



# Kids at Heart

## **Safeguarding and Child Protection Policy**

**Referral to children's and families- Customer Screening Team.**

**Children's Social Care: 01609 780780 (option 2) & Referral Forms** downloaded from <http://www.safeguarding.co.uk/professionals/forms-for-professionals#csc>

Family Information Services: 01609533483 email: [fis.information@northyorks.gov.uk](mailto:fis.information@northyorks.gov.uk)

**Allegations against Staff Call: LADO (Local Authority Designated Officer) 01609 533080 (duty LADO) 01609 534215 (Andy Kenyon) & Contact Forms** downloaded from <http://www.safeguardingchildren.co.uk/professionals/forms-for-professionals#lado>

**Area Prevention Manager: 01609533446. Ofsted; 0300 123 4666 for concerns and 0300 123 1231 for general enquiries**

Referral Process is <http://www.safeguardingchildren.co.uk/referral-process>

email [fis.information@northyorks.gov.uk](mailto:fis.information@northyorks.gov.uk)

The welfare, protection and safety of every child in our care is of paramount importance and we take our responsibility to safeguard children seriously. We are committed to following the Local Safeguarding Children Board guidance and procedures. Everyone working at our setting recognises his or her responsibilities towards the children in our care. We have procedures in place to follow if we suspect abuse; neglect or radicalisation and we are able to put the procedures into practice. We will refer to the Children and Families Service when appropriate, and work with other agencies involved, such as the police. We will attend and provide information/reports for strategy meetings, child protection conferences and core groups. We will contribute where appropriate to any child protection plan. We will always take a considered and sensitive approach in order that we can support our children and families.

Our intentions are to:

- To provide a safe, respectful and supportive environment for children in which they feel confident to approach adults and secure in the knowledge that they will be listened to
- To ensure that children feel able to express their views and preferences, that they have the courage and confidence to tell any adult if they are unhappy
- To ensure that children know that they can speak about their worries or concerns with anyone of their choice, whom they trust, both within and outside the setting
- To ensure that adults talk and listen to children where they have concerns about their safety and wellbeing
- To safeguard children who are suffering or are likely to suffer significant harm
- To ensure the children in your care are kept safe both at home and within the setting
- To raise awareness of all staff of their responsibility to identify and act on any suspected case of abuse, neglect or radicalisation and the procedures to follow
- To raise the awareness of parents about the procedures that the setting will follow if abuse, neglect or radicalisation is suspected

### **Responsibilities of the registered person Mrs Julie Shaw**

It is the overall responsibility of the registered person to ensure that all necessary measures are in place to safeguard children.

The Registered person (Mrs Julie Shaw and the Nursery Manager will monitor and audit the setting's safeguarding arrangements, through an annual review of policies and procedures and changes taken to the senior management team. The audit will include a scrutiny of the completed welfare checklists for child protection, and suitable people, the training records and the single central record.

The registered person will ensure that safer recruitment measures are in place and at least one member of the interview panel will have undertaken Safer Recruitment training. All staff/ regular volunteers will have the relevant DBS checks to ensure their suitability to work with children. All known abusers will be excluded. All recruitment advertisements will contain our safeguarding statement. All posts involved are exempt from the provision of the Rehabilitation of Offenders Act.

The registered person will ensure that any allegations against any persons working in the setting are dealt with effectively. (Process as detailed below)

The registered person is responsible for ensuring that all new starters, including volunteers, receive a comprehensive induction.

The registered person is responsible for ensuring that the child protection training record is maintained and monitored.

We will respond, confidentially, swiftly and appropriately to all suspicions or allegations of abuse, and provide parents/carers, children, staff and volunteers with the opportunity to openly voice their concerns. All parties will be treated fairly and with respect.

We will have a systematic approach to dealing with concerns about possible abuse and take guidance from the Local Safeguarding Children Board and other statutory childcare authorities

Kids at Heart recognises and welcomes the need to build constructive links with the childcare agencies.

We will attend and provide reports for child protection conferences and contribute where appropriate to any Child Protection plan. We will always take a considered and sensitive approach in order that we can support our children and families.

