

# Safeguarding Policy, Procedure and Guidance



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	<b>Date:</b>
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<b>Nursery Manager signature:</b>	Beth Parkinson
<b>Chair of Trustees signature:</b>	Nicola Horsey

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Any links to local or national advice and guidance can be accessed via the safeguarding in education webpages:

[www.hants.gov.uk/educationandlearning/safeguardingchildren/guidance](http://www.hants.gov.uk/educationandlearning/safeguardingchildren/guidance)

Links to online specific advice and guidance can be found at

<https://www.hants.gov.uk/socialcareandhealth/childrenandfamilies/safeguardingchildren/online/safety>

Links to other pages from the local authority on safeguarding can be found at

<https://www.hants.gov.uk/socialcareandhealth/childrenandfamilies/safeguardingchildren>

The procedures of the Hampshire Safeguarding Children Partnership can be accessed at

<http://hipsprocedures.org.uk/page/contents>

## Poppins Nursery Safeguarding Policy

This policy should be read in conjunction with the nursery's Child Protection Policy and Staff Handbook.

### Policy Statement

Safeguarding determines the actions that we take to keep children safe and protect them from harm in all aspects of their nursery life. As a setting we are committed to safeguarding and promoting the welfare of all children.

The actions that we take to prevent harm; to promote wellbeing; to create safe environments; to educate on rights, respect and responsibilities; to respond to specific issues and vulnerabilities all form part of the safeguarding responsibilities of the nursery. As such, this overarching policy will link to other policies which will provide more information and greater detail.

### Aims

- To provide staff with the framework to promote and safeguard the wellbeing of children and in so doing ensure they meet their statutory responsibilities.
- To ensure consistent good practice across the nursery.
- To demonstrate our commitment to protecting children.

### Principles and Values

Safeguarding and promoting the welfare of children is everyone's responsibility. Everyone who comes into contact with children and their families has a role to play. In order to fulfil this responsibility effectively, all staff should make sure their approach is child centred. This means that they should consider, at all times, what is in the best interests of the child.

Safeguarding measures are put in place to minimise harm to children. There may be occasions where gaps or deficiencies in our policies and processes will be highlighted. In these situations, a review will be carried out in order to identify learning and inform the policy, practice and culture of the setting.

All pupils in our nursery can talk to any member of staff about situations, or to share concerns, which are causing them worries. The staff will listen to the pupil, take their worries seriously and share the information with the safeguarding lead.

In addition, we provide pupils with information about who they can talk to outside of the setting, both within the community and with local or national organisations that can provide support or help.

As a nursery, we review this policy at least annually in line with DfE, HSCP, HCC and any other relevant guidance.

Date Approved by Governing Body: March 2026

## Areas of Safeguarding

Keeping Children Safe in Education (2023) and the Ofsted inspection guidance (2021), have highlighted and separated a number of safeguarding areas:-

Emerging or high-risk issues (part 1); Those related to the pupils as an individual (part 2); other safeguarding issues affecting pupils (part 3); and those related to the running of the school (part 4).

### Definitions

Within this document:

**'Safeguarding'** is defined in the Children Act 2004 as protecting from maltreatment; preventing impairment of health and development; ensuring that children grow up with the provision of safe and effective care; and work in a way that gives the best life chances and transition to adult hood. Our safeguarding practice applies to every child.

The term **Staff** applies to all those working for or on behalf of the nursery, full time or part time, in either a paid or voluntary capacity. This also includes parent volunteers and trustees.

**Child** refers to all young people who have not yet reached their 18th birthday. On the whole, this will apply to pupils of our nursery; however, the policy will extend to visiting children and students from other establishments.

**Parent** refers to birth parents and other adults in a parenting role for example adoptive parents, guardians, stepparents, and foster carers.

**Nursery** and **setting** are used interchangeably throughout the document – both refer to Poppins Nursery. 'The centre' refers to 'The Carroll Centre' which is the wider building which contains Poppins Nursery. The Carroll Centre adheres to its own safeguarding policies and procedures.

## **Key personnel**

**The designated safeguarding lead for the nursery is:**

Beth Parkinson (Nursery Manager)

**The deputy designated safeguarding leads are:**

Timea Cheeseman (General Manager of the Carroll Centre)

Marianne Foster (Safeguarding Trustee)

## **Part 1 – High risk and emerging safeguarding issues**

### ***Contextual Safeguarding***

All staff should be aware that safeguarding incidents and/or behaviours can be associated with factors outside the nursery and/or can occur between children outside of setting. All staff, but especially the designated and deputy safeguarding leads should consider whether children are at risk of abuse or exploitation in situations outside their families.

Risk and harm outside of the family can take a variety of different forms and children can be vulnerable to sexual exploitation and criminal exploitation in addition to other risks.

As a nursery, we will consider the various factors that can impact the life of any child about whom we have concerns. We will consider the level of influence that these factors have on their ability to be protected and remain free from harm, particularly around child exploitation or criminal activity.

What life is like for a child outside the setting, within the home, within the family and within the community are key considerations when the DSL is looking at any concerns.

### ***Preventing Radicalisation and Extremism***

The prevent duty requires that all staff are aware of the signs that a child may be vulnerable to radicalisation. The risks include, but are not limited to, political, environmental, animal rights, or faith-based extremism that may lead to a child becoming radicalised. All staff have received prevent training/undertaken e-learning/received awareness training in order that they can identify the signs of children being radicalised.

There is no single way of identifying whether a child is likely to be susceptible to an extremist ideology. Background factors combined with specific influences such as family and friends may contribute to a child's vulnerability. Similarly, radicalisation and the grooming of children can occur through many different methods, such as social media or the internet, and at different settings.

Staff should read Annex 4 of the setting's child protection policy for further guidance around disclosures. Consideration of sharing with parents or carers around radicalisation or extremism concerns should always be governed by the need to protect the child.

As part of the preventative process resilience to radicalisation will be built through the promotion of fundamental British values through the curriculum.

Any child who is considered vulnerable to radicalisation will be referred by the DSL to Hampshire children's social care, where the concerns will be considered in the MASH process. If the police prevent officer considers the information to be indicating a level of risk a "channel panel" will be convened and the setting will attend and support this process.

## ***Gender based violence / Violence against women and girls***

<https://www.gov.uk/government/policies/violence-against-women-and-girls>

The government has a strategy looking at specific issues faced by women and girls. Within the context of this safeguarding policy the following sections are how we respond to violence against girls: female genital mutilation, forced marriage and honour-based violence all fall under this strategy.

### **Female Genital Mutilation (FGM)**

FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. It has no health benefits and harms girls and women in many ways. It involves removing and damaging healthy and normal female genital tissue, and hence interferes with the natural function of girls' and women's bodies.

The age at which girls undergo FGM varies enormously according to the community. The procedure may be carried out when the girl is newborn, during childhood or adolescence, just before marriage or during the first pregnancy. However, the majority of cases of FGM are thought to take place between the ages of 5 and 8 and therefore girls within that age bracket are at a higher risk.

FGM is illegal in the UK.

On the 31 October 2015, it became mandatory for teachers to report known cases of FGM to the police. 'Known' cases are those where either a girl informs the person that an act of FGM – however described – has been carried out on her, or where the person observes physical signs on a girl appearing to show that an act of FGM has been carried out and the person has no reason to believe that the act was, or was part of, a surgical operation within section 1(2)(a) or (b) of the FGM Act. In these situations, the DSL will be informed and the member of staff must call the police to report suspicion that FGM has happened. At no time will staff examine pupils to confirm concerns.

For cases where it is believed that a girl may be vulnerable to FGM or there is a concern that she may be about to be genitally mutilated, the staff will inform the DSL who will report it as with any other child protection concern.

While FGM has a specific definition, there are other abusive cultural practices which can be considered harmful to women and girls. Breast ironing is one of five UN defined 'forgotten crimes against women'. It is a practice whereby the breasts of girls typically aged 8-16 are pounded using tools such as spatulas, grinding stones, hot stones, and hammers to delay the appearance of puberty. This practice is considered to be abusive and should be referred to children's social care.

## Forced Marriage

[An alternative and fuller summary about the risk and impact of forced marriage on children can be found in the [multi-agency guidance of the forced marriage unit](#) page 32 - 36]

In the case of children: 'a forced marriage is a marriage in which one or both spouses cannot consent to the marriage and duress is involved. Duress can include physical, *psychological, financial, sexual and emotional pressure*.' In developing countries 11% of girls are married before the age of 15. One in 3 victims of forced marriage in the U.K. is under 18.

It is important that all members of staff recognise the presenting symptoms, how to respond if there are concerns and where to turn for advice.

Advice and help can be obtained nationally through the Forced Marriage Unit and locally through the local police safeguarding team or children's social care.

