



Child Protection Policy

Policy statement

Little Elms believes that it is always unacceptable for a child or young person to experience abuse of any kind and recognises its responsibility to safeguard the welfare of all children and young people, by a commitment to practice which protects them. In order to achieve this, we will ensure our staff and volunteers are carefully selected, screened, trained and supervised. Furthermore, we will actively endeavour to keep up to date with national developments relating to the care and protection of children and young people.

We recognise that:

- the welfare of the child/young person is paramount
- all children, regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity, have the right to equal protection from all types of harm or abuse
- working in partnership with children, young people, their parents, carers and other agencies is essential in promoting young people's welfare.

The purpose of the policy:

- To provide protection for the children and young people who attend Little Elms.
- To provide staff and volunteers with guidance on procedures they should adopt in the event that they suspect a child or young person may be experiencing or, be at risk of harm.

We are aware that each local authority will have individual policies/procedures that relate to safeguarding children. Our appendices to the Child Protection Policy will detail all first point of contacts for each relevant local authority but it will be the responsibility of each nursery management team to ensure that they adopt all relevant local authority Safeguarding policy/procedure in line with Little Elms Policy.

Types of abuse (including signs)

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.

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.

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 monitored as per Little Elms Accident, Pre-Existing Injury and First Aid Policy and shared with the Designated Safeguarding Lead.

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 give cause for concern.

Any mark on a non-mobile baby should alert practitioners to a possible Child Protection Concern and a referral made by the Designated Safeguarding Lead to their Local Authority.

Sexual abuse

Action needs to 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.

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.

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 nursery 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.

Peer on peer abuse

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.

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. This procedure may be carried out shortly after birth and during childhood as well as adolescence, just before marriage or during a woman's first pregnancy and varies widely according to the community¹. 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.

Breast Ironing

Breast ironing also known as "breast flattening" is the process where young girls' breasts are ironed, massaged and/or pounded down through the use of hard or heated objects in order for the breasts to disappear or delay the development of the breasts entirely. It is believed that by carrying out this act, young girls will be protected from harassment, rape, abduction and early forced marriage. Although this is unlikely to happen to children in the nursery due to their age, we will ensure any signs of this in young adults or older children are followed up using the usual safeguarding referral process.

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.

Child sexual exploitation (CSE)

Working Together to Safeguard Children defines CSE as "...a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity

- (a) in exchange for something the victim needs or wants, and/or
- (b) for the financial advantage or increased status of the perpetrator or facilitator.

The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology."

We will be aware of the possibility of CSE and the signs and symptoms this may manifest as.

Domestic Abuse

The UK's cross-government definition of domestic abuse is:

"Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This abuse can encompass but is not limited to

- ✓ *psychological*
- ✓ *physical*
- ✓ *sexual*
- ✓ *financial*
- ✓ *Emotional.*

The Serious Crime Act 2015 section 76 created a new offence of "controlling or coercive behaviour in an intimate or family relationship".

The Domestic Violence, Crime and Victims Act 2004 extended provisions to help stop domestic abuse and created the new offence of "causing or allowing the death of a child or vulnerable adult". This Act was amended in 2012 by the Domestic Violence, Crime and Victims (Amendment) Act 2012 to include 'causing or allowing serious physical harm (equivalent to grievous bodily harm) to a child or vulnerable adult'.

Where domestic abuse is taking place in a child's home the child is at risk of harm, whether they witness the violence or not. This may take the form of physical abuse, sexual abuse, emotional abuse or neglect. At **Little Elms** we ensure that if there are any signs or symptoms that domestic abuse may be occurring we act without haste and follow our main safeguarding / child protection policy

Signs may include:

- Visible signs of injury on the adult being abused
- Changes in behaviour of the adult(s) and child – e.g. the abused adult may become withdrawn, show low levels of self-esteem
- One adult being visibly worried about what their partner may say in a certain situation (e.g. if the child has become dirty or injured at nursery)
- One adult becoming scared of their partner
- Adults becoming isolated from their friends or family
- Signs of abuse in the child (as per the main safeguarding policy).