Kids at Heart will encourage all parents/carers to notify Children and Families Service about existing or planned arrangements for private fostering. If this is not done Kids at Heart will inform Children and families services 01609 780 780 about all private fostering arrangements they are aware of.

Staff who deal with possible abuse, neglect or radicalisation will often find the situation very upsetting and stressful. The senior management team will offer guidance and emotional support and where appropriate will seek support from external agencies.

#### **The registered person (Mrs Julie Shaw) must inform Ofsted of:**

The registered person should inform Ofsted of any food poisoning affecting two or more children cared for on the premises; any serious accident or injury to, or serious illness of, or the death of a child while in our care and the action taken; any allegation of serious harm against, or abuse of a child by any person looking after children on the premises, (whether that allegation relates to harm or abuse committed on the premises or elsewhere,) or by the registered person or any person working or employed on the premises, or any other abuse which is alleged to have taken place on the premises, and the action taken in respect of these allegations; any other significant event that is likely to affect the suitability to look after children of the registered person or any person caring for children on the premises. The registered person must also inform Ofsted of any changes to the registration of the

setting. Notification must be made as soon as is reasonably practicable, but always within 14 days. A registered provider who, without reasonable excuse, fails to comply with these requirements commits an offence.

### **Responsibilities of the Designated Safeguarding Lead (DSL)**

Hannah Richardson is currently the named Safeguarding Lead 01423 862192.

The DSL is nominated by the registered person to act on their behalf in referring allegations of suspicions of neglect or abuse to the statutory authorities. In the absence of the DSL, or if the matter relates to the DSL, the matter should be brought to the attention of the registered person (Julie Shaw 01423 862192 / 07740 804 036). In an emergency where the DSL cannot be contacted, then Children's Social Care (**Tel: 01609 780780** Mon – Fri 8am-8pm & Sat 9am-5pm or emergency duty team (all other hours) **Tel: 01609 780780**) or the Police (Tel: 101) will be contacted.

The designated safeguarding lead details are displayed on the parents notice board

The welfare of the child is paramount and will always be the priority of the DSL. The DSL's role must include:

- Referring a child to Children and Families Service if there are any concerns about suspected abuse, neglect or radicalisation. Any referral should be made by telephone and followed up in writing
- Liaising with other agencies and services as appropriate
- Talking to parents about concerns (where appropriate)
- Attending multi-agency child protection meetings
- Contributing to Child in Need or Child Protection Plans
- Providing support, advice and guidance to all staff and ensuring that they are aware of the Safeguarding policy
- Keeping and storing child protection records
- Seeking advice and support for staff from relevant agencies where appropriate

Every individual has a responsibility to inform the Designated lead practitioner of concerns relating to safeguarding children.

### **Responsibilities of the staff team**

All staff should follow the NYSCB guidance and procedures which are consistent with "Working Together to Safeguard Children." It is **not** the responsibility of the staff to investigate welfare concerns or determine the truth of any disclosure or allegation. All staff, however, have a duty to recognise concerns and maintain an open mind. Accordingly all concerns regarding the welfare of children must be recorded and discussed with the DLP prior to any discussion with parents.

Staff should immediately report:

- any suspicion that a child is injured, marked, or bruised in a way which is not readily attributable to the normal knocks or scrapes received in play
- any explanation given which appears inconsistent or suspicious
- any behaviours which give rise to suspicions that a child may have suffered harm e.g. significant changes in behaviour, worrying drawings or play
- any concerns that a child may be suffering from inadequate care, ill treatment, or emotional maltreatment
- any concerns that a child is presenting signs or symptoms of abuse, neglect or radicalisation.
- any significant changes in a child's presentation, including non-attendance
- any hint or disclosure of abuse, neglect or radicalisation received from the child, or from any other person, including disclosures of abuse, neglect radicalisation or perpetrated by adults

