



**DAY NURSERY AND PRE-SCHOOL**  
**83 - 85 Hall Road**  
**Hull**  
**Tel: (01482) 470535**

# **Safeguarding Children Policy**

Little Acorns Day Nursery is private day care setting providing quality care and education for children aged 0-5 years.

This child protection policy was written: 05.06.19

Date to be reviewed: 24.09.21

Signature.....

This policy is sourced from the Hull Safeguarding Children's Board

Little Acorns Day Nursery has a responsibility to protect and safeguard the welfare of children and young people they come into contact with. The need for guidelines and procedures is important to ensure that this is done with understanding and clarity.

**The person with lead responsibility for safeguarding within the organisation is: Gemma Grace, (Melissa Toft in her absence)**

**The lead for safeguarding has completed additional training to fulfil this role (list training including dates)**

- Safeguarding Children – A Shared Responsibility – Awareness, Recognition & Responses – 10.2018
- Safeguarding Thresholds Training – 15.12.15
- Safeguarding Children – A Shared Responsibility – Working Together Effectively – Processes, Principles and Dilemmas – 24.10.12
- Female Genital Mutilation: Recognising and Preventing FGM -09.2018
- Chanel General Awareness Module- 09.2018
- Dealing with Allegations Against People Who Work with Children- 29.9.15
- Exploring the Impact of Child Sexual Abuse- 20.7.15
- Alcohol Awareness – 24.03.16
- Safeguarding Children in a Digital World (E-Safety Awareness) – 23.10.12
- Safeguarding Disabled Children – 22.2.16
- Safer Recruitment – 18.01.16
- Private Fostering 14.07.16
- Domestic Abuse – 18.11.15
- Drug Awareness – 19.10.15
- Impact of Neglect - 14.10.15
- A Child Centred Approach: Understanding Children's Rights and Participation – 30.01.12
- Hidden Sentence Training – 23.06.17

All staff and volunteers should be made aware of this policy, and be able to demonstrate an understanding of their responsibilities for safeguarding and promoting the welfare of children, including how to respond to any child protection concerns and how to make a referral to local authority children's social care or the police if necessary. All staff members will be required to read and sign this policy at induction. The manager will go through the referral process step by step. Staff will have opportunities in their supervisions to raise any concerns which are held every six weeks. Within the monthly staff meetings, within the agenda is a safeguarding section for all staff to question/comment safeguarding policies and procedures. It is made clear to all staff that any concerns should be shared with the safeguarding officer.

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## 1. