LITTLE TREASURES
NURSERY & PRE-SCHOOL

Safeguarding Policies & Procedures Pack
EYFS Safeguarding and Welfare Requirements

Reviewed	Michelle Treasure (DSL)
Frequency of Review	Annually
Date agreed by Leadership Team	January 2026
Date shared with Staff team	January 2026

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Key Contacts in Local Authority	
The Thurrock Multi Agency Safeguarding Hub (**MASH**) can provide advice and consultancy.	**01375 652802** Thurrockmash@thurrock.gov.uk
REFERRAL TO SOCIAL CARE SERVICES Where we have URGENT and IMMEDIATE concerns for the safety and welfare of a child or young person	During office hours telephone MASH **01375 652802** To make URGENT referrals OUT OF OFFICE HOURS telephone **01375 372468** Police Child Abuse Investigation Team **Call 101** Or call **999** if you are concerned a child needs immediate protection
Thurrock **LADO** For allegations against an adult working with children	Tel: 07762 406606 Email: LADO@thurrock.gov.uk

Our Designated lead who co-ordinates child, young person or adult protection issues are:

Designated Lead	Michelle Treasure
Deputy Designated Officer/s	Miranda Boyce

2) Introduction

'Every child deserves the best possible start in life and the support that enables them to fulfil their potential. Children learn best when they are healthy, safe, and secure, when their individual needs are met, and when they have positive relationships with the adults caring for them.' (Statutory Framework for Early Years Foundation Stage DfE, 2024)

This policy is for *Little Treasures Nursery and Pre-School,* leaders / Management, staff, parents / carers, volunteers, and the wider setting community. It forms part of the safeguarding arrangements for our setting and should be read in conjunction with the following:

- Statutory framework for the early year's foundation stage (DfE, 2024).
- our Behaviour Policy, and:
- our Staff Code of Conduct
- our Attendance Policy

Safeguarding and promoting the welfare of children *(everyone under the age of 18)* is defined in Keeping children safe in education (DfE, 2024), as:

- Providing help and support to meet the needs of children as soon as problems

emerge.
- protecting children from maltreatment, whether that is within or outside the home, including online.
- preventing the impairment of children's mental and physical health or development
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care.
- taking action to enable all children to have the best outcomes.

We follow a whole-setting approach to safeguarding, which ensures that keeping children safe is at the heart of everything we do, and underpins all systems, processes, and policies. It is important that our values are understood and shared by all children, staff, parents / carers, volunteers, and the wider setting community. Only by working in partnership, can we truly keep children safe.

3) Statutory Framework

There is government guidance set out in Working Together (DfE, 2023) on how agencies must work in partnership to keep children safe. This guidance places a shared and equal duty on three Safeguarding Partners (the Local Authority, Police and Health) to work together to safeguard and promote the welfare of all children in their area under multi-agency safeguarding arrangements. These arrangements sit under the Thurrock Local Safeguarding Children Partnership (LSCP).

Early years settings have a duty under section 40 of the Childcare Act 2006 to comply with the safeguarding and welfare requirements of the Early Years Foundation Stage, under which settings are required to take necessary steps to safeguard and promote the welfare of young children.

In addition to national statutory guidance, in Essex, all professionals must work in accordance with the SET Procedures.

Our setting also works in accordance with the following legislation and guidance (this is not an exhaustive list):

- Statutory framework for the early year's foundation stage (DfE, 2024)
- Working Together (DfE, 2023)
- What to do if you're worried a child is being abused (HMG, 2015)
- The Prevent Duty guidance (Home Office, 2015)
- Children Act (HMG, 1989)
- Children Act (HMG, 2004)
- Keeping children safe in education (DfE, 2024)

4) Safeguarding and Child Protection Roles and responsibilities

All adults working with or on behalf of children have a responsibility to protect them and to provide a safe environment in which they can learn and achieve their full potential. However, there are key people within our setting, the Local Authority and other agencies who have specific responsibilities under child protection procedures. The names of those in

our setting with these specific responsibilities (the designated safeguarding lead and deputy designated safeguarding lead) are shown on the cover sheet of this document. However, we are clear that safeguarding is everyone's responsibility and that everyone who encounter children have a role to play.

We must take all necessary steps to keep children safe and well. Providers MUST:

- Safeguard children.
- Ensure the suitability of adults who have contact with children.
- Promote good health.
- Manage behaviour.
- Maintain records.
- Have appropriate policies and procedures.

We will work with children, parents, and the community to ensure the rights and safety of children, young people, and vulnerable adults and to give them the very best start in life. We are committed to building a 'culture of safety' in which children, young people and vulnerable adults are protected from abuse and harm in all areas of our service delivery.

Safeguarding is not just about protecting children, learners and vulnerable adults from deliberate harm, neglect, and failure to act. It relates to broader aspects of care and education, including:

- children's and learners' health and safety and well-being, including their mental health.
- meeting the needs of children who have special educational needs and/or disabilities (SEND)
- the use of reasonable force
- meeting the needs of children and learners with medical conditions
- providing first aid
- educational visits
- intimate care and emotional well-being
- online safety and associated issues
- appropriate arrangements to ensure children's and learners' security, considering the local context.

To safeguard children and promote their welfare we will:

- Ensure every member of staff completes safeguarding training at level 2 or higher. Our DSL's will complete level 3. Training will be delivered through online courses, in house sessions and attending the local Authority accredited training where possible. Our training matrix will identify when training is completed and when it needs to be refreshed.
- Following training, practitioners will be expected to disseminate and share their knowledge with other members of the team.
- We will test knowledge regularly through questioning, quizzes, scenarios and during formal supervision.
- Create an environment to encourage children to develop a positive self-image.

- Provide positive role models and develop a safe culture where staff are confident to raise concerns about professional conduct.
- 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.
- Promote tolerance and acceptance of different beliefs, cultures, and communities.
- Help children to understand how they can influence and participate in decision-making and how to promote British values through play, discussion, and role modelling.
- Always listen to children
- Provide an environment where practitioners are confident to identify where children and families may need intervention and seek the help they need.
- Share information with other agencies as appropriate.
- The setting 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 problem. 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.

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 in the best interest of the child, including as part of a multi-agency team, where needed.

We aim to:

- Keep the child at the centre of all we do.
- Ensure staff are trained to understand the child protection and 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 ways in which children can be harmed, including by other children through bullying or discriminatory behaviour.
- Ensure staff understand how to identify early indicators of potential radicalisation and terrorism threats and act on them appropriately in line with national and local procedures.
- 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.
- 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 relating to extremism to the police (or the Government helpline) in a timely way, sharing relevant information as appropriate.
- Ensure that information is shared only with those people who need to know 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 the Thurrock's Local Safeguarding Children Partnership (LSCP).
- 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.

Designated Safeguarding Lead & Officers

Our setting has a designated safeguarding lead who takes responsibility for safeguarding and co-ordinating child protection and welfare issues, known as the Designated Safeguarding Officer (DSL). We also have a Deputy Designated Safeguarding Officer/s to ensure there is always someone available. The nursery DSL liaises with the Local Safeguarding Children Partnership (LSCP and the local authority children's social care team (MASH) undertakes specific training, including a child protection training course, Attends the safeguarding forum and receive regular updates to developments within this field. The Designated Officers ensure they have links with statutory and voluntary organisations about safeguarding.

- Designated Safeguarding lead/officer training will be updated every two years.
- All staff will be expected to have an up-to-date knowledge of safeguarding issues, be alert to the signs and symptoms of abuse, and understand their professional duty to ensure safeguarding concerns are reported to the local authority MASH team or the NSPCC.
- Training for all staff will be updated every three years and refreshed at least annually through the sharing of relevant publications, bulletins, newsletters, quizzes and questioning and via supervision and updates provided in staff meetings.
- The Designated lead/officer in the setting has responsibility for ensuring that there are adequate Safeguarding and child protection policies in place which include online safety.
- The Designated lead/officer will support staff to undertake their roles adequately and offer advice, guidance, supervision, and support.,
- The Deputy to the Designated lead/officer will report to the Designated lead/officer at the first opportunity of every significant safeguarding concern; however, this should not delay any referrals being made to Thurrock MASH, the LADO, Ofsted or Riddor

5) Responding to Suspicions of Abuse

We acknowledge that abuse of children can take different forms. Safeguarding action may be needed to protect children and learners from the following risks, which include abuse perpetrated by other children as well as by adults:

- neglect
- physical abuse
- sexual abuse
- emotional abuse
- bullying, including online bullying and prejudice-based bullying.
- racist, disability and homophobic or transphobic abuse

- gender-based violence/violence against women and girls
- sexual harassment, online sexual abuse and sexual violence between children and learners. Online abuse can include sending abusive, harassing, and misogynistic messages; sharing nude and semi-nude images and videos; and coercing others to make and share sexual imagery.
- radicalisation and/or extremist behaviour
- child sexual exploitation and trafficking
- child criminal exploitation, including county lines
- 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, for example youth produced sexual imagery.
- teenage relationship abuse
- up-skirting (taking a picture of someone's genitals or buttocks under their clothing without them knowing, either for sexual gratification or to humiliate or distress the individual. It is a criminal offence)
- substance misuse
- county lines and gang activity and serious violence, particularly affecting young males who have been excluded, have experienced trauma and have been involved in offending.
- domestic abuse
- female genital mutilation
- breast ironing/flattening
- forced marriage.
- honour-based violence.
- fabricated or induced illness
- homelessness
- other issues not listed here but that pose a risk to children, learners, and vulnerable adults.

We will ensure that all staff understand the additional vulnerabilities that arise from inequalities of race, gender, disability, language, religion, sexual orientation, or culture and that these receive full consideration in relation to child, young person, or vulnerable adult protection.

6) The Definitions of Abuse

Information about abuse and harm including examples of specific safeguarding issues is set out below. Further information about types of abuse and harm is given in:

- What to do if you're worried a child is being abused: Advice for practitioners (HMG, 2015); and
- Keeping children safe in education (DfE, 2024).

Abuse is a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. A child may be abused by an adult or adults or another child or children – the four categories of abuse are:

- **Physical** - may involve hitting, shaking, throwing, poisoning, burning, or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may

also be caused when a parent / carer fabricates the symptoms of, or deliberately induces, illness in a child.

- **Emotional** - the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development.

- **Sexual** - forcing or enticing a child or young person to take part in sexual activities, not necessarily involving violence, whether the child is aware of what is happening. 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.

- **Neglect** - 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.
- 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
- Significant changes to behaviour patterns.

7) Signs of Abuse (What to watch and listen out for)

When children are suffering from physical, sexual, or emotional abuse, or experiencing neglect, this may be demonstrated through:

- significant changes in their behaviour.
- deterioration in their general well-being.
- their comments which may give cause for concern, or the things they say (direct or indirect
- disclosure).
- changes in their appearance, their behaviour, or their play.
- unexplained bruising, marks or signs of possible abuse or neglect; and
- any reason to suspect neglect or abuse outside the setting.