- outside of the family or by other children or young people
- any concerns regarding person(s) who may pose a risk to children (e.g. living in a household with children present), or working at the setting, including:
  - failure of staff to follow setting policies and procedures
  - inappropriate conduct eg. inappropriate sexual comments and behaviours;
  - excessive one-to-one attention beyond the requirements of their usual role and responsibilities;
  - taking and/or sharing child abuse images
- any concerns that a child is presenting signs of radicalisation of self or family members, e.g. changes in their behaviour, through play or drawings
- Staff are aware they are responsible for their own actions and behaviour and will work in an open and transparent way, avoiding any conduct which would lead to questions regarding their motivation and intentions.
- Staff are aware that their first responsibility is to the child. This is achieved through the recruitment process, induction and training.
- All children have a right to be treated with respect and dignity. Corporal punishment e.g. smacking is unlawful in all settings. Staff should not use any form of degrading or humiliating treatment to punish a child. The use of sarcasm, demeaning or insensitive comments towards children is not acceptable in any situation (see Promoting Positive Behaviour policy).
- Only room head or the management team on duty will be responsible for the Administration of Medication (see Administration of Medication policy)
- Only staff with a current DBS certificate will be left alone with children to facilitate small group work or 'time out' situations and then only for short periods. Should you need someone please call admin or a member of management, who will find someone or come themselves
- Only staff with a current DBS certificate will assist children with toileting, changing nappies/soiled clothing

#### Training, Support and Supervision policy.

- Staff will be trained in how to keep records and what to do about concerns about possible abuse or neglect. General information sharing, non-specific to a particular child, is encouraged including informing new staff of correct procedures.
- Apprentice Practitioners will undertake a Level 2 or 3 in childcare which will be completed within 2 years of taking up their position.
- Kids at Heart will actively pursue our aim to ensure that all staff members will complete a level 2 Course in Safeguarding Children, an online course in Keeping Children Safe in Education and Prevent Duty within the first 3 months of employment. All staff will then complete these courses as a refresher annually (or sooner if required)
- The Manager will ensure that supervision and appraisal practice includes opportunities to discuss welfare concerns and to identify any development or training needs of staff to fulfil their safeguarding responsibilities.
- Periodic meetings will be held to discuss any safeguarding issues (but not specific cases, it will be related to recent serious case reviews, legislation or local updates)
- All staff will refresh their knowledge and skills (this might be via e-bulletins or simply taking time to read and digest safeguarding information) at regular intervals, as required, but at least annually, to allow them to understand and keep up with any information relevant to their role
- All staff /volunteers and students have access to and understands the setting safeguarding and child protection policy and procedures and is given to all staff within their induction to the company.

## **PREVENTING UNSUITABLE PEOPLE FROM WORKING WITH CHILDREN**

Kids at Heart has a duty to ensure that people looking after children are suitable to fulfill the requirements for their role. The setting will follow Safer Recruitment practices including verifying qualifications and ensuring appropriate DBS and reference checks are undertaken. We will not allow people whose suitability has not been checked, to have unsupervised contact with children.

Staff are expected to disclose any convictions, cautions, court orders, reprimands and warnings which may affect their suitability to work with children (whether received before or during their employment at the setting).

The following members of staff have undertaken Safer Recruitment training:

Julie Shaw    Hannah Richardson    Jo Hammond    Marie Smith    Claire Washbrook

### **Disqualification**

Kids at Heart has a responsibility to ensure staff are suitable to work with children and not disqualified. Staff that may be disqualified may apply to Ofsted for a 'waiver' of disqualification but cannot work in the setting until a waiver is confirmed.

We will ensure that any disciplinary proceedings against staff relating to child protection matters are concluded in full even when the member of staff is no longer employed at the setting and that notification of any concerns is made to the relevant agencies, the Disclosure and Barring Service (DBS) and included in references where applicable.

For further information, refer to the Safer Recruitment Policy.

### Record keeping and information sharing

All staff should complete a written record of any concern, even where it is not appropriate to make an immediate referral and these should be passed to the DSL. The DSL is responsible for collating and reviewing these records.

These records should be objective and include:

- Statements, facts and observable things (what was seen/heard)
- Diagram indicating the position, size and colour of any injuries (not photograph)
- Words that the child uses, these should not be translated into 'proper' words
- Non-verbal behaviours
- Key contacts/meetings with parents/carers and other agencies/ professionals. These should be dated and timed and include a summary of discussions, decisions made, reasons for these and any agreed actions

In most circumstances we will aim to work in partnership with parents and they will be informed of any concerns we have and any intention to involve other agencies such as Children and Families Service. However, if we feel that sharing these concerns with parents might place a child at risk of harm, then we would not inform parents beforehand. If there is any concern that a child may be suffering or is at risk of suffering significant harm, their safety and welfare must be the overriding consideration.

