

Stars Nursery Policies & Procedures



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SAFEGUARDING & POLICIES PROCEDURES	
Principles	Page 5 & 6
Aims	Page 6 & 7
What is abuse?	Page 8
Physical Abuse	Page 8 & 9
Neglect	Page 9 & 10
Sexual Abuse	Page 10 & 11
Emotional Abuse	Page 12 & 12
Fabricated Illness	Page 12
Response from Parents	Page 13
Recording Suspicions of Abuse and Disclosures	Page 13
Informing Parents	Page 14
Confidentiality	Page 14
Support to Families	Page 14
Referral Procedures and Contacts	Page 14
Staff Recruitment and Deployment	Page 15,16,17
Good staffing practice	Page 18
Allegations against Staff and Others	Page 18
What happens when an allegation is made	Page 18 & 19
Procedure with dealing with an allegation	Page 19 & 20
When a Child Makes an Allegation	Page 20
Unexplained Absences of Children on the Child Protection Register	Page 21
Staff Responsibilities	Page 21 & 22
Collection Procedures	Page 22
Intimate Care Guidelines	Page 22 & 23
Working with Children of the Opposite Sex	Page 23
Photographs of Children	Page 24
Missing Children	Page 24
Child going missing on premises	Page 24
Child going missing on an outing	Page 25
Staff Recognised as Unsuitable to Work with Children	Page 25
Links with Other Policies	Page 26
Local Child Safeguarding Board –Brent Council	Page 27
The Role of the LADO (Local Authority Designated Officer)	Page 27 & 28
The Independent Safeguarding Authority	Page 28
Early Help Assessment	Page 28 & 29
Concerned about a child	Page 30
Accident or Incident Record	Page

PRINCIPLES

Our nursery is committed to safeguarding and promoting the welfare of children and expects all staff, contractors and volunteers to share in this commitment.

The protection and welfare of children and vulnerable adults is of paramount importance to the nursery. Children and parents have a right to expect the nursery to provide a safe and secure environment and the nursery has a general duty for children's welfare as part of our parent partnership role, also ensuring all staff are meeting the children's needs:

- Protecting children from maltreatment
- Preventing impairment of children's health or development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care, and
- Taking action to enable all children to have the best outcomes.

We support the children within our care, protect them from maltreatment and have robust procedures in place to prevent the impairment of children's health and development. Safeguarding is a much wider subject than the elements covered within this single child protection policy, therefore this document should be used in conjunction with the other nursery policies and procedures.

Safeguarding is also enshrined in law under the Safeguarding Vulnerable Groups Act (2006). In addition, there are comprehensive government guidelines laid down in the Working Together to Safeguard Children (Department of Education, March 2010), DFE Guidance Safeguarding Children and Safer Recruitment in Education (Jan 2007) and Dealing with Allegations of Abuse against Teachers and Other Staff (August 2011), What to do if you are worried a child is being abused (DFES 2007). Advice Contact and Assessment Service.

Each area has a Local Authority Designated Officer (LADO) to whom child protection issues can be referred. It has also taken into consideration our obligations under the Early Years Foundation Stage. The key components of the policy are to:

- Ensure safe recruitment in checking the suitability of staff and volunteers to work with children.
- Raise awareness of child protection issues and equip children with the skills needed to keep them safe.
- Develop and then implement procedures for identifying and reporting cases, or suspected cases, of abuse.
- Establish a safe environment in which children can learn and develop.
- In accordance with his/her agreed child protection plan, supporting children who have been abused.

Our nursery will work with children, parents, external agencies and the community to ensure the welfare and safety of children and to give them the very best start in life.

Children have the right to be treated with respect and to be safe from any abuse in whatever form. Safeguarding and promoting the welfare of children, for the sake of this policy is defined as:

- Protecting children from maltreatment
- Preventing the impairment of children's health or development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care.

(Definition taken from the HM Government document 'Working together to safeguard children'). A child or young person up to the age of eighteen years is considered to be abused or at risk of abuse by parents or carers, if the basic needs of the child are not being met through avoidable acts of commission or omission so as to have caused or to have placed the child at risk of harm.

Our policy has been written taking regard to the following principles:

- Every child has the right to be safe.
- Every child has the right to personal privacy.
- Every child has the right to be valued as an individual.
- Every child has the right to be treated with dignity and respect.
- Every child has the right to be involved and consulted in their own intimate care to the best of their abilities and where practicable.
- Every child has the right to express their views on their own intimate care and to have such views taken into account, where practicable.
- Every child has the right to have levels of intimate care that consistent.

Harm is defined by The Children Act 1989 as ill-treatment or the impairment of health or development. (Deciding if harm is significant, where it relates to health or development, for the purposes of obtaining emergency protection orders, care orders or supervision orders under the Act, will depend on a comparison of the child's health or development with what could reasonably be expected of a similar child).

AIMS

Practitioners have a duty to protect and promote the welfare of children. Due to the many hours of care we are providing, staff will often be the first people to sense that there is a problem. They may well be the first people in whom children confide about abuse. The nursery has a duty to be aware that abuse does occur in our society.

This policy lays out the procedures that will be followed if we have any reason to believe that a child in our care is subject to welfare issues including physical, sexual, emotional abuse or neglect.

Our prime responsibility is the welfare and well-being of all children in our care. As such we believe we have a duty to the children, parents and staff to act quickly and responsibly in any instance that may come to our attention. All staff will work as part of a multi-agency team where needed in the best interests of the child.

The nursery aims to:

Ensure that children are never placed at risk while in the charge of nursery staff.

- Ensure that confidentiality is maintained at all times.
- Ensure safe recruitment practices are always followed.
- Ensure that all staff are alert to the signs of abuse, understand what is meant by child protection and are aware of the different ways in which children can be harmed including by other children i.e. bullying, discriminatory behaviour.
- Ensure that all fears or allegations of abuse are reported to the Designated Person in the nursery. Also, that reports be referred to LADO (Local Authority Designated Officer where necessary).
- Ensure that all staff are familiar and updated regularly with child protection issues and procedures.
- Develop effective links with relevant agencies and co-operate as required with their enquiries regarding child protection matters, including attending case conferences.
- Ensure parents are fully aware of child protection policies and procedures when they register with the nursery and are kept informed of all updates when they occur.
- Keep the child at the centre of all we do.
- Keep written records of concerns about children, even where there is no need to refer the matter immediately, and ensure all records are kept securely in confidential files.
- Provide immunity from retribution or disciplinary action against staff for 'whistleblowing' in good faith.
- See that this policy, the nursery's procedures and the efficiency with which the related duties have been discharged, is reviewed at least annually by the management team in conjunction with the Local Authority. Have regard to the safeguarding procedures as outlined in the DFE Guidance Safeguarding Children and Safer Recruitment in Education (1 Jan 2007), Working Together to Safeguard Children (March 2010) and Dealing with Allegations of Abuse against Teachers and Other staff (August 2011).

Children will be supported by offering reassurance, comfort and sensitive interactions. Activities will be devised according to individual circumstances to enable children to develop confidence within their peer group. The following procedures are to be used as a working document for staff members, parents/carers and children at The Wishing Tree Children's Nursery. These procedures are to be followed when anyone has a concern regarding the health and safety of a child in the nursery, or if someone suspects that any form of child abuse is taking place including within the workplace. This could be in the form of Physical Abuse, Neglect, Sexual Abuse or Emotional Abuse. Our nursery follows procedures as outlined in

WHAT IS ABUSE?

Abuse and neglect are forms of maltreatment – a person may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children and young people may be abused in a family or in an institutional or community setting; by those known to them or, more rarely, by a stranger. They may be abused by an adult or adults, or another child or children. There are some behaviours that are commonly seen in children who are abused. These are intended to give an indication and cannot be used as a confirmation of abuse:

- Unexplained or suspicious injuries such as bruising, bites or burns, particularly if situated on a part of the body not normally prone to such injuries.
- The child says that she or he is being abused, or another person says they believe (or know) that abuse is occurring.
- The child has an injury for which the explanation seems inconsistent or which has not been adequately treated.
- The child's behaviour changes, either over time or quite suddenly, and he or she becomes quiet and withdrawn, or alternately becomes aggressive.
- Refusal to remove clothing for normal activities or keeping covered up in warm weather.
- The child appears not to trust particular adults, a parent or coach with whom she or he would be expected to have, or once had, a close relationship.
- An inability to make close friends.
- Inappropriate sexual awareness or behaviour for the child's age. If what you see or hear makes you feel unsure, or worried, you should always do something about it.

You should seek advice from the Designated Safeguarding Representatives for the Nursery.

PHYSICAL ABUSE

Action will be taken under this heading if staff members have reason to believe that there has been a physical injury to a child. This can involve hitting, shaking, squeezing, burning and biting. It also includes the excessive use of force when carrying out tasks like feeding or nappy changing. Action needs to be taken if staff have reason to believe that there has been harm inflicted 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 nursery manager or room leader.

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

Examples which may indicate physical abuse include: (this is not designed to be used as a checklist)

- Patterns of bruising, including inconsistencies of stories as to how bruising or injuries occurred
- Finger, hand or nail marks, black eyes
- Bite marks
- Round burn marks, burns and scalds
- Lacerations, wealds

- Fractures
- Bald patches
- Symptoms of poisoning
- Fear of going home or parents being contacted.
- Fear of medical help
- Inexplicable fear of adults or over compliance
- Violence or aggression towards others including bullying
- Isolates him/herself from peers

Procedure:

- All signs of marks/injuries to a child, when they come into nursery or occur during time at the nursery, will be recorded as soon as noticed by a staff member
- The incident will be discussed with the parent at the earliest opportunity
- Such discussions will be recorded and the parent will have access to such records
- If there appear to be any queries regarding the injury, LADO in the local authority will be notified.

NEGLECT

Action will be taken under this heading if staff members have reason to believe that neglect has taken place. Neglect is described as a situation where parents or carers fail to meet the basic essential needs of children: like adequate food, clothes, warmth, and medical care, which may result in serious impairment of the child's health and development. Leaving young children alone and unsupervised is another example of neglect. Some of the features of neglect are:

- During pregnancy as a result of maternal substance abuse
- If a parent or carer fails to provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- If a parent or carer fails to protect a child from physical and emotional harm or danger
- If a parent or carer fails to ensure adequate supervision (including the use of inadequate care-givers)
- If a parent or carer fails to ensure access to appropriate medical care or treatment
- As a result of unresponsiveness to a child's basic emotional needs.

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

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

and emotional. In addition, neglect may occur through pregnancy as a result of maternal substance abuse. Examples which may indicate neglect include: (this is not designed to be used as a checklist)

- Hunger
- Tiredness and listlessness
- Child dirty and unkempt
- Poorly or inappropriately clad for the weather
- Poor concentration
- Poor home conditions
- Affection or attention seeking behaviour
- Untreated illnesses/injuries
- Pallid complexion
- Stealing or scavenging compulsively
- Failure to achieve development milestones e.g. growth, weight
- Failure to develop socially
- Neurotic behaviour

Procedure:

- The concern will be discussed with the parent
- Such discussions will be recorded and the parent will have access to such records
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An Early Help Assessment may need to be completed

- If there appear to be any queries regarding the circumstances the LSCB in the local authority will be notified.

SEXUAL ABUSE

Action will be taken under this heading if staff members have witnessed occasions where a child indicates sexual activity through words, play or drawing or if they have an excessive pre-occupation with sexual matters, or exhibit an inappropriate knowledge of adult sexual behaviour. 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 nappy changes. The physical symptoms may include genital trauma, discharge, and bruises between the legs or signs of a sexually transmitted disease (STD). Emotional symptoms could include a distinct change in a child's behaviour. They may be withdrawn or overly extroverted and outgoing. They may withdraw away from a particular adult and become distressed if they reach out for them, but they may also be particularly clingy to a potential abuser so all symptoms and signs should be looked at together and assessed as a whole. Recognition can be difficult, unless the child discloses and is believed. There may be no physical signs and indications are likely to be emotional or behavioural.

Examples of behaviour which may indicate sexual abuse (this is not designed to be used as a checklist)

- Sexually explicit play or behaviour or age inappropriate knowledge
- Anal or vaginal discharge, soreness or scratching

- The presence of sexually transmissible infections
- Inability to concentrate, tiredness
- Refusal to communicate, selective mutism
- Thrush or other throat infections
- Persistent complaints of stomach disorders or pain
- Eating disorders
- Attention seeking behaviour
- Aggressive behaviour
- Unusually compliant
- Regressive behaviour
- Enuresis, soiling
- Touching others inappropriately
- Depression, withdrawal, isolation from peer group
- Bruises, scratches etc. in genital area
- Does not trust familiar or particular adult

If a child starts to talk openly to an adult about abuse they may be experiencing; the procedure stated later in this document under 'recording abuse suspicions' will be followed.
Procedure:

- The adult should reassure the child and listen without interrupting if the child wishes to talk
- The observed instances will be detailed in a confidential report
- The observed instances will be reported to the nursery manager
- The matter will be referred to LCSB.

EMOTIONAL ABUSE

Action will be taken under this heading if staff members have 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. Abuse can range from rejecting a child, refusing to show a child love or affection, or deliberately making a child unhappy by continually belittling him/her or verbally abusing him/her.

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.

The main features of emotional abuse are:

- Conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.
- Age or developmentally inappropriate expectations being imposed on children
- Interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning
- Preventing the child participating in normal social interaction
- Seeing or hearing the ill treatment of another – this is particularly relevant in respect of domestic violence.
- Serious bullying, causing children frequently to feel frightened or in danger
- The exploitation or corruption of children

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.

The child is likely to show extremes of emotion with this type of abuse. Emotional abuse may be difficult to recognise, as the symptoms are usually behavioural rather than physical. The indicators of emotional abuse are often also associated with other forms of abuse.

Examples of behaviour which may indicate emotional abuse include: (this is not designed to be used as a checklist)

- Over-reaction to mistakes
- Delayed physical/mental/emotional development
- Sudden speech disorders, elective mute/deaf
- Inappropriate emotional responses, fantasies
- Neurotic behaviour, rocking, banging head, regression, tics and twitches
- Fear of parents being contacted
- Running away, compulsive stealing
- Appetite disorders
- Soiling, smearing faeces, enuresis
- A child scapegoated within the family
- Frozen watchfulness, particularly in pre-school children
- Lack of confidence
- Withdrawn or seen as a 'loner' – difficulty relating to others

Procedure:

- The concern should be discussed with the manager
- The concern will be discussed with the parent
- Such discussions will be recorded and the parent will have access to such records
- An Early Help Assessment (EHA) may need to be completed (England only)
- If there appear to be any queries regarding the circumstances, the matter will be referred to the LCSB.

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.

RESPONSE FROM PARENTS

Research and experience indicates that the following responses from parents may suggest a cause for concern across all four categories of abuse:

- An unexpected delay in seeking treatment that is obviously needed
- An unawareness or denial of any injury, pain or loss of function (for example, a fractured limb)
- Incompatible explanations offered, several different explanations or the child is said to have acted in a way that is inappropriate to his/her age and development
- Reluctance to give information or failure to mention other known relevant injuries
- Frequent presentation of minor injuries
- Unrealistic expectations or constant complaints about the child
- Alcohol misuse or other drug/substance misuse
- Parents request removal of the child from home
- Violence between adults in the household

RECORDING SUSPICIONS OF ABUSE AND DISCLOSURES

Staff should make an objective record (supported by the nursery manager or Designated Safeguarding Co-ordinator (DSCO)) of any observation or disclosure and include:

- Child's name
- Child's address
- Age of the child and date of birth
- Date and time of the observation or the disclosure
- Exact words spoken by the child
- Exact position and type of injuries or marks seen
- Exact observation of an incident including any other witnesses
- Name of the person to whom the concern was reported, with date and time; and the names of any other person present at the time.
- Any discussion held with the parent(s) (where deemed appropriate).

These records should be signed by the person reporting this and the *manager/*DSCO/*supervisor, dated and kept in a separate confidential file.

If a child starts to talk to an adult about potential abuse it is important not to promise the child complete confidentiality. This promise cannot be kept. It is vital that the child is allowed to talk openly and disclosure is not forced or words put into the child's mouth. As soon as possible after the disclosure it is vital details are logged down accurately. It may be thought necessary that through discussion with all concerned the matter needs to be raised with the LADO, Ofsted, and/or a EHA needs to be initiated. Staff involved may be asked to supply details of any information/concerns they have with regard to a child. The nursery expects all members of staff to co-operate with LCSB and Ofsted in any way necessary to ensure the safety of the children. Staff must not make any comments either publicly or in private about a parent's or staff's supposed or actual behaviour.

INFORMING PARENTS

Parents are normally the first point of contact. If a suspicion of abuse is recorded, parents are informed at the same time as the report is made, except where the guidance of the LSCB does not allow this. This will usually be the case where the parent or family member is the likely abuser, or where a child may be endangered by this disclosure.

In these cases, the investigating officers will inform parents.

All staff members must remember that we are committed to working in close partnership with parent's/carers and therefore it is our policy to inform them first of any concerns we may have, unless the child will be put at risk. It is important to remember that the child's welfare is paramount. This will be done by contacting the Local Safeguarding Children's Board.

This must always be done in a tactful and confidential manner and in no circumstances should staff make any judgement or accusation towards that parent/carer. Always concentrate on the facts and give clear reasons as to why there is a concern.

PHYSICAL RESTRAINT

There may be times when adults, in the course of their duties, have to intervene physically in order to restrain children and prevent them from coming to harm. Such intervention will always be the minimum necessary to resolve the situation.

Where there is an immediate risk of injury, a member of staff may need to take any necessary action that is consistent with the concept of 'reasonable force'. Before intervening physically, staff should wherever practicable, tell the child who is misbehaving to stop, and what will happen if he or she does not. The staff member should continue to attempt to communicate with the child throughout the incident and should make it clear that physical contact or restraint will stop as soon as it ceases to be necessary. In such cases only the minimum force necessary will be used whilst maintaining a calm and measured approach.

Stars nursery staff should not put themselves at risk of injury. In these circumstances, the staff member should remove the other children who may be at risk and seek assistance from a colleague or colleagues and if necessary telephone the police. Staff should inform the child/children that they have sent for help. Until assistance arrives, staff should continue to attempt to defuse the situation orally and try to prevent the situation from escalating.

Types of Incidents

There are a wide variety of situations in which reasonable force might be appropriate, or necessary, to control or restrain a child. They will fall into three broad categories:

- 1 Where action is necessary in self-defence or because there is an imminent risk of injury.
- 2 Where there is a developing risk of injury, or significant damage to property.
- 3 Where a child is behaving in a way that is compromising good order and discipline.

Examples of situations that falls under physical restraint are:

- A child attacks a member of staff or another child
- Children are fighting
- A child is engaged in, or is on the verge of committing, deliberate damage to property
- A child is causing, or at risk of causing, injury or damage by accident, by rough play, or by misuse of materials or objects
- A child is running in the playground in a way in which he or she might have or cause an accident likely to injure him or herself or others

Physical intervention can take several forms. It might involve staff:

- physically interposing between children
- blocking a child's path
- holding
- pushing
- pulling
- leading a child by the hand or arm
- shepherding a child away by placing a hand in the centre of the back or in extreme circumstances, using more restrictive holds.

In exceptional circumstances, where there is an immediate risk of injury, a member of staff may need to take any necessary action that is consistent with the concept of 'reasonable force': for example to prevent a young child running off a pavement onto a busy road, or to prevent a child hitting someone, or throwing something. In other circumstances staff should not act in a way that might reasonably be expected to cause injury, for example by:

- Holding a child by the neck or collar, or in a way that may restrict their ability to breathe
- Slapping punching or kicking the child
- Twisting or forcing limbs against a joint
- Tripping up a child
- Holding or pulling a child by the hair or ear
- Holding a child face down on the ground
-

The Range of Interventions: How May Children be Restrained?

In the unlikely event of a staff member needing to use restrictive physical intervention, the following points should be noted:

- Restrictive physical intervention must be consistent with the concept of reasonable force
- The circumstances must warrant the use of force
- The degree of force employed must be in proportion to the circumstances of the incident and the minimum to achieve the desired result.
- Avoid causing pain or injury
- Avoid holding or putting pressure on joints
- In general hold long bones

- Do not hold a pupil face down on the ground or in any position that might increase the risk of suffocation.

Recording Incidents

Any member of staff involved in an incident requiring physical intervention must inform the Principal and write a detailed report of the incident to help prevent any misunderstanding or misrepresentation of the situation.

Planning for Incidents

If the nursery is aware that a child is likely to behave in a way that may require physical control or restraint, it will plan how best to respond in the situation. The nursery will endeavour to:

- Manage the child and situation by diffusing the situation
- Involve the parents to ensure that they are clear about the specific action the nursery may need to take
- Brief staff to ensure that they know exactly what action should be taken and where appropriate provide training or guidance
- Ensure that additional support can be summoned in appropriate.

All incidents of physical restraints will be recorded on an incident form and kept on the child's file. Parents will be informed of their child's behaviour. The nursery will support the child and parents as best we can, however if a child is harming other children and staff on a regular basis, the nursery has the right to protect the other children and staff; the nursery will take out necessary measurements to have the child withdrawn from the nursery; after every effort has been made to support the child's needs.

CONFIDENTIALITY

All suspicions, enquiries and external investigations are kept confidential and shared only with those who need to know. Any information is shared under the guidance of the LSCB (Local Safeguarding Children's Board).

SUPPORT TO FAMILIES

The nursery takes every step in its power to build up trusting and supportive relations among families, staff and volunteers within the nursery.

The nursery continues to welcome the child and the family whilst enquiries are being made in relation to abuse in the home situation. Parents and families will be treated with respect in a non-judgmental manner whilst any external investigations are carried out in the best interests of the child. Confidential records kept on a child are shared with the child's parents or those who have parental responsibility for the child, only if appropriate under the guidance of the LSCB with the proviso that the care and safety of the child is paramount. We will do all in our power to support and work with the child's family.

REFERRAL PROCEDURES AND CONTACTS

It is the responsibility of the Nursery or Deputising Managers, once a concern has been reported, to assess the potential risk the child may be facing, and the action that needs to be taken e.g. immediate referral or monitoring and recording. Where a member of staff or manager/deputy is sufficiently concerned, they must contact the local Children's Safeguarding Board.

STAFF RECRUITMENT AND DEPLOYMENT

It is the policy of the nursery to provide a secure and safe environment for all children. The nursery will therefore not allow an adult to be left alone with a child who has not received their enhanced CRB disclosure clearance. All staff will attend child protection training within their first six months of employment, and receive initial basic training during their induction period.

This will include the procedures for spotting signs and behaviours of abuse and abusers, recording and reporting concerns and creating a safe and secure environment for the children in the nursery.

We have named officers within the nursery that co-ordinates child protection and welfare issues. The Designated Safeguarding Co-ordinators (DSCO) at the nursery are Meena Jnagal and Suhraba Suraby.

- We provide adequate and appropriate staffing resources to meet the needs of children
- Applicants for posts within the nursery are clearly informed that the positions are exempt from the Rehabilitation of Offenders Act 1974. Candidates are informed of the need to carry out checks before posts can be confirmed. Where applications are rejected because of information that has been disclosed, applicants have the right to know and to challenge incorrect information.
- All enhanced CRB disclosures checks will be updated on a regular basis to ensure the suitability of the adults caring for the children.
- We will ensure that we have comprehensive information of any member of staff who has regular contact with a person convicted of a criminal offence or who has an unsafe CRB or who is registered on the Sex Offenders Register.
- We abide by Ofsted requirements in respect of references and suitability checks for staff and volunteers, to ensure that no disqualified person or unfit person works at the nursery or has access to the children
- We ensure we receive at least two written references BEFORE a new member of staff commences employment with us
- All students will have enhanced CRB disclosures conducted on them before their placement starts
- We will ensure that staff complete a status check each year which will validate information held about them to include criminal convictions, cautions, warnings or other activities since the CRB was conducted at the induction stage.
- Volunteers, including students, do not work unsupervised
- We abide by the Safeguarding Vulnerable Groups Act (2006) requirements in respect of any person who is dismissed from our employment, or resigns in circumstances that would otherwise have led to dismissal for reasons of child protection concern
- We have procedures for recording the details of visitors to the nursery and take security steps to ensure that we have control over who comes into the nursery, so that no unauthorised person has unsupervised access to the children
- All contractors/external workers will be enhanced CRB checked and the manager will request this before allowing them access to the nursery. All visitors/contractors will still be accompanied whilst on the premises, especially when in the areas the children use

- All staff have access to a whistleblowing policy which will enable them to share any concerns that may arise about their colleagues in an appropriate manner
- All staff will receive regular supervision meetings where opportunities will be made available to discuss child protection training and any needs for further support
- The deployment of staff within the nursery allows for constant supervision and support.

Where children need to spend time away from the rest of the group, the door will be left ajar or other safeguards will be placed into action to ensure the safety of the child and the adult. When recruiting staff and volunteers, we will ask specific questions in their application form about the following:

- Any criminal record which is followed up with a CRB check.
- If the candidate has or is having regular contact with someone who has a criminal record or is or has been placed on the Sex Offenders Register.
- Whether they are known to social services for any reason to say they cannot work with children.
- The names and address of two people, not relatives, who will provide references that comment on the applicant's previous work with other children. Staff have an on-going obligation to keep the nursery informed of any changes to their suitability to work with children throughout their employment. Every 12 months the nursery will conduct a status check of every employee and contractor in the nursery to ensure that any changes to circumstances have been considered.
- Ensure that children are never placed at risk while in the charge of nursery staff.
- Ensure that confidentiality is maintained at all times.
- Ensure safe recruitment practices are always followed.
- Ensure that all staff are alert to the signs of abuse, understand what is meant by child protection and are aware of the different ways in which children can be harmed including by other children i.e. bullying, discriminatory behaviour.
- Ensure that all fears or allegations of abuse are reported to the Designated Person in the nursery. Also, that reports be referred to LADO (Local Authority Designated Officer where necessary.
- Ensure that all staff are familiar and updated regularly with child protection issues and procedures.
- Develop effective links with relevant agencies and co-operate as required with their enquiries regarding child protection matters, including attending case conferences.
- Ensure parents are fully aware of child protection policies and procedures when they register with the nursery and are kept informed of all updates when they occur.
- Keep the child at the centre of all we do.
- We ensure we receive at least two written references BEFORE a new member of staff commences employment with us
- All students will have enhanced CRB disclosures conducted on them before their placement starts.
- We will ensure that staff complete a status check each year which will validate information held about them to include criminal convictions, cautions, warnings or other activities since the CRB was conducted at the induction stage.
- Volunteers, including students, do not work unsupervised

- We abide by the Safeguarding Vulnerable Groups Act (2006) requirements in respect of any person who is dismissed from our employment, or resigns in circumstances that would otherwise have led to dismissal for reasons of child protection concern
- We have procedures for recording the details of visitors to the nursery and take security steps to ensure that we have control over who comes into the nursery, so that no unauthorised person has unsupervised access to the children
- All contractors/external workers will be enhanced CRB checked and the manager will request this before allowing them access to the nursery. All visitors/contractors will still be accompanied whilst on the premises, especially when in the areas the children use
- All staff have access to a whistleblowing policy which will enable them to share any concerns that may arise about their colleagues in an appropriate manner
- All staff will receive regular supervision meetings where opportunities will be made available to discuss child protection training and any needs for further support
- The deployment of staff within the nursery allows for constant supervision and support.

Where children need to spend time away from the rest of the group, the door will be left ajar or other safeguards will be placed into action to ensure the safety of the child and the adult.

When recruiting staff and volunteers, we will ask specific questions in their application form about the following:

- Any criminal record which is followed up with a CRB check.
- If the candidate has or is having regular contact with someone who has a criminal record or is or has been placed on the Sex Offenders Register.
- Whether they are known to social services for any reason to say they cannot work with children.
- The names and address of two people, not relatives, who will provide references that comment on the applicant's previous work with other children. Staff have an on-going obligation to keep the nursery informed of any changes to their suitability to work with children throughout their employment. Every 12 months the nursery will conduct a status check of every employee and contractor in the nursery to ensure that any changes to circumstances have been considered.

GOOD STAFFING PRACTICE

- We will ensure that staff are not left alone with children for any length of time.
- Children will be under supervision of more than one adult.
- Staff who have not been police checked (CRB), and we have not received their CRB disclosure form, will not be left alone with the children. They will not be able to take the children to the toilet, change a child's nappy, or to open the door to any parents or visitors.
- Staff will be given constant support about any concerns they may have. Training opportunities for all staff involved in the setting, including an induction procedure.
- Staff will discuss with all children that they have the right to say no, and that they must always say "no" to strangers.
- Outside agencies will be brought in regularly to talk to children about being safe.

ALLEGATIONS AGAINST STAFF AND OTHERS

Nursery staff, because of their daily contact with children are particularly vulnerable to accusations of abuse. Their relationships with children may lead to allegations being made against them by children, colleagues or adults with parental responsibilities.

What is an 'allegation'?

An 'allegation' refers to any information or concern which suggests an adult who works with children has:

- Behaved in a way that has harmed, or may have harmed, a child;
- Possibly committed a criminal offence against, or related to, a child: or
- Behaved in a way that indicates s/he is unsuitable to work with children.

An allegation can arise in connection with your work, your own children or other children living outside the family, and can relate to a current or historical concern. An allegation can be made in a number of ways:

- Directly by the child in person;
- Indirectly, for example by friend/s of the child;
- Complaint from a parent/carer to a Manager, Children's Social Care or the Police;
- Report from a colleague or another agency;
- Anonymously.

