

SMILES MONTESSORI

Safeguarding children/child protection policy

Contents

1.1 Self care practices	
1.2 Legal Framework	
1.3 Types of Abuse	
1.4 Honour and Faith Based Abuse	
1.5 Fabricated Illness	
1.6 Peer on Peer Abuse	
1.7 Child sexual exploitation and county lines	
1.8 Modern day slavery and trafficking.....	
1.9 Harmful sexual behaviour	
1.10 Prevent Duty	
1.11 Safeguarding vulnerable children.....	
1.12 Monitoring absences	
1.13 Children of prisoners	
1.14 Gangs	
1.15 Self harm in children	
1.16 E-safety	
1.17 Death of a child at the setting	
1.18 Staff training	
1.19 Staffing and volunteering.....	
1.20 The referral process	
1.21 Managing allegations against a staff member.....	
1.22 Children’s rights and entitlements	
1.23 Documentation	

SMILES MONTESSORI

At Smiles we 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, be helped to thrive and to be safe and protected from any abuse in whatever form.

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 policy, therefore this document should be used in conjunction with the nursery's other policies and procedures.

1.1 Safe Care Practices

At Smiles we believe that all children need to feel safe, secure and happy. This involves nursery staff being responsive to children's needs, whilst maintaining professionalism. This includes giving children cuddles and changing children's nappies or clothes.

To promote good practice and to minimise the risk of allegations we have the following guidelines:

- Although we recognise it is appropriate to cuddle children, we give cuddles only when sought by children needing comfort to support their emotional development. Staff are advised to do this in view of other children and practitioners, whenever possible. We recognise that there may be occasions where it is appropriate for this to happen away from others, such as when a child is ill. We have CCTV and glass windows and doors. It is the duty of all staff and the manager to ensure that children are appropriately comforted and to monitor practice
- When changing children's nappies or soiled/wet clothing, we do so in front of another practitioner where possible.
- We discourage inappropriate behaviour such as over tickling, over boisterous play or inappropriate questions such as asking children to tell them they love them, and we advise staff to report any such observed practice
- Staff are respectful of each other and the children and families in the nursery and do not use inappropriate language or behaviour, including during breaks
- All staff are aware of the whistleblowing procedures and the manager carries out random checks throughout the day to ensure safe practices.
- Ensuring all staff undertaking intimate care routines have suitable enhanced DBS checks

If a parent or member of staff has concerns or questions about safe care and practice procedures or behaviour they consider as inappropriate, including between staff members, they are urged to see the manager at the earliest opportunity. Management will challenge inappropriate behaviour in line with the supervision/ disciplinary or whistleblowing procedures. If the concern relates to the manager and/or nursery owner, then parents should contact Ofsted (0300 123 1231) or the local authority children's social care team (08456037634)

1.2 Legal framework and definition of safeguarding

Safeguarding Vulnerable Groups Act 2006

The Statutory Framework for the Early Years Foundation Stage (EYFS) September 2021

Working together to safeguard children, 2018

Childcare Act 2006 (amended 2018)

Children Act 1989 2004

Safeguarding Vulnerable Groups Act 2006

Children and Social Work Act 2017

Keeping Children Safe in Education 2020

SET Procedures 2019

SMILES MONTESSORI

Care Act 2014

Prevent Duty Guidance for England and Wales 2015

Channel Duty Guidance (Protecting Vulnerable people from being drawn into terrorism) 2015

The 2015 Counter Terrorism and Security Act

Fundamental British Values 2015

The Female Genital Mutilation Guidelines –GOV UK April 2020

What to do if you're worried a child is being abused March 2015

Data Protection Act 2018

Inspecting Safeguarding in Early Years, Education and Skills Setting 2019

The Modern Slavery Act March 2015

Safeguarding children and protecting professionals in early years settings. 2021

Safeguarding and promoting the welfare of children, in relation to 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
- Taking action to enable all children to have the best outcomes.
- Promoting British Values
- Protecting children who may be vulnerable to radicalisation and extremism
- Identifying vulnerable groups of children and putting procedures in place to monitor their safety.

Policy intention

To safeguard children and promote their welfare we will:

- Create an environment to encourage children to develop a positive self-image
- Provide positive role models
- Encourage children to develop a sense of independence and autonomy in a way that is appropriate to their age and stage of development
- Provide a safe and secure environment for all children.
- Provide a trusted adult with whom children can confide in.
- Provide a key
- Always listen to children
- Provide an environment where practitioners are confident to identify where children and families may need intervention, and refer this immediately to the Safeguarding officer
- Share information with other agencies as appropriate in a timely manner.

The nursery is aware that abuse does occur in our society and we are vigilant in identifying signs of abuse and reporting concerns. Our practitioners have a duty to protect and promote the welfare of children. Due to the many hours of care we are providing, staff may often be the first people to identify that there may be a safeguarding concern. They may well be the first people in whom children confide information that may suggest abuse or to spot changes in a child's behaviour which may indicate abuse. Because of this we ensure that our staff are consistently trained in how to identify and handle a safeguarding concern.

Our prime responsibility is the welfare and well-being of each child 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. This includes sharing information with any relevant agencies such as local authority services for children's social care, health professionals or the police. All staff will work with other agencies including as part of a multi-agency team, where needed, in the best interests of the child.

The nursery aims to:

- Keep the child at the centre of all we do
- Ensure staff are trained to understand the safeguarding policy and procedures, are alert to identify possible signs of abuse, understand what is meant by child protection and are aware of the different

SMILES MONTESSORI

ways in which children can be harmed, including by other children through bullying or discriminatory behaviour

- Ensure that all staff feel confident and supported to act in the best interest of the child share information and seek the help that the child may need in a timely manner.
- Ensure that all staff are familiar and updated regularly with child protection training and procedures and kept informed of changes to local/national procedures
- Make any referrals in a timely way, sharing relevant information as necessary in line with procedures set out by Essex Children's Safeguarding Partners and the SET Procedures.
- Ensure that information is shared only with those people who need to know in order to protect the child and act in their best interest
- Ensure that children are never placed at risk while in the charge of nursery staff
- Take any appropriate action relating to allegations of serious harm or abuse against any person working with children, or living or working on the nursery premises including reporting such allegations to Ofsted and other relevant authorities
- 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
- Regularly review and update this policy with staff and parents where appropriate and make sure it complies with any legal requirements and any guidance or procedures issued by Essex Safeguarding Children Partners.
- To ensure we provide adequate and appropriate staffing resources to meet the needs of the children.
- We implement a thorough recruitment process. Please see the Safe Recruitment policy.
- We inform all staff that they are expected to disclose any convictions, cautions, court orders or reprimands and warnings which may affect their suitability to work with children (whether received before or during their employment with us).
- We have procedures for recording the details of visitors to the setting. please see the Visitors policy.
- We take security steps to ensure that we have control over who comes into the setting so that no unauthorised person has unsupervised access to the children. Please see the Arrivals and Departures policy.