As part of our duty to keep children safe we provide the following:

Support leaflets and numbers for females and males who may be experiencing domestic abuse

Honour based Violence

'Honour' based violence (HBV) is a type of domestic abuse which occurs in the name of so called 'honour'. Some families believe that certain actions bring shame on the family and may react with punishment. This may be rejecting a forced marriage, having a relationship not approved by the family, wearing the wrong clothing or wearing makeup. This can happen in families from a variety of cultures and countries and also happens within the UK.

Signs of HBV may include changes in behaviour of the person undergoing the violence, changes in how they dress or act and also in comments they make.

If signs of HBV are present in a parent or staff member within the nursery then we will act and follow our safeguarding policy to keep children safe in the environment as well as seeking support for the adult involved.

Forced Marriage

We are aware arranged marriages are part of some cultural practices. We also recognise there is a clear distinction between a marriage in which the both parties are willing and able to give an informed consent to, and a marriage which is forced. Forced marriage is a criminal offence.

A forced marriage is a marriage in which one or both spouses do not and/or cannot consent to the marriage and duress is involved. If we become aware of a forced marriage occurring then we will report it to the appropriate body. If the person is under the age of 18 then we will report it to the children's social care team as this is a child protection issue.

Modern Slavery and Human Trafficking

Child trafficking and modern slavery is becoming a more frequent form of child abuse. Children are recruited, moved, transported and then exploited, forced to work or are sold on.



Modern slavery is a term that covers:

- Slavery
- Servitude and forced or compulsory labour
- Human trafficking.

Victims of modern slavery are also likely to be subjected to other types of abuse such as physical, sexual and emotional abuse.

For an adult or child to have been a victim of human trafficking there must have been:

- *Action* (e.g. recruitment, transportation, transfer, harbouring or receipt of a child for the purpose of exploitation)
- *Means* (threat or use of force, coercion, abduction, abuse of power or vulnerability) There does not need to be “means” for children as they are not able to give informed consent
- *Purpose* (e.g. sexual exploitation, forced labour or domestic servitude, slavery, financial exploitation, illegal adoption, removal of organs).

Monitoring Children’s Attendance

As part of our requirements and guidance documentation, we are required to monitor children’s attendance patterns.

We ask all families to notify us by 10am on the day they are due to attend for their regular morning session, or by 2pm for their regular afternoon soon.

In the event we do not receive notification, we give families a courtesy call to check that everything is okay. In the event we are unable to contact the family, we will use emergency contact information provided on the child’s registration form to check that everything is okay.

If we have any cause for concern, or are unable to reach somebody via telephone and we have no knowledge of a child’s absences, after 2 non attended sessions we will contact the Local Authority Safeguarding Team to seek advice.

Prevent Duty and Radicalisation

From 1 July 2015 all schools, registered early years childcare providers and registered later years childcare providers (referred to in this advice as ‘childcare providers’) are subject to a duty under section 26 of the Counter-Terrorism and Security Act 2015, in the exercise of their functions, to have “due regard to the need to prevent people from being drawn into terrorism”.

This duty is known as the Prevent duty. It applies to a wide range of public-facing bodies.

In order for schools and childcare providers to fulfil the Prevent duty, it is essential that staff are able to identify children who may be vulnerable to radicalisation, and know what to do when they are identified. Protecting children from the risk of radicalisation should be seen as part of schools’ and childcare providers’ wider safeguarding duties, and is similar in nature to protecting children from other harms (e.g. drugs, gangs, neglect, sexual exploitation), whether these come from within their family or are the product of outside influences.

All staff at Little Elms as part of their mandatory training list are required to undertake Prevent Duty Training.

Channel Duty



Channel is a programme which focuses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism.

Channel guidance categorises children and adults into 3 key groups when assessing their vulnerability. These are:

- a. those engaged with an extreme group, cause or ideology;
- b. those intending to cause harm; and
- c. those capable of committing violent acts

Factors to look out for that make people vulnerable to radicalisation include:

- Bullying
- Bereavement
- Isolation
- Feeling under threat
- Desire for status
- Mental health issues
- Desire to be needed / involved

We also have a duty to build children's resilience to radicalisation by promoting **Fundamental British Values** and enabling them to challenge extremist views. Please refer to document 'British Values at Little Elms' for more information on how we support the inclusion of British Values within our curriculum.



Child Protection Procedures

All staff have a responsibility to report safeguarding concerns and suspicions of abuse and/or harm. It is the responsibility of each person to respond in line with the below reporting procedures and our primary responsibility is to act in the best interest of the child.

