



Safeguarding Children/Child Protection Policy

The Designated Safeguarding Officer at Moon River is:

Amanda Bromley (Nursery Manager)

Deputy Designated Safeguarding Officers are:

Lesley Spence (Owner), Cat Rogers-Frost (Operations Manager) and Shrina Patel (Deputy Manager)

At Moon River 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 from any abuse in whatever form. All staff within the nursery have a responsibility to implement the nursery's safeguarding and child protection policy and keep children safe within the setting. This includes all staff whether they work directly with the children or not – including kitchen staff; support staff and office staff.

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. In our setting we strive to protect children from the risk of radicalisation and we promote acceptance and tolerance of all beliefs and cultures (please refer to our inclusion and equality policy for further information). 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. Child Protection Policy and Procedure

This child protection policy and procedure forms part of our safeguarding children arrangements.

Aims

Our setting considers that the welfare of the child is paramount and it is the duty of members, staff and volunteers under HM Government's Working Together to Safeguard Children - A guide to inter-agency working to safeguard and promote the welfare of children' - July 2018 to implement this policy, and to ensure that it has in place appropriate procedures to safeguard the well-being of children and young people and protect them from abuse.

Implementation and Monitoring

The role of the Designated Safeguarding Officer will be to take the lead responsibility for safeguarding children within the setting and liaising with local statutory children's services agencies as appropriate. The Designated Safeguarding Officer must attend an inter-agency child protection training course, to be updated at least every 2 years. The Designated Safeguarding Officer will deal with any occasions when there are concerns or issues of Child Protection. The DSL must attend an advanced inter-agency child protection training course, which must be updated at least every 2 years (in Bristol this is run by the Keeping Bristol Safe Partnership – KBSP).

All staff and volunteers are to undertake child protection training and this to be updated every 3 years. All staff and volunteers are aware of how to support children to understand and recognise risk. There will be an annual update for all staff to keep practice updated, run by senior staff. The safeguarding policy must be part of the induction for all staff and volunteers. On-going training will be given to all staff about the importance of safeguarding children – this will include in house training/ online training/ external training and refreshing knowledge at staff meetings.

Moon River will review this policy annually, to ensure it is being implemented fully.



If the Designated Safeguarding Officer is uncertain about concerns about a child, consultation with Families in Focus should take place. Families in focus will be consulted for guidance and support on whether or not to make a referral and First response to make a referral and to meet the BSCB Threshold Guidance – 2018.

2. Definitions of Abuse:

Child abuse is any action by another person – adult or child – that causes significant harm to a child. The 1989 Children Act recognises four categories of abuse:

Physical Abuse - a form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child, or failure to prevent physical injury. Physical harm may also be caused when a parent or carer fabricates the symptoms of or deliberately induces illness in a child.

Sexual Abuse - 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 the 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. Sexual abuse can take place online and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children (Peer on peer abuse).

Emotional Abuse - the persistent emotional maltreatment of a child as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only in so far 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 a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing a child from participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), 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.

Neglect - 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:

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

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



Other recognised categories of abuse:

Historical Abuse

There may be occasions when a child will disclose abuse (either sexual, physical, emotional or neglect) which occurred in the past. This information needs to be treated in the same way as a disclosure of current child abuse. The reason for this is that the abuser may still represent a risk to children now.

Domestic Abuse

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 family partners or family members regardless of gender or sexuality. The abuse can encompass but is not limited to: psychological; physical; sexual; financial and emotional. Exposure to domestic abuse and/or violence can have a serious, long lasting impact on children. Staff will need to treat them sensitively, record their concerns and consider informing First Response.

Female Genital Mutilation (FGM)

FGM has been a criminal offence in the UK since 1985. In 2003 it also became a criminal offence for UK nationals or permanent residents to take their child abroad to have female genital mutilation performed (Female Genital Mutilation Act 2003). Anyone found guilty of the offence faces a maximum penalty of 14 years in prison. Section 73 of the Serious Crime Act 2015 amended the Female Genital Mutilation Act to include FGM protection orders (FGMPOs). An FGM protection order is a civil measure which can be applied for through a family court. The FGM protection order offers the means of protecting actual or potential victims from FGM under civil law.