Policies and practices in this setting reflect the fact that while all members of staff have important responsibilities with regard to pupils who may be at risk of forced marriage, staff should not undertake roles in this regard that are most appropriately discharged by other children's services professionals such as police officers or social workers.

### Characteristics that may indicate forced marriage

While individual cases of forced marriage, and attempted forced marriage, are often very particular, they are likely to share a number of common and important characteristics, including:

- an extended absence including truancy;
- a drop in performance or sudden signs of low motivation;
- excessive parental restriction and control of movements;
- a history of siblings leaving education to marry early;
- poor performance, parental control of income and students being allowed only limited career choices;
- evidence of self-harm, treatment for depression, attempted suicide, social isolation, eating disorders or substance abuse; and/or
- evidence of family disputes/conflict, domestic violence/abuse or running away from home.

On their own, these characteristics may not indicate forced marriage. However, it is important to be satisfied that where these behaviours occur, they are not linked to forced marriage. It is also important to avoid making assumptions about an individual child's circumstances or act on the basis of stereotyping. For example, an extended holiday may be taken for entirely legitimate reasons and may not necessarily represent a pretext for forced marriage.

## Honour-Based Abuse

So-called 'honour'-based abuse (HBA) encompasses incidents or crimes which have been committed to protect or defend the honour of the family and/or the community, including female genital mutilation (FGM), forced marriage, and practices such as breast ironing. Abuse committed in the context of preserving 'honour' often involves a wider network of family or community pressure and can include multiple perpetrators. It is important to be aware of this dynamic and additional risk factors when deciding what form of safeguarding action to take.

It is often linked to family or community members who believe someone has brought shame to their family or community by doing something that is not in keeping with their unwritten rule of conduct. For example, honour-based abuse might be committed against people who:

- become involved with a boyfriend or girlfriend from a different culture or religion.
- want to get out of an arranged marriage.
- want to get out of a forced marriage.
- wear clothes or take part in activities that might not be considered traditional within a particular culture.
- convert to a different faith from the family.
- are exploring their sexuality or identity.

Women and girls are the most common victims of honour-based abuse however, it can also affect men and boys. Crimes of 'honour' do not always include violence. Crimes committed in the name of 'honour' might include:

- domestic abuse
- threats of violence
- sexual or psychological abuse
- forced marriage.
- being held against your will or taken somewhere you don't want to go.
- assault

All forms of honour-based abuse are abusive (regardless of the motivation) and should be handled and escalated as such. If staff believe that a child is at risk or has already suffered from honour-based abuse, they will report to the DSL who will follow the usual safeguarding referral process; however, if it is clear that a crime has been committed or the child is at immediate risk, the police will be contacted in the first instance. It is important that, if honour-based abuse is known or suspected, communities and family members are NOT spoken to prior to referral to the police or social care as this could increase risk to the child.

## ***Sexual Violence and Sexual Harassment Between Children***

Sexual violence and sexual harassment (SVSH) can occur between two children of any age and sex. It can also occur through a group of children sexually assaulting or sexually harassing a single child or group of children.

Within our setting all staff receive training about sexual violence and sexual harassment and what to do if they have a concern or receive a report. Whilst any report of sexual violence or sexual harassment should be taken seriously, staff are aware it is more likely that girls will be the victims of sexual violence and sexual harassment and more likely it will be perpetrated by boys. This pattern of prevalence will not, however, be an obstacle to ALL concerns being treated seriously.

This setting has a zero-tolerance approach to SVSH. We are clear that sexual violence and sexual harassment is not acceptable, will never be tolerated and is not an inevitable part of growing up. It cannot be described as 'banter', 'having a laugh' or 'boys being boys'.

We will also take seriously any sharing of sexual images (photos, pictures or drawings) and videos; sexual jokes, comments or taunting either in person or on social media; or on-line sexual harassment.

The child protection policy has a clear procedure dealing with SVSH.

We will follow Part five in KCSiE 2023 Child-on child sexual violence and sexual harassment.

'Making it clear that there is a zero-tolerance approach to sexual violence and sexual harassment, that it is never acceptable, and it will not be tolerated. It should never be passed off as "banter", "just having a laugh", "a part of growing up" or "boys being boys". Failure to do so can lead to a culture of unacceptable behaviour, an unsafe environment and in worst case scenarios a culture that normalises abuse, leading to children accepting it as normal and not coming forward to report it.

In addition, recognising, acknowledging, and understanding the scale of harassment and abuse and that even if there are no reports it does not mean it is not happening, it may be the case that it is just not being reported.

Also challenging physical behaviour (potentially criminal in nature) such as grabbing bottoms, breasts and genitalia, pulling down trousers, flicking bras and lifting up skirts. Dismissing or tolerating such behaviours risks normalising them.'

All staff will maintain the attitude that "It could happen here".

### ***Upskirting***

In 2019 the Voyeurism Offences Act came into force and made the practice of upskirting illegal.

Upskirting is defined as someone taking a picture under another person's clothing without their knowledge, with the intention of viewing their genitals or buttocks, with or without underwear. The intent of upskirting is to gain sexual gratification or to cause the victim humiliation, distress or alarm. It is a criminal offence. Anyone of any gender, can be a victim.

If staff become aware that upskirting has occurred, this will be treated as a sexual offence and reported accordingly to the DSL and onwards to the police.

Behaviours that would be considered as sexual harassment which may be pre-cursors to upskirting, such as the use of reflective surfaces or mirrors to view underwear or genitals, will not be tolerated and the setting will respond to these with appropriate disciplinary action and education.

Children who place themselves in positions that could allow them to view underwear, genitals or buttocks, will be moved on. Repeat offenders will be disciplined. These locations could include stairwells, under upper floor walkways, outside changing areas and toilets or sitting on the floor or laying down in corridors.

All technology in the setting is used with the supervision of an adult.

### ***The Trigger Trio***

The term 'Trigger Trio' has replaced the previous phrase 'Toxic Trio' which was used to describe the issues of domestic violence, mental ill-health and substance misuse which have been identified as common features of families where harm to adults and children has occurred.

The Trigger Trio are viewed as indicators of increased risk of harm to children and young people. In an analysis of Serious Cases Reviews undertaken by Ofsted in 2011, they found that in nearly 75% of these cases two or more of the triggers were present. These factors will have a contextual impact on the safeguarding of children and young people.

### **Domestic Abuse**

The Domestic Abuse Act 2021 received Royal Assent on 29 April 2021. The Act introduces the first ever statutory definition of domestic abuse and recognises the impact of domestic abuse on children, as victims in their own right, if they see, hear or experience the effects of abuse. The statutory definition of domestic abuse, based on the previous cross-government definition, ensures that different types of relationships are captured, including ex-partners and family members. The definition captures a range of different abusive behaviours, including physical, emotional and economic abuse and coercive and controlling behaviour. Both the person who is carrying out the behaviour and the person to whom the behaviour is directed towards must be aged 16 or over and they must be "personally connected". Types of domestic abuse include intimate partner violence, abuse by family members, teenage relationship abuse and child/adolescent to parent violence and abuse. Anyone can

be a victim of domestic abuse, regardless of sexual identity, age, ethnicity, socioeconomic status, sexuality or background and domestic abuse can take place inside or outside of the home. The government will issue statutory guidance to provide further information for those working with domestic abuse victims and perpetrators, including the impact on children.

All children can witness and be adversely affected by domestic abuse in the context of their home life where domestic abuse occurs between family members. Experiencing domestic abuse and/or violence can have a serious, long lasting emotional and psychological impact on children. In some cases, a child may blame themselves for the abuse or may have had to leave the family home as a result.

Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

Indicators that a child is living within a relationship with domestic abuse may include:

- being withdrawn
- suddenly behaving differently
- anxiety
- being clingy
- depression
- aggression
- problems sleeping
- eating disorders
- bed wetting
- soiling clothes
- excessive risk taking
- changes in eating habits
- obsessive behaviour
- experiencing nightmares
- taking drugs
- use of alcohol
- self-harm
- thoughts about suicide

These behaviours themselves do not indicate that a child is living with domestic abuse but should be considered as indicators that this may be the case.

If staff believe that a child is living with domestic abuse, this will be reported to the DSL for referral, to be considered by children's social care.

## **Parental mental health**

The term 'mental ill health' is used to cover a wide range of conditions, from eating disorders, mild depression and anxiety to psychotic illnesses such as schizophrenia or bipolar disorder. Parental mental illness does not necessarily have an adverse impact on a child's developmental needs, but it is essential to always assess its implications for each child in the family. It is essential that the diagnosis of a parent's/carer's mental health is not seen as defining the level of risk. Similarly, the absence of a diagnosis does not equate to there being little or no risk.