WHAT HAPPENS WHEN AN ALLEGATION IS MADE?

All allegations are taken seriously and acted upon. The management of allegations sits within an effective cycle of good practice which exists both to protect children and those who work with them. When an allegation is made the Manager will refer to the Local Authority Designated Officer* (LADO), who has overall responsibility for the management of allegations. Together they will consider the nature, content and context of the allegation and agree the course of action to be taken. Local Authorities are required to designate officers to be involved in the management and oversight of individual cases – this person is known as the 'Local Authority Designated Officer' (LADO). The LADO provides advice and guidance, liaises with the Police, Social Care Teams, regulatory bodies such as Ofsted and other organisations as needed and ensures a consistent, fair and thorough process for both child and adult.

Any allegation that meets the threshold for 'harm' or 'risk of harm' will be reported to police and social care for investigation. Investigations may have three related, but independent, strands:

- Enquiries and assessment by children's social care regarding whether a child is in need of protection or in need of services;
- A police investigation into a possible criminal offence;
- Consideration by the employer of whether disciplinary action is necessary.

These three strands need to be thoroughly assessed and a definite conclusion reached on each of them. To ensure this happens, a 'Strategy Meeting' will take place to plan any enquiries, allocate tasks and set timescales. The meeting's primary focus is on safeguarding and promoting the welfare of the child, but it's also about ensuring a fair process for you, as

the adult. It will consider not only the children directly involved in the allegation but also any other children who could have suffered, or are at risk of suffering, harm. This could include your own children.

PROCEDURE FOR DEALING WITH AN ALLEGATION

The procedures to be followed, including when the alleged abuser is a volunteer or student, are as follows:

Always stop and listen straight away to someone who wants to tell you about incidents or suspicions of abuse. If the time and place is inappropriate arrange a suitable time and place as soon as possible.

If you can, write brief notes of what they are telling you while they are speaking (these may help later if you have to remember exactly what was said); keep your original notes, however rough.

Never make a promise that you will keep what is said confidential or secret.

If you are told about abuse you have a responsibility to report it so that action can be taken. Give reassurance that only those who need to know will be told.

Do not ask leading questions that might give your own ideas of what might have happened (e.g. "Did he do X to you?" -just ask, "What do you want to tell me?" or "Is there anything else that you want to say?")

Immediately tell the Designated Safeguarding Representative— A member of staff must make a detailed written note of allegations of abuse, and pass this directly to the Designated Person as quickly as possible and certainly within twenty-four hours, since any reports to the LADO will be required by then. The Designated Person will consult with other colleagues as appropriate and a course of action will be decided upon.

If an allegation is made against the Designated Safeguarding Representative, or a member of the Management Team then the Proprietor must be informed immediately. If an allegation is made against the Proprietor, the Nursery Manager must be informed immediately.

Discuss with the Designated Safeguarding Representative whether any steps need to be taken to protect the person who has told you about the abuse.

Never attempt to carry out an investigation of suspected or alleged abuse by interviewing people etc. Social services and police staff are the people trained to do this. You could cause more damage and spoil possible criminal proceedings. If the complaint is considered to be sufficiently serious, i.e. the allegation is that a member of staff or volunteer has (a) behaved in a way that has harmed a child, or may have harmed a child; (b) possibly committed a criminal offence against or related to a child; or (c) behaved towards a child or children in a way that indicates he or she would pose a risk of harm if they worked regularly or closely with children. (e.g. sexual or physical abuse, criminal acts or gross misconduct) then the Designated Safeguarding Representative must refer the matter

to LADO as soon as possible (and certainly within 24 hours) and their guidance is followed next.

Suspension of the staff member in question should not be a default response to an allegation; it should be used only if there is no reasonable alternative. Suspension may be appropriate where:

- A child or children are at risk
- Allegations are so serious that dismissal for gross misconduct is considered
- Suspension will allow the investigation to proceed unimpeded

Allegations found to be malicious should be removed from personnel records. Records of all others must be kept but any that are not substantiated, are unfounded or malicious should not be referred to in employer references.

WHEN A CHILD MAKES AN ALLEGATION

When a child makes an allegation it is important for the staff not to be judgmental in any way. Our guidelines for dealing with the situation are:

- Reassure the child, telling them that you are glad they have told you about this.
- Believe the child. Telling them you will do your best to protect them, but do not promise that you can keep them safe or keep their secret.
- Remember the child is not to blame. It is important that you make the child understand this.
- Do a lot of listening. Don't ask leading questions.
- Report your conversations with the child to the Nursery Manager/Deputy.
- Record the information in the child protection incident book or on a referral form.

These are kept confidential in the office for the manager to complete.

Depending on the severity of the case we would either, discuss with parents/carers or contact the local Children's Safeguarding Board. The disclosure would be monitored and assessed. Inform Ofsted.

If an allegation were to be made against a member of staff, we will ensure that the following procedures are put in place:

- Interviews would be conducted with the person making the complaint, the staff member in question and other staff members.
- If such allegations were made against a member of staff, this is reported to the Manager who will decide the necessary actions, which may include the suspension of the staff member during the investigation. This is not an indication that the alleged incident has taken place, but is to protect the staff as well as children and families throughout the process.
- Any action would depend on the findings of the investigation. If the complaint is found to be invalid, the staff member would be reinstated. If it is found to be valid, the staff member would be dismissed and OFSTED and the Local Safeguarding Children's Board would be immediately informed of the matter. Full co-operation will be given by any investigations carried out by social services.

UNEXPLAINED ABSENCES OF CHILDREN ON THE CHILD PROTECTION REGISTER

The Designated Person must notify LADO if there is an unexplained absence of more than two days of a pupil who is on the child protection register.

In such a case, where the child is not in the nursery as expected, contact is made as soon as possible to find out what explanation is given for absence. Depending on the response received, a referral will be made more urgently. When an allegation is made against a member of staff the Local Authority Designated Officer, LADO, should be the first point of contact and then Ofsted.

Brent Local Safeguarding Children Board
Brent Civic Centre
Engineers Way
Wembley
Middlesex
HA9 0FJ

Brent Family Front Door:
Telephone: 0208 937 4300
Emergency Duty Team (out of hours) Tele: 0208 863 5250

Email: brent.LADO@brent.gcsx.gov.uk
Website: <http://www.brentlscb.org.uk>

Ofsted new address for parents/complaints
The National Business Unit
Ofsted
Piccadilly Gate
Store Street
Manchester
M1 2WD
Tel: 0300 123 1231

STAFF RESPONSIBILITIES

All staff at The Wishing Tree are responsible for:

- Recognising and responding to any signs of abuse.
- Responding to any child allegations.
- Acting on concerns about the conduct of colleagues/volunteers.
- Acting on any suspicions of abuse.

On being alerted to any suspicions:

- Record your findings and information accurately.
- Report your concerns to Bridget and Vicky without delay.
- If the manager/deputy manager/supervisor Meena or Suhraba are under any suspicion of

any abuse, staff need to contact the Local Safeguarding Children's Board for advice.

All staff will attend child protection training; this will be updated every two years to allow us to update our policy.

COLLECTION PROCEDURES:

The nursery has a duty of care to ensure that children are only handed over to authorised collectors such as parents/carers, friends and relatives. At collection time the nursery reserves the right not to hand over the child if we believe that the person collecting is not in a fit state to safely take charge of the child. Circumstances where this may occur include collectors who are under the influence of alcohol or drugs, displaying violent behaviour or where the nursery believes that the child is at risk.