All child protection documents will be stored in a file that is separate from the child's main file. They should be locked away and only accessible to the DSL, and the setting manager, unless the concerns relate to that person, in which case we will seek advice from the LADO. Information regarding child protection concerns should be shared with other staff on a need to know basis only – This would usually only be information that staff would require to ensure the safety and welfare of the child.

When the child about whom there have been child welfare concerns (whether subject to a child protection plan or not) leaves Setting or transfers to school, the child's welfare file will be transferred to the receiving school or setting using the following protocol:

- The file will be marked 'confidential, addressee only' and sent to the Designated Person, if known, of the receiving setting or school. The file will be emailed securely using 'Egress Switch' If this is not possible, it will be sent by special delivery that is tracked and signed for.
- Kids at Heart will contact the receiving setting/school by telephone to make them aware that there is a child welfare file and, once sent, ask them to confirm as soon as possible that they have received the file. The setting will keep a record that the file has been received in order to be able to identify its location.
- Parents will be made aware that child welfare records will be transferred, unless this would place the child at risk of acute harm.
- The setting will not keep a copy of transferred records but will keep a record of the current file location and the date the file was transferred.
- If individual child welfare files cannot be transferred for any reason, the setting will archive them for 25 years from the child's date of birth.

### **Confidentiality and information sharing**

Staff will ensure confidentiality and that relevant and proportionate information is shared appropriately. We work within the guidelines set out in Information Sharing Advice for Safeguarding Practitioners 2015 (Department of Education).

The Designated Person may disclose any information about a child to other members of staff on a 'need to know' basis only.

All staff must be aware that they have a professional responsibility to share relevant and proportionate information with other agencies in order to safeguard children.

If a child discloses information that may indicate that they are at risk of abuse or neglect, the staff member must be clear that they cannot promise to keep the information a secret. The staff member should be honest to the child and explain that it will be necessary to tell someone else in order to help them and keep them safe.

Local Safeguarding Board guidance will be followed at all times.

### **Indicators of child abuse**

- Failure to thrive and meet developmental milestones
- Fearful or withdrawn tendencies/Change in behaviour
- Aggressive behaviour
- Unexplained injuries to a child or conflicting reports from parents or staff
- Repeated injuries
- Unaddressed illnesses or injuries.
- Being exposed to any form of pornographic material
- Sexualised behaviour, language, drawing or play
- Significant changes in behaviour
- Radical and extremist behaviour
- Any unexplained absences or regular repeated absences from the setting
- Any form of bullying or harassment
- Any form of abuse regarding race or disability
- Gender based violence towards girls (Female Genital Mutilation)

### **Types of abuse**

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

The signs and indicators listed below may not necessarily indicate that a child has been abused, but

will help us to recognise that something may be wrong, especially if a child shows a number of these symptoms or any of them to a marked degree.

### **Physical abuse**

Action needs to be taken if staff have reason to believe that there has been a physical injury to a child, including deliberate poisoning; where there is definite knowledge, or reasonable suspicion that the injury was inflicted or knowingly not prevented. These symptoms may include bruising or injuries in an area that is not usual for a child, e.g. fleshy parts of the arms and legs, back, wrists, ankles and face. Many children will have cuts and grazes from normal childhood injuries – these should also be logged and discussed with the settings DSL

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

### **Fabricated illness**

This is also a type of physical abuse. This is where a child is presented with an illness that is fabricated by the adult carer. The carer may seek out unnecessary medical treatment or investigation. The signs may include a carer exaggerating a real illness or symptoms, complete fabrication of symptoms or inducing physical illness e.g. through poisoning, starvation, inappropriate diet. This may also be presented through false allegations of abuse or encouraging the child to appear disabled or ill to obtain unnecessary treatment or specialist support.

### **Sexual abuse**

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

The physical symptoms may include genital trauma, discharge, and bruises between the legs or signs of a sexually transmitted disease (STD). These symptoms would not be seen by a member of staff at any time, however if these symptoms are discussed by the child they must be recorded. Emotional symptoms could include a distinct change in a child's behaviour. They may be withdrawn or overly extroverted and outgoing. They may withdraw away from a particular adult and become distressed if they reach out for them, but they may also be particularly clingy to a potential abuser so all symptoms and signs should be looked at together and assessed as a whole.