We will support children by offering reassurance, comfort and sensitive interactions. We will devise activities according to individual circumstances to enable children to develop confidence and self-esteem within their peer group.

Contact telephone numbers and Websites

Local authority Designated Officer (LADO) Allegations against a staff member **03330139797**

Ofsted Telephone: **0300 123 1231** / Reporting serious incidents online <https://www.gov.uk/guidance/report-a-serious-childcare-incident>

Essex Safeguarding Children Partners (ESCP) Training **03330128936**

Out of hour's emergency child safety line **03456061212**

Family Operations Hub concerns about a child/family **03456037627**

Emotional well-being and mental health (EWMHS) **03003001600**

Anti-Terrorist Hotline **0800789321**

Genital Mutilation Helpline **08000283550**

Police **999** (Risk of Harm)

Domestic abuse police helpline **0800 358 0351**

NSPCC Whistle Blowing Helping tel: **08000280285**

Reporting illegal images (Sexual Abuse Material) <https://www.iwf.org.uk/>

The Child Exploitation and online protection centre <https://www.ceop.police.uk/safety-centre/>

Modern Slavery Helpline on 08000 121 700 or fill out an online form.

Crime stoppers on 0800 555 111

National Domestic Abuse Helpline: **0808 2000 247**

Safer Places: **03301 025811**

Rights of Women legal advice: **020 7251 6577**

<http://www.relaxkids.com/>

SMILES MONTESSORI

<http://thehideout.org.uk/>

1.3 Types of abuse and particular procedures followed

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

The signs and indicators listed below may not necessarily indicate that a child has been abused, but will help us to recognise that something may be wrong, especially if a child shows a number of these symptoms or any of them to a marked degree.

Indicators of child abuse

- Failure to thrive and meet developmental milestones
- Fearful or withdrawn tendencies
- Aggressive behaviour
- Unexplained injuries to a child or conflicting reports from parents or staff
- Repeated injuries
- Unaddressed illnesses or injuries.

Recording suspicions of abuse and disclosures

Staff should make an objective record of any observation or disclosure, supported by the nursery manager or Designated Safeguarding Co-ordinator¹ (DSCO). This record should 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 any injuries or marks seen
- Exact observation of any incident including any other witnesses
- Name of the person to whom any 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 and or DSCO.

Once this record has been filled out it should be brought to the Safeguarding Officer immediately. From this a Safeguarding Officer report form is filled out by the Safeguarding officer, detailing the steps that will now be taken to keep that child safe. Where needed consultation or a referral will be made to the correct agency in a timely manner by the Safeguarding officer. Please see the 'Referral Process Policy'.

These forms are then kept in the Safeguarding folder and are updated and monitored after 1 month, 3 months and then 6 months- providing that there have not been any further incidents within those time frames.

If there have been further incidents then the whole situation will be re-assessed.

This system is monitored by each child having a front page with bullet points detailing the incidents that have taken place, so the Safeguarding officer can quickly identify what has happened and what action was taken, and how many concerns have been reported.

SMILES MONTESSORI

All safeguarding reports are stored for a total of 25 years. This is in line with our Data protection, retention period.

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 details must be logged accurately.

It may be thought necessary that through discussion with all concerned the matter needs to be raised with the Family Operations Hub and Ofsted, and/or a request for support form needs to be initiated. If we are unsure or need further support, we will always seek guidance through consultation. Any conversations with outside agencies will be fully documented and kept in that individual child's safeguarding section as evidence.

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 the local authority children's social care, police, 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.

Physical abuse

Action needs to be taken if staff have reason to believe that there has been a physical injury to a child, including deliberate poisoning, where there is definite knowledge, or reasonable suspicion that the injury was inflicted or knowingly not prevented. These symptoms may include bruising or injuries in an area that is not usual for a child, e.g. fleshy parts of the arms and legs, back, wrists, ankles and face.

Many children will have cuts and grazes from normal childhood injuries. These should also be logged on an existing injury form before the child enters the nursery. This is monitored by the first aid officer every 3 months to identify if a child has any sort of pattern which may give us cause for concern. If there is anything that gives a practitioner cause for concern, they must fill out a concerns reporting form and present it to the Safeguarding Officer immediately.

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.

Emotional abuse

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

This may include extremes of discipline where a child is shouted at or put down on a consistent basis, lack of emotional attachment by a parent, or it may include parents or carers placing inappropriate age or developmental expectations upon them. Emotional abuse may also be imposed through the child witnessing domestic abuse and alcohol and drug misuse by adults caring for them.

The child is likely to show extremes of emotion with this type of abuse. This may include shying away from an adult who is abusing them, becoming withdrawn, aggressive, or clingy in order to receive their love and attention. This type of abuse is harder to identify as the child is not likely to show any physical signs.

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

SMILES MONTESSORI

- Family Operations Request for Support Form may need to be completed
- If there appear to be any queries regarding the circumstances, the matter will be referred to the Family Operations Hub.

Neglect

Action should be taken under this heading if the staff member has reason to believe that there has been persistent or severe neglect of a child (for example, by exposure to any kind of danger, including cold, starvation or 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.

Procedure:

- The concern will be discussed with the parent
- Such discussions will be recorded, and the parent will have access to such records
- A referral support form may need to be completed
- If there appear to be any queries regarding the circumstances the Family Operations Hub will be notified.

Domestic Abuse

The UK government's definition of domestic violence is "any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to psychological, physical, sexual, financial and emotional wrongdoing.

Children can experience both short and long term cognitive, behavioural and emotional effects as a result of witnessing domestic abuse. Each child will respond differently to trauma and some may be resilient and not exhibit any negative effects.

Children's responses to the trauma of witnessing domestic abuse may vary according to a multitude of factors including, but not limited to, age, race, sex and stage of development. It is equally important to remember that these responses may also be caused by something other than witnessing domestic abuse.

Children are individuals and may respond to witnessing abuse in different ways. These are some of the effects described in a briefing by the Royal College of Psychiatrists (2004):

- They may become anxious or depressed
- They may have difficulty sleeping
- They have nightmares or flashbacks
- They can be easily startled
- They may complain of physical symptoms such as tummy aches
- They may start to wet their bed
- They may have temper tantrums

SMILES MONTESSORI

- They may behave as though they are much younger than they are
- They may have problems with school
- They may become aggressive or they may internalise their distress and withdraw from other people
- They may have a lowered sense of self-worth
- Older children may begin to play truant or start to use alcohol or drugs
- They may begin to self-harm by taking overdoses or cutting themselves
- They may have an eating disorder
- Re-enacting what they have seen during play
- Showing emotional distress or discomfort through drawings

Children may also feel angry, guilty, insecure, alone, frightened, powerless, or confused. They may have ambivalent feelings towards both the abuser and the non-abusing parent.

At Smiles we are committed to providing a safe environment for both children and parents, we have posters displayed at the front of the nursery to make parents aware that we can support and advise in any cases of abuse.

In the event that a parent came to us, or we had concerns that there was domestic abuse taking place in the home we would follow the procedure below;

- Determine the risk to both parent and child, if it was not safe for the parent to return to the home, we would contact 999.
- Signpost the parent to support networks and appropriate agencies.
- If the parent has disclosed domestic abuse, or we have concerns there is domestic abuse in the home we will contact both the National Domestic Abuse helpline and the Family operations hub for advice.
- We will support the parent and child through any transitional periods such as separation, moving house or court proceedings.

1.4 Honour and Faith Based abuse including forced marriage.

While this may be less likely to affect young children in our care we may become aware of these factors affecting older children and young people who we may come into contact with or may be a sibling of a child in our care.

Where we believe a child in our care or known to us may be affected by any of these factors, we follow the procedure for reporting child protection concerns.

What is honour and faith based violence?

Honour and faith based violence is a violent crime or incident which may have been committed to protect or defend the honour or faith of the family or community.

It is often linked to family members or acquaintances who mistakenly believe someone has brought shame to their family or community by doing something that is not in keeping with the traditional beliefs of their culture. For example, honour and faith based violence might be committed against people who:

- become involved with a boyfriend or girlfriend from a different culture or religion
- want to get out of an arranged marriage
- want to get out of a forced marriage
- wear clothes or take part in activities that might not be considered traditional within a particular culture

SMILES MONTESSORI

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

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

A forced marriage is one that is carried out without the consent of both people. This is very different to an arranged marriage, which both people will have agreed to. There is no religion that says it is right to force you into a marriage and you are not betraying your faith by refusing such a marriage.

Witch Craft

'Families or carers genuinely believe that the victim has been completely taken over by the devil or an evil spirit, which is often supported by someone who within the community has portrayed themselves as an authority on faith and belief. Often in the perpetrators' minds, any abuse is not going to affect the victim because he or she believes the child is effectively not there any more and the abuse is directed at whatever has possessed the child. The victim is often convinced that this is the truth and that the abuse is "normal" behaviour.

Signs of Witchcraft

- Unexplained bruises or marks on the body
- Incision marks on the body
- Says he or she will go to hell or is a bad person
- Is ostracised in the home or by other children from the same community
- Does not go to school or does not go to school regularly
- Has limited freedom of movement
- Is malnourished or steals food

Claims to be fasting for many days at a time

- Is not taken to hospital when ill
- Looks unkempt and uncared for
- Looks sad, miserable and lonely
- Does not have any friends or is ignored by other children

SMILES MONTESSORI

Any signs of Witch craft will be reported via our Safeguarding referral channels.

Female Genital Mutilation

Female Genital mutilation (FGM) is illegal in England and Wales under the FGM ACT 2003. It is a form of child abuse, and violence against women and girls. FGM involves either partial or total removal of the external female genitalia for non-medical reasons.

Types of FGM:

There are four main types of FGM:

- **Type 1 (clitoridectomy)** – removing part or all the clitoris.
- **Type 2 (excision)** – removing part or all the clitoris and the inner labia (lips that surround the vagina), with or without removal of the labia majora (larger outer lips).
- **Type 3 (infibulation)** – narrowing of the vaginal opening by creating a seal, formed by cutting and repositioning the labia.
- **Other harmful procedures** to the female genitals, including pricking, piercing, cutting, scraping or burning the area.

Signs of FGM

- being taken 'home' to visit family
- a special occasion to 'become a woman'
- an older female relative visiting the UK

Symptoms that FGM has occurred may include:

- Bleeding from vagina,
- painful private areas,
- acute urinary retention,
- urinary infection,
- wound infection,
- septicaemia,
- incontinence,
- vaginal and pelvic infections
- Depression and post-traumatic stress disorder.

Procedure

If a parent informs the nursery that they are going back to their home land for more than a two week holiday, or taking their child out of the setting for longer than two weeks for any other reason we request that the parent put this in writing.

If we have any reason to believe that FGM may be organised, we will contact the Family Operations Hub immediately.

Once the child returns from their trip or break away from the setting the child's key worker will help to settle them back and all staff will remain vigilant for any signs or symptoms of genital mutilation.

If a child has been subject to FGM we will contact the police immediately to inform them.

SMILES MONTESSORI

Breast Ironing

Breast ironing, also known as breast flattening, is the pounding and massaging of a pubescent girl's breasts, using hard or heated objects, to try to make them stop developing or disappear.

Signs of Breast Ironing

- abscesses (a painful collection of pus that develops under the skin)
- cysts (fluid-filled lumps under the skin that can develop into abscesses)
- itching
- tissue damage
- infection
- discharge of milk
- breasts becoming significantly different shapes or sizes
- severe fever
- the complete disappearance of one or both breasts

Any signs of Breast Ironing will be reported via our Safeguarding referral channels.

1.5 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.

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, where felt appropriate
- Such discussions will be recorded, and the parent will have access to such records
- If there appear to be any queries regarding the injury, the Family Operations Hub will be notified in line with procedures set out by Essex Safeguarding Children Partners (ESCP).

1.6 Peer on Peer Abuse

Children can abuse other children. This is generally referred to as Peer on Peer/Child on Child abuse and can take many forms. It can happen both inside and outside of school/college and online.

SMILES MONTESSORI

It is most likely to include, but may not be limited to: Bullying (including cyber bullying, prejudice-based and discriminatory bullying); abuse and intimate personal relationships between peers; physical abuse; sexual violence, such as rape, assault by penetration and sexual assault; sexual harassment; non-consensual sharing of nudes and semi nude images and or videos; causing someone to engage in sexual activity without consent; up skirting; and initiation/hazing type violence and rituals.