The procedure to follow when questioning a parent's right to collect

- Staff should not let the child go with the parent/carer.
- Staff need to contact the manager/deputy manager.
- The manager/deputy manager must assess the situation.
- Talk to the parent/carer about the situation, explain why you are not happy.
- Call emergency contacts if necessary.
- If emergency contacts can't be reached then call the Local Safeguarding Children's Board for advice, while staying with the child at all times.

INTIMATE CARE GUIDELINES

The nursery's Intimate Care Guidelines have been developed to safeguard children and staff and they apply to everyone involved in the intimate care of children.

- Every child has the right to personal privacy.
- Every child has the right to be treated with dignity and respect.
- Every child has the right to be involved and consulted in their own intimate care to the best of their abilities.
- Every child has the right to express their views on their own intimate care and to have such views taken into account.
- Every child has the right to have levels of intimate care that are as consistent as possible.

Disabled children can be especially vulnerable. Staff involved with their intimate care need to be sensitive to their individual needs. Nursery staff need to be aware that, albeit in exceptionally rare circumstances, some adults may use intimate care as an opportunity to abuse or behave inappropriately with children. It is important to bear in mind that some care tasks / treatments can be open to misinterpretation. Adhering to these guidelines of good practice will safeguard children and staff.

The policy applies to all personnel (including bank and agency staff) who are involved in the direct care of children.

The understanding of what is intimate care may vary within diverse cultures, so staff members need to be aware of any cultural specifics that might impact upon the care that we normally provide. The nursery practitioner can clarify this with the parents in the first instance, and to answer further queries the practitioner should seek advice from the Nursery or Deputising Managers. Intimate care can include:

- Feeding
- Oral care
- Washing
- Dressing / undressing
- Toileting and nappy changing
- Supervision of a child involved in intimate self-care.
- Applying/renewing dressings to intimate parts of the body

Parents have a responsibility to advise staff of the intimate care needs of their child, which must be documented in the child's individual care plan.

WORKING WITH CHILDREN OF THE OPPOSITE SEX

There is a positive value in both male and female staff being involved with children and the nursery has produced the following guidelines to assist staff in understanding the principles:

Ideally, every parent / carer / child should be involved in the choice of Practitioner for all their intimate care. The individual child's safety, dignity and privacy are of paramount importance. The intimate care of boys / girls can be carried out by a member of staff of either sex with the following provisions:

- Where a parent or carer has specifically requested that certain activities only be provided by a particular Practitioner or gender of staff, these wishes will be detailed in the Care Plan and posted in the relevant room with a file copy kept in the office.
- Where a recognised agency has specifically intervened and stipulated that a child must be looked after by a particular practitioner or gender of staff, these wishes will be detailed in the Care Plan and posted in the relevant room with a file copy kept in the office.
- When intimate care is being carried out, all children have the right to dignity and privacy i.e. they should be appropriately covered, the door closed or screens put in place.
- If the child appears distressed or uncomfortable when personal care tasks are being carried out, the care should stop immediately. Try to ascertain why the child is distressed and provide reassurance.
- When intimate personal care has been required and a member of staff of the same gender has been requested and is not available, this must be brought to the attention of the person in charge as soon as possible. Parents and carers must be informed before the intimate care activity has taken place, where practicable.
- Where immediate care has to be provided that does not conform to the parents' wishes as detailed in the Care Plan, this must be recorded in the child's records stating date; time; care given; why the care had to be given and why a member of the chosen gender was not available. The parents will be informed of such an instance.

In instances where a parent or carer has requested that a particular member of staff or gender of staff perform certain activities, other members of staff will be informed and a full explanation given. Naturally, any confidentiality will be observed. Furthermore, the nursery will ensure that practitioners' employment rights are not infringed.

PHOTOGRAPHS OF CHILDREN

The use of photographic images of pupils in publications and on the nursery website is covered under the Data Protection Policy. The nursery will not publish photographs of individual children with their names without the express agreement of the appropriate individual. Permission is sought and gained from parents when their child(ren) enters the nursery in the form of a consent form.

MISSING CHILD

Children's safety is our highest priority, both on and off the premises. Every effort is made to ensure the security of children is maintained at all times. In the unlikely event of a child going missing, our Missing Children procedure is followed.

CHILD GOING MISSING ON THE PREMISES:

- As soon as it is noticed that a child is missing, the key person/staff alerts the Nursery Manager.
- The Nursery Manager will conduct a thorough search of the building and garden.
- The register is checked to ensure all other children are present.
- Doors and gates are checked to see if there has been a breach of security whereby a child could wander out.
- The setting leader talks to the staff to find out when and where the child was last seen and records this.
- The Nursery Manager calls the police dialling 999 after a thorough search is carried out on all areas of the premises and reports the child as missing and also to the Security on Radio – quoting Code MC. The parent is then called.
- The setting leader will then conduct an investigation.

CHILD GOING MISSING ON AN OUTING:

- As soon as it is noticed that a child is missing, staff on the outing ask the children to stand with their designated carer and carry out a headcount to ensure no other children have gone astray. One staff member searches the immediate vicinity, but does not search beyond that.
- The Nursery Manager is contacted immediately (if not on the outing) and the incident is recorded.
- The police and venue security (if applicable) are contacted to report the child as missing.
- The Nursery Manager contacts the child's parent, who should make their way to the setting.
- The remaining children are returned to the setting.
- A member of staff may be advised to stay at the venue until the police arrive.
- The Nursery Manager conducts an investigation.

STAFF RECOGNISED AS UNSUITABLE TO WORK WITH CHILDREN

Any person who is released from the nursery's services because he or she has been deemed unsuitable to work with children must be reported to the Independent Safeguarding Authority (ISA). Reports must be made within one month of the person's leaving the nursery and provide as much detailed evidence of the case as possible. Reports could be made in (but are not limited to) the following cases: dismissal; non-renewal of a fixed-term contract; refusal to employ or discontinued use of a member of staff employed by a contractor, a supply practitioner from an employment agency, or a volunteer; placement termination of a student or other trainee; or resignation (and voluntary withdrawal).

Independent Safeguarding Authority
PO Box 181
Darlington DL1 9FA
(0300 123 1111)

LINKS WITH OTHER POLICIES

Child Safeguarding and Protection issues overlap with procedures addressed in other policies such

- Behaviour Management
- Phone, Camera and Media Policy
- Nappy Changing and Toilet Procedures
- Arrivals and Departures.
- Separated Family
- Special Education Needs
- Sleeping Children
- Code of Conduct
- Confidentiality
- Whistleblowing
- Recruitment of Staff
- Recruitment and Induction
- Key person
- Health and Safety
- Allegations Against Staff
- Equal Opportunities and Diversity
- Special Needs
- Medicine
- Complaints and Concerns
- Late Collection
- Missing Child
- Emergency Evacuation
- Nappy Changing
- Admissions
- Observation, Assessment and Planning
- Care Plan
- Partnership with Parents
- Risk Assessments
- Accidents and Incidents
- Transition
- CEYC Safeguarding Audit

LOCAL CHILD SAFEGUARDING BOARD –BRENT

The Children Act 2004 places a duty on every local authority to establish a Local Safeguarding Children Board (LSCB). The core objectives of the LSCB are to:

- coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area of the authority
- ensure the effectiveness of what is done by each such person or body for that purpose

Brent LSCB consists of senior representatives from statutory and voluntary sector agencies in accordance with Working Together 2010 as follows:

- Brent Council
- Children and Young People's Trust
- Adult Social Services
- Education Services
- Youth Offending Services
- Brent Police
- Brent Probation Trust
- Brent Strategic Health Authority
- NHS Brent Council
- Northwick Park Hospitals NHS Trust
- Brent Ambulance
- Community and Voluntary Sector Forum
- EHA Early Help Assessment
- NSPCC

The LCSB has a comprehensive web site which provides information on a wide range of safeguarding issues at <http://brentlscb.org.uk>

Any safeguarding issues should be reported through the ACAS helpline.

