# Safeguarding and Child Protection Policy

**The Rainbow St Stephen's Nursery School**

## Contents

## 1. Policy Aims

The purpose of this policy is to:
To provide an 'up to date' and relevant document in order to implement the policy and procedures with the principal aim of safeguarding children within the nursery. These will be in line with the guidance and procedures from the Surrey Safeguarding Children Board (SSCB) and include an explanation of the action to be taken 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 (please see mobile phone policy) (EYFS Welfare and safeguarding requirements 3:3.4).
It will also provide:

- Staff with information if anyone from the Rainbow has a concern about the welfare and safety of an individual under our care
- An identification process into which a child may fall into the category of being 'Vulnerable'
- Opportunity to quantify how the Rainbow and its staff will keep children safe whilst in attendance at our nursery
- Clarification of the Designated Safeguarding Lead and Deputy Safeguarding Lead and their role
- Training expectations and what is expected from staff
- Record keeping confidentiality and reporting to parents
- An overview of how this policy will be updated and monitored

## 2. Sources

This policy and its procedures take into account and are compliant with the below:
Education Acts; the Children Act 2004;
"Working Together to Safeguard Children 2015";
"Keeping Children Safe in Education 2015";
"Protecting children from radicalisation: the prevent duty 2015";
Ofsted guidance;
Statutory framework for the EYFS, Dept. of Education, Sept 2014
Childcare Act 2006, introducing the EYFS
SCC website http://www.surreycc.gov.uk/__data/assets/pdf_file/0008/55997/Safeguarding-children-and-child-protection-policy.pdf and http://sscb.proceduresonline.com

## 3. Definition of safeguarding and child protection

Working Together to Safeguard Children (2015:5) defines safeguarding and promoting the welfare of children as:
*Protecting children from maltreatment;*
*Preventing impairment of children's health or development;*
*Ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and*
*Taking action to enable all children to have the best outcome.*

SCC Safeguarding training for practitioners, January 2016 defines Safeguarding and promoting the welfare of children as:

*Protecting children from maltreatment*
*Preventing impairment of children's health or development*
*Ensuring children are growing up in the circumstances consistent of the provision of safe and effective care*
*Taking actions so that all children have the best outcomes*
*Child protection is part of the safeguarding and promoting welfare*

*It refers to the activity that is undertaken to protect specific children who are suffering or likely to suffer, significant harm*

## 4. Abuse & Neglect – types and signs

**Neglect**

Neglect is a form of Significant Harm which involves the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development.

Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- Protect a child from physical and emotional harm or danger;
- Ensure adequate supervision (including the use of inadequate care-givers); or
- Ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

**Recognising Neglect**

Evidence of neglect is built up over a period of time and can cover different aspects of parenting. Indicators include:

- Failure by parents or carers to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene and medical care;
- A child seen to be listless, apathetic and unresponsive with no apparent medical cause;
- Failure of child to grow within normal expected pattern, with accompanying weight loss;
- Child thrives away from home environment;
- Child frequently absent from school;
- Child left with adults who are intoxicated or violent;
- Child abandoned or left alone for excessive periods.

**Physical abuse**

Physical Abuse is a form of Significant Harm which may involve including hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating. Female genital mutilation (FGM) or otherwise causing physical harm to a female child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child, where signs may include the following:

**Recognising physical abuse**

The following are often regarded as indicators of concern:

- An explanation which is inconsistent with an injury;
- Several different explanations provided for an injury;
- Unexplained delay in seeking treatment;
- The parents / carers are uninterested or undisturbed by an accident or injury;
- Parents are absent without good reason when their child is presented for treatment;
- Repeated presentation of minor injuries (which may represent a 'cry for help' and if ignored could lead to a more serious injury);
- Family use of different doctors and A&E departments;
- Reluctance to give information or mention previous injuries.

**Bruising**

- All bruising in non-mobile children should be considered to be non-accidental and should be referred for an assessment. See Bruising in Children Who are not Independently Mobile Procedure. Report concerns immediately as significant harm to the DSL or deputy DSL, (or in the absence of all those individuals, an experienced colleague) and fill out a form to map injuries and document parent's comments (if applicable). DSL to report concern to Local Area Designated officer (LADO).

**Bite Marks**

Bite marks can leave clear impressions of the teeth. Human bite marks are oval or crescent shaped. Those over 3cm in diameter are more likely to have been caused by an adult or older child.

A medical opinion should be sought where there is any doubt over the origin of the bite.

**Burns and Scalds**

It can be difficult to distinguish between accidental and non-accidental burns and scalds, and will always require experienced medical opinion. Any burn with a clear outline may be suspicious e.g.:

- Circular burns from cigarettes (but may be friction burns if along the bony protuberance of the spine);
- Linear burns from hot metal rods or electrical fire elements;
- Burns of uniform depth over a large area;
- Scalds that have a line indicating immersion or poured liquid (a child getting into hot water of its own accord will struggle to get out and cause splash marks);

- Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation.

Scalds to the buttocks of a small child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

**Fractures**

Fractures may cause pain, swelling and discolouration over a bone or joint. Non- mobile children rarely sustain fractures.

There are grounds for concern if:

- The history provided is vague, non-existent or inconsistent with the fracture type;
- There are associated old fractures;
- Medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement;
- There is an unexplained fracture in the first year of life.

**Scars**

A large number of scars or scars of different sizes or ages, or on different parts of the body, may suggest abuse.

**Fabrication**

Fabrication or induction of illness in a child' is when a parent or carer falsifies illnesses for their child, or induces illness in their child. If, as a result of a parent or carer's behaviour, there is concern that the child is or is likely to suffer significant harm, this guidance should be followed. The impact of fabricated or induced illness on the child's health and development, and consideration of how best to safeguard and promote the child's welfare should be the priority.

There are three main ways of the carer fabricating or inducing illness in a child. These are not mutually exclusive and include:

**Fabrication** of signs and symptoms. This may include fabrication of past medical history and the falsification of hospital charts and records, and specimens of bodily fluids. This may also include falsification of letters and documents.

**Induction** of illness by a variety of means.
For more detailed information, please visit **https://www.gov.uk** and search for /Safeguarding Children in whom illness is fabricated or induced

**Appendix - Template for Warning Signs of Fabricated or Induced Illness**

Note: 'Symptoms' are subjective experiences reported by the carer or the patient. 'Signs' are observable events reported by the carer or observed or elicited by professionals. We set out below some examples of behaviour to look out for.

| Category | Warning signs of Fabricated or Induced Illness |
|---|---|
| 1. | **Reported symptoms and signs found on examination are not explained by any medical condition from which the child may be suffering.** Here the doctor is attempting to put all of the information together to make a diagnosis but the symptoms and signs do not correlate with any recognised disease or where there is a disease known to be present. A very simple example would be a skin rash, which did not correlate with any known skin disease and had, in fact, been produced by the perpetrator. An experienced doctor should be on their guard if something described is outside their previous experience, i.e. the symptoms and signs do not correlate with any recognisable disease or with a disease known to be present. |
| 2. | **Physical examination and results of medical investigations do not explain reported symptoms and signs.** Physical examination and appropriate investigations do not confirm the reported clinical story. For example, it is reported a child turns yellow (has jaundice) but no jaundice is confirmed when the child is examined and a test for jaundice, if appropriate, is negative. A child with frequent convulsions every day, has no abnormalities on a 24 hour video telemetry (continuous video and EEG recording) even during a so-called 'convulsion'. |
| 3. | **There is an inexplicably poor response to prescribed medication and other treatment.** The practitioner should be alerted when treatment for the agreed condition does not produce the expected effect. This can result in escalating drugs with no apparent response, using multiple medications to control a routine problem and multiple changes in medication due to either poor response or frequent reports of side effects. On investigation, toxic drug levels commonly occur but may be interspersed with low drug levels suggesting extremely variable administration of medication fluctuating from over- medication to withdrawal of medication. Another feature may be the welcoming of intrusive investigations and treatments by the parent. |
| 4. | **New symptoms are reported on resolution of previous ones. New symptoms often bear no likely relationship to the previous set of symptoms**. For example, in a child where the focus has been on diarrhoea and vomiting, when appropriate assessments fail to confirm this, the story changes to one of convulsions. Sometimes this is manifest by the parents transferring consultation behaviour to another child in the family. |
| 5. | **Reported symptoms and found signs are not seen to begin in the absence of the carer,** i.e. the perpetrator is the only witness of the signs and symptoms. For example, reported symptoms and signs are not observed at school or during admission to hospital. This should particularly raise anxiety of Fabricated or Induced Illness where the severity and/or frequency of symptoms reported is such that the lack of independent observation is remarkable. Caution should be exercised when accepting statements from non-medically qualified people that symptoms have been observed. In the case under review there was evidence that the school described episodes as 'fits' because they were told that was the appropriate description of the behaviour they were seeing. |
| 6. | **The child's normal, daily life activities are being curtailed beyond that which might be expected for any medical disorder from which the child is known to suffer.** The carer |

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| | limits the child's activities to an unreasonable degree and often either without knowledge of medical professionals or against their advice. For example, confining a child to a wheelchair when there is no reason for this, insisting on restrictions of physical activity when not necessary, adherence to extremely strict diets when there is no medical reason for this, restricting child's school attendance. |
| 7. | **Over time the child is repeatedly presented with a range of signs and symptoms.** At its most extreme this has been referred to as 'doctor shopping'. The extent and extraordinary nature of the additional consultations is orders of magnitude greater than any concerned parent would explore. Often consultations about the same or different problems are concealed in different medical facilities. Thus the patient might be being investigated in one hospital with one set of problems and the parent will initiate assessments elsewhere for a completely different set of problems (or even the same) without informing these various medical professionals about the other consultations. |
| 8. | **History of unexplained illnesses or deaths or multiple surgeries in parents or siblings of the family.** The emphasis here is on the unexplained. Illness and deaths in parents or siblings can frequently be a clue to further investigation and hence a diagnosis in naturally occurring illness. In abuse through Fabricated or Induced Illness, perpetrators frequently have had multiple unexplained medical problems themselves, ranging from frequent consultations with the general practitioner through to the extreme of Munchausen Syndrome where there are multiple presentations with fabricated or induced illness resulting in multiple (unnecessary) operations. Self-harm, often multiple, and eating disorders are further common features in perpetrators. Additionally, other children either concurrently or sequentially might have been subject to abuse through Fabricated or Induced Illness and their medical history should also be examined. |
| 9. | **Once the perpetrator's access to the child is restricted, signs and symptoms fade and eventually disappear (similar to category 5 above).** This is a planned separation of perpetrator and child who it has been agreed will have a high likelihood of proving (or disproving) abuse through Fabricated or Induced Illness. It can be difficult in practice, and appear heartless, to separate perpetrator and child. The perpetrator frequently insists on remaining at the child's bedside, is unusually close to the medical team and thrives in a hospital environment. |
| 10. | **Exaggerated catastrophes or fabricated bereavements and other extended family problems are reported.** This is an extension of category 8. On exploring reported illnesses or deaths in other family members (often very dramatic stories) no evidence is found to confirm these stories. They were largely or wholly fictitious. |
| 11. | **Incongruity between the seriousness of the story and the actions of the parents.** Given a concerning story, parents by and large will cooperate with medical efforts to resolve the problem. They will attend outpatients, attend for investigations and bring the child for review urgently when requested. Perpetrators of abuse through Fabricated or Induced Illness, apparently paradoxically, can be extremely creative at avoiding contacts which would resolve the problem. There is incongruity between their expressed concerns and the actions they take. They repeatedly fail to attend for crucial investigations. They go to hospitals that do not have the background information. They repeatedly produce the flimsiest of excuses for failing to attend for crucial assessments (somebody else's birthday, thought the hospital was closed, |