- We consider factors affecting parental capacity and risk, such as social exclusion, poverty, domestic violence, radicalisation, drug, or alcohol abuse, mental or physical illness or parent's learning disability.
- We are aware that children's vulnerability is potentially increased when they are privately fostered and when we know that a child is being cared for under a private fostering arrangement, we inform our local authority children's social care department.
- We are aware of other factors that affect children's vulnerability that may affect, or may have affected, children and young people using our provision, such as, abuse of disabled children; fabricated or induced illness; child abuse linked to beliefs in spirit possession; sexual exploitation of children, including through internet abuse; Female Genital Mutilation and radicalisation or extremism and peer on peer abuse.

Risk in the community.

We understand that safeguarding incidents and behaviours can be associated with factors outside a child's home or our setting. All staff are aware of contextual safeguarding, and we are therefore mindful of whether wider environmental factors present in a child's life are a threat to their safety and / or welfare. We always consider relevant information when assessing any risk to a child and will share it with other agencies when appropriate, to support better understanding of a child and their family. This is to ensure that our children and families receive the right help at the right time.

Emotional wellbeing

Children's personal, social, and emotional development (PSED) is crucial for them to lead healthy and happy lives and is fundamental to their cognitive development. We understand that a child's positive wellbeing is vital, and that poor wellbeing can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation. We recognise that where children have suffered abuse or other potentially traumatic adverse childhood experiences, this can have a lasting impact throughout childhood, adolescence and into adulthood.

8) Other Recognised Forms of Abuse

Contextual safeguarding

Safeguarding incidents and/or behaviours can be associated with factors outside the setting and/or can occur between children outside the setting. All staff, but especially the designated safeguarding lead (and deputies) should consider whether children are at risk of abuse or exploitation in situations outside their families. This is known as contextual safeguarding, which simply means assessments of children should consider whether wider environmental factors are present in a child's life that are a threat to their safety and/or welfare. Extra-familial harms take a variety of different forms and children can be vulnerable to multiple harms including (but not limited to) sexual exploitation, criminal exploitation, and serious youth violence. Children's social care assessments should consider such factors, so it is important that settings provide as much information as possible as part of the referral process. This will allow any assessment to consider all the available evidence and the full context of any abuse. Additional information regarding contextual safeguarding is available here: https://contextualsafeguarding.org.uk/about/what-is-contextual-safeguarding

Harmful sexual behaviour

It is normal for some children to display sexualised behaviour towards other children as they develop. However, harmful sexual behaviour (HSB) is developmentally inappropriate sexual behaviour which is displayed by children, and which may be harmful or abusive (derived from Hackett, 2014). It may also be referred to as sexually harmful behaviour or sexualised behaviour. HSB encompasses a range of behaviour, which can be displayed towards younger children, peers, older children, or adults. It is harmful to the children and young people who display it, as well as those it is directed towards.

We understand that, if a child's sexual behaviour is not developmentally appropriate or expected for their age, it is important to respond quickly, before the behaviour becomes harmful to that child or other children. We recognise HSB may also be a sign that a child has suffered their own trauma or abuse, and we will respond to ensure they receive the right help at the right time to address the concerning behaviour.

Domestic Abuse

The Domestic Abuse Act 2021 received Royal Assent on 29 April 2021. The Act introduces the first ever statutory definition of domestic abuse and recognises the impact of domestic abuse on children, as victims, if they see, hear, or experience the effects of abuse. The statutory definition of domestic abuse, based on the previous cross-government definition, ensures that different types of relationships are captured, including ex-partners and family members. The definition captures a range of different abusive behaviours, including physical, emotional, and economic abuse and coercive and controlling behaviour. Both the person who is carrying out the behaviour and the person to whom the behaviour is directed towards must be aged 16 or over and they must be "personally connected" (**as defined in section 2 of the 2021 Act**) **Further information can be found in KCSIE 2021 ANNEX B.**

Domestic abuse is any type of controlling, coercive, threatening behaviour, violence, or abuse between people who are, or who have been in a relationship, regardless of gender or sexuality. It can also happen between adults who are related to one another and can include physical, sexual, psychological, emotional, or financial abuse.
Being exposed to domestic abuse in childhood is child abuse and can have a significant and lasting impact. Children may experience domestic abuse directly, but they can also experience it indirectly. Either can have a serious effect on a child's behaviour, brain development and overall wellbeing, and compromise the child's basic need for safety and security. In Thurrock, the Southend, Essex, and Thurrock Domestic Abuse Board (SETDAB) is responsible for designing and implementing the Domestic Abuse Strategy and provides advice, guidance, and resources to support work around domestic abuse.

Child sexual exploitation (CSE)

Child sexual exploitation (CSE) and trafficking is illegal activity by people who have some form of power and control over children and use it to sexually abuse them. It involves forcing or enticing a child (under the age of 18) to take part in sexual activities whether or not the child is aware of what is happening, including exploitative situations, contexts and relationships where children (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of performing, and/or others performing on them, sexual activities. CSE can be a form of organised or complex abuse, involving several abusers and/or several children.
CSE can occur through use of technology without the child's immediate recognition, for example the persuasion to post sexual images on the internet/mobile phones with no immediate payment or gain. In all cases those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. This links with our policy on internet safety procedures

So-called ‘honour’-based abuse (HBA) encompasses incidents or crimes which have been committed to protect or defend the honour of the family and / or the community, including Female Genital Mutilation (FGM), forced marriage, and practices such as breast flattening.

Abuse committed in the context of preserving ‘honour’ often involves a wider network of family or community pressure and can include multiple perpetrators. It is important to be aware of this dynamic and additional risk factors when deciding what form of safeguarding action to take. All forms of HBA are abuse (regardless of the motivation) and should be handled and escalated as such. Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a child being at risk of HBA, or already having suffered HBA.

Child Trafficking & Modern-day slavery

The Modern Slavery Act received Royal Assent on 26 March 2015. The act consolidates slavery and trafficking offenses and introduces tougher penalties and sentencing rules. 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 our other policies to ensure all children, staff, parents and visitors are fully safeguarded:

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).

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 MASH will be contacted, and the referral process will be followed as per the safeguarding procedure.

Female Genital Mutilation

FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs. It is illegal in the UK and a form of child abuse with long-lasting harmful consequences.
Information about FGM is available on the National FGM Centre website.

Forced Marriage

Forcing a person into a marriage is a crime in England and Wales. A forced marriage is one entered without the full and free consent of one or both parties and where violence, threats or any other form of coercion is used to cause a person to enter a marriage. Threats can be physical or emotional and psychological. A lack of full and free consent can be where a person does not consent or where they cannot consent (if they have learning disabilities, for example). Nevertheless, some perpetrators use perceived cultural practices to coerce a person into marriage.

The Forced Marriage Unit has published statutory guidance and multi-agency guidelines, which are available on the GOV.UK website. The Forced Marriage Unit can also provide advice and information: call 020 7008 0151 or email fmu@fcdo.gov.uk.

Breast Flattening

Breast flattening is the process during which young pubescent girls' breasts are ironed, massaged, flattened and/or pounded down over a period (sometimes years) in order for the breasts to disappear or delay the development of the breasts entirely.

Information about breast flattening is also available on the National FGM Centre website.

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.

Online Safety

Technology forms part of the Statutory framework for the early year's foundation stage; computer skills are key to accessing learning. All staff in our setting are aware of the risks to children online, and understand that any child can be vulnerable, and that their vulnerability can vary according to age, developmental stage, and personal circumstances. We help our children to begin to learn how to use technology safely, and to be safe online. We will engage with our parents / carers about online safety to support them in keeping their children safe at home when using technology.

Peer on Peer abuse

Children are vulnerable to abuse by their peers. Such abuse will be taken as seriously as abuse by adults and will be subject to the same child protection procedures. We are aware of the potential uses of information technology for cyberbullying and abusive behaviour between young people.
We are also aware of the added vulnerability of children and young people who have been the victims' safeguarding issues, and or bullying, including the risk that they may respond to this by abusing younger or weaker children. If we are concerned about a child's welfare,

we will contact the local authority early years improvement team, or other relevant support services for advice. Confidentiality will be assured only when there is no risk of harm to a child. I aim to share all information with parents but in some instances (where we are worried about a child's wellbeing) we may have to refer concerns without discussing this with you.

Witchcraft and abuse linked to faith or belief.

Abuse linked to faith or belief is where concerns for a child's welfare have been identified, and could be caused by, a belief in witchcraft, spirit or demonic possession, ritual or satanic abuse features; or when practices linked to faith or belief are harmful to a child.
Any abuse that takes place against those who are branded (or labelled) either as a witch or as having been possessed by an evil spirit is unacceptable. Significant harm (including murder) can occur because of concerted efforts to 'excise' or 'deliver' evil from a child (or vulnerable adult).

Spotting the signs that this abuse exists can prevent escalation from 'subtle' harms that may often go unnoticed by many, to 'extreme' situations where there is loss of life.
Witchcraft beliefs are used to blame a person (rather than circumstances) for misfortune that happens in life.

It can take place for some of the following reasons • abuse as a result of a child being accused of being a 'witch'.

- abuse because of a child being accused of being possessed by 'evil spirits.
- ritualistic abuse which is prolonged sexual, physical, and psychological abuse
- satanic abuse which is carried out in the name of 'Satan' and may have links to cults.
- any other harmful practice linked to a belief or faith.

The forms of abuse that can occur fall into the four main categories below.

Physical abuse
This can involve ritualistic beating, burning, cutting, stabbing, semi-strangulating, tying up the child, or rubbing chilli peppers or other substances on the child's genitals or eyes.

Emotional abuse
Emotional abuse can occur in the form of isolation. A child may not be allowed near or to share a room with family members and threatened with abandonment. The child may also be convinced that they are possessed.

Neglect
In situations of neglect, the child's family and community may have failed to ensure appropriate medical care, supervision, education, good hygiene, nourishment, clothing or warmth.

Sexual abuse
Children who have been singled out in this way can be particularly vulnerable to sexual abusers within the family, community, or faith organisation. These people exploit the belief as a form of control or threat.

Where does it happen?
Child abuse linked to faith or belief is not confined to one faith, nationality, or ethnic community. Examples have been recorded worldwide across various religions including Christians, Muslims, and Hindus. The number of known cases suggests that only a small minority of people who believe in witchcraft or spirit possession go on to abuse children and adults. Abuse may happen anywhere, but it most commonly occurs within the child's home.

Common factors and causes
A range of factors can contribute to the abuse of a child for reasons of faith or belief. Some of the most common ones are below.