It is helpful if you can have conversations at the earliest opportunity with parents and carers and provide information in leaflets and posters about FGM from the BAVA website <http://www.bava.org.uk/types-of-abuse/female-genital-mutilation/>

All agencies have a statutory responsibility to safeguard children in terms of preventing girls from FGM and identifying children who have already survived the procedure. It is important that staff are aware of what FGM is and the signs to look out for in girls at risk of the practice. For more information please go to the BSCB FGM Safeguarding Guidance: <https://bristolsafeguarding.org/children-ome/professionals/policies/#FGM>

The Bristol Safeguarding Children Board has created an FGM referral risk assessment for professionals to consider the risks of girls from FGM.

<https://bristolsafeguarding.org/media/27269/fgm-referral-risk-assessment-2018.pdf>
If used, a record of the outcome must be kept.

Being able to identify girls who are at risk needs a sensitive approach. Consider whether any other indicators exist that suggest FGM may take place or has already taken place, for example:

- The child has changed in behaviour after a prolonged absence from the setting;
- The child has health problems, particularly bladder or menstrual problems;
- The child has difficulty walking, sitting or standing and may appear to be uncomfortable.

If a girl is at immediate risk of FGM taking place, it is a significant child protection issue and must be reported to the police and/or First Response.



You have a statutory duty to report if a girl under 18 informs you they have had FGM or if you see it. If FGM has taken place it is a significant child protection issue and must be documented and reported to First Response and/or the police. When FGM has taken place, the Children's Social Care team will liaise with the health services so that a statutory safeguarding assessment takes place and to look at how the girl and family will be supported to access appropriate health care if needed. Legal action may be considered.

At any time, you may seek advice from BAND, Families in Focus or First Response

For more information on this topic, see the online South West Child Protection Procedures, NSPCC or, locally, BAVA. Contact details are in the appendix.

The Prevent Duty

It is essential that staff members are able to identify children who may be vulnerable to radicalisation and to know what to do when they are identified. Staff will be trained to recognise possible signs. In line with our Online Safety Policy, appropriate controls for digital content will be in place.

Our setting can also build pupils' resilience to radicalisation by promoting fundamental British values of: democracy; the rule of law; individual liberty; mutual respect for and tolerance of those with different faiths and beliefs and for those without faith or by discussing human rights so enabling children to challenge extremist views.

There is no single way of identifying an individual who is likely to be susceptible to a terrorist or extremist ideology. As with managing other safeguarding risks, staff should be alert to changes in children's behaviour which could indicate that they may be in need of help or protection. It is important to take action if staff observe behaviour of concern. The Police Prevent Team can give advice, contact 01278 647466 or ring 101 and ask for the Prevent team, explaining you are calling about extremism or radicalisation.

Any concerns about a child will be referred through First Response or the police. The concern may then be dealt with through usual safeguarding procedures or referred to the Channel process. For information regarding the Channel process, an email address is in the appendix, along with other contacts.

In addition if you think a child is at risk of extremism, you must contact the Counter Extremism Group via email: counter.extremism@education.gsi.gov.uk or Tel: 020 7340 7264

Non-Mobile Babies

Injuries in non-mobile babies are rare and must be further investigated by a paediatrician, even if an explanation seems plausible. All non-mobile babies with an injury should be discussed with a Hospital or Community Paediatrician or the Children's Emergency Department. Early Years Settings and Childminders working with non-mobile babies need to follow the Bristol Safeguarding Children Board "**Addendum to the Multi Agency Guidance for Injuries in Non- Mobile babies**".

If settings need to use the procedure, it is important that as well as discussing this with and/or arranging for the baby to be examined by the Community Paediatrician, settings contact Social Care / First Response to



request checks are made on the family. This information will be made available to the Community Paediatrician to help in any risk assessment of the injury. This is not the same as making a referral and parents should be reassured that this is the case, but it is important that they check to see if the baby is already known to Social Care.

Addendum to the Multi Agency Guidance for Injuries in Non- Mobile babies:

The Bristol association of neighbourhood day care (BAND) has produced the following guidance for use in settings as set out below and on the following website - (<http://dev.bandltd.org.uk/wp-content/uploads/2016/07/addendum-for-Early-years-March-2016-3.pdf>)

Infants under the age of one are more at risk of being killed at the hands of another person (usually a carer) than any other age group of children in England and Wales. Non-mobile babies cannot cause injuries to themselves and therefore must be considered at significant risk of abuse. Multi –agency information sharing allows for sensible, informed judgments regarding the child’s safety to be made.