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| | went to outpatients at one o'clock in the morning, etc.). We have used a term, 'piloting care', for this behaviour. |
| 12. | **Erroneous or misleading information provided by parent.** These perpetrators are adept at spinning a web of misinformation which perpetuates and amplifies the illness story, increases access to interventions in the widest sense (more treatment, more investigations, more restrictions on the child or help, etc.). An extreme example of this is spreading the idea that the child is going to die when in fact no-one in the medical profession has ever suggested this. Changing or inconsistent stories should be recognised and challenged. |

(http://sscb.proceduresonline.com/chapters/p_fabricate_ill.html#appendix)

**Sexual Abuse and Sexual Exploitation**

Sexual abuse is a form of Significant Harm which involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the Internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

There is a policy regarding allegations against staff, carers and volunteers, which may also be referred to.

**Recognising sexual abuse**

Boys and girls of all ages may be sexually abused and are scared to say anything due to guilt and/or fear and unable to communicate because of their level of development.

Recognition can be difficult, unless the child discloses and is believed. There may be no physical signs and indications are likely to be emotional / behavioural.

Some behavioural indicators associated with this form of abuse are:

- Inappropriate sexual conduct;
- Sexually explicit behaviour, play or conversation, inappropriate to the child's age;
- Continual and inappropriate or excessive masturbation;
- Aggressive or unusual emotional behaviour or a change of their usual behaviour
- An anxious unwillingness to remove clothes (but this may be related to cultural norms or physical difficulties).

Some physical indicators associated with this form of abuse are:

- Pain or itching of genital area;
- Blood on underclothes;
- Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs,

**Emotional Abuse**

Emotional abuse is a form of **Significant Harm** which involves the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development.

It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or "making fun" of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children.

These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying) causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.

Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

**Recognising emotional abuse**

Emotional abuse may be difficult to recognise, as the signs are usually behavioural rather than physical. The manifestations of emotional abuse might also indicate the presence of other kinds of abuse.

The indicators of emotional abuse are often also associated with other forms of abuse.

The following may be indicators of emotional abuse:

- Developmental delay;
- Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment;
- Indiscriminate attachment to other adults or failure to attach;
- Aggressive behaviour towards others;
- Scapegoated within the family;
- Frozen watchfulness, particularly in preschool children;
- Low self-esteem and lack of confidence;

- Withdrawn - difficulty relating to others

**Risk Indicators**

The factors described in this section are frequently found in cases of child abuse. Their presence is not proof that abuse has or has not occurred, but:

- Must be regarded as indicators of the possibility of Significant Harm;
- Justifies the need for careful assessment and discussion with the DSL or deputy DSL, (or in the absence of all those individuals, an experienced colleague);
- May require consultation with and/or referral to Surrey Children's Services

In an abusive relationship the child may:

- Appear frightened of the parent(s);
- Act in a way that is inappropriate to her/his age and development (though full account needs to be taken of different patterns of development and different ethnic groups).

The parent or carer may:

- Persistently avoid child health promotion services and treatment of the child's episodic illnesses;
- Have unrealistic expectations of the child;
- Frequently complain about/to the child and may fail to provide attention or praise (high criticism/low warmth environment);
- Be absent;
- Be misusing substances;
- Persistently refuse to allow access on home visits;
- Be involved in domestic abuse;
- Have a recognised psychiatric condition;
- May allow an individual previously known or suspected to have abused children, move into the household

There are many factors which can contribute to cases of child abuse. These could include domestic abuse within the home or families where a parent has a learning difficulty, as two examples of many and we work with our safeguarding training to look for any signs that may contribute to possible neglect or abuse

## 5. Preventing Radicalisation

*'"Extremism" is vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces, whether in*

*this country or overseas. Terrorist groups very often draw on extremist ideas developed by extremist organisations*.
DFE Prevent 2015
It is crucial that our staff can identify children who may be vulnerable to radicalisation, and then what action should be taken.
School staff and childcare providers should understand when it is appropriate to make a referral to the Channel programme. Channel is a programme which focuses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism. It provides a mechanism for schools to make referrals if they are concerned that an individual might be vulnerable to radicalisation. An individual's engagement with the programme is entirely voluntary at all stages. The manager will ensure the correct guidelines are followed, as the DSL in order to fulfil the requirements in preventing extremism and how to make a referral to the relevant agencies.