For children, the impact of poor parental mental health can include:

- The parent's/carer's needs or illnesses taking precedence over the child's needs.
- The child's physical and emotional needs being neglected.
- The child acting as a young carer for a parent or a sibling.
- The child having restricted social and recreational activities.
- The child finding it difficult to concentrate, potentially having an impact on educational achievement.
- The child missing education regularly as (s)he is being kept home as a companion for a parent/carer.
- The child adopting paranoid or suspicious behaviour as they believe their parent's delusions.
- Witnessing self-harming behaviour and suicide attempts (including attempts that involve the child)
- Obsessional compulsive behaviours involving the child.

If staff become aware of any of the above indicators, or others that suggest a child is suffering due to parental mental health, the information will be shared with the DSL to consider a referral to children's social care.

## **Parental Substance misuse**

Substance misuse applies to the misuse of alcohol as well as 'problem drug use', defined by the Advisory Council on the Misuse of Drugs as drug use which has: 'serious negative consequences of a physical, psychological, social and interpersonal, financial or legal nature for users and those around them.

Parental substance misuse of drugs or alcohol becomes relevant to child protection when substance misuse and personal circumstances indicate that their parenting capacity is likely to be seriously impaired or that undue caring responsibilities are likely to be falling on a child in the family.

For children, the impact of parental substance misuse can include:

- Inadequate food, heat and clothing for children (family finances used to fund adult's dependency).
- Lack of engagement or interest from parents in their development, education or wellbeing.

- Behavioural difficulties- inappropriate display of sexual and/or aggressive behaviour.
- Bullying (including due to poor physical appearance)
- Isolation – finding it hard to socialise, make friends or invite them home.
- Tiredness or lack of concentration
- Child talking of or bringing into the setting drugs or related paraphernalia.
- Injuries /accidents (due to inadequate adult supervision)
- Taking on a caring role
- Poor attendance or late arrival.

These behaviours themselves do not indicate that a child's parent is misusing substances but should be considered as indicators that this may be the case.

If staff believe that a child is living with parental substance misuse, this will be reported to the designated safeguarding lead for referral to children's social care to be considered.

### ***Young Carers***

As many as 1 in 12 children and young people provide care for another person. This could be a parent, a relative or a sibling and for different reasons such as disability, chronic illness, mental health needs, or adults who are misusing drugs or alcohol.

Pupils who provide care for another are Young Carers. These young people can miss out on opportunities, and the requirement to provide care can impact on their wellbeing.

As a setting we may refer a young carer to children's social care for a carers assessment to be carried out. We will consider support that can be offered and make use of the resources and guidance from Save the Children in their young carers work.

### ***Missing, Exploited and Trafficked Children (MET)***

Within Hampshire, the acronym MET is used to identify all children who are missing; believed to be at risk of or are being exploited; or who are at risk of or are being trafficked. Given the close links between all these issues, there has been a considered response to view them as potentially linked, so that cross over of risk is not missed.

### **Children missing from the Setting**

It is known that children who go missing are at risk of suffering significant harm, and there are specific risks around children running away and the risk of sexual exploitation. The Hampshire Police Force, as the lead agency for investigating and finding missing children, will respond to children going missing based on on-going risk assessments in line with current guidance.

The police definition of 'missing' is: "Anyone whose whereabouts cannot be established will be considered as missing until located, and their well-being or otherwise confirmed."

If a child is noticed missing, a member of staff will immediately notify the DSL.

Staff members will search for the child for 10 minutes from when they are noticed missing, then notify the police (or less than 10 minutes if everything possible has been done to locate the missing child).

The child's parents or carers will then be called and notified.

Ofsted will be informed as soon as possible (at a maximum within 14 days).

All members of staff present are to write a full account of the incident on Cpoms or using a 'Safeguarding Incident Recording Form' (found in the nursery office or on the safeguarding board outside the office) at the earliest possible opportunity.

Staff are not to discuss any missing child incident with the press.

### **Children missing off-site during an outing**

Prior to off-site visits risk assessments are to be made and adhered to at all times. Risk assessments are to outline who will undertake headcounts, how frequently and when they will take place. Risk assessments will aim to minimise the possibility of children going missing by considering aspects of the trip such as most appropriate method of transportation, staffing numbers and any hazards or risks associated with the outing.

As soon as a child is noticed to be missing, one member of staff will search the immediate area.

If the child is not found in 10 minutes (or less if all has been done to locate the child), police and parents/carers are to be contacted.

One senior member of staff should remain at the site where the child has gone missing to wait for the police to arrive whilst the remaining staff and children to return to the setting as soon as possible.

### **Children Missing from Home or Care**

Various categories of risk should be considered and Hampshire Local Safeguarding Children's Partnership provides further guidance:

Local authorities have safeguarding duties in relation to children missing from home and should work with the police to risk assess and analyse data for patterns that indicate particular concerns and risks.

The police will prioritise all incidents of missing children as medium or high risk. Where a child is recorded as being absent, the details will be recorded by the police, who will also agree review times and any on-going actions with person reporting.

A missing child incident would be prioritised as 'high risk' where:

- the risk posed is immediate and there are substantial grounds for believing that the child is in danger through their own vulnerability; or

- the child may have been the victim of a serious crime; or
- the risk posed is immediate and there are substantial grounds for believing that the public is in danger.

The high-risk category requires the immediate deployment of police resources.

Authorities need to be alert to the risk of sexual exploitation or involvement in drugs, gangs or criminal activity, trafficking and to be aware of local “hot spots”, as well as concerns about any individuals with whom children might runaway.

Child protection procedures must be initiated in collaboration with children's social care services whenever there are concerns that a child who is missing may be suffering, or likely to suffer, significant harm.

Within any case of children who are missing both push and pull factors will need to be considered.

Push factors include:

- Conflict with parents/carers
- Feeling powerless
- Being bullied/abused
- Being unhappy/not being listened to
- The Trigger Trio (domestic abuse, parental mental ill health and parental substance misuse)

Pull factors include:

- Wanting to be with family/friends
- Drugs, money and any exchangeable item
- Peer pressure
- For those who have been trafficked into the United Kingdom as unaccompanied asylum-seeking children, there will be pressure to make contact with their trafficker.

We will inform all parents of children who are absent (unless the parent has informed us). If the parent is also unaware of the location of their child, and the definition of missing is met, we will either support the parent to contact the police to inform them or do so ourselves with urgency.

All absences from nursery must be reported to staff and staff should follow up via a phone call, email or using the EY log app to ascertain a reason for absences.

If a member of staff is concerned about persistent absences or the whereabouts of a child, they should speak to the DSL. The DSL should complete an inter agency referral or contact the police if they feel that a child could be at risk of immediate harm.

## **Uncollected child and Emergency Contacts**

If a child is not collected by closing time, or the end of the session and there has been no contact from the parent, or there are concerns about the child's welfare then this procedure is followed.

The Designated Safeguarding Lead (DSL) or Deputy Designated Safeguarding Lead (DDSL) is informed of the uncollected child as soon as possible and attempts are made to contact the parents/carers by phone.

If the parents/carers cannot be contacted, the DSL uses the emergency contacts to inform a known carer of the situation and arrange collection of the child. All children should have a minimum of two contacts and wherever possible, the nursery should have parent/carer contact details, as well as two emergency contacts.

After one hour, the designated person contacts the local social care out-of-hours duty officer if the parents or other known carer cannot be contacted and there are concerns about the child's welfare or the welfare of the parents.

The DSL should arrange for the collection of the child by social care. Where appropriate the DSL should also notify police. Where possible, two members of staff (with one being a senior member of staff) should stay at the setting until the child is collected either by the parent/carer, emergency contact or social care.

Members of staff do not:

- Go off the premises to look for the parents.
- Leave the premises to take the child home or to a carer.
- Offer to take the child home with them to care for them in their own home until contact with the parent is made.

Staff make a record of the incident on Cpoms.

If there are recurring incidents of late collection, a meeting is arranged with the parents to agree a plan to improve time-keeping and identify any further support that may be required.

## **Incapacitated parent**

Incapacitated refers to a condition which renders a parent unable to take responsibility for their child; this could be at the time of collecting their child from the setting or on arrival.

Concerns may include:

- Appearing drunk
- Appearing under the influence of drugs
- Demonstrating angry and threatening behaviour to the child, members of staff or others
- Appearing erratic or manic

If a member of staff is concerned that a parent displays any of the above characteristics, they inform the designated person as soon as possible.

The DSL (or DDSL) assesses the risk and decides if further intervention is required.

If it is decided that no further action is required, a record of the incident is made on Cpoms.

If intervention is required, the DSL speaks to the parent in an appropriate, confidential manner. The DSL will, in agreement with the parent, use emergency contacts listed for the child to ask an alternative adult to collect the child.

The emergency contact is informed of the situation by the DSL and of the setting's requirement to inform social care of their contact details.