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

Female Genital Mutilation includes procedures that intentionally alter or injure the female genital organs for non-medical reasons. It is carried out on children between the ages of 0 and 15, depending on the community in which they live. FGM is extremely harmful and has short and long term effects on physical and psychological health.

FGM is internationally recognized as a violation of the human rights of girls and women, and is illegal in most countries, including the UK.

Kids at Heart takes these concerns seriously and staff will be made aware of the possible signs and indicators that may alert them to the possibility of FGM. Any indication that FGM is a risk, is imminent, or has already taken place will be dealt with under the Child Protection procedures outlined in this policy.

### **Breast ironing**

Breast ironing also known as "breast flattening" is the process where young girls' breasts are ironed,

massaged and/or pounded down through the use of hard or heated objects in order for the breasts to disappear, or delay the development of the breasts entirely. It is believed that by carrying out this act, young girls will be protected from harassment, rape, abduction and early forced marriage. Although this is unlikely to happen to children in the nursery due to their age, we will remain vigilant for the signs and symptoms in any children and families using our services and follow-up concerns following our regular safeguarding referral process.

### **Emotional abuse**

Action should be taken under this heading if the staff member has reason to believe that there is a severe, adverse effect on the behaviour and emotional development of a child, caused by persistent or severe ill treatment or rejection.

This may include extremes of discipline where a child is shouted at or put down on a consistent basis, lack of emotional attachment by a parent, or it may include parents or carers placing inappropriate age or developmental expectations upon them. Emotional abuse may also be imposed through the child witnessing domestic abuse and alcohol and drug misuse by adults caring for them. The child is likely to show extremes of emotion with this type of abuse. This may include shying away from an adult who is abusing them, becoming withdrawn, aggressive or clingy in order to receive their love and attention. This type of abuse is harder to identify as the child is not likely to show any physical signs.

### **Neglect**

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

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

Neglect may also be shown through emotional signs, e.g. a child may not be receiving the attention they need at home and may crave love and support. They may be clingy and emotional.

### **Children with Special Educational Needs and/or Additional Needs**

We recognise that, statistically, children with behavioural difficulties and disabilities are most vulnerable to abuse. Setting staff who deal with children with complex and multiple disabilities and/or emotional and behavioural problems should be particularly sensitive to signs of abuse.

### **Prevention of Radicalisation**

The Government defines extremism as vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs.

Some children and families are at risk of being radicalised: adopting beliefs and engaging in activities which are harmful, criminal or dangerous. Islamic extremism is the most widely publicised form and we need to remain alert of radicalisation into white supremacy extremism.

Staff receive training to help to identify signs of extremism. Opportunities are provided for children to discuss issues of religion, ethnicity and culture and we follow the DfE advice Promoting fundamental British Values as part of the Early Years Foundation Stage September 2014.

### **Child trafficking and modern day slavery**

Child trafficking is child abuse. It's defined as recruiting, moving, receiving and harbouring children for the purpose of exploitation (HM Department for Education (DfE) and Home Office, 2011; Department of Health, Social Services and Public Safety and Police Service of Northern Ireland, 2011; Scottish Government, 2013; Wales Safeguarding Procedures Project Board, 2020).

Child trafficking can be used for, and is not limited to sexual exploitation, forced labour, domestic



servitude, benefit fraud, organ harvesting and involvement in criminal activity such as pick-pocketing, theft, forced begging, drug production and distribution and working on cannabis farms. Staff at Kids at Heart are aware of child trafficking and modern day slavery and the signs of trafficking.

### **County Lines**

There is currently no legal definition, but County Lines is a form of exploitation, including child exploitation. County Line gangs use children and other vulnerable people to move drugs and money to and across areas using traditional gang culture as well as targeted and specific grooming of individuals including children. Both adults and children are at risk of extreme physical and/or sexual violence, gang recriminations and trafficking. Families and individuals including children may be taken advantage of and can easily be groomed into selling and transporting drugs.