Belief in evil spirits
Belief in evil spirits that can 'possess' children is often accompanied by a belief that a possessed child can 'infect' others with the condition. This could be through contact with shared food, or simply being in the presence of the child.

Scapegoating
A child could be singled out as the cause of misfortune within the home, such as financial difficulties, divorce, infidelity, illness or death,

Bad behaviour Sometimes bad or abnormal behaviour is attributed to spiritual forces. Examples include a child being disobedient, rebellious, overly independent, wetting the bed, having nightmares or falling ill.

Physical and emotional differences
A child could be singled out for having a physical difference or disability. Documented cases included children with learning disabilities, mental health issues, epilepsy, autism, stammers, deafness and LGBTQ+.

Gifts and uncommon characteristics
If a child has a particular skill or talent, this can sometimes be rationalised as the result of possession or witchcraft. This can also be the case if the child is from a multiple or difficult pregnancy.

Complex family structure
Research suggests that a child living with extended family, non biological parents, or foster parents is more at risk. In these situations they are more likely to have been subject to trafficking and made to work in servitude.

What to look out for
Indicators of child abuse linked to faith or belief include the following:

- physical injuries, such as bruises or burns (including historical injuries/scaring)
- a child reporting that they are or have been accused of being 'evil', and/or that they are having the 'devil beaten out of them'.
- the child or family may use words such as 'kindoki', 'djin', 'juju' or 'voodoo' - all of which refer to spiritual beliefs.
- a child becoming noticeably confused, withdrawn, disorientated or isolated and appearing alone amongst other children.
- a child's personal care deteriorating (e.g. rapid loss of weight, being hungry, turning up to school without food or lunch money, being unkempt with dirty clothes)

- it may be evident that the child's parent or carer does not have a close bond with the child.
- a child's attendance at school or college becomes irregular or there is a deterioration in a child's performance.
- a child is taken out of a school altogether without another school place having been arranged.
- Wearing unusual jewellery/items or in possession of strange ornaments/scripts.

County Lines & Gangs

County lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs (primarily crack cocaine and heroin) into one or more importing areas [within the UK], using dedicated mobile phone lines or other form of "deal line".
Exploitation is an integral part of the county lines offending model with children and vulnerable adults exploited to move [and store] drugs and money. Offenders will often use coercion, intimidation, violence (including sexual violence) and weapons to ensure compliance of victims. Children can be targeted and recruited into county lines in a number of locations including schools, further and higher educational institutions, pupil referral units, special educational needs schools, children's homes and care homes. Children are often recruited to move drugs and money between locations and are known to be exposed to techniques such as 'plugging', where drugs are concealed internally to avoid detection. Children can easily become trapped by this type of exploitation as county lines gangs create drug debts and can threaten serious violence and kidnap towards victims (and their families) if they attempt to leave the county lines network.
One of the ways of identifying potential involvement in county lines are missing episodes (both from home and school), when the victim may have been trafficked for the purpose of transporting drugs and a referral to the National Referral Mechanism103 should be considered. If a child is suspected to be at risk of or involved in county lines, a safeguarding referral should be considered alongside consideration of availability of local services/third sector providers who offer support to victims of county lines exploitation.

Prevent Duty 2015 (updated 2022)

Under the counter Terrorism and Security Act 2015, we have a statutory duty to have due regard to the need to prevent people from being drawn into terrorism. Staff have received training and information and are aware of the Prevent Duty 2015 and the requirements to keep children safe from harm and from risk of radicalisation and extremism, both within the setting and home. If we have any concerns that a child may be at risk of exposure to extremism or radicalisation we will contact the Thurrock MASH, (Jason Reid, Named Prevent officer) and follow the procedures as stated within the Southend Essex and Thurrock Child Protection procedure part B section 29.7.
The Government definition of extremism is "Vocal or active opposition to fundamental British Values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs: and /or calls for the death of members of our armed forces, whether in this country or overseas."

At nursery, we recognise that extremism and exposure to extremist materials and influences can lead to poor outcomes for children and so any concerns will be addressed through our safeguarding procedures. Extremists of all persuasions aim to develop

destructive relationships between different communities by promoting division, fear, and mistrust of other based on ignorance, prejudice and thereby limiting the life chances of young people. Therefore, we work within the EYFS to provide a broad and balanced curriculum so that our children are enriched, they understand and become tolerant of difference and diversity.
Any prejudice, discrimination, or extremist views, including derogatory language, displayed by families or staff will always be challenged and dealt with in line with our behaviour and code of conduct policies.

All our staff will undergo online Prevent Awareness training to support start in identifying radicalisation and understanding what steps they need to take to protect the children and families in our setting.
This offers an introduction to the Prevent duty and explains how it aims to safeguard vulnerable people from being radicalised to supporting terrorism or becoming terrorists themselves.
http://www.elearning.prevent.homeoffice.gov.uk All staff should complete this training.

9) Children potentially at greater risk of harm

We recognise that some children may potentially be at greater risk of harm and require additional help and support. These may be children with a Child in Need or Child Protection Plan, those in Care or previously in Care or those requiring wellbeing support. We work with Social Care and other appropriate agencies to ensure there is a joined-up approach to planning for these children and that they receive the right help at the right time.

Our setting also understands that children with special educational needs (SEN) and / or disabilities can face additional safeguarding challenges. Barriers can exist when recognising abuse and neglect in this group of children. These can include:

- assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability, without further exploration.
- that they may be more prone to peer group isolation than others
- the potential to be disproportionally impacted by things like bullying, without outwardly showing signs.
- communication difficulties in overcoming these barriers.

Child Protection and SEND

We will ensure that all staff are aware that there can be additional barriers that exist when recognising signs of abuse and neglect of children who have special educational needs and or disabilities:

- Communications barriers
- Increased Isolation
- Dependency on others
- Inadequate response to disclose.
- Missing the signs
- Lack of education on staying safe.

We recognise that children with SEND may require additional help and support to ensure they are appropriately safeguarded.

10) Recording Suspicions of Abuse and Disclosures

Where a child makes comments to a member of staff that give cause for concern (disclosure), or a member of staff observes signs or signals that give cause for concern, such as significant changes in behaviour; deterioration in general well-being; unexplained bruising, marks or signs of possible abuse or neglect; that member of staff:

- listens to the child, offers reassurance, and gives assurance that she or he will act.
- makes a written record that forms an objective record of the observation or disclosure that includes: the date and time of the observation or the disclosure; the exact words spoken by the child as far as possible; the name of the person to whom the concern was reported, with the date and time; and the names of any other person present at the time.
- These records are signed and dated and kept in the child's personal file, which is kept securely and confidentially.
- The member of staff acting as the 'designated lead/officer or person' is informed of the issue at the earliest opportunity, and within 1 working day.
- Where the Local Safeguarding Children Partnership stipulates the process for recording and sharing concerns, [we/I] include those procedures alongside this procedure and follow the steps set down by the Local Safeguarding Children Partnership.
- We take care not to influence the outcome either through the way we speak to children or by asking questions of children. We use the TED approach, tell me, explain, describe in order that we do not ask leading questions.
- We take account of the need to protect young people aged 16-19 as defined by the Children Act 1989. This may include students or school children on work placement, young employees, or young parents. Where abuse is suspected [we/I] follow the procedure for reporting any other child protection concerns. The views of the young person will always be considered, but the setting may override the young person's refusal to consent to share information if it feels that it is necessary to prevent a crime from being committed or intervene where one may have been, or to prevent harm to a child or adult.
- We have a whistle blowing policy in place.

11) Information Sharing and Confidentiality.

Sharing information is a key part of safeguarding work and decisions about how much information to share, with whom and when, can have a profound impact on a child's life. Effective information sharing can help to ensure that a child receives the right help at the right time and can prevent a concern from becoming more serious and difficult to address.

Where there are concerns about the safety of a child, the sharing of information in a timely and effective manner between organisations can reduce the risk of harm. Whilst the Data Protection Act 2018 places duties on organisations and individuals to process personal information fairly and lawfully, it is not a barrier to sharing information, where the failure to

do so would result in a child or vulnerable adult being placed at risk of harm. Similarly, human rights concerns, such as respecting the right to a private and family life, would not prevent sharing information where there are real safeguarding concerns. Fears about sharing information cannot (and will not) stand in the way of the need to safeguard and promote the welfare of children at risk of abuse or neglect.

Our staff will never guarantee confidentiality to anyone (including parents / carers, or children) about a safeguarding concern, nor promise to keep a secret. In accordance with statutory requirements, where there is a child protection concern, this must be reported to the Lead Practitioner (or Deputy) and may require further referral to and subsequent investigation by appropriate authorities.

Information on individual child protection cases may be shared by the Designated Safeguarding Lead Practitioner (or Deputy) with other relevant staff members. This will be on a 'need to know' basis only and where it is in the child's best interests to do so.

Where a child is attending another setting at the same time as attending ours, we may, where appropriate, link with the other setting. Wherever possible, we will inform parents / carers of our intention to do this, unless to do so would place the child at further risk.

Sharing confidential information without consent is done only where not sharing it could be worse than the outcome of having shared it.

"Practitioners must have due regard to the relevant data protection principles which allow them to share personal information, as provided for in the Data Protection Act and the General Data Protection Regulation (GDPR) 2018. To share information effectively:

- *All practitioners should be confident of the processing conditions under the Data Protection Act 2018 and the GDPR regulations which allow them to store and share information for safeguarding purposes, including information, which is sensitive and personal, and should be treated as 'special category personal data" Working Together to Safeguard Children 2018*

DfE non statutory information sharing advice for practitioners providing safeguarding services for children, young people,parents and carers

12) Making a referral to MASH

The Designated Safeguarding Lead will implement the Working Together to Safeguard Children 2023 and Southend Essex and Thurrock 2022 (SET) Safeguarding and Child Protection Procedures without delay to minimise any risk to the child. Contacting Thurrock Multi Agency Safeguarding Hub (MASH) immediately, (**01375 652802)** if it is known that a child is at risk of harm. This will follow it up with CAF form within 48 hours. Factual records of the concern and we will ask the parent for an explanation, providing it would not put the child at further risk.

Escalation process

- If we feel that a referral made has not been dealt with properly or that concerns are not being addressed or responded to, we will follow the LSCP escalation process.

- We will ensure that staff are aware of how to escalate concerns.

Informing parents

- Parents are normally the first point of contact. Concerns are discussed with parents to gain their view of events, unless it is felt that this may put the child in greater danger.
- Parents are informed when we make a record of concerns in their child's file and that we also make a note of any discussion we have with them regarding a concern.
- If a suspicion of abuse warrants referral to social care, parents are informed while the referral will be made, except where the guidance of the Local Safeguarding Children Partnership does not allow this, for example, where it is believed that the child may be placed in greater danger or at risk of significant harm.
- This will usually be the case where the parent is the likely abuser.
- If there is a possibility that advising a parent beforehand may place a child at greater risk the designated person should seek advice from MASH, about whether to advise parents beforehand, and should record and follow the advice given.