The safeguarding trustee is informed of the situation as soon as possible and provides advice and assistance as appropriate.

If there is no one suitable to collect the child, social care is informed.

If violence is threatened towards anybody, the police are called immediately.

If the parent takes the child from the setting while incapacitated the police are called immediately and a referral is made to social care.

## **Visitors or intruder on the premises**

### **Visitors**

Visitors will have made a prior appointment. On arrival, they are asked to verify their identity and confirm who they are visiting. Staff will ask them to sign in and explain the procedures for the use of mobile phones and emergency evacuation.

Visitors (including visiting VIPs) are never left alone with the children at any time and asked to leave immediately should their behaviour give cause for concern.

### **Intruder**

An intruder is an individual who has not followed visitor procedures and has no legitimate business to be in the setting; he or she may or may not be a hazard to the setting.

An individual who appears to have no business in the setting will be asked for their name and purpose for being there.

The staff member identifies any risk posed by the intruder.

The staff member ensures the individual follows the procedure for visitors.

The setting manager is immediately informed of the incident and takes necessary action to safeguard children.

If there are concerns for the safety of children, staff evacuate them to a safe place in the building and contact police. In some circumstances this could lead to 'lock-down' of the setting and will be managed by the responding emergency service.

In the case of a serious breach where there was a perceived or actual threat to the safety of the children, the Designated Safeguarding Lead will meet with the safeguarding trustee and chair of trustees to ensure a robust organisational response and ensure that learning is shared.

## **Further guidance**

The `Panic buttons` are held in the classroom and the office. These will alert senior staff in the Carroll Centre of an emergency in the nursery.

## **Child Sexual Exploitation (CSE)**

CSE is a form of child sexual abuse. Sexual abuse may involve physical contact, including assault by penetration (for example, rape or oral sex) or nonpenetrative acts such as masturbation, kissing, rubbing, and touching outside clothing. It may include non-contact activities, such as involving children in the production of sexual images, forcing children to look at sexual images or watch sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse including via the internet.

CSE can occur over time or be a one-off occurrence and may happen without the child's immediate knowledge e.g. through others sharing videos or images of them on social media.

CSE can affect any child, who has been coerced into engaging in sexual activities. This includes 16 and 17 year olds who can legally consent to have sex. Some children may not realise they are being exploited e.g. they believe they are in a genuine romantic relationship. (from KCSiE)

- Exploitation can be isolated (one-on-one) or organised group/criminal activity
- There can be a big age gap between victim and perpetrator, but it can also be child on child
- Boys can be targeted just as easily as girls – this is not gender specific
- Perpetrators can be women and not just men
- Exploitation can be between males and females or between the same genders
- Children with learning difficulties can be particularly vulnerable to exploitation as can children from particular groups, e.g. looked after children, young carers, children who have a history of physical, sexual emotional abuse or neglect or mental health problems; children who use drugs or alcohol, children who go missing from home or school, children involved in crime, children with parents/carers who have mental health problems, learning difficulties/other issues, children who associate with other children involved in exploitation. However, it is important to recognise that any child can be targeted.

Indicators a child may be at risk of CSE include:

- going missing for periods of time or regularly coming home late.
- regularly missing nursery or not taking part in education.
- appearing with unexplained gifts or new possessions.

- associating with other young people involved in exploitation.
- having older boyfriends or girlfriends.
- suffering from sexually transmitted infections or becomes pregnant.
- mood swings or changes in emotional wellbeing.
- drug and alcohol misuse.
- displaying inappropriate sexualised behaviour.

CSE can happen to a child of any age, gender, ability or social status. Often the victim of CSE is not aware that they are being exploited and do not see themselves as a victim.

CSE can be a one-off occurrence or a series of incidents over time and range from opportunistic to complex organised abuse. It can involve force and/or enticement-based methods of compliance and may, or may not, be accompanied by violence or threats of violence.

We educate all staff in the signs and indicators of sexual exploitation. Children who have been exploited will need additional support to help maintain them in education. We use the child exploitation risk assessment form (CERAF) and associated guidance from the Hampshire Safeguarding Children Partnership to identify pupils who are at risk; the DSL will share this information as appropriate with children's social care.

We recognise that we may have information or intelligence that could be used to both protect children and prevent risk. Any relevant information that we have will be shared on the community partnership information (CPI) form which can be downloaded from <https://www.safe4me.co.uk/portfolio/sharing-information/>

### **Child Criminal Exploitation (including county lines)**

Child Criminal Exploitation (CCE) is defined as:- 'where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 into any criminal activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial or other advantage of the perpetrator or facilitator and/or (c) through violence or threat of violence. The victim may have been criminally exploited even if the activity appears consensual. Child Criminal Exploitation does not always involve physical contact, it can occur through the use of technology'.

The exploitation of children and young people for crime is not a new phenomenon as evidenced by Fagan's gang in Charles Dickens book, Oliver Twist. Children under the age of criminal responsibility, or young people who have increased vulnerability due to push: pull factors who are manipulated, coerced or forced into criminal activity provide opportunity for criminals to distance themselves from crime.

It is important to note that the experience of girls who are criminally exploited can be very different to that of boys. The indicators may not be the same, however professionals should be aware that girls are at risk of criminal exploitation too. It is also important to note that both boys and girls being criminally exploited may be at higher risk of sexual exploitation.

A current trend in criminal exploitation of children and young people is 'county lines' which refer to a 'phone line through which drug deals can be made. An order is placed on the number and typically a young person will deliver the drugs to the specified address and

collect the money for the deal. These lines are owned and managed by organised crime gangs, often from larger cities, who are expanding their markets into rural areas. Children are often recruited to move drugs and money between locations and are known to be exposed to techniques such as 'plugging', where drugs are concealed internally to avoid detection. Children can easily become trapped by this type of exploitation, as county lines gangs create drug debts and can threaten serious violence and kidnap towards victims (and their families) if they attempt to leave the county lines network.

Indicators that a child may be criminally exploited include:

- Increase in **Missing episodes** – particular key as children can be missing for days and drug run in other counties.
- Having unexplained amounts of money, **new high-cost items** and multiple mobile phones
- Increased social media and phone/text use, almost always secretly.
- **Older males** in particular seen to be hanging around and driving.
- Having injuries that are unexplained and being unwilling to have them looked at
- Increase in aggression, violence and fighting.
- Carrying **weapons** – knives, baseball bats, hammers, acid
- Travel receipts that are unexplained
- **Significant missing** from education and disengaging from previous positive peer groups.
- Association with other young people involved in exploitation.
- Children who misuse drugs and alcohol
- Parent concerns and significant changes in behaviour that affect emotional wellbeing.

We will treat any child who may be criminally exploited as a victim in the first instance and using the CERAf form and guidance in our referral to children's social care. If a referral to the police is also required, as crimes have been committed on the setting premises, these will also be made. Children who have been exploited will need additional support to help maintain them in education.

If there is information or intelligence about child criminal exploitation, we will report this to the police via the community partnership information form.

<https://www.safe4me.co.uk/portfolio/sharing-information/>

## **Serious Violence**

Serious violence is becoming a factor for those who are involved in criminal exploitation. It can also be an indication of gang involvement and criminal activity.

All staff will be made aware of indicators, which may signal that children, or members of their families, are at risk from or involved with serious violent crime.

These indications can include but are not limited to increased absence from school; a change in friendships or relationships with older individuals or groups; a significant decline in performance; signs of self-harm; significant change in wellbeing; signs of assault; unexplained injuries; unexplained gifts and/or new possessions; possession of weapons.

Staff should be aware of the range of risk factors which increase the likelihood of involvement in serious violence, such as being male, having been frequently absent or permanently excluded from school, having experienced child maltreatment and having been involved in offending, such as theft or robbery.

Advice for staff can be found in in the Home Office's [Preventing youth violence and gang involvement](#).

We have a duty to not only prevent the individual from engaging in criminal activity, but also to safeguard others who may be harmed by their actions.

We will report concerns of serious violence to police and social care.

If there is information or intelligence about potential serious violence, we will report this to the police via the community partnership information form.

<https://www.safe4me.co.uk/portfolio/sharing-information/>

## **Trafficked Children and modern slavery**

Modern slavery encompasses human trafficking and slavery, servitude and forced or compulsory labour. Exploitation can take many forms, including sexual exploitation, forced labour, slavery, servitude, forced criminality and the removal of organs.

Human trafficking is defined by the UNHCR in respect of children as a process that is a combination of:

- Movement (including within the UK)
- Control, through harm / threat of harm or fraud
- For the purpose of exploitation

Any child transported for exploitative reasons is considered to be a trafficking victim. There is significant evidence that children (both of UK and other citizenship) are being trafficked internally within the UK and this is regarded as a more common form of trafficking in the UK.

