

Safeguarding & Prevent Duty Policy  
Version 4.6 Issued June 2022

Statutory Requirement

Early Years Foundation Stage Statutory Framework

3.2. Providers must take all necessary steps to keep children safe and well.

3.4. Providers must be alert to any issues for concern in the child's life at home or elsewhere. Providers must have and implement a policy, and procedures, to safeguard children. These should be in line with the guidance and procedures of the relevant Local Safeguarding Partnership (LSP). The safeguarding policy and procedures must include an explanation of the action to be taken when there are safeguarding concerns about a child and in the event of an allegation being made against a member of staff, and cover the use of mobile phones and cameras in the setting.

3.5. A practitioner must be designated to take lead responsibility for safeguarding children in every setting. The lead practitioner is responsible for liaising with local statutory children's services agencies, and with the LSP. They must provide support, advice and guidance to any other staff on an ongoing basis, and on any specific safeguarding issue as required. The lead practitioner must attend a child protection training course that enables them to identify, understand and respond appropriately to signs of possible abuse and neglect

3.6. Providers must train all staff to understand their safeguarding policy and procedures, and ensure that all staff have up to date knowledge of safeguarding issues. Training made available by the provider must enable staff to identify signs of possible abuse and neglect at the earliest opportunity, and to respond in a timely and appropriate way. These may include:

- Significant changes in children's behaviour;
- Deterioration in children's general well-being;
- Unexplained bruising, marks or signs of possible abuse or neglect;
- Children's comments which give cause for concern;
- Any reasons to suspect neglect or abuse outside the setting, for example in the child's home or that a girl may have been subjected to (or is at risk of) female genital mutilation; and/or
- Inappropriate behaviour displayed by other members of staff, or any other person working with the children. For example: inappropriate sexual comments; excessive one-to-one attention beyond the requirements of their usual role and responsibilities; or inappropriate sharing of images.

3.7. Providers must have regard to the Government's statutory guidance 'Working Together to Safeguard Children 2018 and the 'Prevent duty guidance for England and Wales 2015. If providers have concerns about children's safety or welfare, they must notify agencies with statutory responsibilities without delay. This means the local children's social care services and, in emergencies, the police.

3.8. Registered providers must inform Ofsted or their child-minder agency 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). Registered providers must also notify Ofsted or their child-minder agency 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. A registered provider, who, without reasonable excuse, fails to comply with this requirement, commits an offence.

The relevant legislation underpinning this policy includes:

- Human Rights Act 1998
- The Data Protection Act 1998
- The Protection of Children Act 1999
- Criminal Justice and Court Services Act 2000
- Sexual Offences Act 2003
- The Children Act 2004
- The Children and Families Act 2014



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- Statutory Framework for the Early Years Foundation Stage 2021
- Counter Terrorism and Security Act 2015
- Keeping Children Safe in Education (2018)

This policy also has regard for:

- Working Together to Safeguard Children (2018)
- Prevent Duty Guidance (2015)
- Local Authority Safeguarding Partnership procedures
- Female Genital Mutilation act (2003)
- What To Do If You're Worried a Child is Being Abused (2015)
- Keeping Children Safe in Education (2022)

### 1.0 Policy Statement

Childbase Partnership recognises our moral and statutory responsibility to safeguard and promote the welfare of the children in our care. We recognise that all children regardless of age, disability, gender, race religion or belief have equal rights to protection. We endeavour to provide a safe environment where children are respected and valued. We are alert to the signs of abuse, neglect and radicalisation and follow our procedures to ensure every child receives the right support and protection which involves reporting concerns relating to individual children. Through day-to-day contact with children, we have the opportunity to note concerns and to work in partnership with families and other professionals. All staff are made aware of the signs and symptoms of abuse and neglect and the action that must be taken should there be any concerns about a child. Whilst this policy highlights the key role staff play in early identification and intervention, the procedures that staff should take and guidance on issues related to child protection it is not exhaustive. Staff should always put the needs and safety of the child at the centre of any decision they need to take. This policy also recognises the importance of adherence to individual LSP requirements and to wider legislation including the Prevent Duty. The policy also covers the action to be taken should there be any concerns regarding the conduct of a member of staff towards a child.