Liaison with other agencies

- We work within the Local Safeguarding Children Partnership guidelines.
- The current version of 'What to do if you're worried a child is being abused' is available for parents and staff and all staff are familiar with what they need to do if they have concerns.
- We have the **Southend Essex and Thurrock** procedures for contacting the local authority regarding child protection issues, including maintaining a list of names, and telephone numbers to ensure that it is easy in any emergency, for the setting and children's social care to work well together.
- We will notify Ofsted of any incident or accident and any changes in our arrangements which may affect the well-being of children or where an allegation of abuse is made against a member of staff, and any specific procedures such as responding to concerns about radicalisation or extremism (whether the allegations relate to harm or abuse committed on our premises or elsewhere). Notifications to Ofsted are made as soon as is reasonably practicable, but at the latest within 14 days of the allegations being made.
- Contact details for the local National Society for the Prevention of Cruelty to Children (NSPCC) are also kept.

13) Child Protection Records

Well-kept records are essential to good child protection practice. Our setting is clear about the need to record any concern held about a child or children within our setting and when these records should be shared with other agencies.

Any member of staff receiving a disclosure of abuse or noticing signs or indicators of abuse will record it as soon as possible, noting what was said or seen (if appropriate, using a body map to record), giving the date, time, and location. All records will be dated and signed and will include the action taken. This is then presented to the Designated Lead Practitioner (or Deputy DSL), who will decide on appropriate action and record this accordingly.

Any records relating to child protection are kept in the child's file locked in the section of support. All child protection records are stored securely and confidentially until the child transfers to another educational setting.

Where a child transfers from our setting to another setting or school, their child protection record will be forwarded to the new educational setting if there is one. These will be marked 'Confidential' and for the attention of the Lead Practitioner at the new setting (or in the case of a school, the Designated Safeguarding Lead), with a return address on the envelope so it can be returned to us if it goes astray. If the setting the child is transferring to have access to AVCO we will transfer them safely using this portal. We will obtain evidence of the paperwork for the length of time stated by the EYFS. Where appropriate, the Lead Practitioner may also contact the new setting in advance of the child's move there, to enable planning so appropriate support is in place when the child arrives.

Where a child joins our setting, we will request child protection records from the previous educational setting (if applicable, and if none are received).

Where a child is attending another setting at the same time as ours, we will share any child protection records where appropriate and where it is in the best interests of the child. We will link with other settings when there is a need to so and we will be transparent with parents when we do so (unless to do so would place a child at further risk of harm).

14) Attendance/Absence Monitoring

We have a duty under section 3 of the EYFS from September 2025 to ensure we follow up if a child is absent for a prolonged period of time and to ensure we hold additional emergency contact details.

Repeated and unexplained absence from the setting can be a concern for several reasons:

- it is a potential indicator of abuse or neglect.
- it can significantly impact on a child's progress and / or wellbeing.

As part of safeguarding and health and safety procedures, we keep a daily record of the names of the children being cared for on the premises and their hours of attendance. This data is used to identify patterns of absence as they emerge, to ensure any concerns are identified and addressed at an early stage. It is particularly important for us to pay close attention to the patterns of attendance for potentially vulnerable groups of children, including, for example:

- Children facing difficult family circumstances e.g., housing problems, bereavement, separation/divorce.
- Funded 2-year-olds.
- Children on a CP or CIN plan
- Children with SEND
- Children about whom other agencies have raised concerns, including those supported through the Common Assessment Framework (CAF).
- Children for whom there may be concerns related to on-line exploitation, radicalisation or FGM.

We will monitor attendance and contact the parent carers where a child is absent, and we have not received a reason for this. The reasons will be recorded. If any child's attendance starts to cause concern, we will meet with the parent carers to discuss this and to document the reasons for the absence. If a child suddenly stops attending without reason or notification, and where we have concerns about their welfare of safety, we will follow our procedures for reporting and referring a concern.

- We will follow up on absences in a timely manner.
- If a child is absent for a prolonged period, or if a child is absent without notification from the parent or carer, attempts must be made to contact the child's parents and/or carers and alternative emergency contacts.
- We must consider patterns and trends in a child's absences and their personal circumstances and use our professional judgement when deciding if their absence should be considered as prolonged.
- Consideration must be given to the child's vulnerability, parent's and/or carer's vulnerability and their home life.
- Any concerns must be referred to MASH and/or a police welfare check requested.
- We have an attendance policy that we share with parents and/or carers. This includes expectations for reporting child absences and the actions we will take if a child is absent without notification or for a prolonged period of time.

15) Physical Intervention and use of Reasonable Force

Our Behaviour Policy sets out our approach to behaviour for all children and for those with more challenging or harmful behaviour. We recognise there are some children who have needs that require additional support and a more personalised approach and we always consider all behaviour, and our response to it, in the context of safeguarding. There are occasions when staff will need to have physical contact with children. These may include:

- to comfort a child in distress *(appropriate to their age and individual specific needs identified through a risk assessment)*
- to direct a child
- for curricular reasons *(for example during physical activity, or when we are using music)*
- in an emergency, to avert danger to the child or others.

The term 'reasonable force' covers a broad range of actions used by staff that involve a degree of physical contact to control or restrain children. There are circumstances when it is appropriate for staff to use reasonable force to safeguard children, such as guiding a child to safety. 'Reasonable' means using no more force than is needed. Our setting works in accordance with statutory and local guidance on the use of reasonable force and recognises that where intervention is required, it should always be considered in a safeguarding context.

16) Allegations about members of the Children's Workforce

We ensure all staff members (including agency staff) are made aware of the boundaries of appropriate behaviour and conduct. These matters form part of staff induction and are outlined in our Staff Behaviour policy / Code of Conduct. All staff are regularly reminded of this through updates and training and are also informed about our Whistleblowing Policy.

Keeping Children Safe in Education (DfE 2024) and the SET procedures set out the procedures in respect of allegations against an adult working with children (in a paid or voluntary capacity). These procedures should be followed where an adult has:

- behaved in a way that has harmed a child, or may have harmed a child and/or
- possibly committed a criminal offence against or related to a child, and/or
- behaved towards a child or children in a way that indicates he or she may pose a risk of harm to children, and/or
- behaved or may have behaved in a way that indicates they may not be suitable to work with children.

We have a Staff code of conduct for behaviour, and this details our expectations for staff.

If an allegation is made against a member of staff, we will follow section 3.8 of the Statutory Framework for the Early Years Foundation Stage, the guidance laid down in the SET procedures 2022 and the Thurrock Local Safeguarding Children Partnership when responding to any complaint that a member of staff or volunteer within the setting, or anyone living or working on the premises occupied by the setting, has abused a child.

We will report it to the Local Authority Designated Officer (LADO) immediately who will ascertain whether the allegation meets the threshold for further investigation and follow their advice. We will attend any Management Planning Meeting that is arranged and take the appropriate safeguarding action that is recommended. Ofsted will be informed of the allegation being made. We operate safe working practices to protect the setting / staff against allegations. In all instances we will record.

- The child's full name and address.
- The date and time of the record.
- Factual details of the concern, for example bruising, what the child said and who was present.
- Details of any previous concerns.
- Details of any explanations from the parents.
- Any action taken such as speaking to parents.
- Record all visitors to the setting.

It is not our responsibility to attempt to investigate the situation but to refer this as detailed above.

We ensure that staff and volunteers know how to raise concerns about another member of staff or volunteer within the setting. We will ensure that staff know how to escalate their concerns if they are not satisfied with the response of the designated officer and/or Manager. We respond to any disclosure by children or staff that abuse by a member of staff or volunteer within the setting or anyone living or working on the premises occupied by the setting, may have taken, or is taking place, by first recording the details of any such alleged incident. We refer any such complaint immediately to the Local Authority Designated Officer (LADO) to investigate: Carole Fuller/Trevor Wilson (01375-652921).

- We also report any such alleged incident to Ofsted, as well as what measures we have taken. We are aware that it is an offence not to do this.
- We co-operate entirely with any investigation carried out by children's social care in conjunction with the police.
- Where the management team, LADO and children's social care agree it is appropriate in the circumstances, the member of staff or volunteer will be suspended for the duration of the investigation. This is not an indication of admission that the alleged incident has taken place, but is to protect the staff, as well as children and families throughout the process.
- This process may also be followed where there is an **Allegation against staff in their personal lives** where a concern or allegation arises about a member of staff, outside of their work with children, and this may present a risk of harm to children for which the member of staff is responsible **or an allegation of abuse against someone closely associated with a member of staff (Partner, member of family or household member)** which may present a risk of harm to children for which the member of staff is responsible, the above procedures will apply.

Staffing matters are confidential, and the setting operates within a statutory framework around Data Protection. We do not share information about any individual staff member with anyone other than any appropriate statutory agency.

Disciplinary action- Dismissal

Where a member of staff or volunteer has been dismissed due to engaging in activities that caused concern for the safeguarding of children or vulnerable adults, [we/I] will notify the Disclosure and Barring Service of relevant information, so that individuals who pose a threat to children and vulnerable groups can be identified and barred from working with these groups.

Training and awareness

We are committed to promoting awareness of child abuse issues throughout our training and learning programmes for adults. We are also committed to empowering children through our early childhood curriculum, promoting their right to be strong, resilient, and listened to; we will do this by ensuring that.

- Training opportunities are sought for all adults involved in the setting to ensure that they can recognise the signs and signals of possible physical abuse, emotional abuse, sexual

abuse (including child sexual exploitation) and neglect and that they are aware of the local authority guidelines for making referrals.

- Designated persons receive training takes place every two years, in accordance Inspecting safeguarding in early years education and skills.
- We/ensure that all staff know the procedures for reporting and recording any concerns they may have about the provision. Child Protection training is updated every three years and refreshed annually, and staff are questioned regularly to ensure their knowledge is up to date.

Planning & Curriculum

- The layout of the rooms allows for constant supervision. We limit time where a child is left alone with staff in a one-to-one situation without being visible to others, to the shortest time possible. Another member of staff should always be within sight or hearing. We use baby monitors to allow us to hear in the room if staff are loan working.
- We introduce key elements of keeping children safe into our programme to promote the British Values and the personal, social, and emotional development of all children, so that they may grow to be strong, resilient, and listened to and so that they develop an understanding of why and how to keep safe.
- We create within the setting a culture of value and respect for individuals, having positive regard for children's heritage arising from their colour, ethnicity, languages spoken at home, cultural and social background.
- We ensure that this is carried out in a way that is developmentally appropriate for the children.

Staff and Volunteers

We must provide a secure and safe environment for all children. We only allow an adult who is employed by the nursery to care for children and who has an enhanced clearance from the Disclosure and Barring Service (DBS) to be left alone with children. We do not allow volunteers to be alone with children or any other adult who may be present in the nursery regardless of whether they have a DBS clearance.