Kids at Heart are aware of the signs and implications of County Lines and the affects on children and their families.

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

Child Sexual Exploitation involves exploitative situations, contexts and relationships where young people receive something (for example food, drugs, alcohol, gifts or in some cases simply affection) as a result of engaging in sexual activities. Exploitation is marked out by an imbalance of power in the relationship and involves varying degrees of coercion, intimidation and sexual bullying including cyberbullying and grooming. If CSE is suspected, The designated safeguarding lead will complete a Log of Concern and make a referral to Children and families service. Customer Contact Screening Team **01609 780780**

### **Frequent absences**

If a child is absent from the setting and there has been no telephone call or explanation from the parent/carer then every effort will be made to contact the family to find out the reason for the absence. If there are frequent, regular periods of absence from the setting the DLP will contact the parent for an explanation. If contact is unsuccessful the DSL will contact the local Children's Centre and Children and Families Service. Refer to the attendance section in our 'Conditions of Placement'

### **Private Fostering**

Private fostering is an arrangement made between the parent and private foster carer, who then becomes responsible for caring for the child in such a way as to safeguard and promote his / her welfare.

A privately fostered child means a child under the age of 16 (18 if a disabled child ) who is cared for and provided with accommodation by someone other than:

- A parent.
- A person who is not a parent but has parental responsibility.
- A close relative
- A Local Authority.

For more than 28 days and where the care is intended to continue. It is a statutory duty for us at Kids at Heart to inform children and families services where we are made aware of a child or young person who may be subject to private fostering arrangements.

### **Domestic Abuse**

The Government defines domestic abuse as " Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members regardless of gender or sexuality".

Staff need to understand what is required of them if children are members of the household where domestic abuse is known or suspected to be taking place. Our policy includes action to be taken regarding referrals to the Police and Children and Young People's Services and any action to be taken where a member of staff is the alleged perpetrator or victim of domestic abuse. At Kids at Heart we will follow this policy and report any suspected concerns regarding Domestic Abuse to the relevant

agency.

### **Bullying (child on child abuse)**

While bullying between children is not a separate category of abuse and neglect, it is very serious issue that can cause considerable anxiety and distress. At its most serious level, bullying can have a disastrous effect on a child's well being and in very rare cases has been a feature in the suicide of some young people.

Children may be harmed by other children or young people, online and face to face, through prejudice, racism, homophobic and trans phobic abuse, . Staff will be aware of the harm caused by bullying and will use Kids at Heart anti-bullying procedures where necessary. However, there will be occasions when a child's behaviour warrants a response under child protection rather than anti-bullying procedures. In particular, research suggests that up to 30 per cent of child sexual abuse is committed by someone under the age of 18.

The management of children and young people with sexually harmful behaviour is complex and Kids at Heart will work with other agencies to maintain the safety of us. Young people who display such behaviour may be victims of abuse themselves and the child protection procedures will be followed for both victim and perpetrator. Staff, who become concerned about a child's sexual behaviour, including any known online sexual behaviour, should speak to the DSL as soon as possible.

Bullying is an issue that staff are aware of and endeavour to prevent through positive role modeling. Any incident will be dealt with as soon as possible. Parents of all the children concerned will be informed at the time as well as strategies being put in place. All matters will be treated in confidence. Also see Anti-bullying policy, Equal Opportunities policy, Racial Harassment policy, Behaviour policy, Behaviour and sanctions policy, Strategies for raising self-esteem and promoting positive behaviour policy and Parents as Partners policy

### **Mental Health**

Mental health is described as our emotional and psychological and social well being, which can affect the way we think, behave, and cope with everyday pressures.

### **Toxic Trio**

is the interaction of;

- Domestic violence and abuse (DV+A) within the household
- Parental substance misuse (alcohol or drug)
- Parental mental health issues

The NHS uses the term 'The trio of vulnerabilities' to describe individuals experiencing domestic abuse, mental ill health and substance misuse.

### **Procedure**

If I am worried and think a child in my care has been abused or is being abused, what should I do? If you are unsure and need to talk to someone, you should speak with the DSL .It is important to act promptly. Concerns should be reported in the same day and preferably not right at the end of the working day.

Although it is your responsibility to act, you must not try to do it all yourself. Following discussion with the DSL, a decision will be made, should information need to be shared with other agencies.

