to our safeguarding leaflet which is available in the Reception Area.
- 4.2 Every new member of staff or volunteer will have an induction period that will include essential safeguarding information. This programme will include basic safeguarding training through the Safer Programme relating to signs and symptoms of abuse, how to manage a disclosure from a child, how to record and issues of confidentiality. The induction will also remind staff and volunteers of their responsibility to safeguard all children and the remit of the role of the Safeguarding Lead Practitioner (SLP).
- 4.3 Parents will sign a consent form at the start of their child's involvement with the organisation, which includes any vital health or otherwise notable information. It also requests permission for photographs to be taken for promotional purposes only.

5.0 Training

- 5.1 Every member of staff will undertake appropriate safeguarding training through the Safer Programme every three years. This will enable members of staff to:
- Look for significant changes in children's behaviour
 - Look for deterioration in children's general well-being
 - Sees unexplained bruising, marks or signs of possible abuse or neglect
 - Listen to children's comments which give cause for concern
 - Inappropriate behaviour displayed by other members of staff
 - Suspect neglect or abuse outside the setting, for example in the child's home
- 5.2 We actively encourage all staff to keep up to date with the most recent local and national safeguarding advice and guidance. This can be accessed on www.suffolklearning.com/early-years
- 5.3 The Safeguarding Lead Practitioner (SLP) should be used as a first point of contact for concerns and queries regarding any safeguarding concern in our organisation.
- 5.4 An annual review of Safeguarding will take place during a staff meeting with ALL staff.
- 5.5 The Suffolk Threshold Guide will be one of our primary sources for information and scaling of safeguarding concerns, all staff will know where to access a copy of the guidance and Managers will be issued with a copy.

6.0 Safe Staff

- 6.1 All adults who come into contact with our children have a duty of care to safeguard and promote their welfare. There is a legal duty placed upon us to ensure that all adults who work with or on behalf of our children are competent, confident and safe to do so, on completion of a DBS check.
- 6.2 Our aim is to provide a safe and supportive environment which secures the well being and very best outcomes for our children. We do recognise that sometimes the behaviour of adults may lead to an allegation of abuse being made.
- 6.3 Allegations sometimes arise from a differing understanding of the same event, but when they occur they are distressing and difficult for all concerned. We also recognise that many allegations are genuine and there are some adults who deliberately seek to harm or abuse children.
- 6.4 We will take all possible steps to safeguard our children and to ensure that the adults in our organisation are safe to work with our children. We will always ensure that the Suffolk Safeguarding Children Partnership.
- 6.5 All adults who come into contact with children will be made aware of the steps that will be taken if an allegation is made. We will seek appropriate advice from the Local Authority Designated Officer (LADO). Referrals to LADO are via email: LADO@suffolk.gov.uk
For further information please refer to their website:
www.suffolksp.org.uk/local-authority-designated-officers-lado#gsc.tab=0
- 6.6 Staff will not investigate these matters. We will seek and work with the advice that is provided. Should an allegation be made against the SLP or Deputy, this will be reported by the staff member or volunteer raising the concern who will liaise with the LADO.
- 6.7 There are sensible steps that every adult should take in their daily professional conduct with children. This can be found in the *Safer Programme Safer Working Practice* – this guidance is on the NSCP website and also in this pack.
- 6.8 Scribbles Day Nursery is not responsible for children or staff during any babysitting arrangements outside the nursery setting.

7.0 Records & Monitoring

- 7.1 If we are concerned about the welfare or safety of any child all adults in our organisation will record their concern on the agreed report form and give this to the Safeguarding Lead Practitioner (SLP).
- 7.2 Any information recorded will be kept in a separate named file, in a secure cabinet and not with the child's file. These files will be the responsibility of the Safeguarding Lead Practitioner (SLP) and information will only be shared within the organisation on a need to know basis for the protection of the child.
- 7.3 Any safeguarding information will be kept in the file and will be added to. Copies of referrals will be stored in the file.

- 7.4 Reports of a concern to the Safeguarding Lead Practitioner (SLP) must be made in writing and signed and dated by the person with the concern.
- 7.5 When a child leaves Scribbles Day Nursery all safeguarding concerns/records will be transitioned to the new setting / school. This will be undertaken in person by the Safeguarding Lead Practitioner (SLP) of our setting. If the child is attending a school these will be handed over to the DSL and if it is another nursery setting the SLP. It is the Safeguarding Lead Practitioner (SLP) responsibility to retain a signed receipt of the records.