The Counter-Terrorism and Security Act 2015 places a duty on schools to have respect to the need of preventing individuals from being drawn into terrorism ('Prevent Duty'). Young people can be exposed to extremist influences or prejudiced views (in particular via the internet and other social media) and schools can help to protect children from them. There may be signs of this exhibited in role play activities during life at the nursery. Safeguarding training will be provided to staff, at least every three years and staff will be updated to any new DFE requirements in this field as they are announced, to ensure staff have knowledge and understanding

The following has been considered in this document.

Keeping Children Safe in Education, 2014, DfE
Counter-terrorism and Security Act, 2015
Guidance to the Prevent Duty, DfE
Protecting children from radicalisation: the prevent duty; July 2015
Prevent: Resources Guide, DfE
Social Media Guidance, July 2015,
Tackling Extremism in the UK, DfE
Equality Act 2010 and guidance on its implementation

## 6. Vulnerable Pupils

If a child has a child protection plan in place, then it is paramount that watchfulness and alertness towards the care of this child takes place. If an incident that raises concerns takes place, then the DSL will report to the designated social worker (and this will be confirmed in writing to the Surrey Safeguarding Team). The same procedure will take place with a 'Looked after Child', reporting to the Surrey Safeguarding Team's named person responsible for their care. The Rainbow Nursery acknowledges that children in the care system, or examples stated below (which is not exhaustive), will need additional support and protection:

- vulnerable by virtue of disability (and the barriers they may face, especially around communication)
- children affected by mental health
- homelessness
- minority ethnic groups
- refugee/asylum seeker status
- effects of substance abuse within the family
- Those who are young carers.

## 7. Fundamental British Values

The Counter Terrorism and Security Act also places a duty on early years providers "to have due regard to the need to prevent people from being drawn into terrorism" (the Prevent duty). Further statutory guidance on the duty is available at
https://www.gov.uk/government/publications/prevent-duty-guidance
The nursery will ensure it upholds the core values of the EYFS in demonstrating the curriculum as follows:
**Democracy: making decisions together:**
**As part of the focus on self-confidence and self-awareness** as cited in Personal, Social and Emotional Development:
The staff will encourage children to see their role in the bigger picture, encouraging children to know their views count, value each other's views and values and talk about their feelings, for example when they do or do not need help. When appropriate demonstrate democracy in action, for example, children sharing views on what the theme of their role play area could be with a show of hands and follow the 'child's views form'.

Staff can support the decisions that children make and provide activities that involve turn-taking, sharing and collaboration during circle time, as well as in group activities indoors and outdoors. Children should be given opportunities to develop enquiring minds in an atmosphere where questions are valued.

**Rule of law:** understanding rules matter as cited in Personal Social and Emotional development
**As part of the focus on managing feelings and behaviour:**
Staff can ensure that children understand their own and others' behaviour and its consequences, and learn to distinguish right from wrong. Staff can collaborate with children to create the rules and the codes of behaviour, for example, to agree the rules about tidying up and ensure that all children understand rules apply to everyone. This is demonstrated through the rule sheets in some areas of the nursery.

**Individual liberty: freedom for all**
**As part of the focus on self-confidence & self-awareness and people & communities** as cited in Personal Social and Emotional development and Understanding the World:
Children should develop a positive sense of themselves. Staff can provide opportunities for children to develop their self-knowledge, self-esteem and increase their confidence in their own abilities, for example through allowing children to take risks on an obstacle course, mixing colours, talking about their experiences and learning.

Staff should encourage a range of experiences that allow children to explore the language of feelings and responsibility, reflect on their differences and understand we are free to have different opinions, for example in a small group discuss what they feel about transferring into Reception Class.

**Mutual respect and tolerance: treat others as you want to be treated**
As part of the focus on people & communities, managing feelings & behaviour and making relationships as cited in Personal Social and Emotional development and Understanding the World:
The staff should create an ethos of inclusivity and tolerance where views, faiths, cultures and races are valued and children are engaged with the wider community.

Children should acquire a tolerance and appreciation of and respect for their own and other cultures; know about similarities and differences between themselves and others and among

families, faiths, communities, cultures and traditions and share and discuss practices, celebrations and experiences.

Staff should encourage and explain the importance of tolerant behaviours such as sharing and respecting other's opinions.

Staff should promote diverse attitudes and challenge stereotypes, for example, sharing stories that reflect and value the diversity of children's experiences and providing resources and activities that challenge gender, cultural and racial stereotyping.

A minimum approach, for example having notices on the walls or multi-faith books on the shelves will fall short of 'actively promoting'.
What is not acceptable is:
Actively promoting intolerance of other faiths, cultures and races

Failure to challenge gender stereotypes and routinely segregate girls and boys

Isolating children from their wider community

Failure to challenge behaviours (whether of staff, children or parents) that are not in line with the fundamental British values of democracy, rule of law, individual liberty, mutual respect and tolerance for those with different faiths and belief

## 8. The role of the Rainbow nursery and its staff

At the Rainbows, it is the responsibility of the whole Rainbow community, to ensure our children are kept safe and safeguarding is always at the forefront of what we do.