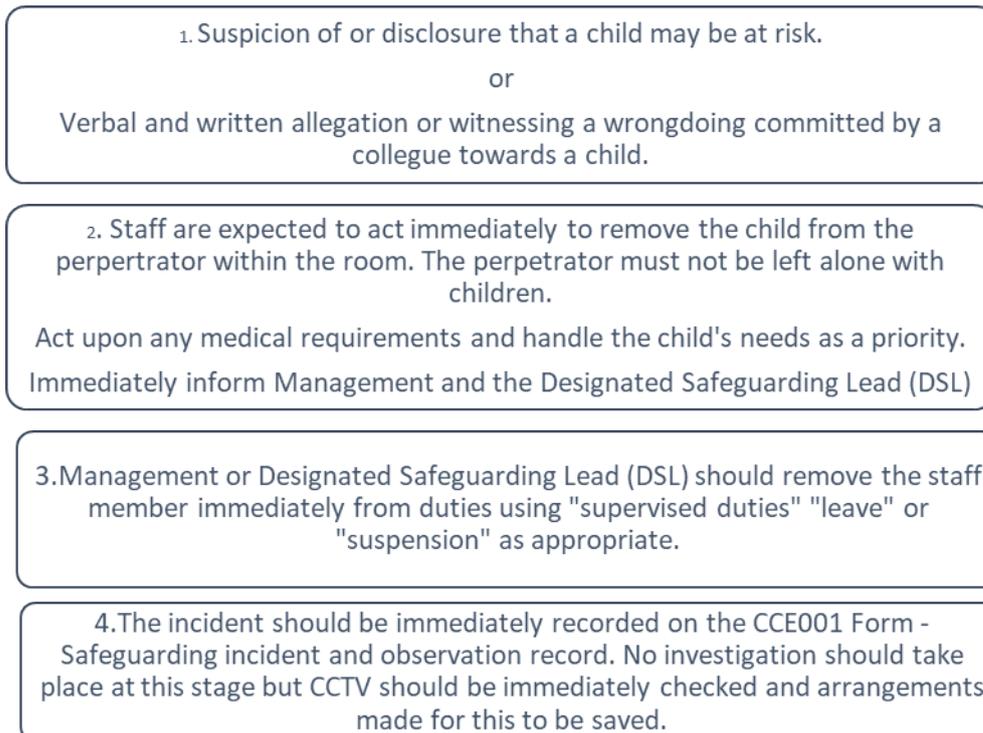
### 1.1 Our Aims

- To develop and maintain an ethos in which we 'look out' for children.
- To prevent the impairment of children's health or development and protect children from maltreatment of any form.
- To work effectively with other agencies, ensuring that the needs of children and families are met.
- To have effective systems in place to identify at an early stage, emerging issues and put strategies in place to deal with them.
- To have effective systems in place to react quickly to child protection concerns and ensure that referrals are followed up and acted upon.
- To ensure that all training needs are met and all colleagues are clear about their responsibilities and alert to signs of abuse.
- To foster high quality environments which are welcoming, safe and stimulating where children learn and grow in confidence developing a positive self-image.
- To equip children with the skills they need to look after themselves and to help them to understand how to "stay safe".
- To ensure all children are supported with their physical and mental health.

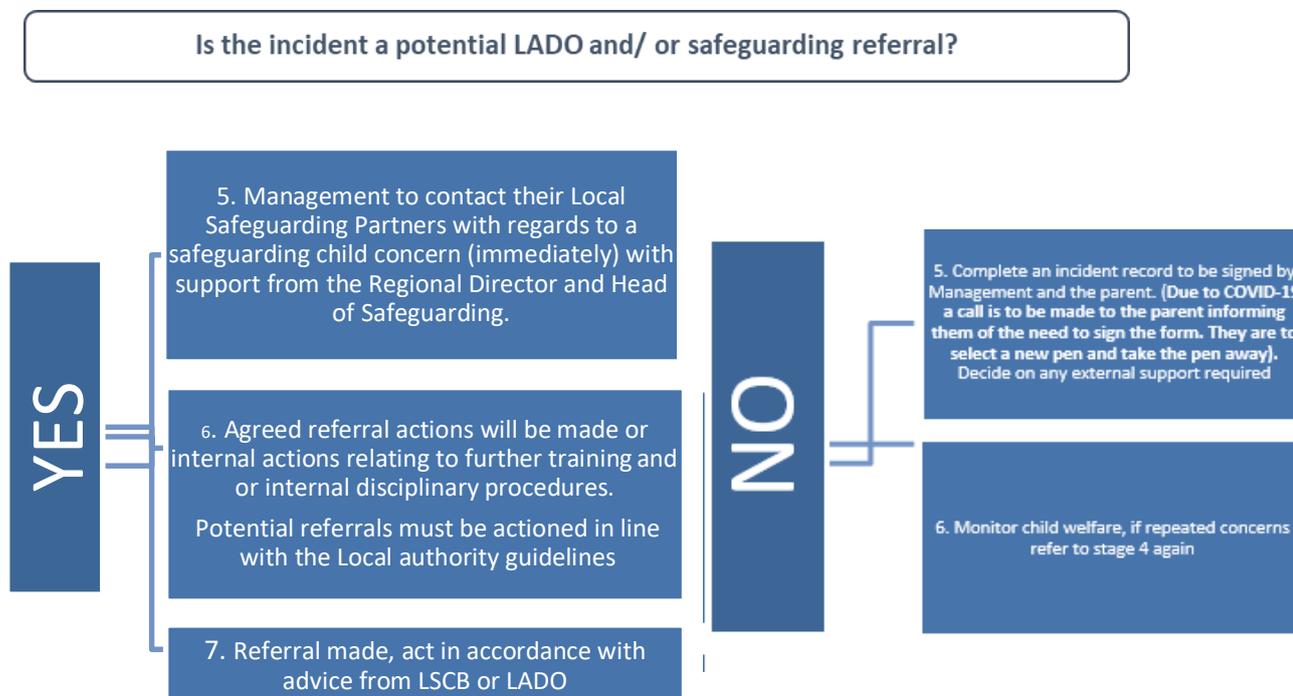
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- To provide parents and Colleagues with information to keep children safe online.
- Safeguarding is a wider subject than the elements contained in this policy, therefore it must be read in conjunction with the Local Safeguarding Partnership Procedures and following Childbase Policies and Procedures:
  - Whistle Blowing Policy
  - Mobile Phone and Photographic Devices Policy
  - Safer Recruiting Procedures
  - Childbase Code of Conduct
  - Smoking and Alcohol / Substance Abuse