What do I need to Report?

In line with this Child Protection Policy, you are required to report any suspicions that a child is being, or is at risk of being abused. This includes any of the following:

- Physical Abuse
- Emotional Abuse
- Sexual Abuse
- Neglect
- Female Genital Mutilation
- Child Sexual Exploitation
- Peer on Peer
- Breast Ironing
- Domestic Violence, Honour Based Violence or Force Marriage
- Modern Slavery or Human Trafficking

The following is not an exhaustive list, but are examples of the types of things you will be required to follow the Child Protection Procedures for:

- Signs of developmental delay.
- Any injury that has not been identified to you by the completion of an 'Pre-Existing Injury Form'
- Any serious injury
- Significant changes in a child's behaviour.
- Observed play that raises a concern
- A child discloses they have been abused.
- Any injury, no matter how minor, to non-mobile babies
- Display of sexualised behaviour/language
- Unexplained absences
- Any concerns a child has undergone the procedure for FGM, or is at risk of FGM being carried out
- Child attending nursery in clothes/shoes that do not fit
- Poor hygiene
- Failure to thrive and meet developmental milestones
- Fearful or withdrawn tendencies
- Repeated injuries
- Unaddressed illnesses or injuries
- Low self-esteem
- Unusual Wetting and soiling
- Aggressive behaviour
- Withdrawing communication

In addition to the above examples, all staff must identify for themselves what constitutes a concern whereby they feel a child may be, or may have been at risk of harm or abuse.



Who Should I Report Concern to?

Each nursery has a named **Designated Safeguarding Lead** and a Deputy Designated Safeguarding Lead (at Little Elms, these are the Nursery Manager and Deputy Manager).

The role of the Designated Safeguarding Lead is to:

- To ensure the wellbeing, safety and health of all children, staff, parents and visitors
- Maintain responsibility for the nursery environment
- Ensure that all company and legal policies and procedures are adhered to
- Support all colleagues to uphold company and legal policies and procedures
- Work in partnership with other agencies as required
- Respond to any Child Protection concerns in accordance with Little Elms Policy and Local Authority Procedures.
- Attend child protection conferences and meetings
- Attend regular Local Authority safeguarding training and annual update meetings
- Discuss safeguarding at each staff meeting and give colleagues the opportunity to raise issues
- Set up and implement safe filing systems to ensure that all safeguarding concerns are clearly logged and stored securely
- Ensure all new staff are fully inducted in company safeguarding processes

All concerns should be reported to the Designated Safeguarding Lead without delay.

Escalation for Concerns

If you have any concerns in relation to your Designated Safeguarding Lead specifically around child protection issues, or you feel like concerns you have raised about a child have not been addressed satisfactorily, you can contact the Company Designated Safeguarding Lead:

- Adam Shaw (Head of Operations) via email adam.shaw@littleelmsdaycare.co.uk or on 07866116747
- SiuLing Nguyen (Operations Manager) via email siu.nguyen@littleelmsdaycare.co.uk or on 07715619170

Alternatively, please refer to document 'Child Protection Local Authority Contact Information' to find appropriate contact details to report the concern directly to the Local Authority yourself.

How Should I Report?

If you have identified **ANY** concerns, you should complete a Child Record and pass this onto your Designated Safeguarding Lead as a matter of utmost priority. The following points should be adhered to/considered when completing the Child Record:

- Information must be factual and precise and only related to one particular incident at a time.
- What was said or done and by whom. Where possible notes should include the exact words spoken by the child
- An objective description of the child's behaviour / appearance documented
- A diagram to indicate any marks or injuries observed
- Records must be clear and accurate and must not include your own comment or interpretation of the events.

*Once you have passed your concerns onto the Designated Safeguarding Lead, you should follow up with the DSL to find out what actions/steps have been taken in response. *It may not be appropriate for the DSL to give you the*



*information about what has been done in response to the concern, however, they should be able to reassure you that they have responded appropriately. **

Keeping children safe is our highest priority and if, for whatever reason, staff do not feel able to report concerns to the Designated Safeguarding Lead within their nursery, they should call the Local Authority children's social care team or the NSPCC and report their concerns anonymously.

Information and contact information for each local authority can be found within the Child Protection Local Authority Information document.