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), MASH and the local authority children's services team, the Local Safeguarding Children Partnership (LSCP) and Ofsted to enable them to report any safeguarding concerns, independently, if they feel it necessary to do so. The key contact numbers are listed at the start of this document.

- We will provide adequate and appropriate staffing resources to meet the needs of all children.
- We will ensure 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 will give staff members, volunteers, and students 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.
- We will ensure staff understand it is their responsibility to advise us of any changes to the status of their DBS check. This information is also stated within every member of staff's contract.
- The setting will request DBS checks before a person starts work with us and new staff sign up for the update service where possible.
- We will ensure that staff sign an annual declaration form to confirm that the status of their (DBS) suitability to work with children hasn't changed.
- We will 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 will ensure we receive at least two written references BEFORE a new member of staff commences employment with us.
- We will ensure that all students of apprioate age will have enhanced DBS checks in place before their placement starts.
- We will ensure that volunteers, including students, do not work unsupervised.
- We will 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.
- We will ensure that all visitors/contractors will be supervised whilst on the premises, especially when in the areas the children use.
- We will ensure that 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.

We are committed to responding promptly and appropriately to all incidents, allegations or concerns of abuse that may occur and to work with statutory agencies in accordance with the procedures that are set down in 'What to do if you're worried a child is being abused' (HMG 2015) and 'No Secrets' (DoH 2015).

17) Whistleblowing

Whistle blowing is the term used for an employee raising concerns about practices and procedures in their workplace.

Staff must acknowledge their individual responsibilities to bring matters of concern to the attention of the Manager and/or relevant agencies. Although this can be difficult this is particularly important where the welfare of children may be at risk. In our roles as childcare workers, we have a duty to report unacceptable behaviour to the relevant authorities. In these situations, we may be required to contact the police, Social Care, OFSTED, LADO, or the ISA.

- By those we work with
- By other childcare workers
- By other professionals working with children

This will be necessary when the behaviour.

- Is detrimental to children.
- Has placed them at risk.
- Has caused actual harm to them.
- Is illegal.

You may be the first to recognise that something is wrong but may not feel able to express your concern out of a feeling that this would be disloyal to colleagues, or you may fear harassment or victimisation. These feelings, however natural, must never result in a child or young person continuing to be unnecessarily at risk. Remember it is often the most vulnerable children or young people who are targeted. These children need someone like you to safeguard their welfare***. Don't think what if I am wrong – think what if I am right.***

Reasons for whistle blowing.

- Everyone has a responsibility for raising concerns about unacceptable practice or behaviour.
- To prevent the problem worsening or widening
- To protect or reduce risks to others.
- To prevent becoming implicated yourself

What stops people from whistle blowing?

- Starting a chain of events which spirals
- Disrupting the work or project
- Fear of getting it wrong
- Fear of repercussions or damaging careers
- Fear of not being believed.

Procedures: How to raise a concern

- You should voice your concerns, suspicions, or uneasiness as soon as you feel you can. The earlier a concern is expressed the easier and sooner it is possible for action to be taken.
- Try to pinpoint what practice is concerning you and why.
- Approach someone you trust and who you believe will respond.
- Make sure you get a satisfactory response – don't let matters rest.
- Put your concerns in writing on a 'Confidential Incident Record' form.
- Discuss your concerns with a manager/designated officer or a trusted supervisor.
- A member of staff is not expected to prove the truth of an allegation, but you will need to demonstrate sufficient grounds for the concern.
- The Manager or trusted supervisor will undertake an investigation into your concerns and offer you support.

What happens next?

- You should be given information on the nature and progress of any enquiries.
- Your employer has a responsibility to protect you from harassment or victimisation.
- No action will be taken against you if the concern proves to be unfounded and was raised in good faith.
- Malicious allegations may be considered as a disciplinary offence.

Self-reporting

There may be occasions where a member of staff has a personal difficulty, maybe a physical or mental health problem, which they know to be impinging on their professional competence. Staff have a responsibility to discuss such a situation with their line manager so professional and personal support can be offered to the member of staff concerned.

Confidentiality cannot be guaranteed where personal difficulties raise concerns about the welfare or safety of children.

Further advice and support

It is recognised that whistle blowing can be difficult and stressful. Advice and support are available from your line manager or from the School Effectiveness Team or Family Information Service. OFSTED has a whistle blowing hotline and can be contacted on 0300 123 3155 or by email on whistleblowing@ofsted.gov.uk

All members of staff and the wider setting community should be able to raise concerns about poor or unsafe practice and feel confident any concern will be taken seriously by the leadership team. We have 'whistleblowing' procedures in place, and these are available in the setting Whistleblowing Policy. However, for any member of staff who feels unable to raise concerns internally, or where they feel their concerns have not been addressed, they may contact the NSPCC whistleblowing helpline on: 0800 028 0285 (line is available from 8:00 AM to 8:00 PM, Monday to Friday) or by email at: help@nspcc.org.uk.
Parents / carers or others in the wider setting community with concerns can contact the NSPCC general helpline on 0808 800 5000 (24-hour helpline) or email: help@nspcc.org.uk.

18) Social Media, Smart Phones & Devices and Cameras

The growing popularity of social networking sites has raised concerns for us as an employer, particularly where our employees choose to write about their work with us. This policy outlines our approach and sets out the ground rules for employees who should ensure that the content of their social networking pages does not bring the company into disrepute or breach their obligations under our code of conduct. The policy applies to the use of any photographic equipment, including mobile phones, smart watches, and portable gaming devices with inbuilt cameras.

We believe that.

- The health and safety of the children is of paramount importance.
- We make our nurseries safe and healthy places for children, parents, staff, and volunteers.
- This includes the use of our setting knowledge outside the premises and on social networking sites such as Twitter, TikTok and Face-book.
- Social media sites can be a valuable tool, but inappropriate or careless use, through posting of content or commentary can damage reputations.
- Restrictions need to be placed on staff when they access social networking sites. The nursery has an excellent reputation to upkeep and comments made on sites such as 'Face-book' could have an impact on how parents using the nursery view the staff and our practice.
- Our staff should be completely attentive during their hours of working, to ensure all children in the nursery receive good quality care and education. Therefore, mobile phones are not to be used or accessed during working hours.

We want children to.

We want children to feel as secure as possible and we aim to ensure that all parents who put their children into our care know that they are protected both on and off the nursery premises.

Social Network Acceptable use:

- No employee of Little treasures Nursery and Pre-School will use a social networking site to explain any details of their employment or daily work activities.
- No employee is to publish any photos that feature nursery children, the nursery building. Work wear/uniform or surroundings unless permission is sought from the manager.
- No employee should disclose another person's contact details without checking first they want this to happen.
- Staff must not post anything onto social networking sites that would offend any other member of staff or parent using the nursery.
- If staff choose to allow parents to view their page on social networking sites, then this relationship must always remain professional.

Mobile Phone/Smart Watch Acceptable use:

We recognise that staff and other stakeholders may need to have access to mobile phones on site during the working day. However, there have been several queries raised nationally regarding the use of mobile phones and other devices in educational settings.

The concerns are mainly based around these issues:

- Staff being distracted from their work with children.
- The use of mobile phones around children
- The inappropriate use of mobile phones/smart watches and tablets

Staff are asked to switch off their mobile phones and remove any smart watches and keep them in the office as appropriate. They can be accessed during their breaks. Mobile phones/smart watches may not be used to take photographs anywhere within the Nursery. This rule applies to staff/parents/carers.

- **If any breaches of the above procedures are found to be happening, the member of staff involved will face disciplinary action, which could result in dismissal.**

19) Missing Child

At Little Treasures Nursery and Pre-School, children's safety is always maintained as the highest priority both on and off the premises. Every attempt is made through carrying out the outing's procedure and the exit/entrance procedure to ensure the security of children is always maintained. In the unlikely event of a child going missing, our missing child procedure is followed.

Procedure for when a Child goes missing on the premises.

- As soon as it is noticed that a child is missing the key person/staff alerts the Nursery Manager or Deputy Manager.
- The Nursery Manager or Deputy Manager and staff will carry out a thorough search of the building and garden.
- The register is checked to make sure no other child has also gone astray.
- Doors and gates are checked to see if there has been a breach of security whereby a child could wander out.
- If CCTV is available someone will be tasked to check this whilst others search
- If the **Child is found safe and well,** the parent/carers MUST be informed of the incident**. The** WRDO's, LADO and Ofsted will be notified for information and advice taken**.**
- If the **child is not found**, the parent is contacted, and the missing child is reported to the police.
- The Nursery Manager or Deputy Manager talks to staff to find out when and where the child was last seen and records this in the incident book.
- The Nursery Manager contacts the Line Manager/Owner/Committee and reports the incident.

- Nursery Manager carry out an investigation immediately.
- The Nursery Manager contacts LADO and OFSTED to inform them of the incident within 24 hours and take advice.

Procedure for when a Child goes missing on an outing.

This describes what to do when staff have taken a small group on an outing, leaving the Nursery Manager and /or other staff back in the setting. If the Nursery Manager has accompanied children on the outing, the procedures are adjusted accordingly.

What to do when a child goes missing from a whole setting outing may be a little different, as parents usually attend and are responsible for their own child.

- As soon as it is noticed that a child is missing, staff on the outing ask children to stand with their designated person and carry out a headcount to ensure that no other child has gone astray. One staff member searches the immediate vicinity but does not search beyond that.
- The Nursery Manager or Deputy Manager is contacted immediately, and the incident is reported.
- If the **Child is found safe and well,** the Nursery Manager is contacted to inform, and all staff and children return to the setting immediately**.** The Parents are informed, and LADO and Ofsted are informed, and advice taken.
- If the **Child is not found,** The Nursery Manager or Deputy Manager contacts the police and reports the child as missing.
- The Nursery Manager or Deputy Manager contacts the parent, to arrange a meeting place.
- Staff take the remaining children back to the setting leaving one member of staff to continue searching.
- In an indoor venue, the staff contact the venue's security who will handle the search and contact the police if the child is not found.

- The Nursery Manager or Deputy Manager reports the incident. The Nursery Manager will carry out an investigation.
- The Nursery Manager, or designated staff member may be advised by the police to stay at the venue until they arrive.

The investigation

- Staff keep calm and try not let the other children become anxious or worried.
- The Nursery Manager or Deputy Manager speaks with the parent(s).
- The Nursery Manager or Deputy Manager carries out a full investigation taking written statements from all the staff in the room or who were on the outing.
- The key person/staff member writes an incident report detailing:

  - The date and time of the report
  - What staff/children were in the group/outing and the name of
  - the staff designated responsible for the missing child.
  - When the child was last seen in the group/outing.