Staff at the nursery will inform the DSL if they suspect that a child from the nursery or family members/other children within the family of a child at the nursery are showing the indicators listed below.

There are a number of indicators which suggest that a child may have been trafficked into the UK, and may still be controlled by the traffickers or receiving adults. These are as follows:

- Shows signs of physical or sexual abuse, and/or has contracted a sexually transmitted infection or has an unwanted pregnancy.
- Has a history of going missing and unexplained moves.
- Is required to earn a minimum amount of money every day.
- Works in various locations
- Has limited freedom of movement.
- Appears to be missing for periods.
- Is known to beg for money.
- Is being cared for by adult/s who are not their parents and the quality of the relationship between the child and their adult carers is not good.

- Is one among a number of unrelated children found at one address.
- Has not been registered with or attended a GP practice.
- Is excessively afraid of being deported.

For those children who are internally trafficked within the UK indicators include:

- Physical symptoms (bruising indicating either physical or sexual assault)
- Prevalence of a sexually transmitted infection or unwanted pregnancy
- Reports from reliable sources suggesting the likelihood of involvement in sexual exploitation/the child has been seen in places known to be used for sexual exploitation.
- Evidence of drug, alcohol or substance misuse
- Being in the community in clothing unusual for a child i.e. inappropriate for age, or borrowing clothing from older people.
- Relationship with a significantly older partner
- Accounts of social activities, expensive clothes, mobile phones or other possessions with no plausible explanation of the source of necessary funding
- Persistently missing, staying out overnight or returning late with no plausible explanation.
- Returning after having been missing, looking well cared for despite having not been at home.
- Having keys to premises other than those known about
- Low self- image, low self-esteem, self-harming behaviour including cutting, overdosing, eating disorder, promiscuity.
- Truancy / disengagement with education
- Entering or leaving vehicles driven by unknown adults
- Going missing and being found in areas where the child or young person has no known links; and/or
- Possible inappropriate use of the internet and forming on-line relationships, particularly with adults.

These behaviours themselves do not indicate that a child is being trafficked but should be considered as indicators that this may be the case.

When considering modern slavery, there is a perception that this is taking place overseas. The government estimates that tens of thousands of slaves are in the UK today.

Young people being forced to work in restaurants, nail bars, car washes and harvesting fruit, vegetables or other foods may have all been slaves 'hiding in plain sight' within the U.K and rescued from slavery. Other forms of slavery such as sex slaves or household slaves are more hidden but have also been rescued within the UK.

If staff believe that a child is being trafficked or is a slave, this will be reported to the designated safeguarding lead for referral to be considered to children's social care.

## **Child abduction**

Child abduction is the unauthorised removal or retention of a minor from a parent or anyone with legal responsibility for the child. Child abduction can be committed by parents or other family members; by people known but not related to the victim (such as neighbours, friends and acquaintances); and by strangers. Further information is available at: [www.actionagainstabduction.org](http://www.actionagainstabduction.org)

When we consider who is abducted and who abducts –

- Nearly three-quarters of children abducted abroad by a parent are aged between 0 and 6 years-old.
- Roughly equal numbers are boys and girls.
- Two-thirds of children are from minority ethnic groups.
- 70% of abductors are mothers. The vast majority have primary care or joint primary care for the child abducted.
- Many abductions occur during holidays when a child is not returned following a visit to the parent's home country (so-called 'wrongful retentions').

If we become aware of an abduction, we will follow the HIPS procedure and contact the police and children's social care (if they are not already aware).

If we are made aware of a potential risk of abduction, we will seek advice and support from police and children's social care to confirm that they are aware and seek clarity on what actions we are able to take.

### ***Death of a child on site***

If it is suspected that a child has died in the setting, emergency resuscitation will be given to the child by a qualified First Aider until the ambulance arrives.

Only a medical practitioner can confirm a child has died.

### **Informing**

The Designated Safeguarding Lead ensures emergency services have been contacted; ambulance and police.

The parents are contacted and asked to come to the setting immediately, informing them that there has been an incident involving their child and that an ambulance has been called; asking them to come straight to the setting or hospital as appropriate.

The DSL calls the chair of trustees and safeguarding trustee and informs them of what has happened.

A member of staff is delegated to phone all parents to collect their children. The reason given must be agreed by the DSL and the information given should be the same to each parent.

The decision on how long the setting will remain closed will be based on police advice.

Ofsted are informed of the incident by the nominated person and a RIDDOR report is made.

<https://www.hse.gov.uk/riddor/report.htm>

Staff will not discuss the death of a child with the press.

### ***Returning home from care***

When children are taken into care, consideration may be given in the future to those children being returned to the care of their parents, or one of their parents. Other children are placed in care on a voluntary basis by the parents and they are able to remove their voluntary consent.

While this is a positive experience for many children who have returned to their families, for some there are different challenges and stresses in this process.

As a setting, if we are aware of one of our children who is looked after returning to their home, we will consider what support we can offer and ensure as a minimum that the child has a person, that they trust, who they can talk to or share their concerns with.

### ***Technologies***

Technological hardware and software is developing continuously with an increase in functionality of devices that people use. The majority of children use online tools to communicate with others locally, nationally and internationally. Access to the Internet and other tools that technology provides is an invaluable way of finding, sharing and communicating information. While technology itself is not harmful, it can be used by others to make children vulnerable and to abuse them.

The breadth of issues classified within online safety is considerable, but can be categorised into four areas of risk:

- content: being exposed to illegal, inappropriate or harmful content, for example: pornography, fake news, racism, misogyny, self-harm, suicide, anti-Semitism, radicalisation and extremism.
- contact: being subjected to harmful online interaction with other users; for example: peer to peer pressure, commercial advertising and adults posing as children or young adults with the intention to groom or exploit them for sexual, criminal, financial or other purposes'.
- conduct: personal online behaviour that increases the likelihood of, or causes, harm; for example, making, sending and receiving explicit images (e.g. consensual and non-consensual sharing of nudes and semi-nudes and/or pornography, sharing other explicit images and online bullying; and
- commerce - risks such as online gambling, inappropriate advertising, phishing and or financial scams.

## Online Safety and Social Media

With the current speed of on-line change, some parents and carers have only a limited understanding of online risks and issues. Parents may underestimate how often their children come across potentially harmful and inappropriate material on the internet and may be unsure about how to respond. Some of the risks could be:

- unwanted contact
- grooming
- online bullying including sexting.
- digital footprint
- accessing and generating inappropriate content
- Being exposed to misinformation, disinformation and conspiracy theories.

The nursery will therefore seek to provide information and awareness to both pupils and their parents through:

- Acceptable use agreements for children, staff members, parents/carers and trustees.
- Curriculum activities involving raising awareness around staying safe online and who to go to, if children see something they are concerned about.
- Information included in letters, newsletters, web site or parents information board.
- Building awareness around information that is held on relevant web sites and or publications and where parents can find reliable information.
- Social media policy

## Cyberbullying

Central to the settings ethos and behaviour policy is the principle that '*bullying is always unacceptable*' and that '*all children have a right not to be bullied*'.

Cyber-bullying is defined as 'an aggressive, intentional act carried out by a group or individual using electronic forms of contact repeatedly over time against a victim who cannot easily defend himself/herself.'

By cyber-bullying, we mean bullying by electronic media:

- Bullying by texts or messages or calls on mobile 'phones.
- The use of mobile 'phone cameras to cause distress, fear or humiliation.
- Posting threatening, abusive, defamatory or humiliating material on websites, to include blogs, personal websites, social networking sites.
- Using e-mail to message others
- Hijacking/cloning e-mail accounts
- Making threatening, abusive, defamatory or humiliating remarks in on-line forums

Cyber-bullying may be at a level where it is criminal in character. It is unlawful to disseminate defamatory information in any media including internet sites. Section 127 of the Communications Act 2003 makes it an offence to send, by public means of a public electronic communications network, a message or other matter that is grossly offensive or one of an indecent, obscene or menacing character.

The Protection from Harassment Act 1997 makes it an offence to knowingly pursue any course of conduct amounting to harassment.

If we become aware of any incidents of cyberbullying, we will need to consider each case individually as to any criminal act that may have been committed. The setting will pass on information to the police if it feels that it is appropriate or is required to do so.

## **Sexting**

'Sexting' often refers to the sharing of naked or 'nude' pictures or video through mobile phones and/or the internet. It also includes underwear shots, sexual poses and explicit text messaging is it sometimes referred to as youth produced sexual imagery.

While sexting often takes place in a consensual relationship between two young people, the use of sexted images in revenge following a relationship breakdown is becoming more commonplace. Sexting can also be used as a form of sexual exploitation and take place between strangers.