Signs of Peer on Peer abuse:

- Not wanting to attend nursery/absences from nursery.
- Physical injuries
- Mental or emotional health issues
- Becoming withdrawn- lack of self esteem
- Lack of sleep
- Changes in behaviour
- Inappropriate behaviour for age
- Harmful towards others
- Not wanting to be around a specific child/becoming emotional or frightened around them.

Procedure:

In the event that peer on peer abuse was reported or observed within the setting, we would investigate the situation seeking advice from appropriate safeguarding bodies. If advised to do so we would inform parents and conduct a meeting to discuss the situation and next steps. We would then follow our safeguarding and child protection referral procedure.

1.7 Sexual abuse and Child sexual exploitation. (CSE)

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. In addition, exploitation of children involves situations where they may receive something (e.g. chocolate or toys) as a result of them performing, and others performing on them sexual activities.

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.

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 the Family Operation Hub
- A sensitive and confidential discussion will be held with the parents/carers of any other children party to inappropriate play.

SMILES MONTESSORI

County Lines

A common feature in county lines drug supply is the exploitation of young and vulnerable people. The dealers will frequently target children and adults – sometimes with mental health or addiction problems - to act as drug runners or move cash so they can stay under the radar of law enforcement.

In some cases, the dealers will take over a local property, normally belonging to a vulnerable person, and use it to operate their criminal activity from. This is known as cuckooing.

People exploited in this way will quite often be exposed to physical, mental and sexual abuse, and in some instances will be trafficked to areas a long way from home as part of the network's drug dealing business.

As we have seen in child sexual exploitation, children often do not see themselves as victims or realise they have been groomed to get involved in criminality. So, it's important that we all play our part to understand county lines and speak out if we have concerns.

How do you know if County Lines drug dealing is happening in your area?

Some signs to look out for include:

- An increase in visitors and cars to a house or flat
- New faces appearing at the house or flat
- New and regularly changing residents (e.g different accents compared to local accent)
- Change in resident's mood and/or demeanour (e.g. secretive/ withdrawn/ aggressive/ emotional)
- Substance misuse and/or drug paraphernalia
- Changes in the way young people you might know dress
- Unexplained, sometimes unaffordable new things (e.g clothes, jewellery, cars etc)
- Residents or young people you know going missing, maybe for long periods of time
- Young people seen in different cars/taxis driven by unknown adults
- Young people seeming unfamiliar with your community or where they are
- Truancy, exclusion, disengagement from school
- An increase in anti-social behaviour in the community
- Unexplained injuries

If we had concerns regarding any of the above, we would seek advice from the Family Operations hub.

If we had concerns that a staff member was involved in County Lines, the person would need to report to the DSL and manager immediately. They should then contact LADO and the police for further assistance.

SMILES MONTESSORI

This is also the procedure that the DSL would take.

1.8 Modern day slavery and trafficking

Background

Child trafficking and modern slavery is becoming a more frequent form of child abuse. Children are recruited, moved, transported, and then exploited, forced to work or are sold on.

Modern slavery is a term that covers:

- Slavery
- Servitude and forced or compulsory labour
- Human trafficking.

Victims of modern slavery are also likely to be subjected to other types of abuse such as physical, sexual, and emotional abuse. This policy should be used alongside the following policies to ensure all children, staff, parents, and visitors are fully safeguarded:

- Safeguarding and child protection
- Whistleblowing
- Equality and inclusion

For an adult or child to have been a victim of human trafficking there must have been:

- *Action* (e.g. recruitment, transportation, transfer, harbouring or receipt of a child for the purpose of exploitation)
- *Means* (threat or use of force, coercion, abduction, abuse of power or vulnerability) There does not need to be “means” for children as they are not able to give informed consent
- *Purpose* (e.g. sexual exploitation, forced labour or domestic servitude, slavery, financial exploitation, illegal adoption, removal of organs).

Signs of abuse

Action should be taken if they appear to have some of these possible signs including; under the control of someone else and reluctant to interact with others, the victim has few personal belongings and wear the same clothes every day or wear unsuitable clothes for work. The victim is not able to move around freely and is reluctant to talk to strangers or the authorities including appearing frightened, withdrawn, or show signs of physical or psychological abuse.

Procedure

When a concern is raised about slavery or trafficking then we will follow our safeguarding procedure. If the child (or adult) is at risk of immediate harm then the police will be called, otherwise the local authority will be contacted, and the referral process will be followed as per the safeguarding procedure.

If we suspected and it was not possible to have a confidential conversation, we wouldn't confront them or cause a scene, as this will likely lead to increased harm for them. Instead we would inform the relevant authorities, or organisations, working in the field.

1.9 Harmful Sexual Behaviour (HSB)

The term harmful sexual behaviour (HSB) can be described using a wide range of terms. HSB is defined as 'Sexual behaviours expressed by children and young people under the age of 18 years old that are developmentally inappropriate, may be harmful towards self or others, or be abusive towards another child, young person or adult.'

HSB has also been defined as the behaviour of children and young people who engage in any form of sexual activity with another individual who they have power over by virtue of age, emotional maturity, gender, physical strength, intellect and if the victim in this relationship has suffered a betrayal of trust.

To support our understanding of appropriate sexual behaviours we refer to the Brook Traffic Light Tool. If anything gives us cause for concern, we will refer to the Family Operations Hub immediately.

SMILES MONTESSORI

1.10 Preventing exposure to Terrorism and extremism

The Prevent Duty is part of our overall counter-terrorism strategy. The aim is to reduce the threat to the UK from Terrorism by stopping people becoming terrorists or supporting terrorists.

Procedure:

- Building children's resilience to radicalisation by promoting fundamental British Values through everyday activities and interactions at nursery. (please see British values poster)
- Staff will provide activities that will assist the personal, social and emotional development and understanding of the world.
- Children learn to value each other's views and to talk about their feelings such as sharing views regarding how to set up the roleplay area.
- Children understand their own and others behaviour and its consequences, learning to distinguish right from wrong (please see promoting positive behaviour policy)
- Children should develop a positive sense of themselves.
- There are clear nursery rules for the children to follow and staff ensure that all children understand that all rules apply to everyone.
- The staff will create an ethos of inclusivity where views, faiths, cultures and races are valued, and children are engaged with the wider community.
- Children's attendance will also be monitored (please see attendance and punctuality policy)
If staff have concerns that a child could be vulnerable to be drawn into terrorism, they will follow the "Channel Duty Guidance" and staff will also follow our Child Protection Procedure.

1.11 Safeguarding Disabled and Vulnerable children.

Here at Smiles we recognise that some groups of children may be more vulnerable to abuse. These can include looked after children, children with a child in need plan already in place and children with disabilities.