8.0 Roles & Responsibilities

- 8.1 Our Safeguarding Lead Practitioner (SLP) will liaise with Children's Services and other agencies where necessary and make referrals to Children's Services.
- 8.2 Any concern for a child's safety or welfare will be recorded in writing and given to the Safeguarding Lead Practitioner (SLP) who will be responsible for ensuring that all staff members and volunteers are aware of our policy and the procedure they need to follow.
- 8.3 The Safeguarding Lead Practitioner (SLP) will ensure that all staff, volunteers and regular visitors have received appropriate child protection information during induction and if necessary have been trained by the Safer Programme.
- 8.4 The Safeguarding Lead Practitioner (SLP) will ensure that our Safeguarding Policy is in place and is reviewed annually. The content of our policy has been written following consultation with the Safer Programme.
- 8.5 At all times the Safeguarding Lead Practitioner (SLP) will ensure that safer recruitment practices are followed.
- 8.6 Safer procedures ensure our recruitment practices are safe and compliant with statutory requirements. (See Safer Recruitment Policy)
- 8.7 We require evidence of any qualifications staff or volunteers hold. We do not accept testimonials and insist on taking up references prior to interview. We will question the contents of application forms if we are unclear about them, we will undertake enhance Disclosure Barring Services checks and use any other means of ensuring we are recruiting and selecting the most suitable people to work with our children. We will use the recruitment and selection process to deter and reject unsuitable candidates.
- 8.8 Scribbles Day nursery undertakes to remedy without delay any weakness in regard to our safeguarding arrangements that are brought to their attention.
- 8.9 Safeguarding lead Practitioners will always refer to Suffolk Threshold Guide when concerns are raised and where necessary the Suffolk Graded Care profile tool will be implemented.

9.0 What is Abuse and Neglect?

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger for example, via the internet. They may be abused by an adult or adults, or another child or 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 fabricates the symptoms of, or deliberately induces, illness in a child.

Emotional Abuse

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 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 exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber-bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Sexual abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet).

Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Neglect

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:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- Protect a child from physical and emotional harm or danger;

- Ensure adequate supervision (including the use of inadequate care-givers); or
- Ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

10.0 Prevent Duty

Scribbles Day Nursery are fully committed to safeguarding and promoting the welfare of all our children. We recognise that safeguarding against radicalisation and extremism is no different from safeguarding against any other vulnerability. All our staff, apprentices and volunteers are expected to uphold and promote the fundamental principles of human rights and British values, including democracy, the rule of law, individual liberty and mutual respect, and tolerance of those with different faiths and beliefs.

This statement reinforces our expectation that staff are fully engaged in being vigilant about radicalisation and extremism; that they overcome any professional disbelief that such issues will happen here and ensure that they work alongside each other, professional bodies and external agencies to ensure that our children are safe from harm.

11.0 Female Genital Mutilation (FGM)

FGM is a collective term for all procedures involving partial or total removal of external female genitalia for cultural or other non-therapeutic reasons. Typically, it is performed on girls aged between 4 - 15 or on older girls before marriage or pregnancy. It is illegal in the UK and it is also illegal to take a child abroad to undergo FGM. There is a maximum prison sentence of 14 years for anyone found to have aided this procedure in any way. It is considered to be child abuse as it causes physical, psychological and sexual harm.

FGM is more common than many people realise, both across the world and in the UK. It is practised in 28 African countries and in parts of the Middle and Far East and increasingly in developed countries amongst the immigrant and refugee communities. In the UK it has been estimated that 24,000 girls under the age of 15 are at risk of FGM.

Signs and Indicators to be aware of

Some indications that FGM may have taken place include:

- The family comes from a community that is known to practice FGM, especially if there are elderly women present in the extended family.
- A girl / young woman may spend time out of the nursery room or from other activities, with bladder problems.
- A long absence from nursery or in the summer term break could be an indication that a girl / young woman has recently undergone an FGM procedure, particularly if there are behavioural changes on her return - this may also be due to a forced marriage.
- A girl / young woman requiring to be excused from physical exercise lessons without the support of her GP.
- A girl / young woman may ask for help, either directly or indirectly.
- A girl / young woman who is suffering emotional / psychological effects of undergoing FGM, for example withdrawal or depression.

Some indications that FGM may be about to take place include:

- A conversation with a girl / young woman where they may refer to FGM, either in relation to themselves or another female family member or friend;
- A girl / young woman requesting help to prevent it happening;
- A girl / young woman expressing anxiety about a 'special procedure' or a 'special occasion' which may include discussion of a holiday to their country of origin;
- A boy may also indicate some concern about his sister or other female relative.