**As the average age of first smartphone or camera enabled tablet usage for a child is 6 years old, sexting is an issue that requires awareness raising across all ages.**

The setting will use age-appropriate educational material to raise awareness, to promote safety and deal with pressure. Parents should be aware that they can come to the setting for advice.

## **On-line sexual abuse**

As a setting we will:

- **Report** to the police, CEOP or any other relevant body any on-line sexual abuse or harmful content we are made aware of. This could include sending abusive, harassing and misogynistic messages; sharing nude and semi-nude images and videos; and coercing others to make and share sexual imagery. We will seek guidance from the NPCC '[when to call the police](#)' document and the internet watch foundations '[report harmful content](#)' website.
- **Educate** to raise awareness of what on-line sexual abuse is, how it can happen, how to limit the impact and what to do if you become aware of it.
- **Support** victims of on-line abuse within the setting community.

## **Gaming**

Online gaming is an activity in which the majority of children and many adults get involved. The nursery will raise awareness:

- By talking to parents and carers about the games their children play and help them identify whether they are appropriate.

- By supporting parents in identifying the most effective way to safeguard their children by using parental controls and child safety mode.
- By talking to parents about setting boundaries and time limits when games are played.
- By highlighting relevant resources.

## **Online reputation**

Online reputation is the opinion others get of a person when they encounter them on-line. It is formed by posts, photos that have been uploaded and comments made by others on people's profiles. It is important that children and staff are aware that anything that is posted could influence their future professional reputation. The majority of organisations and work establishments now check digital footprint before considering applications for positions or places on courses.

## **Grooming**

On-line grooming is the process by which one person with an inappropriate sexual interest in children will approach a child on-line, with the intention of developing a relationship with that child, to be able to meet them in person and intentionally cause harm.

The nursery will build awareness amongst children and parents about ensuring that the child:

- Only has friends on-line that they know in real life.
- Details about their home lives such as their addresses or full names should not be disclosed online.

That the setting will support parents to:

- Recognise the signs of grooming.
- Have regular conversations with their children about on-line activity and how to stay safe on-line.

The setting will raise awareness by:

- Including awareness of online safety as part of their curriculum
- Identifying with parents and children how they can be safeguarded against grooming.

Additionally, to being targeted for sexual motivations, some young people are also groomed online for exploitation or radicalisation. While the drivers and objectives are different, the actual process is broadly similar to radicalisation, with the exploitation of a person's vulnerability usually being the critical factor. Those who are targeted are often offered something ideological, such as an eternal spiritual reward, or sometimes something physical, such as an economic incentive, that will make them 'feel better' about themselves or their situation.

Anyone can be at risk. Age, social standing and education do not necessarily matter as much as we previously thought, and we have seen all kinds of people become radicalised, from young men and women with learning difficulties to adults in well-respected

professions. What is clear is that the more vulnerable the person, the easier it is to influence their way of thinking.

Signs of grooming can include:

- isolating themselves from family and friends.
- becoming secretive and not wanting to talk or discuss their views.
- closing computers down when others are around.
- refusing to say who they are talking to; using technology such as anonymous browsing to hide their activity; and
- sudden changes in mood, such as becoming angry or disrespectful.

Of course, none of these behaviours necessarily mean someone is being radicalised and, when displayed, could be a symptom of bullying or other emotional issues.

## **Part 2 – Safeguarding issues relating to individual pupil needs**

### **Homelessness**

We recognise that being homeless or being at risk of becoming homeless presents a real risk to a child's welfare. The impact of losing a place of safety and security can affect a child's behaviour and attachments.

In line with the Homelessness Reduction Act 2017, this setting will promote links into the Local Housing Authority for the parent or care giver in order to raise/progress concerns at the earliest opportunity.

We recognise that whilst referrals and/or discussion with the Local Housing Authority should be progressed as appropriate, this does not, and should not, replace a referral into children's social care where a child has been harmed or is at risk of harm.

### **Children and the Court System**

We recognise that children are sometimes required to give evidence in criminal courts, either for crimes committed against them or for crimes they have witnessed. We know that this can be a stressful experience and therefore the nursery will aim to support children through this process.

Along with pastoral support, the nursery will use age-appropriate materials published by HM Courts and Tribunals Services (2017) that explain to children what it means to be a witness, how to give evidence and the help they can access. [Improving support for children going to court as well as witnesses](#)

We recognise that making child arrangements via the family courts following separation can be stressful and entrench conflict in families. This can be stressful for children. This nursery will support children going through this process.

Alongside pastoral support this setting will use online materials published by The Ministry of Justice (2018) which offers children information & advice on the dispute resolution service.

These materials will also be offered to parents and carers if appropriate.

### **Children with family members in prison**

Children who have a family member in prison are at greater risk of poor outcomes including poverty, stigma, isolation and poor mental health.

This setting aims to:

- understand and respect the child's wishes. We will respect the child's wishes about sharing information. If other children or families become aware, we will be vigilant to potential bullying or harassment.

- keep as much contact as possible with the parent/caregiver.

We will maintain good links with the remaining caregiver in order to foresee and manage any developing problems. Following discussions, we will develop appropriate systems for keeping the imprisoned caregiver updates about their child's education.

- be sensitive in lesson and activity plans. This setting will consider the needs of any child with an imprisoned parent/caregiver during lesson planning.
- Provide extra support. We recognise that having a parent in prison can attach a real stigma to a child, particularly if the crime is known and serious. We will provide support and mentoring to help a child work through their feelings on the issue.

Alongside pastoral care the setting will use the resources provided by the National Information Centre on Children of Offender in order to support and mentor children in these circumstances.

### **Pupils with medical conditions (in nursery)**

There is a separate policy and procedure outlining the nursery's position on this (Health Policy and Procedures document).

We will make ensure that sufficient staff are trained to support any child with a medical condition.

All relevant staff will be made aware of the condition to support the child and be aware of medical needs and risks to the child.

An individual healthcare plan may be put in place to support the child and their medical needs.

### **Pupils with medical conditions (out of nursery)**

There will be occasions when children are temporarily unable to attend our nursery because of their medical needs. These children and young people are likely to be:

- children and young people suffering from long-term illnesses.
- children and young people with long-term post-operative or post-injury recovery periods
- children and young people with long-term mental health problems (emotionally vulnerable).

Where possible, we will support children and families as they manage long-term medical conditions and will plan with families how best to support children when they return to nursery.

### **Special educational needs and disabilities**

Children who have special educational needs and/or disabilities can have additional vulnerabilities when recognising abuse and neglect. These can include:

- Assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration.
- The potential for a disproportionate impact on children with SEND, for example by behaviours such as bullying, without outwardly showing any signs.
- Communication barriers and difficulties in overcoming these barriers.
- Having fewer outside contacts than other children.
- Receiving intimate care from a considerable number of carers, which may increase the risk of exposure to abusive behaviour and make it more difficult to set and maintain physical boundaries.
- Having an impaired capacity to resist or avoid abuse.
- Having communication difficulties that may make it difficult to tell others what is happening.
- Being inhibited about complaining for fear of losing services.
- Being especially vulnerable to bullying and intimidation.
- Being more vulnerable than other children to abuse by their peers.

We will respond to this by:

- Making it common practice to enable disabled children to make their wishes and feelings known in respect of their care and treatment.
- Ensuring that disabled children receive appropriate personal, health and social education.
- Ensuring disabled children know how to raise concerns and give them access to a range of adults with whom they can communicate. This could mean using interpreters and facilitators who are skilled in using the child's preferred method of communication, training in Makaton etc.
- Recognising and utilising key sources of support including staff in the setting, friends and family members where appropriate.
- Developing the safe support services that families want, and a culture of openness and joint working with parents and carers on the part of services.
- Ensuring that guidance on good practice is in place and being followed in relation to: intimate care; working with children of the opposite sex; managing behaviour that challenges families and services; issues around consent to treatment; anti-bullying and inclusion strategies.

## **Nappy changing and intimate and personal care**

Some of the policy area outlined below has been adapted from advice given by the Care Inspectorate document 'Nappy changing for early learning and childcare settings (excluding childminders)'. Further guidance and support can be found at - [https://www.careinspectorate.com/images/documents/Nappy\\_changing\\_guidance\\_2023.pdf](https://www.careinspectorate.com/images/documents/Nappy_changing_guidance_2023.pdf)

### **Nappy Changing**

At our nursery we believe that nappy changing should respect children's privacy and dignity. It should be a relaxed, happy and social routine that provides valuable opportunities for positive interactions between staff and children.

Children should only be changed by known and trusted members of staff, never by students, visitors or volunteers.

The environment should be organised in a way that promotes positive interactions while also supporting positive learning opportunities.

Nappy changing policies and procedures should consider best practice and be reviewed regularly. This includes considerations around the safety and any potential risks for staff members such as if staff are lifting children.