In consideration to the areas of safeguarding highlighted in this policy, staff will be required to be up to date in their knowledge, understanding and implementing in order to keep the children in their care safe and to teach them a broad and balanced EYFS curriculum, to promote safeguarding welfare in our nursery.
Rainbow Nursery is committed to providing a setting which is both safe and secure for all involved at the nursery, including the children that attend our setting, the staff and its visitors also. It will be active in supporting a climate where children and adults can confidently share their concerns and feelings towards other staff or children in their actions, or the safety or well-being of others. This should be recognised within the staff whistle blowing policy, also.

Staff will show vigilance and be alert to PENS (Physical, Emotional, Neglect and Sexual Exploitation) and the typical displays and signs that may be of concern (as categorised in the above 'types and signs of abuse'), or if a child may be acting out of character and follow up anything that may be of significance by following the relevant reporting procedures in place, if this should occur. Ensuring immediate child safety is paramount. If a child falls under the category of vulnerability, then awareness should be heightened to their individual needs. They will be able to refer to their copy of their policy to follow correct procedures to ensure that the safeguarding protocols are followed correctly and promptly (see safeguarding assessment triangle).
At Rainbows, we work in partnership with parents and carers to secure the best outcomes for the children. We provide guidance and training to staff regarding safeguarding matters and require them to comply with the policies and procedures, as stated in their contracts. Our aims are clear, as the focus for our establishment is simply to provide the best we can for the children in our care. We aim to be transparent in our approach to sharing our ethos and practices with parents and prospective parents, offering comprehensive online information, accessed through the church's website and in our new starters information pack.
We seek parent feedback to inform us and aid and review policies, its objectives and its execution of what it sets out to do. Staff involvement is paramount and the implementation, development and review of its policies is held during regular whole staff meetings, when the nursery is closed. We

involve staff in the review of this policy and in the development of codes of conduct and behaviour policies and communicate these to parents.
We have associations with agencies in the statutory, voluntary and community sectors to ensure we can support our families to our best abilities.
In such cases, where children need additional support and intervention strategies are recognised to be of benefit to the child, we will assist in liaising and assisting in the inter-agency assessments, using the current Surrey protocols and assessment forms.
Where children whose parents/carers have English not as a first language, we will be alert to their needs, displaying their first language around the nursery on common signs e.g. 'Hang your coat up here' and if necessary, use services from the local sure start centre for translators.

## 9. Rainbow Nursery approach

We teach children to understand dangers and how to stay safe.

We mainly teach children how to stay safe and avoid danger through PSED and CL- talking, listening to stories, posters, role play, and puppets and watching DVD's through visits from the local community officer and fire service. By accessing the play box road safety equipment, available to nurseries from SCC. This equipment includes: Child sized pelican crossing, Zebra crossing beacons and assorted road safety props and resources. Road safety awareness when we are out in the community on visits.

If something happens in the nursery which is an unsafe practice e.g. standing on a table we will stop the act directly and explain to the child/ren why it is dangerous and what good practice should be. Also during circle time we will address any incidents that we may have had to act on in the session.

Children have the opportunity in making their own choice at our nursery. They will be actively encouraged to choose the activities for the following week at circle time and examples of set up for activities. Children will also be encouraged to be creative in their own right, when accessing the arts and crafts areas, water play, role play, construction and physical/ outside areas. As long as this play is not dangerous to them or others, then it should be promoted and encouraged.

Choice should be given if and when a dispute takes place with others at the setting, where staff should encourage a fair settlement and explain why and how resolution can take place and how saying sorry is an acceptable way of moving on. The behaviour policy can be consulted for our procedures on these matters.

**Children taking risks should be promoted and encouraged**
There is quite rightly much emphasis on keeping children safe in early years settings, with a duty to minimise risk in all situations. However, children need and instinctively want to be able to take risks in order that they can test their abilities and strengths. What better environment for them to do so than that of an early years setting where practitioners will already have removed hazards not readily identifiable to young children and will provide well managed opportunities for appropriate 'risk taking' to take place, for example; climbing to the top of the climbing frame, building a very tall tower of bricks and then knocking it down, or simply climbing the stairs. Children need support to take these risks as part of their learning and development.
Children with disabilities do not always have the freedom of choice compared to their more able peers, yet have the same need for opportunities to take risks. It is the responsibility of early years practitioners to assess and manage the level of risk in the environment, so that all children in their care have the opportunity to experiment and extend their abilities without the risk of undue harm.

When creating a safe environment for children, practitioners must consider their legal duty to identify and reduce or eliminate risk, but should also take into account those risks which are proportionate/acceptable too. The risk of falling off larger play equipment is quite high, however the risk of harm is minimised by ensuring that there is adequate supervision, correct positioning of the equipment (away from windows, or walls), crash mats, no overcrowding and some "rules" set by adults in accordance with individual children's level of understanding. The benefits will include children being able to expand their skills, as they climb higher, reach further, or balance for longer, but also experience the consequence of taking risks beyond their current ability. (Statement taken from play England)

## 10. Designated Safeguarding Leads

The manager takes the role of Designated Safeguarding Lead, with her deputy acting as Deputy Designated Safeguarding lead in her absence. If, by chance neither of these members of staff are present, then a responsible member of staff shall take on the role. Their names and are set out below. If there is a safeguarding issue that refers to the manager, then this must be reported to the head of the Rainbow Support Group, Lana Kelsey. Please consult the whistleblowing policy.

**Designated Safeguarding Lead – Mrs Kim Windebank (Manager)**
**Deputy Designated Safeguarding Lead – Mrs Laura Evamy (Deputy)**
The role and responsibility of the Designated Safeguarding Lead will be to:

- Be the first point of call for staff and their concerns
- Ensure all staff are aware of the policy and in their role in safeguarding and child protection
- Act as a basis of support, advice and assistance to staff
- Ensure the policy is reviewed by its staff and the manager and parents are consulted annually, and to inform of changes to the Rainbow Support Group
- Raise awareness of safeguarding and ensure training is up to date within the nursery setting
- Coordinate action and working partnership between agency, taking advice and following Surrey Safeguarding Team's protocol, to ensure effective communications
- Keep records of children, who have been referred or have raised concerns in a secure, clear and accurate format, ensuring that the child actual words have been used, whilst documenting any concerns and ensure staff have not led the child or made judgements/opinions are not made.
- Have a good working knowledge of Surrey's guidelines and current changes , as they arise, to include attending management safeguarding training opportunities, in person or an appropriate staff member to attend
- Designated Safeguarding Leads will be encouraged to attend appropriate network meetings and participate in the multi-agency training programme organised by Surrey's Safeguarding Children Board.
- Ensure staff are up to date with their safeguarding training, attend refresher courses, at least every two years
- Refer suspected cases using the Surrey Safeguarding Protocol, after consulting the multi-agency levels of need guidance in the 'Early Help' sector
- Ensure parents have access to the Safeguarding and Child Protection Policy and make it known to parents/carers where it can be viewed online and make it known to the parents/carers, the role of our nursery in safeguarding children under our care
- Staff supervision overview, to ensure a development plan to identify actions for safeguarding training (please see Supervision policy for further details)
- Make their presence known within the nursery to staff, children (where applicable), volunteers and parents and make sure their role and responsibilities are identified

The person who is responsible for responding to concerns must consult with the Local Authority Designated Officer (LADO) within 24 hours. When a referral of an allegation is made to LADO, they will:

- advise you of the next steps to take
- How to manage talking about the concerns with the adult who may have harmed the child
- How to inform the child's parents/carers
- How the employer safeguards children throughout an investigation
- What they expect of you and other agencies involved.

## 11. Recruitment

All staff are fully involved in the selection process, as new candidates are encouraged to come in on a taster day. Staff then are asked to complete a feedback form, to input their ideas in the recruitment process.

The DfE's statutory guidance for schools about the employment of staff Disqualified from childcare "Disqualification under the Childcare Act 2006" is upheld by the nursery. The Rainbow will uphold and ensure these guidelines are followed and ongoing DBS checks are up to date on all staff. Please see the recruitment folder

## 12. Staff Duty to report concerns

It is important to remember that an allegation of child abuse or neglect may lead to a criminal investigation. Any attempt to ask a child a leading question or an attempt to investigate the allegation yourself may jeopardise a police investigation.

It is important that these factors should not be seen in isolation but considered within the overall context.

Rainbow Nursery staff undertake training about indicators for child abuse off all kinds (please see description in 'Abuse and Neglect' section for further detail) as part of their safeguarding training. Staff are made fully aware of the 'sign of abuse', under the guidelines stated in this document, in order to carry out their safeguarding duties as a member of staff caring for children. They are also aware of the open door policy and opportunities for staff to discuss safeguarding concerns as and whenever required and that if they have any concerns about a child (including concerns regarding Possible peer abuse) they must report the matter straight away to the Deputy DSL or DSL. The child's safety and wellbeing of the child concerned is of the nursery's paramount concern and after concerns are reported the action to be taken will depend on the concern reported and the child's ability to be kept safe.

## 13. Curriculum

Our curriculum follows the National Curriculum guidelines set out for the Early Years setting, known as the Early Years Foundation Stage (EYFS). Children are monitored and progress through the stages set out in this document, and their progress is reported on in an informal and formal method, to both parent and senior staff, to aid their progress and development at our setting. Parents are invited to learn and get involved with their child's learning journey through the EYFS curriculum and its implementation of this during parent/carers information evenings, as well as through weekly overview emails/letters and informal conversations with their key practitioners.

## 14. Absent child

A child who fails to attend his/her allocated session will be followed up by phoning the parent/carer at the start of the session, in order to clarify why the child has not attended the session, if not already an advised absence confirmed by the parent/carer by phone or email. This will be written in the relevant file 'absence and illness folder', which will log details of this and the child will be marked as absent on the register. If the child is absent due to illness then an illness that is contagious will be dealt with under Surrey guidelines. If a particular pattern of absences, perhaps prolonged or repeated, (with no satisfactory explanation, or there is reason to feel that the explanation needs further investigation) then this could be a potential indication of abuse and neglect. The safeguarding assessment triangle should be consulted and the relevant action taken.

## 15. Children's Services Referrals and Contacts and referrals services, Surrey Children's Services

Where there are situations where a child has an unexplained or suspicious injury, and first aid must be administered, then this is the priority. The process of reporting/referral must not delay first aid treatment to the child.

If circumstances arise where a child is thought to be at immediate risk (examples being parental violence, intoxication, substance misuse, mental illness or threats to remove the child from the nursery setting mid-session), then a plan following the guidelines of informing Children's Services for surrey, or urgently, the police. The nursery doesn't have the right to stop a parent taking their child unless you feel the parent/carer in incapacitated and unable to care for the child, putting the child's wellbeing and safety in question. If the nursery is worried about the safety of health of the parent or carer collecting the child they can ring the emergency contacts for that child and wait to release the child into their care instead. If the nursery is unable to feel satisfied that the child will be cared for sufficiently or is in danger then the nursery will ring the police for them to intervene, before the child leaves the premises.

## 16. Notifying parents of injury

The accident and illness folder will be filled in as and when an accident or injury occurs, using the current body map for mapping the injury and an explanation of the circumstances. If the injury is significant and waiting to the end of the day is not considered acceptable in the circumstances (for example a head injury), then the parents will be informed immediately and contacted by telephone and the parent may be advised that a child may need to be taken to a doctor or minor injuries for treatment or a check. Any other injury will be reported at the end of the day and signed for by the parent/carer in charge. All accidents and injuries are reviewed in light of the health and safety policy of the nursery.

## 17. Physical Intervention

There are three main types of physical handling (SCC procedures online/ Safeguarding children, raining for the practitioner Jan 2016)

- **Positive Handling –** guidance to children in holding a paintbrush, emotional support (placing an arm around a distressed child), Physical care (first aid and toileting)
- **Physical Intervention –** mechanical and environmental means such as star gates, locked doors
- **Restrictive Physical Intervention –** This is when an adult uses physical force intentionally to restrict a child's movements against his/her will. In most cases this will be done through the use of an adults body, rather than mechanical or environmental measures

**When can restrictive physical intervention be used?**

Physical restrictive intervention can be justified when:

- Someone is injuring themselves or others
- Someone is damaging property

- There is a suspicion that , although injury, damage has not yet happened, it is about to happen

Any physical restraint used will be minimal and comply with the DfE (see the nursery's Physical Intervention Policy)
Further information can be gained from DfE.

## 18. First Aid, Care Plans

First Aid, with the exception of emergencies that require expert aid, will be administered by a qualified first aider within the nursery. All first aid treatment will be recorded in the 'Accident and Illness Folder' and where significant will be shared with parents/carers at the earliest opportunity. If clothing should be removed, then another adult present should be available, whenever possible. If the child has a known medical condition that requires regular or emergency administering of medicines, then the child will have a personal care plan which the parent/carer has signed to give permission for the staff to administer the medicine in question. If the child has been prescribed a medicine for a short period of time and the dosage requires the nursery to administer the medicine within the nursery day, then a 'short term medicine form' will be completed by staff and signed by the parent/carer to give permission for the medicine to be administered.
All first aid treatment will be recorded and any non-routine changing or personal care which may be required will be shared with parents/carers at the earliest opportunity.

**Allergies and Intolerances**
All allergies and intolerances require a 'care plan' to be written and signed by parents/carers stating the child's particular allergy/intolerance and the actions to be followed. A copy of child's care plan will be accessible in the kitchen medical cabinet along with any medication e.g. inhalers etc., another copy of the care plan will be attached to the child's personal records. There is also a list of children with dietary allergies and intolerances in the kitchen accessible for any member of staff supervising snacks or lunches. This is to be updated termly and signed by the parent/carer and manager.

## 19. ICT Facilities

All computers accessed by the children have not connected to the internet and only games suitable for nursery aged children are loaded onto the computer with checks on their specific use within the nursery setting. The computer is monitored for its usage and children may find it closed on some occasions, to encourage mobility around the nursery setting. There are no children's photos stored on the computer within the setting, accessible to the children and staff. Any photos taken of the children for their EYFS profiles are downloaded onto the office computer each week and then deleted from the nursery cameras ready for the next weeks use. The downloaded photos are deleted from the office computer periodically. The office computer is only accessible to the manager and deputy manager at any time and located in the office which is locked when not in use.

## 20. Security

When entering or exiting the Rainbows Nursery premises, the doors and gates are secured by staff. On arrival and collection, staff 'man' the outside gate and internal door entry to ensure child safety onto and off the premises, to ensure no child can leave without a parent/carer with them. The staff member on duty will also check the child is leaving with the designated person collecting that child. Any changes to the child's collection arrangements are to be entered into the Child Collection Folder to ensure members of staff are aware of the arrangements. Any authorised visitors to the Rainbow Nursery will be logged into and out of the premises; they will sign the visitor book and then added to

the blackboard displaying numbers of people/children on the premises e.g. +1, indicating how many extra people/children are on the premises. Unauthorised visitors/visitors without an appointment will be asked to remain outside while a member of staff announces their arrival to the manager/deputy. The visitor will only be allowed on the premises with their permission. All visitors will be asked to wear either their own identity badges (in the case of a visiting professional) or be issued with Rainbow Nursery visitor badge.

## 21. Mobile phones and cameras in the setting

The only cameras allowed on the premises are the official nursery cameras. Mobile phones are not permitted within the nursery when the nursery is in session. For Full details of the mobile phone policy is found Please refer to our Mobile Phone Policy.