Benign Skin Marks:

When new babies and children join your setting as part of completing their registration form you should ask and record any birth mark or similar benign skin condition; noting the shape, size and location. If any doubt exists about the nature of a skin mark, the baby’s parents/ carers should be requested to seek a medical opinion from their GP. When recording the existence of a benign skin mark it is useful to make use of a ‘Body map’ diagram.

Non-mobile babies presenting with an injury:

Due to the significant risk of abusive injury in a non-mobile baby, all non-mobile babies with an injury should be discussed with a Hospital or Community Paediatrician or the Children’s Emergency Department, even if there is a plausible explanation (Serious injuries/ bleeding refer direct to Emergency Department via 999).

Where the professional has identified that a referral should be made to the Community Paediatrician (or Emergency Department if urgent), the baby’s parent/ carer should be informed that a person with parental responsibility will be required to attend with their baby or at the very least provide consent for a medical examination to take place. The Community Paediatrician is responsible for confirming that the baby attends for the medical examination, and the next working day the referrer should also confirm that this has happened. If the parent refuses to take the child for an examination the Community Paediatrician and Social Care should be notified immediately. It is the Early Years professional’s responsibility to contact First Response (Bristol) to provide information about the injury and family dynamics if known, and request checks. The Community Paediatrician will ensure that relevant checks have been undertaken by Social Care and what the findings are.

Missing Child / Unauthorised Absence

Children going missing from the setting (through not attending when expected), particularly if this is repeated, or if a child is unexpectedly removed from a setting, can act as a vital sign for a range of safeguarding possibilities. This may include abuse and neglect, sexual abuse or exploitation and criminal exploitation. It may indicate mental health problems, risk of substance abuse, risk of travelling to conflict zones, risk of female genital mutilation, risk of forced marriage, family crisis or other issues that could affect the health and well-being of a child.

Although the children are not in compulsory education, we believe that we have a responsibility to follow up on unauthorised absences to ensure that the child and family are safe and well, which forms part of our



safeguarding commitment. Particular care will be taken where there are known vulnerabilities and also when the family might otherwise be isolated (e.g. - summer holidays).

To manage this appropriately we have a separate policy regarding children going missing from childcare or unauthorised absence.

In addition, safeguarding action may be needed to protect children against:

(Please note that some of these terms are used to describe the same/similar harms and there are often overlaps: e.g. a child might get groomed or coerced into a gang where there is the risk of being a victim of serious violence and that gang might be involved in county lines drug selling.)

- Bullying, including online bullying (cyberbullying) and prejudice-based bullying
- Racist, disability and homophobic or transphobic abuse
- Gender-based violence/violence against women and girls
- Peer on Peer Abuse (bullying, physical abuse, sexual violence, sexual harassment, up skirting, sexting and initiation/hazing)
- Child Sexual Exploitation and trafficking
- Modern slavery/trafficking/children from abroad
- Child Criminal Exploitation and County Lines (Serious violence)
- Gang activity or youth violence
- Risks linked to using technology and social media, including online bullying; the risks of being groomed online for exploitation or radicalisation; and risks of accessing and generating inappropriate content, e.g.: “sexting” and accessing pornography
- Teenage relationship abuse
- Substance abuse
- Poor parenting
- Homelessness
- Forced marriage
- So-called “honour-based” violence HBV (this includes Forced Marriage, FGM and Breast Ironing)

Information on these topics can be found at:

<https://bristolsafeguarding.org/children-home/professionals/policies/>

<http://www.proceduresonline.com/swcpp/bristol/contents.html>

3. Confidentiality and Appropriate Disclosure of Information

Confidentiality is crucial to all our relationships, but the welfare of the child is paramount. The law does not allow anyone to keep concerns relating to abuse to themselves. Therefore, confidentiality will not be maintained if the withholding of information will prejudice the welfare of the child.

All information that has been collected on any child will be kept locked and secure and access will be limited to the appropriate staff, management and relevant agencies.



In the event of an investigation it is essential that no information on child protection concerns relating to a child are disclosed inappropriately. Any such leaks could have serious consequences for both the child concerned and any investigation.

If uncertain about what information may be shared, take advice or refer to HM Government's Information Sharing, Advice for practitioners.

Parents / carers have the right to see any records kept on their child, this might not always be appropriate and should not put the child or yourself at risk.

It is very important that only those who need to know, actually know, to avoid rumour and gossip that could affect the child, parent / carer and the group.

4. Transfer of a Child Protection Safeguarding file

From one education setting to another e.g. from an early years setting to another early years setting or to a school.

-The Designated Safeguarding Officer must inform the receiving setting that the child has a child protection file and must do so within 5 school days of being notified of the transfer.

-The Designated Safeguarding Officer should pass the original copy of the child protection/ safeguarding file to the receiving setting; this should be delivered separately to the child's main file and be delivered either by hand or by recorded delivery.

-The parents/carers of the child must never be used to transfer the child protection file. The transfer must happen within five school days from notification and the setting should record that the transfer has been made.

-The setting should ensure that confidentiality is maintained, and the transfer process is as safe as possible.

-If the setting receives a new child that has been attending a previous setting, then the setting should ask the previous setting if the child has a child protection/ safeguarding file.

-If so, once the transfer of the file has been made, the setting should record that the file has been received (receipt) and keep this record for 6 years.

Settings should keep a copy of the transferred file themselves for a minimum of 6 years and/or until the child reaches their 25th birthday. A recommendation is to mark the envelope with the date of the child's 25th birthday as the 'Date for Destruction'.

Please refer to the BSCB document "Guidance on the Transfer of a Child Protection Safeguarding file to another education setting", for full details of what should be in a file, how to transfer it and what records should be retained.

Parents/carers will be made aware that as an education provider we have a duty to share/pass on child protection/safeguarding information to the next education provider.

5. Protecting Children and Young People

Please refer to BSCB Bristol Multi Agency Threshold Guidance, to help you identify the response needed.



Recognising Abuse

Recognising abuse is one of the first steps in protecting children and young people. There could be signs or behaviour that make you feel concerned. All staff should be alert to the following types of behaviour in the children:

- Becoming excessively aggressive, withdrawn or clingy.
- Seeming to be keeping a secret
- Significant changes in children's behaviour
- Deterioration in children's well-being
- Unexplained bruising, marks or signs of possible abuse or neglect.
- Any bruising on a non-mobile baby
- Unreasonable fear of certain people or places
- Acting out in an inappropriate way, perhaps with adults, other children, toys or objects
- Children's comments which give cause for concern, e.g.: inconsistent explanations of bruising, injuries or burns
- Self-harm
- Sexually explicit language or actions
- Are upset, withdrawn or angry after using the internet or texting
- Children who go missing, particularly on repeat occasions

Staff should be equally vigilant regarding signs relating to disabled children and not automatically assume that any of the above relates to their impairment.

Not all concerns about children or young people relate to abuse, there may well be other explanations. It is important to keep an open mind and consider what you know about the child and their circumstances.

If you are worried, it is not your responsibility to investigate and decide if it is abuse. It is your responsibility to act on your concerns and do something about it.

6. What to do if Abuse is Disclosed

The setting is committed to ensuring that it meets its responsibilities in respect of child protection by treating any allegation seriously and sensitively.

- Stay calm;
- Listen to what the child / young person is actually saying;
- Reassure them that they have done the right thing by telling you;
- Ask Open questions, e.g.: Can you tell me why you are upset? Can you tell me what is frightening you? Can you tell me why you don't want to go home today? Open questions enable you to gain information and clarification;
- Don't ask leading questions. This could lead a child to say something or agree with you wrongly. A closed question is: Are you afraid to go home because your Mum will hit you?;
- Do not ask the child / young person to repeat what they have told you, for another worker or committee member. If the matter is to be investigated further, this will be done by trained professionals;
- Do not promise the child that this information can be kept secret, as subsequent disclosure could then lead to the child feeling betrayed;
- If appropriate, explain to the child who you are going to tell and why. If the child asks what might happen next, it is ok to say that you don't know, but that you can be there to support them if they want;