THE ROLE OF THE LADO (LOCAL AUTHORITY DESIGNATED OFFICER)

The LADO is appointed by the Brent LCSB should be referred to in all cases where it is alleged that a person who works with children or young people has:

- Behaved in a way that has harmed a child or may have harmed a child
- Possibly committed a criminal offence against, or related to, a child; or
- Behaved towards a child or children in a way that indicates s\he is unsuitable to work with children

Initial contact should be made through the ACAS help desk.

The LADO key responsibilities include:

- Management and oversight of individual cases from all partner agencies of the Brent Safeguarding Children Board if the allegation meets the thresholds laid out in the guidance
- Providing advice and guidance to senior managers
- Monitoring the progress of cases to ensure they are dealt with within agreed timescales
- Ensuring a consistent and thorough process for all adults working with children and young people against whom allegations are made
- Liaising with police and the Crown Prosecution Service

- Discussing with senior managers the possibility of referral to the Protection of Children Act list or to the appropriate regulatory body

The LADO assigned to our nursery as of February 2016

is:

Local Authority Designated Officer

THE INDEPENDENT SAFEGUARDING AUTHORITY

The Independent Safeguarding Authority's (ISA) role is to help prevent unsuitable people from working with vulnerable groups including children. Referrals are made to the ISA when an employer or an organisation, for example, a regulatory body, has concerns that a person has caused harm or poses a future risk of harm to vulnerable groups including children. In these circumstances the employer or regulatory body must make a referral to the ISA. The range of organisations who are able to make referrals include;

- Regulated activity providers;
- Personnel suppliers;
- Local authorities;
- Education and Library Boards;
- Health and Social Care (HSC) bodies;
- Keepers of Registers named in the legislation; and
- Supervisory authorities named in the legislation.

Additionally, the ISA can take referrals from members of the public. However, as we do not have investigatory powers we will always advise any individual considering making such a referral to first contact the police and/or the relevant local authority's children and adults safeguarding team or social services within a Health and Social Care Trust in London. The police and/or local authority will conduct an investigation. Following an assessment of the evidence, the information may then be sent as a referral to the ISA for consideration. The ISA can be contacted through its web site www.isa.homeoffice.gov.uk/

THE EARLY HELP ASSESSMENT

The EHA is a shared assessment tool for use across all children's services and all local areas in England. It aims to help early identification of need and promote co-ordinated service provision.

What does the Early Help Assessment consist of?

- A simple pre-assessment checklist to help practitioners decide who would benefit from a common assessment.
- A three-step process (prepare, discuss, deliver) for undertaking a common assessment, to help practitioners gather and understand information about the needs and strengths of the child, based on discussions with the child, their family and other practitioners as appropriate.

- A standard form to help practitioners record, and, where appropriate, share with others, the findings from the assessment in terms that are helpful in working with the family to find a response to unmet needs.

WHY DO WE NEED EARLY HELP ASSESSMENTS?

- To give all practitioners working with children and young people a holistic tool for identifying a child's needs before they reach crisis point and a shared language for discussing and addressing them.
- To ensure important needs are not overlooked and reduce the scale of assessments that some children and young people undergo.
- To provide a common structure to record information and facilitate information sharing between practitioners.
- To provide evidence to facilitate requests to involve other agencies, reducing unnecessary referrals and enabling specialist services to focus their resources where they are most needed.

WHAT ARE THE LEVELS OF CHILDREN'S NEEDS?

Level 1 – Low to vulnerable need Children with low level additional needs that are likely to be short-term and that may be known but will not be met unless additional support e.g. a team around the Family (TAF) is provided

Level 2 – Vulnerable to complex need Children with moderate to high level additional/unmet needs likely to require a Team around the Family (TAF) or longer term intervention from statutory/specialist services.

Level 3 – Complex to acute need Children with Complex additional unmet needs and /or acute urgent situations of concern or risk

- Which agencies provide support?
- Integrated youth support services Child Development and Disability Service
- SEN services
- Specialist health or disability services
- Youth offending service/provision of targeted drug and alcohol work
- Specialist and community CAMHS
- Children's centres, Speech and language services and Nursery providers
- Educational psychologists, educational welfare and School nurses
- Voluntary and community services

CONCERNED ABOUT A CHILD?

If you have a concern about a child, you should first approach the Manager or the Safeguarding.

Representative within the Nursery. We will work with the LADO on deciding how to proceed.

Together we will need to identify whether what we have seen or heard represents a risk of:

- significant impairment to health and development of the child - a section 17 referral
- or a risk of significant harm to the child – a section 47 referral.

If an Early Help Assessment is in place in conjunction with the LADO, we will contact the Lead

Professional and share our concerns. Concerns will become a part of the Early Help Assessment

Staff could be asked to support the multi-agency team around the child in delivering the plan that will support the needs of, and improve outcomes for, the child and family.

If an Early Help Assessment is not in place in conjunction with the LADO, we will contact the Early Help Assessment team and identify our concerns. The EHA team will name an Integrated Processes Co-ordinator (IPC) who will advise us on the next steps. We may be asked to support the initiation of a EHA or initiate a EHA ourselves.

Initial contact should be made through the ACAS helpline.

ACCIDENT OR INCIDENT RECORD

Purpose of Policy The purpose of this policy is to ensure that when an accident occurs in Stars Nursery appropriate action is taken and accurate information is recorded and communicated. An accident is classed as an occurrence which has resulted in an injury to one or more persons.

Who is Responsible? It is the responsibility of every member of staff to ensure that accidents and injuries are dealt with in a timely manner. It is the responsibility of the manager to ensure that all members of staff have knowledge of first aid; as all members of staff are required to have a full 12 hours paediatric first aid qualification. Staff that join the organisation must require their first aid certificate before employment, however they do have a three-month window to complete this at the start of their employment.

It is the responsibility of the member of staff who has administered the first aid to write the accident report and ensure that it is signed by the parent or carer of the child or children involved. All members of staff have a responsibility to ensure that the manager is informed when items from the first aid box are used. A system of recording is in place to ensure that the first aid box is restocked on a regular basis.

How the Policy is Implemented? The first aid co-ordinator will check the first aid box each month to ensure that the box is fully stocked, if there are any items that need to be ordered this should be done as soon as possible. The manager is responsible for making sure that all medical information and emergency contact details on the children's registration documents are up to date and accurate. When an accident occurs it is the responsibility of the first aider to determine whether the injury can be dealt with in the setting or if medical assistance is required.

Minor Injuries If the injury is minor and does not require medical assistance the first aider should address the injury and complete an accident record, this record will be signed by the first aider and by the parent or carer of the child. If the injury is minor but requires medical assistance the first aider will call a taxi and take the child to the nearest health centre, the child's medical information and registration forms should be taken with them, a member of staff at the setting should contact the parent or carer to inform them of the accident and the actions that have been taken. Upon returning to the setting the first aider should complete the accident report and have it ready for the parent to sign.