Designated Safeguarding Lead Procedures

When information has been brought to the attention of the Designated Safeguarding Lead, the DSL will follow the below steps:

Lower Level Concerns

Examples may include: some developmental delay, change in child's behaviour, child attends with shoes that too small, short period of unexplained absence.

1. Determine the most appropriate course of action in response to the concern. This may include a call/referral to the Local Authority Safeguarding Team.
2. The DSL will review their specific Local Authority Threshold Tool which will give guidance on the level of concern and action they need to take in response.
3. In most cases, the concern will be shared with the parent by the Designated Safeguarding Lead or another nominated individual directed by the DSL (we would not inform parents of a concern where we have reason to believe by doing so would put the child at risk of abuse or harm).
4. The parent's response to the concern will be logged onto the Child Record.
5. The concern will be logged onto the Child's Chronology Document by the DSL.
6. Any actions set will be reviewed by the nursery to assess progress/status of concern.

High Level Concerns

Examples may include: child discloses he/she is being abused, non-mobile baby with a bruise, significant physical injury, suspected FGM.

1. Contact Local Authority Safeguarding Team and place referral.
2. In most cases, the concern will be shared with the parent by the Designated Safeguarding Lead or another nominated individual directed by the DSL (we would not inform parents of a concern where we have reason to believe by doing so would put the child at risk of abuse or harm).
3. The parent's response to the concern will be logged onto the Child Record.
4. The concern will be logged onto the Child's Chronology Document by the DSL.
5. Follow advice given by the Local Authority.
6. Any actions set will be reviewed by the nursery to assess progress/status of concern.
7. The DSL should contact the Head of Operations and inform him that the referral has been made and the referral form completed and sent. They should take this opportunity to seek support and guidance in relation to their own welfare following the referral process as necessary.
8. Once a referral has been made, the DSL may need to chase the Local Authority Team if they have not received response from the referral.

Making a Referral

The following procedures are designed to support the DSL in making a referral to the appropriate Social Care Team.

1. Complete the relevant Local Authority referral form with as much detail as possible. The records which demonstrate the concern, including any record of discussions and their outcomes.
2. Review paperwork and clearly record why you are making a referral and specifically what your concern is.

In cases where concerns relate to radicalisation and / or extremism the designated person can alternatively contact:

In non-priority Prevent areas your local police force or dial 101 and ask for the Prevent Team or Channel Police Practitioner (the non-emergency number). They can talk to you in confidence about your concerns and help you



gain access to support and advice in relation to radicalisation / extremism concerns. They will then help you to make a referral where necessary.

In Prevent priority areas, the local authority will have a Prevent lead who can also provide support.

The Department for Education has dedicated a telephone helpline (020 7340 7264) to enable staff to raise concerns relating to extremism directly. Concerns can also be raised by email to counter.extremism@education.gsi.gov.uk. The helpline is not intended for use in emergency situations, such as a child being at immediate risk of harm or a security incident, in which case the normal emergency procedures should be followed.

Informing parents

Parents are normally the first point of contact where there are concerns. 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 authority children's social care team/police does not allow this. This will usually be the case where the parent or family member is the likely abuser or where a child may be endangered by this disclosure. In these cases, the investigating officers will inform parents.

Confidentiality

All suspicions, enquiries and external investigations are kept confidential and shared only with those who need to know. Any information is shared in line with guidance from the local authority.

Child Chronology

It is essential within Child Protection that those responsible for Child Protection Procedures within the nursery adopt the below procedure to ensure they are continuously monitoring children within their nursery.

The Child Chronology will be completed by the DSL for any child whereby there have been concerns raised that need to be monitored.

The Child Chronology should include, but is not limited to the following:

- Pre-Existing Injuries
- Child Record Information
- Absences from nursery (explained or unexplained)
- Change to family circumstances
- Any conversation with external agencies relating to the child/family.

Associated Documents:

- *Child Protection Local Authority Contacts*
- *Child Record*
- *Child Chronology*
- *Accident, Pre-Existing Injury and First Aid Policy*
- *Pre-Existing Injury Form*
- *Local Authority Threshold Tool (Bromley, Lewisham, Greenwich and Croydon)*
- *Managing Allegations Against an Adult Policy*
- *British Values at Little Elms*
- *Prevent Duty*