Children who have a disability may have difficulty in communicating and therefore will not be able to make a disclosure.

They may also not be able to show a change in behaviour to us so unless there are physical marks on a child, it may be difficult to identify if abuse is taking place.

When caring for a disabled child in the setting, or a child with any of the above, we will apply a 'Vulnerable child' care plan which will have clear and agreed procedures to protect the child. The plan will identify the help the child should receive and the action to be taken if a professional working with a child has further concerns.

1.12 Children who are regularly taken out from the setting

Children who go missing from the setting, or who we believe are missing sessions from the setting due to a safeguarding concern will be reported to the Family operations hub immediately in case there is a safeguarding issue.

We monitor the children's attendance using the daily register on the iPad and in our absence book. The book is reviewed each term to identify any patterns in a child's absence.

1.13 Children of Prisoners

SMILES MONTESSORI

We at Smiles acknowledge that there is a growing number of children whose parents are imprisoned and the effect that this has on the child's well-being.

For some children, a parent going to prison may mean a lessening of difficulties – for instance if domestic violence has been part of family life. However, for many children there will be significant negative effects, and these can add to the existing disadvantages and challenges the family is facing.

Below are some of the main impacts of parental imprisonment that have been identified in research and by practitioners.

A sense of sadness and loss, feeling sadness and loss is a very common and often dominant reaction to parental imprisonment a child who loses a parent to imprisonment may have some similarities to a child whose parent has died. Pearlman et al, in their work on grief in childhood, describe the anxiety problems seen among bereaved children. These include: 'Generalized anxiety disorder; difficulty concentrating (may be evidenced by school problems), irritability... (and) sleep disturbance. Separation anxiety disorder; inappropriate and excessive anxiety concerning separation from home or from major attachment figures; persistent and excessive worry about losing, or about harm coming to, major attachment figures' (Pearlman et al, 2010, p106)

If we have a child within the setting who has a parent that is a prisoner, we will treat the child as a 'vulnerable child' and complete a vulnerable child plan to ensure that we can support the remaining family members and signpost them to approach agencies for help and guidance where needed.

If we had concerns that the child's safety or well-being was being comprised during this period we will make a referral to the social care team.

1.14 Gangs

What is a gang?

A street gang is a group of individuals or close friends identifying with or claiming control over territory in a community and engaging either individually or collectively in violent behaviour or other types of criminal activity.

They might carry knives or other weapons and use them either to show off or to threaten people. They might try and get others involved with them and what they do – or threaten to hurt others if they don't join them, or if they belong to another gang.

Being a victim of gang crime can happen to anyone, to individuals, other gangs or groups, or to whole communities. It often takes place in public areas, and you may or may not know the person or people committing the crime.

What to look out for?

There are not any definite signs but here are some things to look out for:

- Your child spending time with people you do not know and are not sure about
- going missing from home or school
- getting into trouble at school
- having new clothes or other items that you think they cannot afford
- getting involved with crimes including robbery, violence, drug dealing and sexual exploitation
- having unexplained injuries
- losing interest in their existing hobbies
- becoming secretive
- not telling you where they have been or why they returned late

SMILES MONTESSORI

If we had concerns that a child or family member was involved in gang related behaviour we would consult the Family operations Hub.

1.15 Self-harm in children

The reasons children and teenagers can self-harm are often complicated and will be different for every child or young person. Sometimes a child or teenager may not know the reasons they self-harm.

For many young people, self-harm can feel like a way to cope with difficult feelings or to release tension. The physical pain of hurting themselves can feel like a distraction from the emotional pain they're struggling with.

Some difficult experiences or emotions can make self-harm more likely in children:

- experiencing depression, anxiety or eating problems
- having low self-esteem or feeling like they are not good enough
- being bullied or feeling alone
- experiencing emotional, physical, or sexual abuse, or neglect
- grieving or having problems with family relationships
- feeling angry, numb or like they do not have control over their lives.

Signs to look out for can include:

- covering up, for example by wearing long sleeves a lot of the time, especially in summer
- unexplained bruises, cuts, burns or bite-marks on their body
- blood stains on clothing, or finding tissues with blood in their room
- becoming withdrawn and spending a lot of time alone in their room
- avoiding friends and family and being at home
- feeling down, low self-esteem or blaming themselves for things
- outbursts of anger, or risky behaviour like drinking or taking drugs.

1.16 E-Safety

Smiles Montessori Pre-school has a commitment to keeping children and staff safe and healthy and the E-Safety policy always operates under the umbrella of the Safeguarding Policy.

Digital Images

- Children can use the iPad with staff supervision to take photographs and any photographs will be downloaded or deleted at the end of each session.

SMILES MONTESSORI

- Staff must only use the setting's own iPad to take any photographs and these must be downloaded or deleted every Friday. After a child has left the setting all images of that child will be destroyed.
- Staff cannot use any other digital device to take photographs in the setting.
 - Parent's or Carer's permission will be obtained for all images taken.
 - Video footage will only be taken for use on the Smiles private Facebook page. Written consent is obtained for this.
 - Children need to be fully clothed or in swimwear in all photos.

Computer, and Internet Use

- The computers are owned by Smiles Montessori Pre-school and has appropriate software to ensure safe internet use.
- Within the pre-school class where the children can access the internet free computer throughout the session, this will be regulated to 15 minutes per child per session using a sand timer so children can learn to regulate their own time management.
- Management will be responsible for system support and will ensure that the appropriate filters are applied to the nursery computers and iPads.
- If staff discover unsuitable sites have been accessed on the nursery PC or iPads, they must report their findings to the manager immediately so that an investigation can take place.
- Practitioners use the internet with the children to enhance their learning and broaden their knowledge. Children are never left unattended when using the internet.
- Nursery Internet access will be tailored expressly for educational use and will include appropriate filtering. Children will learn appropriate Internet use. Staff will guide children in online activities that will support their learning journeys.
- Management are responsible for all e-mails sent and for contacts made that may result in e-mails being received.
- The Internet is also used in the nursery to support the professional work of staff, to allow effective planning and to enhance the nursery's management information and business administration systems.
- Social networking sites will not be accessed during work hours.
- Children will only use age appropriate software in the setting.
- Staff are asked not to contact parents from their personal email accounts, nor give out their personal email addresses.
- Staff may access the internet via their personal smart phones in their own time and during their staff breaks.

How do we keep the children safe?

Monitor usage (At home and at nursery)

- Being computer literate. Asking the children to tell us what they are doing online, spend some time learning the ins/outs of the programs.
- Keep the computer in a common area where we can always watch and monitor the children.