- Make a note of any conversations with the child, trying to make these as detailed as possible, including when and where the conversations took place. Use a body map or draw a diagram, if appropriate, to show the position of any bruises or marks the child or young person shows you, trying to indicate the size, shape and colour;
- Record this as soon as possible on the setting's Disclosure Form and use the **actual words** used by the child;
- Keep all records factual. Be aware of not making assumptions or interpretations of what the child / young person is telling you. Store all records securely;
- Discuss your concerns with the DSL. If the disclosure involves a member of staff, follow the Staff Allegation section;
- If appropriate, inform parents / carers that you are going to report your suspicions / concerns. This might not always be possible and should not put the child or yourself at risk. When you report an incident, the First Response/duty officer will ask you if the parent / carer has been informed. If they haven't, they will want to know the reasons why;
- The DSL must report the disclosure to the appropriate agency. In most cases this will be First Response, who will triage the call (see Appendix A). You can contact First Response by phone or if it is at the Families in Focus (previously called Early Help) level, by using the online Request for Help form (see link in 'further information');
- First Response will assess the call and pass you onto an appropriate agency. This will be Social Care (Level 3 Statutory Response) if it is a Child Protection issue or Families in Focus (Level 2 Escalating, Targeted support/Escalating Needs) if the concern is at a lower level but a multiagency response is needed. First Response may also signpost to other services or even ask you to plan to support the child. (Level 1 Plus Additional Support Universal Services);
- Once the referral has been made and if appropriate, you can tell the child what is going to happen and what to expect.

7. What to do if Abuse is Suspected

If any signs or symptoms lead you to feel concerned that a child may be being abused or neglected, it is important that you record these (what, when & where) and share these concerns with the Designated Safeguarding Officer.

Decide a plan of action:

- Ongoing observation of the child noting any further concerns.
- Confidential discussion with other staff to gain further information they may have.
- Discussion with Parents/carers to establish if there might be reasons for the child's behaviour /actions.
- Keep an open mind and avoid assumptions about the source of the harm.
- If you or the Designated Safeguarding Officer is uncertain about whether the concern is reportable, call the Families in Focus Team for advice.

If you are still concerned about the welfare of the child / young person, this information must be passed on to First Response. Parents / carers should be informed unless you think this could put the child or yourself at risk.

First Response will assess your call and pass you onto an appropriate agency. This will be Social Care (Level 3 Statutory Response) if it is a Child Protection issue or Families in Focus (Level 2 Escalating, Targeted support/Escalating Needs) if the concern is at a lower level but a multiagency response is needed. First Response may also signpost to other services or even ask you to plan to support the child. (Level 1 Plus Additional support Universal Services);



If First Response has been contacted and they pass you to Children's Social Care, they should let you know that they are responding to what you have told them. If you have not heard from the Social Care team, it may be appropriate to contact them to ensure that the details you gave them have been taken into consideration and acted upon.

What to do if it is an emergency

If you think a child is in immediate danger you should telephone the police on 999. In all other circumstances you need to refer the matter to First Response and follow the procedure described in section 1 above.

In a medical emergency your first action may need to do one of the following:

- Telephone for an ambulance, or,
- Ask the parent to take the child to the hospital at once

The child is the legal responsibility of the parent/carer and they must be involved as soon as practical, unless to do so would put the child at immediate risk of harm. Having taken the necessary emergency action it is important that you make immediate contact with First Response. If it is out of office hours, contact the Emergency duty team.

8. Working with Children and Young People

Recognising inappropriate behaviour in staff, volunteers and other adults.

There is no guaranteed way to identify a person who will harm children. However, there are possible warning signs.

These may include:

- Paying an excessive amount of attention to a child or groups of children, providing presents, money or having favourites
- Seeking out vulnerable children, e.g. disabled children
- Trying to spend time alone with a particular child or group of children on a regular basis
- Making inappropriate sexual comments
- Sharing inappropriate images
- Being vague about where they have worked or when they have been employed
- Encouraging secretiveness

There may be other sources of concern; this is not a conclusive list. Staff are not allowed to give children excessive affection. Staff must remain professional at all times and be aware of the way that affection may be interpreted. Staff are not allowed to kiss children.

There may be other sources of concern; this is not a conclusive list. If you are concerned about another staff member or volunteer's behaviour you need to pass this on to the Designated Safeguarding Officer.

If a Staff Allegation is Made, or you Suspect a Member of Staff or Volunteer of Abuse or Inappropriate Behaviour:

The LADO MUST be involved and consulted on ALL staff allegation incidents before an investigation of any type occurs.