Action to Take if Workers Believe a Child is at Risk of FGM

Report to child protection designated person or call the CADS team hub 0344 800 8021 in an emergency - do not delay – ring 999. If a girl / young woman is thought to be at risk of FGM, workers should be aware of the need to act quickly - before she is abused by undergoing FGM in the UK, or taken abroad to undergo the procedure.

An interpreter must be used in all interviews with the family if their preferred language is not English. The interpreter must be female.

Cultural context

The issue of FGM is very complex. Despite the obvious harm and distress it can cause, many parents from communities who practice FGM believe it important in order to protect their cultural identity.

FGM is often practiced within a religious context. However, neither the Koran nor the Bible supports the practice of FGM. As well as religious reasons, parents may also say that undergoing FGM is in their daughter's best interests because it:

- Gives her status and respect within the community.
- Keeps her virginity / chastity.
- Is a rite of passage within the custom and tradition in their culture;
- Makes her socially acceptable to others, especially to men for the purposes of marriage.
- Ensures the family are seen as honourable.
- Helps girls and women to be clean and hygienic.

Consequences of FGM

Many people may not be aware of the relation between FGM and its health consequences; in particular the complications affecting sexual intercourse and childbirth which occur many years after the mutilation has taken place.

Short term health implications include:

- a. Severe pain and shock;
- b. Infections;
- c. Urine retention;
- d. Injury to adjacent tissues;
- e. Fracture or dislocation as a result of restraint;
- f. Damage to other organs;
- g. Death.

Depending on the degree of mutilation, it can cause severe haemorrhaging and result in the death of the girl / young woman through loss of blood.

Long term health implications include:

- a. Excessive damage to the reproductive system;
- b. Uterus, vaginal and pelvic infections;
- c. Infertility;
- d. Cysts;
- e. Complications in pregnancy and childbirth;
- f. Psychological damage;
- g. Sexual dysfunction;
- h. Difficulties in menstruation;
- i. Difficulties in passing urine;
- j. Increased risk of HIV transmission.

12.0 Other Relevant Policies

To underpin the values and ethos of our organisation and our intent to ensure our children/young people are appropriately safeguarded the following policies are also included under our safeguarding umbrella;

- Bullying
- Safer Working Practice
- Code of Conduct
- Confidentiality
- Health and Safety
- Whistle Blowing
- Complaints
- First Aid

13.0 Domestic Violence

Domestic abuse is any type of controlling, coercive, threatening behaviour, violence or abuse between people who are, or who have been in a relationship, regardless of gender or sexuality. It can include physical, sexual, psychological, emotional or financial abuse.

Each UK nation has its own definition of domestic abuse for professionals who are working to prevent domestic abuse and protect those who have experienced it (Department of Health, Social Services and Public Safety, 2016; Home Office, 2013; Police Scotland and the Crown Office and Procurator Fiscal Service, 2019; Welsh Government, 2019).

Domestic abuse can include:

- sexual abuse and rape (including within a relationship)
- punching, kicking, cutting, hitting with an object
- withholding money or preventing someone from earning money
- taking control over aspects of someone's everyday life, which can include where they go and what they wear
- not letting someone leave the house
- reading emails, text messages or letters
- threatening to kill or harm them, a partner, another family member or pet.

Witnessing and experiencing domestic abuse

Children never just 'witness' domestic abuse; it says has an impact on them. Exposure to domestic abuse or violence in childhood is child abuse.

Children may experience domestic abuse directly, but they can also experience it indirectly by:

- hearing the abuse from another room
- seeing a parent's injuries or distress afterwards
- finding disarray like broken furniture
- being hurt from being nearby or trying to stop the abuse
- experiencing a reduced quality in parenting as a result of the abuse (Royal College of General Practitioners and NSPCC, 2014; Holt, Buckley and Whelan, 2008).

Recognising domestic abuse

Domestic abuse can happen in any relationship. It can continue even after the relationship has ended, for example during contact visits or on social media.

Both men and women can be abused or be abusers.

Young adolescents or older teenagers can also experience domestic abuse in their own relationships (Barter et al, 2009).

Risk and vulnerability factors

All families have their ups and downs. While many parents or carers experiencing challenging circumstances are able to provide safe and loving care for their family, it can be difficult to cope if problems mount up. This can leave children more vulnerable to abuse and neglect. Times of transition, such as pregnancy, having a baby or separation and divorce, can increase levels of stress and conflict in a relationship. When parents are already experiencing challenges such as mental health problems or substance misuse it can be more difficult to maintain healthy relationships. In some cases, these factors can lead to or worsen domestic abuse.

Signs and indicators

It can be difficult to tell if domestic abuse is happening, because those carrying out the abuse can act very differently when other people are around.

Children who experience domestic abuse may:

- display challenging behaviour
- suffer from depression and anxiety
- not do as well at school as usual.

Signs of anxiety

Children who experience domestic abuse may feel on constant alert. Signs of anxiety or fear-related behaviour include:

- bed wetting or unexplained illness
- running away from home
- constant worry about possible danger or safety of family members
- aggression towards others (Early Intervention Foundation, 2018)

14.0 County Lines

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

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

15.0 Alcohol or Drugs

In situations where a parent or carer arrives at the childcare setting visibly under the influence of drugs or alcohol, the safety and well-being of the child will be our paramount concern. Staff will approach the situation calmly and respectfully, ensuring not to escalate tension. A nursery Manager will first assess the immediate safety of the child and the environment. If necessary, staff will engage the parent or carer in a non-confrontational manner, expressing concern for the child's welfare. If the parent or carer appears unable to take the child home safely, staff will follow established protocols to contact another responsible adult for the child or emergency services, if required. During this time, staff will prioritise their own safety, ensuring that appropriate measures are in place to protect themselves and the child, while also providing support resources for the parent or carer. All actions will be documented using our safeguarding documentation.

16.0 Safeguarding Contingency Plan

In the event that there is no Safeguarding Lead Practitioner at the setting the following will happen:

- Every effort will be made to ensure that the management team (Manager, Deputy Manager & Third In Charge) are all qualified Senior Lead Practitioners this negates the potential of there being an occurrence of no SLP on site.
- In the first instance should there be a disclosure then the Senior Lead Practitioner at one of the other company sites should be informed and follow policy and procedure
- The Manager will inform the lead practitioner on their return to site.
- ensure the child is safe from harm and prevent him or her from suffering further harm
- complete all paperwork in relation to a safeguarding concern and give to safeguarding lead practitioner
- complete a written statement by the person raising the concern.
- Hand all documentation on their return
- Should the lead practitioner not be back within a 24-hour time period then documentation will be forwarded to LSCB.

If this procedure breaks down for any reason, staff, students and parents have the right to refer to the Local Safeguarding Children's Board/ Child Protection Team or Ofsted directly.

All staff will receive training in child protection which includes communicating with children, recognition of signs of harm and safe handling of children, during their induction period, and an annual review of child protection issues will be held.

17.0 Safeguarding Lead Practitioners

For year 2024-2025 the following designated staff are in post;

- Gabrielle Powley (Safeguarding Lead Practitioner) 30.01.2024
- Leanne Young (Safeguarding Lead Practitioner) 31.10.2023
- Chantelle Coulson (Safeguarding Lead Practitioner) 08.03.2022
- Jodie Colman (Safeguarding Lead Practitioner) 01.12.2023
- Kelly Artis (Safeguarding Lead Practitioner) 04.11.21
- Lucy Neal (Safeguarding Lead Practitioner) 13.10.2022
- Anna Cardy (Safeguarding Lead Practitioner) 21.05.2024
- Chloe Procter (Safeguarding Lead Practitioner) 23.11.2023
- Sophie Blake (Safeguarding Lead Practitioner) 23.11.2023
- Jessica Duthie (Safeguarding Lead Practitioner) 09.02.2024
- Rachael Thomas (Safeguarding Lead Practitioner) 02.12.2021
- Chloe Ives (Safeguarding Lead Practitioner) 09.09.2021

18.0 Policy Review

This policy will be reviewed in June 2025.

19.0 Suffolk Useful Contacts

Local Authority Designated Officers (LADO) Team – LADO@suffolk.gov.uk
Someone will always be available during normal working hours.

Suffolk Safeguarding Children Partnership (NSCP) Policies & Procedures – www.suffolklearning.com/early-years

Suffolk Professional Consultation – 03456 061 499 (MASH)

20.0 Making a referral

- **Please dial 999 if the person is in immediate danger**
- To discuss whether or not a referral is required, you can call the Professional Consultation Line on 0345 6061499 to speak with a MASH social worker.

For concerns about a Child

- If you have a concern about a child or a young person, you will need to complete and submit a Multi-Agency Referral Form (MARF) using the new secure Suffolk Children and Young People's Portal.
www.earlyhelpportal.suffolk.gov.uk/web/portal

21.0 Readers Panel

Readers Panel consist of:

Kirsty Jenkins, Nursery Director

Harriet Crawford, Administrative Support Coordinator

Rachael Thomas, Nursery Manager