**2.0 Procedure**



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**2.1 Escalations**

In the event that a child is deemed to be at immediate risk of harm e.g. by being sent home prior to escalation the Designated Person, the Nursery Manager will make an immediate referral. Where the nursery wishes to seek further advice, guidance would be sought from the LSP. A referral may then be made on the advice given. All communication will be entered onto the safeguarding log and filled. The Nursery Manager is to inform the Regional Director of the referral or contact made with the LSP who will inform the Head of Safeguarding.

**Escalation process for serious concerns, accidents/incidents, significant events and allegations made against a member of staff**



**2.2 Signs and Symptoms of Abuse**

- Staff should refer to Appendix QT001 for guidance on Signs and Symptoms of Abuse.
- Appendix QT001 details the specific procedure relating to bruising in non-mobile babies.
- Appendix QT001 details the specific procedure relating to potential cases of Female Genital Mutilation

**2.3 Responding to a child disclosure or concerns about a child**

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- All staff should refer concerns to the Designated Safeguarding Lead (DSL) as soon as possible however in the meantime they should do the following when responding to a disclosure:
  - Listen to the child, remain calm and offer reassurance.
  - Observe bruises or marks trying to use naturally occurring opportunities to view any areas of concern such as during nappy changing.
  - Allow the child to lead the discussion. Do not press for details and do not ask leading questions such as “what happened next?”
  - Listen, do not investigate. It is ok to ask “is there anything else you would like to tell me?”
  - Accept what the child says without challenge. Reassure them that they are doing the right thing.
  - Don’t lay blame either with the child or the perpetrator.
  - Don’t promise confidentiality; explain they have done the right thing in telling you. Explain who you need to tell and why.
- All staff should make records of any child disclosures or concerns through the following:
  - Make brief notes of it immediately and as soon as possible complete the QT002– Incident Observation. This must be completed with the support of your Designated Officer.
  - Always use factual information only.
  - Always use the child’s own language to quote, never translate into your own terms, or apply your own feelings or thoughts.
- The Designated Lead will respond to all concerns through the following:-
  - Following up the disclosure using the incident observation sheet as a basis for consideration for action.
  - Making any additional records required.
  - Making a decision on whether to continue to monitor the situation or make a referral to LSP, if a referral is required this should happen immediately and the Regional Director be informed.
  - Ensuring that any appropriate paperwork relating to the individual child is passed on to other settings or school if/when the child leaves with the knowledge of the parents/guardians.
  - Storing recorded information from safeguarding meetings in a locked cupboard in a locked office.
  - Completing QT003 Telephone Log as required.

#### 2.4 Allegations against a member of staff

- In line with our Whistle Blowing Policy and Code of Conduct, if an employee sees or suspects inappropriate behaviour by a member of staff or visitor at any level within the business they have the responsibility and a duty of care to IMMEDIATELY remove the child/ren from risk of harm and then report the incident IMMEDIATELY to an appropriate person.
- If an allegation of a safeguarding nature is made against any employee or visitor within the setting, either by another member of staff, parent, visitor or external body then the following steps will be taken:-
  - The person will be removed from direct contact with children.
  - Initial information will be obtained to share with the Local Authority Designated Officer - LADO.
  - Referral decision will be made by the Designated Safeguarding Lead / Deputy with any assistance or support required from the Regional Director or Head of Safeguarding.

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- Even if limited information is available - if the allegation is of a serious nature then suspension or removal of the staff member from a contact role will be immediate. This may be until further information is obtained or an internal / external investigation has been completed.
- Inappropriate staff behavior towards a child could include:-
  - Rough or inappropriate physical handling.
  - Force-feeding.
  - Picking a child up in a way which causes injury or harm.
  - Inappropriate language e.g. swear-words, racist comments, sexual comments and/or shouting.
  - Inappropriate sharing of images.
  - Excessive one to one attention with a child beyond the requirements of their usual role.

## 2.5 External Investigations and Disqualifications

- Childbase Partnership have effective systems in place to ensure the suitability of staff (to include agency staff) and any other person coming into regular contact with children. This includes obtaining information about whether a person is disqualified from working with children. We are committed to:
  - Ensuring our staff understand their responsibility for disclosing any convictions, cautions, court orders, reprimands or warnings that may affect their suitability to work with children whether received before or during their employment at the setting.
  - Recording information about staff qualifications, identity checks and vetting.
- In the event that a staff member is disqualified from working with children, they must disclose this immediately. The staff member would be suspended immediately pending further enquiries into the disqualification.
- Staff must disclose immediately to the Nursery Manager if they:
  - Have any unspent convictions, cautions, reprimands or final warnings issued by the police, that are not protected as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013) .
  - Receive an order, determination or conviction from regulations made under section 75 of the Childcare Act 2006.
- They must then provide:
  - The date of the arrest, caution, order, determination or conviction, or the date the ground for disqualification arose.
  - A certified copy of the relevant order including the body or court which made the order and details of the sentence if imposed.
- Where external agencies become aware of grounds for disqualification they will contact us directly. Staff who are found to have failed to disclose such information, will be required to attend a disciplinary hearing for gross misconduct.
- In the event of any instances detailed above Childbase Partnership will inform Ofsted and the LADO. Ofsted can take the immediate action of applying disqualification from working with children in these circumstances against the staff member involved.

## 2.6 Prevent Duty

- We recognise our duty under section 26 of the Counter-Terrorism and Security Act 2015, to have “due regard to the need to prevent people from being drawn into terrorism”. This duty is known as the Prevent Duty.

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- All employees, at all levels within the company, must be alert to the following:
  - Potentially harmful behavior by adults in the child's life. This includes incidents where we suspect that a child may be vulnerable because of extremist views held by adults within the child's family or anyone who has regular contact with the child.
  - Their duty to implement our Whistle Blowing procedures in relation to any concerns about staff who are suspected of or directly displaying any extremist views.
- Potential signs of extremist behavior relating to both adults and children are detailed on Appendix QT001.
- In these cases we will consider whether we need to protect children by following our usual safeguarding procedures and following each Local Authority reporting structure in relation to Prevent/Channel.
- It is the role of all staff within our settings to be alert to the signs of radicalisation. All employees must report any concerns immediately to the Designated Officer.

## 2.7 Confidentiality

- Where children are known to the Local Authority and leave one nursery for another or for school, the Designated Person must inform the receiving nursery and the Key Worker at the social care department.
- We all have a professional responsibility to share relevant information about the protection of children with investigative agencies. Members of staff should not promise children confidentiality but can let a child making a disclosure know that only those who need to know will be informed.
- Sensitive information should be stored in a lockable filing cabinet.
- Information shared at strategy meetings should be treated sensitively and discretion will be required as issues emerge on a formal and informal basis.

## 2.7 Working with Families

- It is important we make clear to parents our role in safeguarding their child. Parents should be encouraged to share information with us about accidents or concerns from home. These will be logged on QT002 and signed by parents or carers.
- We have a responsibility to ensure we take reasonable steps to ensure that we do not hand a child over to a parent, guardian or authorised person if we suspect they are under the influence of alcohol or drugs. In this instance a member of the Management Team will speak with the adult in question and request that they arrange for someone else to collect the child. Two team members will always remain with the child until an appropriate alternative collection can be arranged. Please also refer to the 'Aggressive and Violent Situations' section of the Health and Safety manual.

## 2.8 Children with additional needs

- Children who are the subject of multi-agency work may have additional needs. There are many reasons why children with challenging home lives may also have learning and or behavioral needs as well.
- Where children have additional needs it is important that Practitioners and the Designated Person take time to identify any barriers to learning. In some cases it may be appropriate for other agencies to be involved in support. It may be necessary to conduct an EHA (Early Help Assessment or other multi-agency meeting to find appropriate ways to support the child and the family).
- Please refer to the SEND policy for further information on how to support children with Special Educational Needs and Disabilities.



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### 2.10 Safeguarding young people (employees)

- All members of Management are responsible for recognising that some Apprentices and employees, aged under 18, are a vulnerable group. Management are responsible for ensuring that vulnerable individuals are protected from abuse or harm. Management must therefore be vigilant for any signs of significant harm and avoidable danger including any unlawful discrimination, exploitation, access to a potentially unsafe learning environment, bullying, self-harm, FGM and neglect.
- In the event of an Apprentice or young person presenting evidence of the above, either verbally or in writing, Management must do the following.
  - Tell the young person that we may not be able to guarantee that anything they disclose to us, which may be covered by our safeguarding policy, will be treated as confidential as we have an overriding Duty of Care to ensure their wellbeing is safeguarded and to report any areas of concern we identify.
  - Ask them to detail the facts and take notes of exactly what was said. Management must not ask leading questions.
  - Refer the case to the Designated Safeguarding Lead who will refer the case to the Safeguarding Panel and HR as appropriate.

### 3.0 Roles & Responsibilities

#### Head of Safeguarding

- To monitor all key referrals ensuring advice, consistency and one point of contact across the business to safeguard the children in our care.
- To lead the safeguarding panels across the company where decisions about referrals to LSP, LADO, Prevent/Channel and Ofsted will be made in conjunction with key personnel.
- To review safeguarding procedures across the company and make recommendations where appropriate to the Executive and Business Review Meetings.
- To hold annual safeguarding network meetings with nurseries.

#### Regional Directors

- To ensure knowledge on Safeguarding and Prevent Policy and procedure is up to date and filtered down to individual nurseries.
- To inform the any referrals made by the DSL. Ensure all documentation for referral is completed appropriately and in a timely manner.
- Ensure all concerns remain confidential. To attend Designated Safeguarding Lead training every 2 years.

#### Area Managers

- To ensure Management Teams have read and understood the Safeguarding and Prevent Policies and procedures
- To ensure staff mandatory training relating to safeguarding and child protection is up to date and that access to Local Authority training for designated officers is in place.
- Ensure that Management Teams make staff aware of the Childbase Whistle Blower Policy and they understand the procedure to be followed in the event that an allegation is made against a member of staff.
- To attend Designated Safeguarding Lead training every two years.
- To undertake Designated Safeguarding Supervisions with all DSLs every 8 weeks.

#### Designated Safeguarding Lead at each setting (Nursery Manager)



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- To attend Local Authority Designated Lead safeguarding training **or** the Designated Safeguarding Lead training undertaken by Jigsaw Consultancy (see training brochure) every two years.
- Completion of the Designated Person poster to be displayed on the parent and staff information boards, see QT05.
- Implementation of Childbase Safeguarding and Prevent Policy and procedure.
- Hold sound knowledge of the setting's Local Safeguarding Partners (LSP) policies and procedures.
- Report any safeguarding concerns at the setting directly to LSP (if appropriate) informing the Regional Director.
- Working in partnership with other agencies with regards to open cases of child abuse or suspected abuse. Act as a source of advice for the setting, ensuring staff understand their responsibilities in relation to early intervention, whistle blowing and supporting children's needs.
- To attend the annual safeguarding network meetings
- To undertake the safeguarding audit (yearly)

**Management Teams (Nursery Manager, Deputy Manager, Team Leader, Room Leader)**

- To complete online Safeguarding and Prevent training yearly and to monitor colleagues training to ensure they keep up to date (refer to Flick report).
- Implementation of Childbase Safeguarding and Prevent Policy and procedure.
- To ensure staff are never appointed to start work without an enhanced DBS clearance and in line with the Company policy for Safer Recruitment.
- To ensure that on-going disqualification checks are carried out at supervisions and PDRs.
- To ensure that they and all staff have read and understood the safeguarding policies and procedures and completed mandatory training in relation to safeguarding.
- To frequently question staff with regards to safeguarding offering scenarios to develop their knowledge.
- Create an open door policy to management which consistently offers staff the opportunity to raise well-being and development concerns about the children they work with.
- Ensure that staff employed to care for children are suitable to fulfill their role.
- Identify and intervene if staff appear to struggle with the requirements of their role particularly in relation to managing difficult situations with children.
- Have a sound awareness of the company reporting procedures where a concern about a child or staff member is identified.
- Ensure safeguarding is a recurring agenda item at all staff supervisions and meetings.
- Act as Designated Safeguarding Lead in the absence of the Nursery Manager
- Competent completion of all forms relating to this area including support for Practitioners where required if documentation is not completed correctly.
- Make the Safeguarding and Prevent Policy accessible to parents and visitors.
- Ensure any child currently on a child protection plan who is absent without explanation or whose parents/carers provide a concerning explanation is referred to the Head of Safeguarding immediately to collate all relevant information for a referral.
- To refer any safeguarding issues requiring potential referral the DSL informing the regional director. In the absence of the manager they can refer to the LSP, again informing the Regional Director who will inform the Head of Safeguarding.
- Ensure all documentation for referral is completed appropriately and in a timely manner.
- Ensure all concerns remain confidential.
- Regularly review the safeguarding logs and highlight any patterns emerging in children's welfare.



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**Nursery Practitioners**

- To complete online Safeguarding and Prevent Duty training yearly.
- Implementation of Childbase Safeguarding and Prevent Policy and procedure.
- Keeping alert for possible signs of abuse amongst children within the setting and reporting these to the Designated Safeguarding Lead without delay. Ensuring that any incidents or injuries at home are recorded on: QT004 – Safeguarding Log and QT002 – Incident Observation sheet
- Intervening immediately and without delay if a child is at potential risk from harm either outside or within the setting. Ensure the child's safety and wellbeing and immediately report the incident.
- Referring concerns to the Designated Safeguarding Lead and/or their designated deputy.
- Supporting children who make a disclosure.
- Supporting children to understand how they can keep themselves safe.
- Maintaining a two way flow of communication between parents and the nursery.
- Ensuring the premises are safe and secure to prevent intruders entering.
- Supervision of children in all areas with regular headcounts and register checks to ensure that they are always within sight and/or sound.

**Agency and Relief Staff, Administrators, Catering and Domestic Staff**

- To complete the online Safeguarding and Prevent training.
- All staff working with children at a Childbase nursery must have read and understood the company safeguarding and Prevent Duty Policy and procedures.
- These staff must report any concerns about a child to the Designated Officer or Nursery Management Team without delay.
- These staff must understand the intervention required if they feel a child is being handled inappropriately by any staff member, adult or visitor at the setting.
- Prior to commencing work at the setting these staff must have a sound understanding and agree to adherence of the following company policies:
  - Safeguarding & Prevent Duty Policy
  - Whistle Blowing policy
  - Security policy
  - Mobile and Photographic Devices Policy
  - Accident reporting procedures.



**Safeguarding Appendices; QT001 - Guidance on recognising suspected abuse**

“Abuse” is a term used to describe any action by another person including a child that causes significant harm to a child. It can be physical, sexual or emotional, but can just as often be a bout lack of love, care and attention. It is not always our responsibility to determine if abuse is occurring but rather that we identify and act on any concerns we have allowing referrals to professionals. All staff **MUST** have up-to-date understanding of safeguarding children, be able to implement the policy and procedures in line with the Childbase policy and local safeguarding arrangements and should respond appropriately to:

<p><b>Sexual Abuse</b> Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. These can include non-contact activities such as involving children in looking at, or in the production of pornographic material, or ‘sexting’, watching sexual activities and direct acts such as sexual exploitation and/or trafficking or encouraging children to behave in sexually inappropriate ways. Possible signs of this abuse are:</p> <ul style="list-style-type: none"> <li>•Bruises, scratches, burns or bite marks</li> <li>•Scratches, abrasions or persistent infection/signs of STD in the anal or genital regions.</li> <li>•Sexual awareness inappropriate to the child’s age through discussion, drawings or actions</li> <li>•Frequent masturbation.</li> <li>•Attempts to teach other children about sexual activity.</li> <li>•Refusing to stay with certain people or go to certain places.</li> <li>•Aggression, anger, anxiety, tearfulness</li> <li>•Withdrawal from friends</li> </ul>	<p><b>Physical Abuse</b> Signs of physical abuse can include hitting, shaking, throwing, poisoning, burning, biting, scalding, suffocating, so called honour based violence or causing any physical harm to a child. Possible signs of this abuse are:</p> <ul style="list-style-type: none"> <li>•Unexplained injuries or burns</li> <li>•Refusal to discuss an injury</li> <li>•Improbable explanation for an injury</li> <li>•Admission of punishment that seems excessive</li> <li>•Shrinking from physical contact and fear of undressing</li> <li>•Fear of medical help or fabricated illnesses</li> <li>•Over compliant behaviour</li> <li>•Significant changes in behaviour</li> <li>•Unexplained patterns of absence</li> <li>•Aggression/bullying – role play of such behaviour</li> <li>•Bruising on infants who are not independently mobile. Bruising on non-mobile infants is rare <b>and should therefore always warrant further investigation and a referral to the Head of Safeguarding</b>. The younger the child, the greater the risk that bruising is non-accidental. There is substantial and well-founded research based on the significance of bruising in children who are not independently mobile and therefore action should always be taken in these cases.</li> </ul> <p>*Non-independently mobile: A child of any age who is not yet crawling, bottom shuffling, pulling to stand, cruising or walking independently.</p> <ul style="list-style-type: none"> <li>•The guidance also applies to older immobile children, for example immobility due to disability/illness.</li> <li>•Bruising/suspicious marks: It is not always easy to identify with certainty a skin mark as a bruise.</li> </ul>
<p><b>Female Genital Mutilation (FGM)</b> FGM refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. FGM can sometimes be referred to as female cutting, circumcision or sunna. Whilst some cultures consider this to be acceptable practice Childbase recognises that this is illegal in the UK and a form of abuse. A FGM procedure can take many forms including removal of the clitoris or labia, narrowing/closing the vaginal opening or incising the vagina. The practice is conducted within some cultures from birth to marriage and beyond. If a child has signs of FGM or there is reason to believe they</p>	

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are at risk of FGM having considered their family history or other relevant factors a referral must be made to the Head of Safeguarding who will support the referral to the LSCB. If there is a concern that a staff member may have been subjected to FGM this must be reported to the Designated Safeguarding Officer. If a girl has had FGM they may:

- Have difficulty walking, sitting or standing.
- Spend longer than normal in the bathroom or toilet.
- Have unusual behaviour after an absence from nursery.
- Be particularly reluctant to undergo normal toileting and nappy changing.
- Ask for help, but may not be explicit about the problem due to embarrassment or fear.

**Neglect**

Neglect is also a form of abuse. This is the persistent failure to meet a child's basic physical and/or psychological needs and can affect the child's health and development. It might include failure to provide adequate food, shelter and clothing, failure to protect a child from physical harm or danger, poor parenting, allowing substance misuse or failure to ensure appropriate access to medical care and treatment. Possible signs of neglect include:

- Constant hunger or constant tiredness
- Poor personal hygiene or inappropriate clothing
- Frequent lateness or non-attendance
- Untreated medical problems
- Low self esteem
- Poor social relationships

**Emotional Abuse**

This is persistent emotional ill-treatment of a child such as to cause severe and persistent adverse effects on their emotional development. All types of abuse include emotional abuse. It can include:

- conveying to a child that they are worthless or unloved
- placing inappropriate age-related expectations on children
- making children feel frightened or in danger on a regular basis.
  - Making a child feel different and isolated due to prejudice or discrimination

Possible signs of this type of abuse are:

- Continual self- depreciation
- Fear of new situations
- Inappropriate emotional responses to painful situations
- Self-harm or mutilation
- Neurotic behaviour e.g. obsessive rocking, thumb sucking
- Air of detachment/don't care attitude /social isolation
- Attention seeking behaviour
- Depression or withdrawal

**Domestic Violence**

Domestic violence is when an adult threatens, bullies or hurts another adult in the family. In a marriage, this could be classed as matrimonial abuse. It can happen in any family. This doesn't always involve physical violence. If a child is witnessing or hearing domestic violence, they could be at risk themselves and feel worried about their own safety. Domestic violence can have a serious impact on a child's behaviour and well-being. A child witnessing domestic abuse is recognised as 'significant harm' in law. Possible signs to look for in children:

- Aggressive behaviour
- Displaying anti-social behaviour
- Depression
- Anxiety
- Withdrawn behaviour
- Sudden changes in behaviour
- Wetting or soiling self
- Obsessive behaviour
- Nightmares
- Self-harm

**Prevent Duty**

Prevent Duty covers our duty under the Counter-Terrorism and Security Act 2015 to exercise our functions, to have due regard to the need to prevent people from being drawn into terrorism.



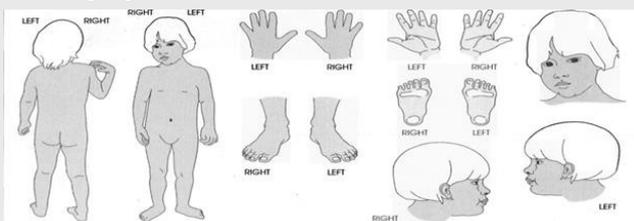
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<p><b>Possible signs in adults:</b></p> <ul style="list-style-type: none"> <li>•Change in usual behaviour e.g. anger or short tempered</li> <li>•New found arrogance</li> <li>•Fixed on a subject</li> <li>•Closed to new ideas and conversations</li> <li>•Asking inappropriate questions</li> <li>•Making inappropriate statements or making a call to action</li> <li>•New circles of friends</li> <li>•Use of internet with reference to inappropriate or concerning content</li> <li>•Changes in language or use of words which are a cause for concern</li> <li>•Scripted speech</li> <li>•Absence/travel of concern</li> <li>•Changes in appearance</li> <li>•A direct disclosure of concern</li> </ul>	<p><b>Possible signs in children:</b></p> <ul style="list-style-type: none"> <li>•Anger</li> <li>•Inappropriate comments or references to peers</li> <li>•Asking unusual questions for the age and stage of the child</li> <li>•Changes in behaviour</li> <li>•References either directly or through play to extreme views.</li> <li>•A lack of mutual respect shown to particular people</li> <li>•A lack of regard to our golden values</li> <li>•A direct disclosure of concern</li> </ul>
<p><b>Bullying</b></p> <p>Bullying can be defined as using deliberately hurtful behaviour, usually over a period of time, where it is difficult for those bullied to defend themselves. Bullying can be in person or online. Possible signs of bullying are:</p> <ul style="list-style-type: none"> <li>•Frightened or unwilling to come to nursery</li> <li>•Withdrawn or anxious</li> <li>•Starting to stammer</li> <li>•Crying at night or having nightmares</li> <li>•Performing less well at nursery</li> <li>•Coming home with damaged possessions or personal possessions going missing</li> <li>•Suffering unexplained cuts and bruises</li> <li>•Becoming aggressive and bullying</li> </ul>	
<p><b>Child criminal exploitation and county lines</b></p> <p>County lines is when gangs groom, threaten or trick children into trafficking drugs for them. They might threaten a child physically, or they might threaten the child’s family members. Possible signs to look for in children:</p> <ul style="list-style-type: none"> <li>•Unexplained absences</li> <li>•Increasingly disruptive or aggressive behaviour</li> <li>•Using sexual, drug-related or violent language you wouldn’t expect them to know</li> <li>•Having unexplained injuries</li> </ul>	

**QT002 Incident/Observation Record**

Nursery Name:	
Date of incident: Day of Incident: M T W T F S S	Time of incident:
Child's name:	Child's DOB:
Child's Address:	
Incident at Nursery? YES / NO (Circle as appropriate)	Incident at Home / outside nursery care? YES / NO
Completed by: STAFF (tick)	PARENT / GUARDIAN (tick)

**Description of Injury**



Large empty box for describing the injury.

**Description of incident**

Large empty box for describing the incident.

**OFFICE USE ONLY**

No of Incident logs for child		<b>Next Steps Other:</b>
Prior referrals? Known to LADO?		
<b>Next steps</b>		
None:		
Monitor:		



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Referral to LADO:	
Completed by:	Signature: _____ Date: _____
Duty Manager Name:	Signature: _____ Date: _____
Parent /Guardian Name:	Signature: _____ Date: _____

Attach minutes of meetings and Safeguarding Call Log if applicable

**CONTINUATION SHEET for Incident Observation Record (QT002)**

Nursery Name & URN			
Date of Incident		Time of Incident	
Child's Name		Child's Date of Birth	
Completed by:		Signature: _____	Date: _____
Duty Manager Name:		Signature: _____	Date: _____







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**QT004-Safeguarding / Prevent Duty Log**

**Nursery name and location:**

**Name of Child:**

**Date of Birth:**

**Nursery Start Date:**

Date	Time	Age in months	Incident	Physical Injury	Non Attendance	Main content of discussion	Behaviour Causing Concern	Action	NM Sign / Date
23.11.15	10.00	38 m		Bruises seen at top of both arms when mother dropped off		Child states she fell off bike, mother unsure of how they occurred		Chart started	A Smith 23.11.15
16.04.16	3.00 pm	38 m	Child very hungry and asked for food in the morning. Ate 3 helpings at lunch time					Noted	A Smith 16.01.16
23.07.16	All day	30 m			Not previously discussed	Mother says child unwell – GP not seen		Discussion with family social worker	A Smith 23.07.16



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13.08.16	All day	33 m	Mother collects smelling of alcohol					Discuss with line manager. Contact RD for advice - Safeguarding referral	A Smith 13.08.16
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**QT004-Safeguarding / Prevent Duty Log**

**Nursery name and location:**

**Name of Child:**

**Date of Birth:**

**Nursery Start Date:**

Date	Time	Age in months	Incident	Physical Injury	Non Attendance	Main content of discussion	Behaviour Causing Concern	Action	NM Sign / Date



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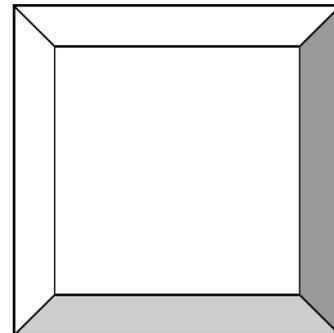
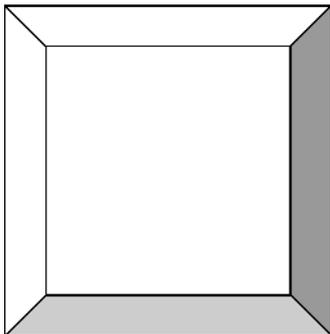

**QT005 Notice Board Information**

**Safeguarding and Prevent Duty Contact Sheet**

**NURSERY NAME**

**The Designated Person for Safeguarding and Prevent concerns is:**

**The Deputy Designated Person for Safeguarding and Prevent concerns is:**



Name:

Name:

Where you can find me in the nursery

Where you can find me in the nursery

.....

.....



<b>The Local Authority for the nursery is:</b>	
<b>Local Safeguarding Children's Board key contact</b>	<b>Name:</b> <b>Tel Number:</b> <b>Fax:</b> <b>Number:</b>
<b>Ofsted</b>	<b>Ofsted Number:</b> <b>Tel Number:</b>
<b>Area Manager</b> <b>Regional Director</b> <b>Head of Safeguarding</b>	<b>Numbers:</b>
<b>Any Other relevant contact numbers specific to your Local Authority:</b>	<b>Prevent Contact:</b>

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**Document Control**

Procedure Owner	Head of Safeguarding
Author	Lorna Wigley
Reviewers	Louise Hill, Emma Rooney, Regional Directors
Creation Date	September 2015
Re Issue No. Date Issued: Policy Effective Date	3.0 March 2017 01/04/2017
Re Issue No. Date Issued: Policy Effective Date	4.0 May 2018 28 <sup>th</sup> May 2018
Re Issue No. Date Issued: Policy Effective Date	4.1 Aug 2018 3 <sup>rd</sup> August 2018
Re Issue No. Date Issued: Policy Effective Date	4.2 February 2020 11 <sup>th</sup> February 2020
Re Issue No. Date Issued: Policy Effective Date	4.3 February 2021 February 2021
Re Issue No. Date Issued: Policy Effective Date	4.4 May 2021 May 2021
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Re Issue No. Date Issued: Policy Effective Date	4.6 June 2022 June 2022