National guidance states that consideration must be made to approach the parent/s about any concerns:

“While professionals should seek, in general, to discuss any concerns with the family and where possible, seek their agreement to making referrals to Social Services, this should only be done where such discussions and agreement-seeking will not place a child at increased risk of significant harm.”

Once a concern is raised about a child, the Social Care department have a legal duty to make further enquiries. All enquiries will be handled in a sensitive and professional way.

If abuse, neglect or radicalisation is suspected then the DSL (Hannah Richardson 01423862192 should be informed immediately. In the absence of the DSL, or if the matter relates to the DSL the

matter should be brought to the attention of the REGISTERED PERSON MRS JULIE SHAW (01423862192 / 07740 804 036). In an emergency where the DSL cannot be contacted, then Children and Families Service (Tel: 01609 780780 Mon – Fri 8am-8pm & Sat 9am-5pm or emergency duty team (all other hours) Tel: 01609 780780) or the Police (Tel: 101) will be contacted.

Where staff are concerned that the DSL or other responsible person may not be taking concerns sufficiently seriously or not taking appropriate action they should contact either their local Area Prevention Manager, Children and Families Service or the police directly. They should also inform Ofsted. Where their concern is about a person working with children, they should contact the LADO directly.

Following any information raising concern, the DSL should consider:

- Any urgent medical needs of the child
- Whether to make an enquiry to the Central Database **01609 536462** to establish if the child is / or has been subject of a Child Protection Plan
- Seeking advice from the Area Prevention Manager, (see contacts)
- Discussing the matter with other agencies involved with the family
- Consulting with appropriate persons e.g. Health Visitor, Children and Families Service
- The child's wishes and any fears or concerns s/he may have

Then decide:

- wherever possible, to talk to parents, unless to do so may place a child at risk of significant harm, impede any police investigation and/or place the member of staff or others at risk
- whether to make a child protection referral to Children and Families Service because a child is suffering or is likely to suffer significant harm and if this needs to be undertaken immediately (including when the child is already an open case to CFS e.g. a looked after child)

**OR**

- not to make a referral at this stage
- if further monitoring is necessary
- if it would be appropriate to undertake an assessment (e.g. Early help) and/or make a referral for other services

All information and actions taken, including the reasons for any decisions made, should be fully documented. All referrals to social care should be accompanied by a standard referral form. In cases where the setting disagrees with decisions by others then they must follow the NYSCB procedures (Resolution of Professional Disagreements) in order to ensure that children are safeguarded.

In the event of a child making a disclosure, staff should not investigate but should, wherever possible, elicit enough information to pass on to the DSL in order that s/he can make an informed decision of what to do next.

Staff should:

- listen to and take seriously any disclosure or information that a child may be at risk of harm
- try to ensure that the person disclosing does not have to speak to another member of staff
- clarify the information
- try to keep questions to a minimum and of an 'open' nature e.g. 'Can you tell me what

happened?’ rather than ‘Did x hit you?’

- try not to show signs of shock, horror or surprise
- not express feelings or judgments regarding any person alleged to have harmed the child
- explain sensitively to the child that they have a responsibility to refer the information to the DSL
- reassure and support the child as far as possible
- explain that only those who ‘need to know’ will be told
- explain what will happen next

## **Allegations against staff**

In the event of an allegation being made against a person who works with children that they have:

- Behaved in a way that has harmed or may have harmed a child
- Possibly committed a criminal offence against or related to a child
- Behaved towards a child or children in a way that indicates s/he would pose a risk of harm to children

The setting protects staff from allegations by enforcing policies and procedures to support them when dealing with positive behaviour, lone working and nappy changing. We will apply the same principles and follow the NYSCB procedures when dealing with an allegation against staff. (See Managing Allegations Against Staff Document [www.safeguardingchildren.co.uk](http://www.safeguardingchildren.co.uk))