- What has taken place in the group or outing since the child went missing.
- The time it is estimated that the child went missing.

- A conclusion is drawn as to how the breach of security happened.
- If the incident warrants a police investigation, all staff co-operate fully. In this case, the police will handle all aspects of the investigation, including interviewing staff. LADO and Ofsted may be involved if it seems likely that there is a child protection issue to address.
- The incident is reported under RIDDOR arrangements (see the Reporting of Accidents and Incidents policy); the local authority Health and Safety Officer may want to investigate and will decide if there is a case for prosecution.
- In the event of disciplinary action needing to be taken, Ofsted & LADO are kept informed.
- The insurance provider is informed.

Managing People

- Missing child incidents are very worrying for all concerned. Part of managing the incident is to keep everyone as calm as possible.
- The staff will feel worried about the child, especially the key person or the designated carer responsible for the safety of that child for the outing. They may blame themselves and their feelings of anxiety and distress will rise as the length of time the child is missing increases.

- Staff may be the understandable target of parental anger and they may be afraid. Nursery Manager will ensure that staff under investigation are not only fairly treated but receive support while feeling vulnerable.
- The parents will feel angry, and fraught. They may want to blame staff and may single out one staff member over others; they may direct their anger at the Nursery Manager. When dealing with a distraught and angry parent, there will always be two members of staff, one of whom is the Nursery Manager. No matter how understandable the parent's anger may be, aggression or threats against staff are not tolerated, and the police should be called.
- The other children are also sensitive to what is going on around them. They too may be worried. The remaining staff caring for them need to be focused on their needs and must not discuss the incident in front of them. They should answer children's questions honestly but also reassure them.
- In accordance with the severity of the outcome, staff may need counselling and support. If a child is not found, or is injured, or worse, this will be a very difficult time.
- Staff must not discuss any missing child incident with the press without taking advice.

20) Uncollected Child Procedure

If a child is not collected by an authorised adult at the end of a session/day, Our Nursery will put into practice these procedures. These ensure the child is cared for safely by an experienced and qualified practitioner who is known to the child. We will ensure that the child receives a high standard of care to cause as little distress as possible.

We will inform parents/carers of our procedures so that, if they are unavoidably delayed, they will be reassured that their children will be properly cared for.

Policy

- Parents of children starting at our Nursery are asked to provide the following specific information which is recorded on our Registration Form:
    - Home address and telephone number-if the parents do not have a telephone, an alternative number must be given, perhaps a neighbour or close relative.
    - Place of work, address, and telephone number (if applicable)
    - Mobile telephone number (if applicable)
    - Names, addresses and telephone numbers of adults who are authorised by the parents to collect their child from the setting.
    - Who has parental responsibility for the child?
    - Information about any person who does not have legal access to the child.

- On occasions when parents or the persons normally authorised to collect the child are not able to collect the child, they provide us with written details of the name, address and telephone number of the person who will be collecting their child. We agree with parents how to verify the identity of the person who is to collect their child.
- Parents are informed that if they are not able to collect their child as planned, they must inform us so that we can begin to take back-up measures. We provide parents with our contact telephone number.
- We inform parents that we apply our child protection procedures as set out in our child protection policy, if their child/ren is/are not collected from us by an authorised adult within one hour after the setting has closed and the staff can no longer supervise the child on our premises.
- Late collection charge to parents for the additional minutes/hours worked by our staff.

Procedure

If a child is not collected at the end of the session/day, we follow the following.

1. Staff listen to the answer phone to check that no messages have been left informing of late collection. Check the nursery email to ensure no massage has been left.
2. The child's file is checked for any information about changes to the normal collection routine.
3. After five minutes, senior staff member telephones the parents.
4. If no answer or phone is on answer phone, Senior staff leaves a message, asking parent to contact us as quickly as possible.
5. If the manager or deputy is not on site the senior staff member will inform Manager/Deputy Manager and they will return to work.
6. Throughout this process

7. After thirty minutes Manager/Deputy Manager telephones the emergency contact numbers on the registration form.
8. If none of the emergency contact respond, Manager/Deputy Manager telephones parent/s once again. If answer phone is working informs parent of the next step.
9. If the Child remains uncollected with no contact after 1 hour, the Manager/Deputy Manager telephones the MASH for advice and guidance.
10. Under no circumstances do staff go to look for the parent, nor do they take the child home with them.
11. Two staff must stay on duty until the child is collected or other arrangements with social care or the police have been made.
12. Manager/Deputy Manager fills out an incident form and informs OFSTED.

21) Managing children who are Sick or Infectious

Children should be well enough to cope with their time at nursery and able to engage in the activities we provide. We have a duty to protect the spread of infection and illness. Children who are unwell should remain at home until they are better.

- If children appear unwell during the day – have a temperature, sickness, diarrhoea, or pains, particularly in the head or stomach – the Manager, Deputy Manager or key person will call the parent/carers and ask them to collect the child or send a known or named carer to collect on their behalf.
- If a child has a temperature, they are kept cool, by removing top clothing, sponging their heads with cool water, but kept away from draughts.
- Temperature is taken using a 'fever scan' or the under arm thermometer kept near to the first aid box or in the office with the managers.
- In extreme cases of emergency, the child should be taken to the nearest hospital and the parent informed.
- Parents are asked to take their child to the doctor before returning them to nursery. The nursery can refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease, including Covid19 or similar pandemic symptoms.
- Where children have been prescribed antibiotics, parents are asked to keep them at home for 24 hours before returning to the setting.
  After sickness and/or diarrhoea, parents are asked to keep children home for 48 hours a formed stool is passed.
- The setting has a list of excludable diseases and current exclusion times. The full list is obtainable from www.hpa.org.uk and includes common childhood illnesses such as measles.

Reporting of 'notifiable diseases'

- If a child or adult is diagnosed suffering from a notifiable disease under the Public Health (Infectious Diseases) Regulations 1988, the GP will report this to the Health Protection Agency.
- When the setting becomes aware, or is formally informed of the notifiable disease, the managers inform Ofsted and acts on any advice given by the Health Protection Agency.

HIV/AIDS/Hepatitis procedure

- HIV virus, like other viruses such as Hepatitis, (A, B and C) are spread through body fluids. Hygiene precautions for dealing with body fluids are the same for all children and adults.
- Single use vinyl gloves and aprons are worn when changing children's nappies, pants and clothing that are soiled with blood, urine, faeces, or vomit.
- Protective rubber gloves are used for cleaning/sluicing clothing after changing.
- Soiled clothing is rinsed and either bagged for parents to collect or laundered in the nursery.
- Spills of blood, urine, faeces, or vomit are cleared using mild disinfectant solution and mops; cloths used are disposed of with the clinical waste.
- Tables and other furniture, furnishings or toys affected by blood, urine, faeces, or vomit are cleaned using a disinfectant.

Nits and head lice

- Nits and head lice are not an excludable condition, although in exceptional cases a parent may be asked to keep the child away until the infestation is cleared.
- On identifying cases of head lice, all parents are informed and asked to collect and treat their child and all the family if they are found to have head lice. As soon I will pay the donation

22) Medication

We promote the good health of children attending nursery and take necessary steps to prevent the spread of infection. Children should be well enough to attend nursery and engage in the activities we provide. We ask that sick children (including Covid19 symptoms) remain at home until they are well enough to return to the setting. Once children are well enough to attend, we will administer medication as part of maintaining their health and well-being or when they are recovering from an illness.

In many cases, it is possible for children's GPs to prescribe medicine that can be taken at home in the morning and evening. As far as possible, administering medicines will only be done where it would be detrimental to the child's health if not given in the setting. If a child has not had a medication before, especially a baby/child under two, it is advised that the parent keeps the child at home for the first 24 hours to ensure no adverse effect as well as to give time for the medication to take effect.

If any child is brought to the nursery in a condition in which he/she may require medication sometime during the day, the manager will decide if the child is fit to be left at the nursery.

When dealing with medication of any kind in the nursery, strict guidelines will be followed in line with the settings medication policy. The manager is responsible for ensuring all staff understand and follow these procedures.

Medication forms will be completed for each medication and no medication will be administered unless the parent/carer completes a medication from with all the detail required.

The nursery DOES NOT administer any medication unless prior written consent is given for each medicine.

The Manager / Deputy manager and senior staff are responsible for the correct administration of medication to the children. This includes ensuring that parent consent forms have been completed, that medicines are stored correctly and that records are kept according to procedures. The room practitioners are responsible for ensuring medicine is handed back at the end of the session to the parent and will return any out-of-date medication back to the parent.

If the administration of prescribed medication requires medical knowledge, individual training will need to be provided for the relevant member of staff by an appropriate health professional.
No child may self-administer. Where children can understand when they need medication, for example asthma, they should be encouraged to tell their key person what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.

Unless medication is for a long-term condition, the duration that the medicine is administered by nursery, should not exceed 5 days, unless it is prescribed by a GP for a longer duration.

Prescription Medication

- Any child who has been given medication from a Doctor, Dentist, Nurse, or Pharmacist (EYFS 2024 section,3.53) will be expected to have received the first dose at least 24 hours before they come into nursery, this is to ensure the child does not have any allergic reaction from the medication.
- Prescription medicine will only be given to the person named on the bottle for the dosage stated and must be in their original containers.
- The parent should note the details of the administration on the appropriate form and the senior member of staff should check these details on the form against the prescription lable.
- Those with parental responsibility must give prior written permission for the administration of each new medication.
- The written permission is only acceptable for that brand name of medication and cannot be used for similar types of medication, e.g., if the course of antibiotics changes, a new form will need to be completed.
- The dosage on the written permission is the only dosage that will be administered. We will not give a different dose unless a new form is completed.
- Parents should notify us IMMEDIATELY if the child's circumstances change, e.g., a dose has been given at home, or a change in strength/dose needs to be given.
- The nursery will not administer a dosage that exceeds the recommended dose on the instructions unless accompanied by a doctor's letter.
- The parent must be asked when the child had last been given the medication before coming to nursery; this information will be recorded on the medication form. Similarly, when the child is picked up, the parent or guardian must be given precise details of the

times and dosage given throughout the day. The parent's signature must be obtained at both times.
- At the time of administering the medicine, the senior and witnessing staff memebr will ask the child to take the medicine or offer it in a manner acceptable to the child at the prescribed time and in the prescribed form.