SMILES MONTESSORI

- Children are not allowed to bring personal devices into the nursery.
- Spend time online together. We teach the children appropriate online behaviour, including information about cyber bullying, 'netiquette' and being respectful and kind while online.
- Teaching within class time. We use books, and activities to teach the children how to keep themselves safe when using the internet or technology.
- Consider installing parental control filtering software and/or tracking programs, which also can help to protect the children from online predators and inappropriate adult content.

Have open lines of communication

- Talk regularly with the children about internet use, the online activities they are involved with and the sites they visit.
- Be direct, straightforward, and assertive but not aggressive or confrontational.
- Talk to them about the dangers of interacting with strangers online and remind them that people online often do not tell the truth.
- Encourage the children to tell you if anyone they meet online tries to get personal information from them or says things that make them feel uncomfortable.
- Limit the amount of 'screen time' that the children are allowed.
Teaching the children to not share any personal information online, including name, address, name of school, phone number, credit card numbers, passwords, or names of family members. Use only a screen name.
- Teaching the children to never trade personal photographs through the mail or over the Internet.
- Teaching the children to Never agree to meet anyone in person that he/she has met online.
- Teaching the children to Never respond to a threatening email or message.
- Teaching the children to always tell a parent or teacher about any online communication or conversation that was scary or made the child feel uncomfortable.
- If a child has a new "friend" online, ask open questions and inform parents immediately.

Social Media.

All practitioners are aware of the need to manage their digital reputation including the appropriateness of information and content that they post online both professionally and personally.

Staff are made aware of the expectations and behaviour with their friends and colleagues. For example, discussing what photos of them can and cannot be shared by their friends on social media.

- Staff must ensure that social networking sites are set as private so that only authorised persons can have access to them.
- Staff must not accept or invite any children or their families to use their private accounts.
- Staff must never contact any children or their families using their private social networking sites.

SMILES MONTESSORI

- Staff must never upload any photos, comments or information about the setting, or any persons linked with it. (See Mobile Phone, Camera and Media Policy)

For more information regarding this please see our 'Code of Conduct' policy.

Reporting concerns regarding E-safety.

If we have any concerns regarding a child, parent, visitor or staff member on the use of technology we will refer to the below, and refer to the appropriate safeguarding team.

- the [Internet Watch Foundation](#) (IWF) if settings need to report illegal images (child sexual abuse material);
- the [Child Exploitation and Online Protection centre](#) (CEOP) if they are worried about online abuse or the way that someone has been communicating online;
- the [UK Safer Internet Centre Helpline for Professionals](#) or the [NSPCC](#) for further information.

1.17 Death of a Child at the setting

Here at Smiles we have rigorous procedures in place to keep our children Safe.

In the highly unlikely event that there was a death of a child in the setting we would follow the below procedure as advised from the SET procedures and Ofsted:

1. An ambulance and the police will be called immediately, whilst resuscitation is given to the child.
2. Any children around the child will be moved to another classroom and the most senior members of staff will stay with the child until medical professionals arrive.
The other senior members of staff will keep all staff and children calm and contact the parents of the child immediately to inform them and ask them to come straight to the setting.
3. The senior members of staff will stay with the child at all times and wait for the death to be confirmed by the medical professionals.
4. If the medical professionals take the child to the hospital before the parents arrive a senior member of staff will accompany the child and another senior member of staff will immediately inform the parents that the child has gone to hospital.
5. There will be a senior member of staff ready to meet with the parents and take them to their child.
6. Once the child has been taken to the hospital the area of the nursery will be closed off to allow the police to begin their investigation.
7. If necessary, the nursery would be closed, and all parents would be called to come and collect their children. Staff would always need to remain professional and ensure the safety of the remaining children in our care.
8. The senior member of staff would then contact Ofsted, The local children's social care team, RIDDOR and HSE.
9. The nursery would then take advice from all the above professionals.

All members of staff would be required to co-operate fully with any investigation that will take place.

SMILES MONTESSORI

We also recognise that the team will be affected by the death of a child.

This will be a difficult time for the staff team, children, and families. Below are some agencies that may be able to offer further support and counselling if this occurs.

The Samaritans: www.samaritans.co.uk 08457 909090

Priory: www.priorygroup.com 08452 PRIORY (08452 774679)

Child Bereavement UK:

www.childbereavement.org.uk/For/ForBereavedFamilies/BereavedFamiliesandSchools

Cruse Bereavement Care: www.crusebereavementcare.org.uk 0844 477 9400 helpline@cruse.org.uk

British Association of Counselling: www.bacp.co.uk 01788 578328

SANDS: www.uk-sands.org/About-Sands/Staff-team-departments/Bereavement-Support.html

Telephone numbers:

- Ofsted- **0300 123 1231**
- Local authority children's Health and social care team- **0845 603 7627**
- Health and Safety Executive- **0300 003 1747**
- RIDDOR- **0345 300 9923**

1.18 Staff Training

All staff will attend child protection training and receive initial basic child protection training during their induction period. This will include the procedures for spotting signs and behaviours of abuse and abusers/potential abusers, recording and reporting concerns and creating a safe and secure environment for the children in the nursery.

During induction staff will be given contact details for the LADO (local authority designated officer), the Family Operations hub, Essex Safeguarding Children Partners (ESCP) and Ofsted to enable them to report any safeguarding concerns, independently, if they feel it necessary to do so.

All staff will undertake the level 2 training within six months of employment with us, this will be renewed every 3 years.

As well as completing E-Learning modules on FGM, Prevent, on-line safety and Safeguarding The Safeguarding Officer will complete the Lead Safeguarding Training every 2 years.

Also, to further develop staff's safeguarding training we send over regular updates or changes in legislation via email, discuss safeguarding during every supervision, as well as having a safeguarding quiz during each staff meeting.

1.19 Staffing and volunteering

Our policy is to provide a secure and safe environment for all children. We only allow an adult (16 or over) who is employed by the nursery and who has an enhanced clearance from the Disclosure and Barring Service (DBS) to work directly with and care for children this includes volunteers.

If a practitioner has worked or lived abroad, they will also be subject to an additional criminal records check.

SMILES MONTESSORI

We have a named person within the nursery who takes lead responsibility for safeguarding and co-ordinates child protection and welfare issues, known as the Designated Safeguarding Co-ordinator (DSCO). The nursery DSCO liaises with Essex Safeguarding Children Partners (ESCP) and the Family Operations Hub, undertakes specific training, including a child protection training course, and receives regular updates to developments within this field.