It is good practice to allow children, including babies, to wash their hands after nappy changing.

All cleaning products used for cleaning surfaces and nappy changing areas, including changing mats and units, must be kept out of reach of children and prepared and used in accordance with the manufacturer's instructions. Consideration should also be given to children with sensitive skin or allergies and mats should not be cleaned with harsh or severe chemicals that could irritate children's skin.

In the classroom rota, there are two set nappy changing times during the day – once in the morning and once in the afternoon. Any soiled nappies should be changed at the nearest possible opportunity. Any 'full' wet nappies or children showing signs of discomfort or a need to be changed outside of set times should also be changed as and when needed.

### **Refusal to be changed**

Some children may feel uncomfortable about being changed or may simply be engrossed in a learning or play activity when they are asked to come and have their nappy changed. In this eventuality, staff members will give children a 5-10 minute notice period before trying again. If children continue to refuse to be changed, parents or carers may need to be contacted – particularly in the event of a soiled nappy. Children will never be forcibly changed.

Staff should record any refusal to be changed on the Cpoms system and inform the DSL who will consider whether the refusal could be a safeguarding concern and if any further action needs to be taken.

## **Intimate and personal care**

'Intimate Care' can be defined as care tasks of an intimate nature, associated with bodily functions, bodily products and personal hygiene, which demand direct or indirect contact with, or exposure of, the sexual parts of the body. The Intimate Care tasks specifically identified as relevant include:

- Dressing and undressing (underwear)
- Helping someone use the toilet.
- Changing continence pads (faeces/urine)
- Bathing / showering
- Washing intimate parts of the body
- Changing sanitary wear
- Inserting suppositories
- Giving enemas
- Inserting and monitoring pessaries.

'Personal Care' involves touching another person, although the nature of this touching is more socially acceptable. These tasks do not invade conventional personal, private or social space to the same extent as Intimate Care.

Those Personal Care tasks specifically identified as relevant here include:

- Skin care/applying external medication.
- Feeding
- Administering oral medication
- Hair care
- Dressing and undressing (clothing)
- Washing non-intimate body parts
- Prompting to go to the toilet.

Personal Care encompasses those areas of physical and medical care that most people carry out for themselves but which some are unable to do because of disability or medical need. Children and young people may require help with eating, drinking, washing, dressing and toileting.

Where Intimate Care is required, we will follow the following principles:

### **1. Involve the child in the intimate care**

Try to encourage a child's independence as far as possible in his or her intimate care. Where a situation renders a child fully dependent, talk about what is going to be done and give choices where possible. Check your practice by asking the child or parent about any preferences while carrying out the intimate care.

### **2. Treat every child with dignity and respect and ensure privacy appropriate to the child's age and situation.**

Staff can administer intimate care alone however we will be aware of the potential safeguarding issues for the child and member of staff. Care should be taken to

ensure adequate supervision primarily to safeguard the child but also to protect the staff member from potential risk. The changing area in the nursery is situated in the children's bathroom. The door to the bathroom is to remain open so that children and staff members can be heard by others. Children may need to access the children's toilets but are encouraged to give those being changed privacy and only one child will receive intimate care or be changed at a time.

### **3. Be aware of your own limitations**

Only carry out activities you understand and with which you feel competent. If in doubt, ASK. Some procedures must only be carried out by members of staff who have been formally trained and assessed.

### **4. Promote positive self-esteem and body image**

Confident, self-assured children who feel their body belongs to them are less vulnerable to sexual abuse. The approach you take to intimate care can convey lots of messages to a child about their body worth. Your attitude to a child's intimate care is important. Keeping in mind the child's age, routine care can be both efficient and relaxed.

### **5. If you have any concerns, you must report them.**

If you observe any unusual markings, discolouration or swelling, report it immediately to the designated practitioner for child protection.

If a child is accidentally hurt during the intimate care or misunderstands or misinterprets something, reassure the child, ensure their safety and report the incident immediately to the DSL. Report and record any unusual emotional or behavioural response by the child. A written record of concerns must be made on Cpoms and can be made available to parents.

### **6. Helping through communication**

There is careful communication with each child who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc.) to discuss the child's needs and preferences. The child is aware of each procedure that is carried out and the reasons for it.

### **7. Support to achieve the highest level of autonomy**

As a basic principle, children will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for themselves as they can. This may mean, for example, giving the child responsibility for washing themselves. Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child. These plans include a full risk assessment to address issues such as moving and handling, personal safety of the child and the carer and health.

Further information from the DfE can be found:

[SEND code of practice: 0 to 25 years - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

[Supporting pupils with medical conditions at school - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

Hampshire SENDIASS: [Hampshire \(councilfordisabledchildren.org.uk\)](http://councilfordisabledchildren.org.uk)

[Mencap](#) - Represents people with learning disabilities, with specific advice and information for people who work with children and young people.

## **Perplexing presentations (PP) / Fabricated or induced illness (FII)**

The Royal College of Paediatrics and Child Health have added the term “Perplexing presentations” to the guidance around FII.

Perplexing Presentations (PP) has been introduced to describe those situations where there are indicators of possible FII which have not caused or brought on any actual significant harm.

It is important to highlight any potential discrepancies between reports, presentations of the child and independent observations of the child. What is key to note are implausible descriptions and/or unexplained findings and/or parental behaviour.

There are three main ways that a parent/carer could fabricate or induce illness in a child. These are not mutually exclusive and include:

- fabrication of signs and symptoms. This may include fabrication of past medical history.
- fabrication of signs and symptoms and falsification of hospital charts and records, and specimens of bodily fluids. This may also include falsification of letters and documents.
- induction of illness by a variety of means.

If we are concerned that a child may be suffering from fabricated or induced illness, we will follow the HIPS protocol and inform children’s social care.

## **Mental Health**

Staff at our nursery prioritise building secure and supportive relationships with the children in our care. They are well placed to spot changes in behaviour that might indicate an emerging problem with the mental health and emotional wellbeing of a child. All staff should also be aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation.

The balance between the risk and protective factors is most likely to be disrupted when difficult events happen in pupils’ lives. These include:

- **loss or separation** – resulting from death, parental separation, divorce, hospitalisation, loss of friendships, family conflict or breakdown that results in the child having to live elsewhere, being taken into care or adopted.
- **life changes** – such as the birth of a sibling, moving house or changing settings.
- **traumatic events** such as abuse, domestic violence, bullying, violence, accidents, injuries or natural disaster.

When concerns are identified, staff will provide age-appropriate opportunities for the child to talk or receive support within the nursery environment. Parents will be informed of the concerns and a shared way to support the child will be discussed.

Where the needs require additional professional support, referrals will be made to the appropriate team or service with the appropriate agreement.

If staff have a mental health concern about a child that is also a safeguarding concern, they will take immediate action, raising the issue with the designated safeguarding lead or a deputy.

## **Part 3 – Other safeguarding issues that may potentially have an impact on children.**

### **Anti-Bullying**

The setting has a separate behaviour policy.

### **Prejudice-based abuse**

Prejudice-based abuse or hate crime is any criminal offence which is perceived by the victim or any other person to be motivated by a hostility or prejudice-based on a person's real or perceived:

- Disability
- Race
- Religion
- Gender identity
- Sexual orientation

Although this sort of crime is collectively known as 'Hate Crime' the offender does not have to go as far as being motivated by 'hate', they only have to exhibit 'hostility'.

This can be evidenced by:

- threatened or actual physical assault
- derogatory name calling, insults, for example racist jokes or homophobic language.
- hate graffiti (e.g. on furniture, walls or books)
- provocative behaviour e.g. wearing of badges or symbols belonging to known right wing, or extremist organisations.
- distributing literature that may be offensive in relation to a protected characteristic.
- verbal abuse
- inciting hatred or bullying against children who share a protected characteristic.
- prejudiced or hostile comments in the course of discussions
- teasing in relation to any protected characteristic e.g. sexuality, language, religion or cultural background
- refusal to co-operate with others because of their protected characteristic, whether real or perceived.
- expressions of prejudice calculated to offend or influence the behaviour of others.
- attempts to recruit other children to organisations and groups that sanction violence, terrorism or hatred.

We will respond by:

- clearly identifying prejudice-based incidents and hate crimes and monitor the frequency and nature of them within the setting.
- taking preventative action to reduce the likelihood of such incidents occurring.
- recognising the wider implications of such incidents for the setting and local community
- providing regular reports of these incidents to the Governing Body
- ensuring that staff are familiar with formal procedures for recording and dealing with prejudice-based incidents and hate crimes.
- dealing with perpetrators of prejudice-based abuse effectively
- supporting victims of prejudice-based incidents and hate crimes.
- ensuring that staff are familiar with a range of restorative practices to address bullying and prevent it happening again.