Non-prescription Medication

- Over-the-counter medicine such as pain and fever-relief will not be administered except Calpol during extreme emergencies. Over the counter Creams and teething gel may be administered. However, the same procedures will be followed regarding documenting the dosage to be given and when it is administered (medicine form). The medication will only be administered for a maximum of 5 days unless prescribed by a GP for a longer duration.
- Parent/carers MUST inform the nursery If a child has been given Paracetamol or any other medication prior to attending nursery.
- The nursery **will only** administer non-prescription medication such as teething gel when the symptoms that it is intended for are apparent. It will not be administered just because a parent has requested this at the beginning of a child's session.
- The nursery will administer non-prescription medication for a short initial period, dependant on the medication or the condition of the child. After this time medical attention should be sought.
- The nursery **will not** administer Paracetamol unless the child develops a temperature whilst at nursery.
- We will not administer Paracetamol every 4 hours unless it is prescribed by a GP, Dentist, Nurse, or Pharmacist for a stated reason/condition. Such medication will need to be provided by the parent/carer and not stored within the setting for longer than required by the child.
- Medicines containing Aspirin will only be given if prescribed by a doctor – staff will check non-prescribed medication to ensure it does not contain Aspirin.
- Medication is not to be brought into the setting 'just in case'.

Emergency Medication

We do hold an emergency supply of Paracetamol, and this will be administered in the event of a child developing a raised temperature for a prolonged period. If we need to administer Paracetamol to a child, the parent/carer will be called to inform them, seek permission for the administration of the medicine. If we are not able to gain contact with a parent to gain permission all parents would have provided the permission on their registration forms. (Please note that all children must be kept at home if they have had paracetamol or ibuprofen with in the last 24 hours). Once contact is made the parent will be advised that they will need to collect the child. The child will be closely monitored until the parents collect the child. If the child's temperature continues to rise, medical advice will be sought from 111 and the child will need to be collected immediately.

For Children who have long term medical conditions and who may require on ongoing medication

- A risk assessment is carried out. This is the responsibility of the manager alongside the health and safety officer and room staff. Parents and other medical or social care personnel may need to be involved in the risk assessment.
- For some medical conditions key staff will need to have training in a basic understanding of the condition as well as how the medication is to be administered correctly.
- The risk assessment includes vigorous activities and any other nursery activity that may give cause for concern regarding an individual child's health needs.
- The risk assessment includes arrangements for taking medicines on outings and the child's GP's advice is sought, if necessary, where there are concerns.
- A health care plan for the child is drawn up with the parent; outlining the key person's role and what information must be shared with other staff who care for the child. It should include the measures to be taken in an emergency.
- The health care plan is reviewed every six months or more if necessary. This includes reviewing the medication, e.g., changes to the medication or the dosage, any side effects noted etc.
- Parents receive a copy of the health care plan and each contributor, including the parent, signs it.

Managing medicines on trips and outings

- If children are going on outings, staff accompanying the children must include the trained key workers for the child with a risk assessment, or another member of staff who is fully informed about the child's needs and/or medication.
- Medication for a child is taken in a sealed plastic box clearly labelled with the child's name, name of the medication, Inside the box is a copy of the consent form and sheet to record when it has been given, with the details as given above.
- On returning to the setting the sheet is stapled to the medicine form and the parent signs it.
- If a child on medication must be taken to hospital, the child's medication is taken in a sealed plastic box clearly labelled with the child's name, name of the medication. Inside the box is a copy of the consent form signed by the parent.

23) Managing children with allergies

Policy statement

We provide care for healthy children and promote health through identifying allergies and preventing contact with the allergenic substance and through preventing cross infection of viruses and bacterial infections.

Procedures for children with allergies

- When parents start their children at the setting they are asked if their child suffers from any known allergies. This is recorded on the registration form.
- If a child has an allergy, a risk assessment form is completed, and a care plan is drawn up by the SENCO to detail the following:
    - The allergen (e.g., the substance, material or living creature the child is allergic to such as nuts, eggs, bee stings, cats etc.)

  - The nature of the allergic reactions e.g., Anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc.
  - What to do in case of allergic reactions, any medication used and how it is to be used (e.g., EpiPen)
  - Control measures – such as how the child can be prevented from contact with the allergen.
  - Review
- A copy of the care plan is kept in the child's personal file and a copy is placed in the medication cabinet where staff can see it.
- The local school nurse or specialist nurse trains staff in how to administer special medication in the event of an allergic reaction.
- Generally, no nuts or nut products are used within the Nursery.
- Parents are made aware so that no nut or nut products are accidently brought in, for example to a party or for a birthday.

Insurance requirements for children with allergies and disabilities

The insurance will automatically include children with any disability or allergen, but certain procedures must be strictly adhered to as set out below. For children suffering life-threatening conditions or requiring invasive treatments; written confirmation from your insurance provider must be obtained to extend the insurance. Details of any children attending the setting who require medication or have a disability are passed on to our insurance company to ensure that they are insured and able to attend.

At all times the administration of medication must be compliant with the Welfare Requirements of the Early Years Foundation Stage and follow procedures based on advice given in *Managing Medicines in Schools and Early Years Settings (DfES 2005)*

Oral Medication

Asthma inhalers are now regarded as "oral medication" by insurers and so documents do not need to be forwarded to your insurance provider.

- Oral medication must be prescribed by a GP and the instructions clearly written on them.
- Parents must provide clear written instructions on how to administer such medication.
- All risk assessment procedures need to be adhered to for the correct storage and administration of the medication. The SENCO will complete a care plan for each child who is in receipt of medication.
- The Nursery must have the parents or guardian's prior written consent. This consent must be kept on file.

Lifesaving medication and invasive treatment

Adrenaline injections (EpiPens) for anaphylactic shock reactions (caused by allergens to nuts, eggs etc.) or invasive treatments such as rectal administration of Diazepam (for epilepsy). As part of our care plan, we will have:

- A letter from the child's GP/consultant stating the child's condition and what medication if any to be administered.
- Written consent from the parent or guardian allowing staff to administer medication.
- Proof of training in the administration of such medication by the child's GP, a district nurse, children's nurse specialist or a community paediatric nurse or paediatric first aid training which includes this.
- Key person for special needs children – children requiring help with tubes to help them with everyday living e.g., breathing apparatus, to take nourishment, colostomy bags etc.
- As part of the care plan, we would receive prior written consent from the child's parent or guardian to give treatment and/or medication prescribed by the child's GP.
- Our key person would be trained to ensure that they have the relevant medical training/experience, which may include those who have received appropriate instructions from the school nurse or specialist nurse. Regular one-to-one workers have completed one-to-one training.

24) Accidents, Incidents & First Aid Policy

Our Setting is committed to keeping children safe and preventing accidents wherever we can. The safety of your child is paramount, and every measure will be taken to protect your child from hurting him/herself, however sometimes accidents do unavoidably happen.
We aim for at least 50% staff to be trained in Pediatric first aid (PFA) All our early-year students and trainees are required to have paediatric first aid training for them to be included in ratios at the level below their level of study.

Trained staff can take action to apply first aid treatment in the event of an accident involving a child or adult. At least one member of staff with current first aid training is always on the premises or on an outing. The first aid qualification includes first aid training for infants and young children. Our paediatric first aid training is EYFS approved and is relevant to staff caring for young children. We will display a list of qualified first Aiders.

When an accident happens, the following procedure will be carried out in dealing with the situation:

- The child will be comforted and reassured.
- The extent of the injury will be assessed and if necessary, call for medical support/ambulance.
- The first aid procedures will be carried out, if necessary, by a trained first aider emergency medical advice or treatment will be sought where necessary.

After every accident, however minor:

- An accident report will be completed and signed.
- The parent/carer will be notified asked to sign and receive a copy.
- The parent/carer will be notified immediately of any head or facial injury.

Accident/Incident report forms are regularly reviewed by the settings Health and Safety officer – This is to identify any trends or recurring causes of injuries in the setting.

Where no wound is visible an 'Accident/Incident Form' must be completed, and staff members must continue to monitor any child who has been in involved in an accident during a session.

Existing Injuries

If a child arrives at nursery with an existing injury parents/carers must inform staff on their arrival and will be asked to complete an 'Accident at home / Existing Injury' form, detailing how the injury occurred and ensuring staff members have current information about a child if they become unwell. If staff members notice an existing injury, however, were not made aware by the parents, staff must complete an 'Existing Injury' form for parents to complete on their return.

Emergency Medical Treatment

On joining our setting, parents/carers must complete a 'Child Registration' form, stating their wishes in the event of an emergency. In the event of a medical emergency for a child their parents/carer will be contacted as soon as reasonably possible. If parents/carers cannot be reached staff members will contact the child's emergency contact as stated on the 'Child Registration' form.

During inductions or when new children/staff join the setting all staff members are made aware of any children/staff with medical conditions and procedures to follow in the event of an emergency.

If a member of staff is required to travel to the hospital with a child, the correct staff/child ratio will be observed. Cover staff can be contacted in cases of emergencies. The member of staff will remain with the child until the parent /carer arrives or will wait with the parent/carer if they feel it is appropriate. A full report will be written on an 'Accident/Incident Record' form and will be available for parents/carers to sign when possible and available for inspection if required.

Incident Records

Any incident that occurs within our setting is recorded on the 'Accident/Incident' forms. An incident may be a case of bullying, fighting or physically holding a person to prevent harm to themselves or to others. Please see our separate Behaviour Management' policy.

Reporting Accidents and Incidents

Our Setting has a duty under legal requirement to notify Ofsted and the local child protection agencies about any serious accidents, injury or death that happen to a child while in our care, whether at the setting or when on an outing. Please refer to www.ofsted.gov.uk for classifications of serious accidents and injuries.

We understand that we have a legal duty under the 'Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) to report accidents, injuries, death, work related diseases, dangerous occurrences and injuries that last more than three days to the Health and Safety Executive (HSE) Ofsted and Thurrock Council will also be

contacted about any incidents involving staff within 14 days of the incident happening or when reasonably possible.

25) Preventing Extremism and Radicalisation Policy

Policy Adoption, monitoring, and review

This policy was considered and adopted in line with the overall duty to safeguard and promote the welfare of children as set out in the DFE guidance 'Keeping Children Safe in Education 2015'.

Little Treasures Nursery and Pre-School will actively evaluate the effectiveness of this policy by monitoring staff group's understanding and application of the procedures within this policy as per our duty to safeguard and promote the welfare of children.

Introduction

We are committed to providing a secure environment for all children where they can feel and be kept safe. All staff, students and volunteers working at the setting recognise that safeguarding is everyone's responsibility, irrespective of the role they undertake or whether their role has direct contact or responsibility for children or not.

Under the counter Terrorism and Security Act 2015 (updated 2021) we have a statutory duty to have due regard to the need to prevent people from being drawn into terrorism.

This policy is one element within our overall arrangements to safeguard and promote the welfare of all children in line with our statutory duties set out in section 175 of the Education Act 2002 and should be read in conjunction with the Nurseries Safeguarding Policy.

This Policy also draws upon the guidance contained in the DFE guidance "Keeping Children Safe in Education 2015" the DCSF resources "Learning Together to be Safe" "The Prevent Duty 2021" and the useful Government document "Prevent Duty Guidance: for England and Wales 2021".