The Designated Safeguarding Co-ordinator (DSCO) at the nursery is: **Hollie Cox**. (In the absence of Hollie Cox, **and Julia Jeffrey** will become DSCO)

- We provide adequate and appropriate staffing resources to meet the needs of all 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
- We give staff members/volunteers and student's regular opportunities to declare changes that may affect their suitability to care for the children. This includes information about their health, medication or about changes in their home life such as whether anyone they live with in a household has committed an offence or been involved in an incident that means they are disqualified from working with children.
- This information is also stated within every member of staff's contract
- We request DBS checks on a 3-year basis/or we use the DBS update service to re-check staff's criminal history and suitability to work with children
- We abide by the requirements of the EYFS and any Ofsted guidance in respect to obtaining references and suitability checks for staff, students and volunteers, to ensure that all staff, students and volunteers working in the setting are suitable to do so
- We ensure we receive at least two written references BEFORE a new member of staff commences employment with us
- All students will have enhanced DBS checks conducted on them before their placement starts
- Volunteers, including students, do not work unsupervised
- We abide by the requirements of the Safeguarding Vulnerable Groups Act (2006) and the Childcare Act 2006 in respect of any person who is disqualified from providing childcare, 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. Please see the visitor's policy.
- All visitors/contractors will be supervised whilst on the premises, especially when in the areas the children use
- All staff have access to and comply with the 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 any issues relating to individual children, 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 put into action to ensure the safety of the child and the adult.

Employees, students or volunteers of the nursery or any other person living or working on the nursery premises

If an allegation is made against a member of staff, student or volunteer or any other person who lives or works on the nursery premises regardless of whether the allegation relates to the nursery premises or elsewhere, we will follow the policy 'Managing allegations against staff or volunteers who work with children.'

SMILES MONTESSORI

1.20 The referral process

This policy has been devised from the SET procedures 2019

If we have a concern that a child is at risk of harm or is likely to be at risk of harm then a referral to our Local social care team will be made in a timely manner by the Safeguarding Officer. In her absence the deputy Safeguarding Officer **Julia Jeffrey** will make the referral.

If we are unsure as to whether a referral needs to be made, then the below options will support us in making that decision.

- Consultation Line (Social Worker will give advice but not record the call)
- The Family Operations Hub Line
- The Priority Line (because an immediate response is necessary)
- The referral if needed would then be made online

All referrals will be confirmed in writing, by the referrer, within 4 hours by visiting the <https://www.essexeffectivesupport.org.uk/> website and completing a 'Request for support form'.

If the referrer has not received an acknowledgement within one working day, they should contact local authority children's social care again.

Professional Escalation

All agencies are responsible for ensuring their staff are competent and supported to escalate appropriately intra and inter-agency concerns and disagreements about a child's wellbeing. Agencies / professionals should not be defensive if challenged and should always be prepared to review decisions and plans with an open mind and revise decisions in light of new information. Differences in status / knowledge and experience may affect individuals' ability to challenge and all professionals should seek advice and support from the safeguarding lead in their organisations.

Stage One: Direct Professional to Professional Discussion. Differences of opinion or judgement should be discussed between frontline professionals to achieve a shared understanding and agree a resolution and plan. If professionals are unable to resolve differences within time scale, the disagreement should be escalated to stage two.

Stage Two: Direct First Line Manager to First Line Manager Discussion. If stage one fails to resolve the issue then each professional should discuss the issue with their first line manager or safeguarding supervisor/Named Nurse. The first line manager should then liaise with the other professional's line manager in an attempt to reach a resolution. If a resolution cannot be reached, the disagreement should be escalated to stage three.

Stage Three: Senior Manager to Senior Manager Discussion. If concerns remain unresolved at this stage a senior manager to senior manager discussion should take place to discuss the concerns, and if necessary, call a joint meeting with the involved practitioners and first line managers. Advice and support should also be sought from the designated safeguarding children professional within their agency.

Stage Four: Multi-Agency Safeguarding Partnership/Board In the unlikely event that the issue is not resolved by the steps described above and/or the discussions raise significant policy issues, the matter

SMILES MONTESSORI

should be referred in a timely way the Multi-Agency Safeguarding Partnership/Board (former LSCB). This should include forwarding a written account of the dispute and what attempts have been made to resolve this, and if necessary a meeting will be convened to seek resolution.

Informing Parents

Here at Smiles we understand that parents going through a referral process may find this very difficult. We will inform any parent or carer before any referrals are made and support them through this difficult time, unless permission-seeking may itself place a child at risk of significant harm.

If the decision has been made to not inform the parents before the referral had been made, this will be documented with the reasons why and placed in the safeguarding folder as evidence.

If a parent is believed to be uncooperative then we can improve favourable outcomes for the child(ren) by:

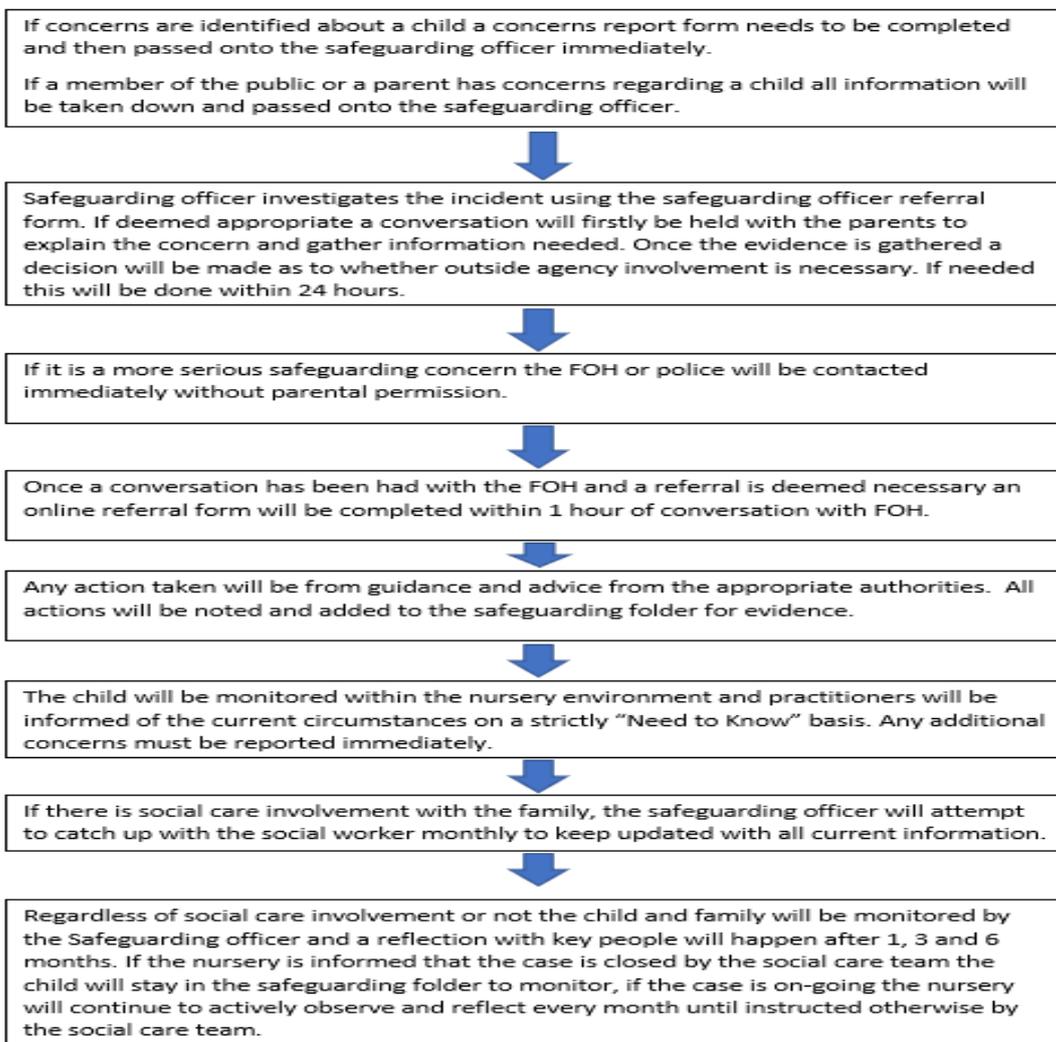
- Keeping the relationship formal through warm, clear indications that the aim of the work is to achieve the best for their child(ren).
- Clearly stating our professional and or legal authority
- Seeking advice from experts

If the parent continues to be uncooperative despite all our best efforts, we will inform them that a decision has been made if needed in the child's best interests to make a referral without their permission.

This will all be documented alongside any other concerns.

SMILES MONTESSORI

Smiles Montessori Pre-school the Referral process



1.21 Managing allegations against a staff member

At Smiles we follow our 'Safer recruitment policy' to ensure that all people who work or volunteer to work with children are safe to do so.

However, in the unlikely event of an allegation being made against a staff member we will follow the policy below advised from the SET procedures:

Some of the signs of inappropriate behaviours from staff can include:

- Excessive 1-1 attention
- Inappropriate language
- Inappropriate comforting of children.

The allegation should be reported to the Safeguarding officer, if she is absent from the setting then it should be reported to the Deputy Safeguarding officer **Julia Jeffrey**. If the allegation made is regarding a safeguarding officer, then it can be reported to the most senior member of staff aside from the safeguarding officer.

SMILES MONTESSORI

We ensure that all parents know how to complain about the behaviour or actions of staff or volunteers within the setting, including allegations of abuse.

Who should be informed?

The Local Authority Designated Officer (LADO) and Ofsted will be informed immediately where appropriate or within one working day for this to be investigated by the appropriate bodies promptly:

- The LADO will be informed immediately for advice and guidance
- A full investigation will be carried out by the appropriate professionals (LADO, Ofsted,) to determine how this will be handled
- The nursery will follow all instructions from the LADO and Ofsted and ask all staff members to do the same and co-operate where required
- Where appropriate the parents/carers of the child will be invited into the setting to inform them of the allegations and the actions that will take place.
- Founded allegations will be passed onto the relevant organisations including the Family Operations Hub and where an offence is believed to have been committed, the police. And this will result in the termination of employment. Ofsted will be notified immediately of this decision. The nursery will also notify the Disclosure and Barring Service (DBS) to ensure their records are updated.

What follow up action is required?

Suspension is a neutral act, and it should not be automatic. It should be considered in any case where:

- There is cause to suspect a child is at risk of significant harm;
- The allegation warrants investigation by the police.
- The allegation is so serious that it might be grounds for dismissal.
- If a member of staff is to be suspended from the setting, they will be escorted from the premises by a senior member of staff.
- If a suspended person is to return to work, we will consider what help and support might be appropriate (e.g. a phased return to work and/or provision of a mentor), and also how best to manage the member of staff's contact with the child concerned, if still in the workplace.
- All enquiries/external investigations/interviews will be documented and kept in a locked file for access by the relevant authorities
- Unfounded allegations will result in all rights being re-instated

SMILES MONTESSORI

- All records will be kept until the person reaches normal retirement age or for 10 years if that is longer. This will ensure accurate information is available for references and future DBS checks and avoids any unnecessary re-investigation
- The nursery retains the right to dismiss any member of staff in connection with founded allegations following an inquiry
- Counselling will be available for any member of the nursery who is affected by an allegation, their colleagues in the nursery and the parents.
- If a member of staff or volunteer is dismissed due to the allegations, we will inform Ofsted and the Disclosure Barring Service.

Our nursery has a clear commitment to protecting children and promoting welfare. Should anyone believe that this policy is not being upheld, it is their duty to report the matter to the attention of the nursery manager/owner/ at the earliest opportunity. Please refer to the whistle blowing policy regarding staff responsibility and reporting procedures.

1.22 Children's Rights and Entitlements

We promote children's right to be strong, resilient and listened to by creating an environment in our setting that encourages children to develop a positive self image, which includes their heritage arising from their colour and ethnicity, their languages spoken at home, their religious beliefs, cultural traditions and home background.

We promote children's right to be strong, resilient, and listened to by encouraging children to develop a sense of autonomy and independence.

We promote children's right to be strong, resilient and listened to by enabling children to have the self-confidence and the vocabulary to resist inappropriate approaches.

We help children to establish and sustain satisfying relationships within their families, with peers and with other adults.

We work with parents/carers to build their understanding of, and commitment to, the principles of safeguarding all our children.

1.22 Documentation

Any referrals, discussions held with parents, staff, witnesses, children and the family operations hub and any other persons involved as well as any other relevant documentation will be documented and recorded. This will be kept in the child's file and in our safeguarding folder. In some circumstances, CCTV footage may be recorded and saved onto the office computer for future reference if needed. This is stored on a password protected computer where only management are allowed access.

This policy was reviewed on	Signed on behalf of the nursery	Date for review
<i>March 2022</i>	<i>J. Jeffrey</i>	<i>March 2023</i>