If it appears or has been reported (e.g.: by a parent/carer or another child) that a staff member or volunteer has:

- behaved in a way that has harmed a child, or may have harmed a child, or;
- possibly committed a criminal offence against or related to a child, or;
- behaved towards a child or children in a way that indicates he or she may pose a risk of harm to children.

then these procedures **MUST** be followed:

- Record the concerns and report them to the DSL;
- The DSL should take steps to ensure that during the remainder of the working day that particular member of staff is not left in sole charge of any child or children;
- At the earliest opportunity, the DSL must contact the setting's Child Protection Officer - see list in Appendix A;
- It may be clear in some cases, where a child has been injured and/or there is clear evidence of significant harm or risk of significant harm, an immediate referral must be made to the police, First Response or emergency services. In addition:
- Either the DSL or the Child Protection Officer must then contact the Local Authority Designated Officer (LADO) **WITHIN 1 WORKING DAY** of receiving the report of an allegation.

Local Authority Designated Officer (LADO)

Telephone: 0117 903 7795 or Work Mobile: 07795 091020

- The setting must follow the LADO's advice on how to deal with allegations against staff.
- **Note:** Do not start any investigation into the allegation until the LADO has been contacted;
- If the allegation hasn't been made by the parent/carer, the setting should take advice from the LADO on how and when to inform them;
- The setting is required to inform OFSTED of any allegations of abuse against a member of staff, student or volunteer, or any abuse that is alleged to have taken place on the premises or during a visit or outing within 14 days. (See Appendix A);
- If the concern is regarding the DSL, the above procedure will be followed but the report will be made to the Deputy DSL/Child Protection Officer.

Support to Staff and Volunteers

The management will fully support all members of staff in following this procedure. Following an allegation or investigation:

- Staff and volunteers who work with issues of child protection may themselves need support in dealing with the emotional distress this can cause. They can talk to the setting's Designated Safeguarding Officer and any of the appropriate agencies listed in Appendix A.
- Staff, volunteers or management members may also be subject to allegations of abusing children in relation to their work for the setting. While support will be offered to these individuals by the setting, we will ensure that the agency dealing with the matter is given all assistance in pursuing any investigation and the Bristol LADO will be informed. The disciplinary procedure may be implemented.

9. Recruitment and employment of Staff and Volunteers

We acknowledge that paedophiles and those that pose a threat to children may be attracted to employment that allows them access to children and young people. As part of this policy we will ensure that people working with the children are safe to do so.



All staff (including the nursery's Manager/ Deputy Manager and Owner) and volunteers will be checked by the Disclosure and Barring Service on joining the nursery, to be renewed every 3 years. All staff are required to join the update service and staff's DBS checks will be reviewed annually.

All people connected with the setting must declare all convictions/cautions incurred since DBS disclosure which may affect their suitability to work with children.

All people connected with the setting must declare their disqualification status.

Two references will be taken up prior to appointment for new staff and volunteers and a medical questionnaire will also be required.

The selection and interview procedure of the setting will be adhered to. This includes a full employment history, qualifications, interview and identity checks.

Moon River also meets their responsibilities under the Safeguarding Vulnerable Groups Act 2006 which includes a duty to make a referral to the Disclosure and Barring Service where a member of staff is dismissed (or would have been had the person not left the setting first) because they have harmed a child or put a child at risk of harm.

10. Use of Mobile Phones, Cameras and E safety

We are aware of the risks associated with the use of mobile phones and cameras in the setting. To manage this appropriately we have a separate policy regarding the use of these devices. In addition, we will ensure that all internet compatible devices used in the setting will have appropriate filters and controls.

11. Staff Behaviour

All staff, volunteers and management members within the nursery recognise that they need to conduct themselves in an appropriate, open and transparent way to ensure a safer environment for all.

In addition, we will use "Guidance for Safer Working Practice for those working with children and young people in education settings," as a tool to develop setting specific guidance on behaviour for staff and volunteers.

12. Whistleblowing

We have a separate whistle blowing procedure so serious and or systemic concerns about senior staff or management may be reported to more senior member of staff/management or to an appropriate external organisation if necessary. Allegations about specific staff members should be dealt with in line with the staff allegation section earlier in this document.