## 22. Safeguarding complaints against staff Policy

**Allegations made against a member of staff, student or volunteer.**

It is important that all adults working with children understand that the nature of their work and the responsibilities related to it, place them in a position of trust. Therefore all staff receive clear advice on appropriate and safe behaviours for working with children in paid or unpaid capacities. The nursery ensures the staff work in a safe working environment and are not put into situations that may compromise them or in situations that make them vulnerable. The staff are encouraged to speak up about things/situations they wish to voice to ensure all staff work in an open and transparent way. All concerns are listened to and taken seriously, with appropriate action, if deemed applicable. If members of staff would like to speak to someone other than the nursery deputy or manager about any concerns they are aware they can speak to the Rainbow Support Group Chair Lana Kelsey or the Vice Chair Danny Wignall.

All staff receive the relevant policies and procedures for their role, outlining the conduct and behaviour expected of them. All staff and volunteers have a duty to disclose any concerns they have about the conduct of other staff and volunteers (see Whistleblowing Policy). Staff are constantly monitored during their interactions with children and other members of staff and any standards of behaviour believed to not be of a satisfactory standard is reported to them at a supervision meeting, which is appointed for immediate effect.

The staff are issued with a 'Disciplinary Policy' and are made fully aware of the consequences of unacceptable/unsafe behaviour that may jeopardise the reputation of the nursery or the safety of the children within their care.

Further information can be found in the Safe Working Practice guidance, Surrey website. Guidance for staff facing an allegation is available to download from www.surreycc.gov.uk/safeguarding. For concerns and advice regarding child protection allegations against staff contact the Duty LADO. Tel: 0300 200 1006 option 4 then option 3 or 0300 123 1650 option 3

Email: LADO@surreycc.gov.uk

The nursery must inform Ofsted of any allegations of serious harm or abuse by any person living, working, or looking after children at the premises (whether the allegations relate to harm or abuse committed on the premises or elsewhere). Providers must also notify Ofsted of the action taken in respect of the allegation. It is good practice to ring Ofsted within 24 hours of the allegation being made and to follow this up in writing no later than 14 days. A registered provider who, without reasonable excuse, fails to comply with this requirement commits an offence. It is the responsibility of the manager to gather information where an allegation has been made against a member of staff not the DSL.

Temporary and visiting staff will be subject to the same procedures in relation to safeguarding complaints and allegations, as permanent staff.

## 23. Training and review of policy

Staff are made aware of and issued with all policies and procedures pertaining to their role within the nursery. Volunteer staff and students are asked to sign that the have received and read the policies issued to them before they start at the nursery and a full induction is given on their first day when they arrive.

**The policies provided include the following:**

1. Safeguarding policy for students/volunteers
2. Fire evacuation procedure
3. Health & safety policy
4. Confidentiality policy
5. Behaviour management policy
6. Mobile phone policy
7. No Smoking policy
8. Drugs & substance misuse policy
9. Storage of personal possessions policy

Staff members are issued with a folder containing a full set of policies & procedure documents. These are added to throughout the year and updated on a rolling basis as necessary. The nursery has a regular reviewing process to update nursery policies and staff at staff meetings the staff bring their policy folder and any policy that needs updating will be read through and alterations will be made in draft form, ready to be typed up and reissued to staff at the first opportunity.

**Staff members will sign to agree with the following:**

- Knowledge of the EYFS safeguarding and welfare requirements
- Awareness of the settings policies and procedures in relation to safeguarding children
- Awareness of the procedures for reporting concerns with regard to safeguarding children
- Awareness of procedures for reporting and dealing with any allegations made against a staff working at the setting
- Awareness of the data protection act 1998 with regards to the access and storage of records relating to safeguarding concerns and photos/digital images (as stated in the SC Safeguarding Children Training for Practitioners , Jan 2016

## 24. Records

Records should be securely archived for ten years and must ensure full confidentiality is maintained. They should distinguish between fact, observation, allegation and opinion. Staff should guard against myths and stereotypes - both positive and negative. Keeping secure, clear, accurate and confidential records of students referred or raised as concerns

It is the responsibility of the deputy manager for the regular reviewing of the accident book, incident book and any recorded concerns to monitor/or identify possible safeguarding issues, reporting to the DSL of any suspicions, concerns or children who are reported on more than three times in a term. The recording of statutory information is collected for each child before their admission such as name(s), address (es), gender, date of birth, name(s) of person(s) with parental responsibility, legal contact and who the child normally lives with. This information is updated on a regular basis including at the point of transition. The manager is responsible for updating this information. All personal records and data collected on the children and their families are stored in the office which is kept locked when not being used. Paperwork that is no longer required or needed is disposed of by shredded. When pupils leave to go to another nursery/school, child Protection records will be sent to the receiving nursery/school separately and under a confidential cover and a receipt will be obtained.

**The documenting of concerns**

Brief written notes will be kept of all incidents and child protection or child in need concerns relating to individual pupils. These notes are significant especially if the incident or the concern does not lead to a referral to other agencies. This information may be shared with other agencies as appropriate e.g. Surrey Multi agency information sharing protocol (MAISP). The nursery will take into account the views and wishes of the child who is the subject of the concern but staff will be alert to the dangers of colluding with dangerous "secrets" or promising the child anything they have no control over, e.g. that they won't tell anyone else.