Actions to be taken

- If any parent/carer, staff member or child should have cause for concern or a complaint about a member of staff, volunteer or others working in or on behalf of the setting they should immediately report this concern to the DSL or registered person (Mrs Julie Shaw) (See Whistle-blowing Policy) If the allegation is about the Manager or the DSL it needs to be reported to the registered person (Mrs Julie Shaw) or the Local Authority Designated Officer (LADO)(01609 533080 or 01609 534215).
- The DSL will take steps, where necessary, to secure the immediate safety of children and any urgent medical needs. In some cases this may result in moving the member of staff involved to another area of the setting, or onto a different duty. We will consider how we will protect and support the staff member at this point as well as the children
- The DSL will contact the Local Authority Designated Officer (LADO) to inform them of the allegation and to seek advice on how to move forward with the investigation, including discussion of whether the member of staff should be suspended on full pay whilst any investigation is undertaken. We will work together with other agencies and follow the NYSCB procedures.
- All providers must inform Ofsted of any allegations of serious harm or abuse by any person living, working, or looking after children at the premises (whether the allegations relate to harm or abuse committed on the premises or elsewhere). The providers must also notify Ofsted of the action taken in respect of the allegations. These notifications must be made as soon as is reasonably practicable, but at the latest within 14 days of the allegations being made. Failure to do so without reasonable excuse is a criminal offence.
- As with all child protection matters, the situation will be dealt with confidentially and information only shared on a need to know basis
- Consideration should be given throughout to the support and information needs of children, parents and staff where applicable
- Accurate and detailed records will be kept securely in a locked cabinet.
- A comprehensive summary of the allegation, how it was followed up; the decisions made and

the action taken will be kept securely in a locked cabinet for 10yrs after the allegation is made. The staff member/volunteer will be given a copy.

- If the allegations are proven to be false, the staff member/volunteer will be informed formally both verbally and in writing of the allegation and that it is without foundation. They will also be informed that no further action will be taken and offered support as necessary.
- If an investigation, followed by disciplinary hearing, finds that any serious allegations are founded, then this would constitute gross misconduct and summary dismissal without notice or payment in lieu of notice will normally apply. Also see Disciplinary policy

## **WHISTLE-BLOWING**

The setting has a separate whistle-blowing policy which aims to help and protect both staff and children by:

- Preventing a problem getting worse;
- Safeguarding children and young people;
- Reducing the potential risks to others.

The earlier a concern is raised, the easier and sooner it is possible for the setting to take action. The responsibility for expressing concerns about unacceptable practice or behaviour rests with all staff, students and volunteers.

## **E-Policy, Social networking and mobile phones**

Every effort will be made to ensure that the setting's ICT technologies are used in a responsible way, so that there is no risk to the safety or security of the children or adults or to the safety, reputation or sustainability of Kids at Heart. This applies to the use of technologies on the registered premises of this setting and in any locations visited in connection with the running of the business. It applies to technologies owned by the setting and those owned by others. [The term 'Technologies' refers to computers/laptops, iPads, mini-books, any device with internet access, memory sticks, cameras and equipment that store personal information, databases, electronic records, contact details.]

**Please see above policy for information regarding this**

### **Important Contact Numbers**

Designated Safeguarding Lead (DSL): Hannah Richardson Tel: 01423862192 / 07969 685 542

Safeguarding Children Officer Julie Shaw Tel: 01423 862192 / 07740804 036

Local Authority Designated Officer:

Allegations Against Staff

- Harrogate and Craven 01609 533 080 / 01609 534 215
- Harrogate Craven and Selby 01609 532 152 / 07813005161
- Children's Social Care 01609 780780

North Yorkshire Customer Resolution Centre and Screening Team

Children and Families Service / MAST (Multi Agency Support Team)

**01609 780780**

Emergency duty Team

01609 780780

Ofsted **0300 1231231** General enquiries **03001234666** Ofsted concerns [CIE@ofsted.gov.uk](mailto:CIE@ofsted.gov.uk)

## **Police 101**

Useful websites

<http://www.safeguardingchildren.co.uk/professionals/forms-for-professionals#laddo>

<http://www.safeguardingchildren.co.uk/professionals/forms-for-professionals#csc>

<http://www.safeguardingchildren.co.uk/referral-process>

[www.ofsted.gov.uk](http://www.ofsted.gov.uk)

[www.dh.gov.uk](http://www.dh.gov.uk)

[www.ceop.gov.uk](http://www.ceop.gov.uk)

(Reviewed 2024)