## **Drugs and substance misuse**

While the prevalence of drug and substance misuse decreases with younger children, early years settings have had under 5's bring in both packets of class A drugs and drug-based paraphernalia from home.

If a child is found in possession of a drug or substance which a member of staff suspects could be illegal or harmful, they will follow the procedure outlined below –

- The staff member will confiscate the drug or harmful substance.
- The staff member will inform the Designated Safeguarding Lead (DSL) or Deputy Designated Safeguarding Lead.
- The DSL will inform the police and make an interagency referral to the children's reception team.
- Staff will follow advice from the police and social services in relation to next steps to protect the child, whether to contact parents and the actions that need to be taken with the drugs or harmful substances.

In the eventuality that a member of staff suspected a child was in possession of drugs or harmful substances they can seek advice from 'DfE and ACPO drug advice for schools - Advice for local authorities, headteachers, school staff and governing bodies (September 2012)'

[https://assets.publishing.service.gov.uk/media/5a75b67a40f0b67b3d5c8a26/drug\\_advice\\_for\\_schools.pdf](https://assets.publishing.service.gov.uk/media/5a75b67a40f0b67b3d5c8a26/drug_advice_for_schools.pdf)

The information below has been adapted from this document to suit the needs of Poppins Nursery.

### **General power to confiscate**

Educational setting's general power to discipline, as set out in Section 91 of the Education and Inspections Act 2006, enables a member of staff to confiscate, retain or dispose of a pupil's property as a disciplinary penalty, where reasonable to do so.

Where the person finds other substances which are not believed to be controlled drugs these can be confiscated where a staff member believes them to be harmful or detrimental to good order and discipline. This would include new psychoactive substances or 'legal highs'. If staff are unable to identify the legal status of a drug, it should be treated as a controlled drug.

### **Involving parents and dealing with complaints**

Educational settings are not required to inform parents before a search takes place or to seek their consent to search their child. There is no legal requirement to make or keep a record of a search. However, as part of our safeguarding record keeping members of staff would be asked to record any incident involving drugs or harmful substances on Cpoms as well as reporting to the DSL.

Settings would normally inform the individual pupil's parents or guardians where alcohol, illegal drugs or potentially harmful substances are found, though there is no legal requirement to do so. Sharing this information with parents should only be done with the consideration of whether this may put the child at risk of harm.

Complaints about searching should be dealt with through the normal complaints procedure.

### **Working with the Police**

A senior member of staff who is responsible for the school's drugs policy should liaise with the police and agree a shared approach to dealing with drug-related incidents. This approach should be updated as part of a regular review of the policy.

### **Faith Abuse**

The number of known cases of child abuse linked to accusations of 'possession' or 'witchcraft' is small, but children involved can suffer damage to their physical and mental health, their capacity to learn, their ability to form relationships and to their self-esteem. Such abuse generally occurs when a carer views a child as being 'different', attributes this difference to the child being 'possessed' or involved in 'witchcraft' and attempts to exorcise him or her.

A child could be viewed as 'different' for a variety of reasons such as, disobedience; independence; bed-wetting; nightmares; illness; or disability. There is often a weak bond of attachment between the carer and the child.

There are various social reasons that make a child more vulnerable to an accusation of 'possession' or 'witchcraft'. These include family stress and/or a change in the family structure.

The attempt to 'exorcise' may involve severe beating, burning, starvation, cutting or stabbing and isolation, and usually occurs in the household where the child lives.

If the setting becomes aware of a child who is being abused in this context, the DSL will follow the normal referral route to children's social care.

## **Private fostering**

Private fostering is an arrangement by a child's parents for their child (under 16 or 18 if disabled) to be cared for by another adult who is not closely related and is not a legal guardian with parental responsibility, for 28 days or more.

It is not private fostering if the carer is a close relative to the child such as grandparent, brother, sister, uncle or aunt.

The Law requires that the carers and parents must notify the Children's Services Department of any private fostering arrangement.

If the setting becomes aware that a pupil is being privately fostered, we will inform the Children's Services Department and inform both the parents and carers that we have done so.

## **Parenting**

All parents will struggle with the behaviour of their child(ren) at some point. This does not make them poor parents or generate safeguarding concerns. Rather it provides them with opportunities to learn and develop new skills and approaches to deal with their child(ren).

Some children have medical conditions and/or needs e.g. Tourette's Syndrome, some conditions associated with autism or ADHD that have a direct impact on behaviour and can cause challenges for parents in dealing with behaviours. This does not highlight poor parenting either.

Parenting becomes a safeguarding concern when the repeated lack of supervision, boundaries, basic care or medical treatment places the child(ren) in situations of risk or harm.

In situations where parents struggle with tasks such as setting boundaries and providing appropriate supervision, timely interventions can make drastic changes to the wellbeing and life experiences of the child(ren) without the requirement for a social work assessment or plan being in place.

We will support parents in understanding the parenting role and providing them with strategies that may assist:

- providing details of community-based parenting courses
- linking to web-based parenting resources
- discussing the issue with the parent and supporting them in making their own plans of how to respond differently (using evidence-based parenting programmes)
- signposting to support services
- Considering appropriate early help services

## **Part 4 –Safeguarding processes**

### **Safer Recruitment**

The setting operates a separate safer recruitment process as part of its Recruitment Policy. On all recruitment panels there is at least one member who has undertaken safer recruitment training.

The recruitment process checks the identity, criminal record (enhanced DBS), mental and physical capacity, right to work in the U.K., professional qualification and seeks confirmation of the applicant's experience and history through references. Any offer of employment will be subject to references and a minimum of two references will be required. Any written references will be followed up with a phone call to verify them.

### **Staff Induction**

The DSL or their deputy will provide all new staff with training to enable them to both fulfil their role and also to understand the child protection policy, the safeguarding policy, the staff handbook and part one of Keeping Children Safe in Education.

This induction may be covered within the annual training if this falls at the same time; otherwise, it will be carried out separately during the initial starting period.

### **Health and Safety**

There is a requirement that all settings must have a Health and Safety Policy that details the organisation, roles and responsibilities and arrangements in place at the premise for the managing and promoting of Health and Safety in accordance with the Health and Safety at Work act 1974 and regulations made under the act.

Settings must assess all their hazards and record any significant findings along with what control measures are required. The plans should wherever possible take a common sense and proportionate approach with the aim to allow activities to continue rather than preventing them from taking place.

### **Site Security**

We aim to provide a secure site but recognise that the site is only as secure as the people who use it. Therefore, all people on the site have to adhere to the rules which govern it. These are:

- The gate to the nursery is locked except when staff members let families or visitors in and out of the setting.
- Doors are generally kept closed to prevent intrusion and to ensure the safety of the children (with the exception of the door to the garden during free flow play or hot summer days)

- Visitors and volunteers must sign in and need to book an appointment or make contact with the nursery office prior to visiting.
- Children are only allowed home with adults/carers with parental responsibility or permission being given.
- All children leaving or returning during the nursery day are signed out and in

## **Off site visits**

A particular strand of health and safety is looking at risks when undertaking off site visits. Some activities, especially those happening away from the setting can involve higher levels of risk. If these are annual or infrequent activities, a review of an existing assessment may be all that is needed. If it is a new activity, a visit to give a specific assessment of significant risks must be carried out. The setting has an educational visits co-ordinator (EVC) who liaises with the local authority's outdoor education adviser and helps colleagues to manage risks and support with off site visits and provides training in the management of groups during off site visits, as well as First Aid in an outdoor context.

## **First Aid**

The setting's first aid procedures can be found in our health and safety policy and food and nutrition policies.

All staff are required to receive first aid training, including apprentices. A minimum of one member of staff with paediatric first aid training must be present during children's meal times.

## **Physical Intervention (use of reasonable force)**

Any use of physical intervention can be found in our behaviour policy.

## **Taking and the use and storage of images**

We will seek consent from the parent/carer of a child and from staff members before taking and publishing photographs or videos that contain images that are sufficiently detailed to identify the individual in nursery publications, printed media or on electronic publications.

We will not seek consent for photos where you would not be able to identify the individual.

## **Disqualification under the childcare act**

The Childcare Act of 2006 was put in place to prevent adults who have been cautioned or convicted of a number of specific offences from working within childcare.

We will check for disqualification under the Childcare Act as part of our safer recruitment processes for any offences committed by staff members or volunteers.

## **Community Safety Incidents**

Other community safety incidents in the vicinity of a nursery can raise concerns amongst children and parents, for example, people loitering nearby or unknown adults engaging children in conversation, or gang related activity.

Staff will remain vigilant and report any community safety concerns to the DSL. Risk assessments may need to be adjusted accordingly.

Further information around community safety incidents is available at:  
[www.clevernevergoes.org](http://www.clevernevergoes.org).