Serious Accidents and Injuries

If the injury is serious and hospital treatment is required a member of staff should call an ambulance immediately and a member of staff should accompany the child to the hospital. The child's registration form containing medical information should accompany them to the hospital. A member of staff should inform the parent or carer of the child (or an emergency contact) immediately and inform them of the accident and what hospital the child has been taken to. The manager, Deputy Manager or supervisor has the responsibility to inform Brent Children's Safeguarding Board and Ofsted within fourteen days of the incident, this would also include a child's death at the setting. Further investigations will take place to establish the cause of a child's death or fatal injury.

Recording Accidents

All accidents and injuries, however minor must be recorded on an accident form. The accident forms are signed both by the parent and staff, also the witness. The forms are handed to the manager in the office, the manager will then assess the accident, what was the cause and how this can be prevented in future. All accidents and incident forms are kept in the child's file and are not destroyed as we keep the records for a further twenty-five years. We also have a log of the phone conversation held with the parent, and a head injury form. If a child sustains a head injury whilst at nursery, we will call the parent immediately and inform them of the injury. Children will be monitored closely after having a head injury.

Sample Accident form

Sample Accident form

Sample Accident form

Stars Nursery makes every effort to ensure that all children are safeguarded and well cared for. The children are the centre of our focus in all decision-making and arrangements. The nursery sees adequate First Aid provision as vital in the daily process of caring for the children.

The Nursery keeps records of head injuries, accidents, and incidents, together with an account of any first aid treatment, non-prescription medication or treatment given to a child.

New staff are given information on all of the nursery policies as part of their induction. Implementation: Practical Arrangements The first aid boxes are located in the kitchen, main play area for two and three year olds room. The contents of the first aid boxes are checked regularly by management and first aid co-ordinator. First aid boxes will be restocked immediately when required. Practical Arrangements at the point of need Any member of nursery staff can administer first aid to a child in line with the following procedures: • Administer first aid as appropriate • Call for help if appropriate • Call emergency services if required • Ensure everyone is safe and the injured party cared for and accompanied • Call the parents if appropriate Immediately after the incident • Record the incident / accident • Ensure that everyone relevant knows • Take any further action as required.

If an ambulance is required for emergency treatment, a senior member of staff will accompany the child to hospital. The parents will be notified immediately. Staff members should call emergency services as soon as it becomes clear the injury is beyond the nursery's capability and the health of the child is compromised; if in any doubt, refer immediately to a member of the Senior staff. Recording accidents and informing parents Members of Staff who deal with an accident or injury must record the incident in the Accident / Incident forms and inform management. Parents are always contacted if a child suffers anything more than a trivial injury, or suffers a head injury or if s/he becomes unwell, or if we have any worries or concerns about his/her health. Parents are encouraged to contact the nursery if they have any concern relating to their child's health.

Non Serious Injuries Parents will be informed of the accident when the child is collected from nursery at the end of the session. The records are reviewed regularly by Management and action taken to minimise the likelihood of recurrence. Records include: • the date, time and place of incident • the name of the injured or ill child • details of the injury/illness and what first was given • what happened to the person immediately afterwards (e.g. went home, resumed normal duties, went back to playroom, went to hospital) • name and signature of the person dealing with the incident along with a witness. Qualified Staff All staff receive First Aid training at least every 3 years. Nursery staff who are currently trained are: • Meena, Suhraba, Lidia and Jitesh.

Protocol for Administration of Medicines at nursery Refer to Administration of Medicine Policy Arrangements for children with particular medical needs Prior to joining the nursery, all medical details are required so that the nursery can provide the level of care expected. Where appropriate, parents and Management, along with any relevant members of staff,

will meet prior to a child joining the Nursery to ensure such provision is in place. Special arrangements, such as, training are made when necessary to ensure medical needs are met.

In the event of a child becoming sick, we would contact the parent/guardian to collect the sick child as soon as possible to protect any other children.

If the parent/guardian is not available we would contact the emergency number entered on the contact, we are not able to offer care for already sick children in the interest of the health of other children.

After illness we require 48 hours free of symptoms or a doctors recommended quarantine period, whichever is the greater time, before we could resume care. This is 48 hours without the effects of any medication, this includes diarrhoea and vomiting. Following a temperature, the children should be well, without the use of medication for at least 35 hours.

For infections that require prescribed medication and are of a contagious nature, we require medication to be given for 48 hours before they return to the nursery. This length of time has been advised to us by a pharmacist whom informed us that prescribed medication takes 3 days to have an effect and children should be kept away from other children during this time.

Conjunctivitis is contagious until the eyes are no longer red and there is no discharge, children should not attend the nursery until they are clear for 48 hours without discharge forming in either eye. This length of time has been advised to us by a pharmacist whom informed us that if there is any gunk in the eyes they are still contagious and should be kept away from other children during this time.

We have provided exclusions periods for common illnesses below.

Vomiting – return 48 hours after last episode

Diarrhoea – return 48 hours after last episode

Temperature (over 38 with other symptoms, over 39 without other symptoms) – 35 hours.

Chicken Pox – return 7 days after the appearance of rash/or spots are dry (scabbed over)

Gastro-enteritis – as with vomiting but with the advice of a doctor should be sort

Food Poisoning– as with vomiting but with the advice of a doctor should be sort

Measles – return 7 days after the appearance of rash

Head Lice – until treatment has been given

Mumps – return 7 days after the onset, when the swelling has subsided and/or after medical advice.

German Measles/Rubella – return 7 days after the appearance of rash and after medical advice

Hand Foot and Mouth – return after 2 days to prevent the spread of infection.

We will consult the NHS website to guide us with recommendations or quarantine for all illnesses. We hope that all parents recognize the need to be careful and considerate to

others to prevent the spread of infections and also allow your children to recover properly before returning to nursery.

ADMINISTERING MEDICATION

As a registered nursery, the safety and welfare of the children in our care is paramount. We do not usually administer medication to children unless a doctor, dentist, nurse or pharmacist has prescribed it for that child. Non-prescription medication, teething gel may be administered, but only with the prior consent of the parent and only when there is a health reason to do so.

Pain relief medication will not be given to a child at any time to avoid an accidental overdose (in case parents have given a dose before arrival at the childcare) to ensure that the child's condition is not masked by the medication and to make sure that it doesn't implicate any medicine that maybe given by a medical profession.

Parents are responsible for informing us about any medication that the child has been given prior to their arrival. We must obtain prior written permission for each and every medicine from parents before medication is given. In some cases, it may not be appropriate for a child to attend for 2-3 days in case they react to medication and also to prevent the spread of an infection to others. Please see sickness policy.

The medicine permission form will be regularly reviewed with parents to ensure that there are no changes, for example a child may require a different dosage or may need an additional form. We ask parents to provide details of any changes to prescriptions or the health support children require.

We record all medication administered on a form which is then held on the child's record. All medication administered is witnessed by 2 members of staff. We make sure that we have sufficient written information about the medical condition of any child with long-term medical needs. This ensures that their health needs can be fully met. Medical forms shall require parents to sign prior and after medication taken. Feedback will be given when the child is collected.

We ensure that all medicines are stored strictly in accordance with the product instructions. Also those medicines are provided in the original container in which they are dispensed and include the prescriber's instructions for administration. If a child has a self-held medication, we ask parents to provide an additional one to be kept at my home. Older children can easily leave an inhaler at nursery. What could require a simple puff of Ventolin can turn into a major incident and a trip to the hospital. If the administration of prescription medicines requires technical/medical knowledge, we will ask the parent to source relevant training for me from a qualified health professional. The training will always be specific to the individual child concerned.

If you have any concerns regarding medication, please do not hesitate to discuss them with us.