The Setting Ethos and Practice

When operating this Policy, we use the following accepted governmental definition of extremism which is:

'Vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs: and/or calls for the death of members of our armed forces, whether in this country or overseas'

There is no place for extremist views of any kind in our settings, whether from internal sources- children or staff, or external sources, external agencies, or individuals. Our families see our nurseries as a safe place where they can explore controversial issues

safely and where our staff encourage and facilitate this- we have a duty to ensure this happens.

As an early year's provider, we recognise that extremism and exposure to extremist materials and influences can lead to poor outcomes for children and so should be addressed as a safeguarding concern as set out in this policy. We also recognise that if we fail to challenge extremist views, we are failing to protect our children and families. Extremists of all persuasions aim to develop destructive relationships between different communities by promoting division, fear and mistrust of others based on ignorance, prejudice and thereby limiting the life chances of young people.

Therefore, we will continue to work within the EYFS and provide a broad and balanced curriculum, delivered by qualified practitioners, so that our children are enriched, they understand and become tolerant of difference and diversity and to ensure that they thrive, feel valued and not marginalised. Any prejudice discrimination or extremist views, including derogatory language, displayed by families or staff will always be challenged and where appropriate dealt with in line with our behaviour policy for children and the code of conduct for staff.

As part of wider safeguarding responsibilities, staff will be alert to:

- Disclosures by children and families of their exposure to the extremist actions, views, or materials of others outside of, such as in their homes or community groups.
- Families accessing extremist material online, including through social networking sites.
- Parental reports of changes in behaviour, friendships or actions and requests for assistance.
- Partner schools, local authority services, and police reports of issues affecting children in other schools or settings.
- Intolerance of difference, whether secular or religious or, in line with our equalities policy, views based on, but not exclusive to, gender, disability, homophobia, race, colour or culture.
- Attempts to impose extremist views or practices on others.
- Anti- Western or Anti-British views

Our setting will closely follow any locally agreed procedure as set out by the Local Authority and/or Safeguarding Children's partnership's agreed processes and criteria for safeguarding individuals vulnerable to extremism and radicalisation.

Teaching Approaches

We will ensure that our curriculum-based teaching approaches help our children build resilience to extremism and give children a positive sense of identity through the development of critical thinking skills. We will ensure that all our practitioners are equipped to recognise extremism and are skilled and confident enough to challenge it.
We will also work with local partners, families, and communities in our efforts to ensure our nursery understand and embrace our local context and values in challenging extremist views and to assist in broadening of our children and families' experiences and horizons.

We will help support those who may be vulnerable to such influences as part of our wider safeguarding responsibilities and where we believe any reason is being directly affected by extremist materials or influences, we will ensure that they are offered mentoring.

Additionally in such instances we will seek external support from the Local Authority and/or local partnership structures working to prevent extremism.
At our nurseries, we will promote the values of democracy, the rule of law, individual liberty, mutual respect, and tolerance for those with different faiths and beliefs. We will encourage children to respect one another and to respect and tolerate difference, especially those of a different faith or no faith. It is indeed our most fundamental responsibility to keep our children safe and prepare them for life in modern multi- cultural Britain and Globally.

Referring Concerns

Where there are concerns of extremism or radicalisation parents, children and staff will be encouraged to make use of our internal systems to raise any issue in confidence with senior management. Our lead person for Prevent is the Designated Safeguarding Lead who would normally be the first point of contact should there be any concerns. If for any reason this creates a difficulty for the referrer, they can contact the Local authority 'Prevent' co-ordinator, First Response Team, Education Safeguarding Advice Service or Ofsted depending on the level of concern. Staff should refer to the Whistle Blowing Policy under which they are entitled to employment protection for raising genuine concerns outside of the school environment.

Child Protection

Please refer to our safeguarding policy for the full procedural framework on our Child Protection duties. Staff will alert to the fact that whilst Extremism and Radicalisation is broadly a safeguarding issue there may be some instances where a child or children may be at direct risk of harm or neglect. For example; this could be due to a child displaying risky behaviours in terms of the activities they are involved in or the groups they are associated with or staff may be aware of information about a child's family that may equally place a child at risk of harm (these examples are for illustration and are not definitive or exhaustive) Therefore all adults working at the nurseries (including visiting staff, volunteers, contractors and students on placement) are required to report instances where they believe a child may be at risk of harm or neglect to the Designated Safeguarding lead who will make a referral to the children's social care or the Prevent team when appropriate. The Designated safeguarding lead is the focus person and local 'expert' for staff, and others, who may have concerns about an individual child's safety or well-being and is the first point of contact for external agencies.

Training

All staff, including temporary staff and volunteers will receive an induction regarding our safeguarding policy and procedures. This will include information and guidance about our duty to prevent people from being drawn into terrorism. In service training regarding safeguarding and child protection will be organised for staff, at least every three years and will comply with the prevailing arrangements approved by the Local Safeguarding Children's Board and will, in part, include awareness raising on extremism and radicalisation and its safeguarding implications. The Designated Safeguarding Lead will attend appropriate and relevant training courses regarding safeguarding children, including the appropriate inter-agency training organised by the Safeguarding Children's partnership. This will include accessing training on extremism and radicalisation and its safeguarding

implications. The Designated Safeguarding Lead will ensure that all adults working in the nurseries receive appropriate levels of training, guidance, and support regarding safeguarding children from extremism and radicalisation.

26) Safer Recruitment

We are committed to deterring unsuitable applicants from applying for roles within our organisation, We will ensure that potential applicants are given a clear message about the organisation's commitment to recruit suitable people. Rejecting unsuitable applicants at the selection stage and thorough pre-appointment checks.

Safer recruitment is based on four principles:

Deter - deter applicants with inappropriate motivations from applying for positions, by making it clear that the organisation is not a 'soft target' for abuse (e.g. by referring to safeguarding policies in application processes or job advertisements);

Reject - identify and reject inappropriate people from the employment process (e.g. through interviews);

Prevent - ensure that there are no opportunities for abuse in the work context, by managing the environment, assessing risk, and establishing clear standards of behaviour (e.g. through appointment and induction processes); and

Detect - Identify inappropriate behaviour or abuse within the workplace at the earliest opportunity and respond appropriately (safe working culture).

We implement this by.

- We will only allow an adult who is employed by and who has satisfied an enhanced clearance from the Disclosure and Barring Service (DBS) to work with children.
- We will ensure our adverts detail our commitment to safeguarding and inform of criminal records checks. We will ensure applicants for posts within the nursery are clearly informed that the positions are exempt from the Rehabilitation of Offenders Act 1974
- We will ensure that every candidate completes a full application form, and we will check this for any gaps in employment and question any of these.
- We will ensure every interview includes scenarios and questions about safeguarding and motivations for working with children.
- We will request DBS checks before a person starts work with us and ask new staff sign up for the update service where possible.
- All candidates are informed of the need to carry out suitability checks including two references, before posts can be confirmed.
- We will ensure we receive at least two written references BEFORE a new member of staff commences employment with us.
- We will carry out a full and robust induction for every new member of staff which includes safeguarding and child protection and whistleblowing policies and procedures.

- During induction staff will be given contact details for the LADO (local authority designated officer), MASH and the local authority children's services team, the Local Safeguarding Children Partnership (LSCP) and Ofsted to enable them to report any safeguarding concerns, independently, if they feel it necessary to do so.
- We will ask staff to complete a suitability declaration at every supervision and be clear that all staff must 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.
- We will ensure staff understand it is their responsibility to advise us of any changes to the status of their DBS check. This information is also stated within every member of staff's contract.
- We will 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 will ensure that all students and volunteers have enhanced DBS check in place before their placement starts. We will ensure that volunteers, including students, do not work unsupervised.
- We will 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.
- We will ensure that all visitors/contractors will be supervised whilst on the premises, especially when in the areas the children use.
- We will ensure that 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.
- We are committed to responding promptly and appropriately to all incidents, allegations or concerns of abuse that may occur and to work with Thurrock MASH, LADO and to follow the SET procedures 2022 and Working together to safeguard children 2023.
- 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.

Legal framework

Primary legislation

- Protection of Children Act (1999)
- The Children Act (2004 s11)
- Safeguarding Vulnerable Groups Act (2006)
- Childcare Act (2006)
- The Prevent Duty 2015 (revised April 21)
- Multi agency guidance on FGM 2016 (updated July 20)
- The health & safety at work act 1998

Secondary legislation

- Sexual Offences Act (2003)
- Criminal Justice and Court Services Act (2000)
- Equality Act (2010)
- Data Protection Act & GDPR (2018)
- Childcare (Disqualification) Regulations 2009
- Children and Families Act 2014
- Serious Crime Act 2015
- Disclosure and Barring Service 2012: www.gov.uk/disclosure-barring-service-check

Statutory Guidance

- Keeping children safe in Education 2015 (updated 22)
- Working Together to Safeguard Children 2018 (revised 2023)
- SET Procedures (revised May 22)
- What to do if you're Worried a Child is Being Abused (HMG 2015)
- Framework for the Assessment of Children in Need and their Families (DoH 2000)
- The Common Assessment Framework for Children and Young People: A Guide for Practitioners (CWDC 2010
- Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004 (HMG 2008)
- Information Sharing: Guidance for Practitioners providing Safeguarding Services (DfE 2015)

Useful contacts:

- Thurrock MASH, Civic Offices, New Road, Grays, Essex, RM17 6SL
  01375 652802. Out of Hours Duty Desk: 01375-372468
- Local Area Designated Officer LADO (Carole Fuller) – 01375-652921
- Ofsted: 0300-123-1231
- NSPCC

Useful websites:

- Local Safeguarding Childrens Partnership Thurrock Local Safeguarding Children Partnership - lscp
- Action for Children- https://www.actionforchildren.org.uk/
- Childline- https://www.childline.org.uk
- Child Exploitation and Online Protection Centre (CEOP) - https://www.ceop.police.uk/safety-centre/
- Department of Education (DfE)- https://www.gov.uk/government/organisations/department-for-education
- Modern Slavery - https://www.antislavery.org/slavery-today/slavery-uk/
- NSPCC- https://www.nspcc.org.uk
- Prevention of Young Suicide- https://www.papyrus-uk.org/
- Women's Aid- https://www.womensaid.org.uk/
- BBC Own It- https://www.bbc.com/ownit
- Barnardos - www.barnardos.org.uk
- Stop hate uk- https://www.stophateuk.org/what-is-hate-crime/
- Homepage - UK Safer Internet Centre
- Childnet — Online safety for young people
- CEOP Safety Centre

These policies are adopted by	Little Treasures Nursery and Pre-School
Date	January 2026
Date of review	January 2027
Signed on behalf of the provider.	*M Treasure*

Safeguarding Policies & Procedures Pack
EYFS Safeguarding and Welfare Requirements