13. Further Information

South West Child Protection Procedures – provide detailed online information on all aspects of child protection, e.g : Staff allegations – www.swcpp.org.uk

"Addendum to the Multi Agency Guidance for Injuries in Non- Mobile babies"

<http://bandltd.org.uk/development-support/safeguarding-non-mobile-babies-addendum-early-years-settings-childminders>



Multi Agency Guidance for injuries in non-mobile babies

<https://bristolsafeguarding.org/media/42486/non-mobile-baby-injury-policy-update-march-2019-bristol-approved.pdf>

South West Child Protection Procedures – provide detailed online information on all aspects of child protection, e.g : Staff allegations

<https://www.proceduresonline.com/swcpp/>

Working Together to Safeguard Children. A guide to inter-agency working to safeguard and promote the welfare of children July 2018

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/722305/Working_Together_to_Safeguard_Children_-_Guide.pdf

First Response online Request for Help form- (Please note you cannot print off a copy of this form, so keep a record of the information sent) Do not send any child or family details by unsecured email.

<https://www2.bristol.gov.uk/form/child-or-young-person-request-support-or-report-concern>

Guidance for safer working practice for those working with children and young people in education settings

<https://www.saferrecruitmentconsortium.org/GSWP%20Sept%202019.pdf>

Sharing information on children. A guide for people working with children, young people and their families (2007)

<https://www.bristol.gov.uk/documents/20182/33900/Sharing%20information%20on%20children%20guide.pdf/7b734337-d612-4ace-8c41-0e9b73ddb190>

BSCB "Guidance on the transfer of a child protection safeguarding file to another educational setting"

<https://www.bristol.gov.uk/documents/20182/33391/Guidance+on+the+Transfer+of+a+Child+Protection+Safe+guarding+File+to+another+Educational+Setting/017fb358-6dfb-462e-bab4-5c89be1017d4>

Prevent Duty Guidance for England and Wales

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/439598/prevent-duty-departmental-advice-v6.pdf

Early Years Foundation Stage Statutory Framework (2017)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/596629/EYFS_STATUTORY_FRAMEWORK_2017.pdf

Further reading on Fabricated Illness:

<https://www.nhs.uk/conditions/fabricated-or-induced-illness/>

<https://www.gov.uk/government/publications/safeguarding-children-in-whom-illness-is-fabricated-or-induced>

Bristol Safeguarding Child Sexual Exploitation:

https://bristolsafeguarding.org/media/1321/cse-guidance-v1_09-nc-for-web.pdf



Appendix A – Useful contacts

1. Designated Safeguarding Officer:

Name: Amanda Bromley (Nursery Manager)

2. Deputy Designated Safeguarding Officers:

Name: Lesley Spence (Nursery Owner)

Name: Cat Rogers-Frost (Operations Manager)

Name: Shrina Patel (Deputy Manager)

3. Referral Agencies

First Response – 0117 9036444 (all Bristol)

The place to call if you are concerned about a child or young person or think they need some help. Calls to First Response may result in direct referral to a Social Work Team or to Early Help and/or advice and guidance being given about services to help families.

Families in Focus: North 0117 352 1499; East / Central 0117 3576460 ; South 0117 903 7770

Disabled Children Team (all Bristol) - Tel: 0117 9038250

Emergency Duty Team /Out of Office Hours Tel: 01454 615 165

Police: Non-emergency – Tel: 101 Emergency – Tel: 999

On-Call Consultant Paediatrician (via BRI Switchboard) 0117 923 0000 – non-mobile babies

4. For Staff Allegations Contact:

Local Area Designated Officer - Telephone 0117 903 7795, Work mobile: 07795 091020

Ofsted Compliance and Investigation Team (For reporting any Child Protection concerns).-Tel: 0300 123 1231

Ofsted Whistleblowing hotline – 0300 123 3155

Registered providers must inform Ofsted of any allegations of serious harm or abuse as soon as reasonably practicable, but at the latest within 14 days of the allegations being made.

Support and advice:

South West Child Protection Procedures (online guidance) www.swcpp.org.uk

Childline -Tel: 0800 1111 (open 24 hours)



National Association for the Prevention of Cruelty to Children (NSPCC) -Tel: 0800 800 500

NSPCC Whistleblowing hotline – 0800 0280 285

NSPCC FGM helpline: 0800 028 3550 or email fgmhelp@nspcc.org.uk.

Bristol Against Violence and Abuse (BAVA) email bava@bristol.gov.uk or www.bava.org.uk

Bristol Safeguarding Children Board (training) -Tel: 0117 3532505

Channel info: channelsw@avonandsomerset.pnn.police.uk

BAND Development and Support Worker –Tel: 0117 954 2128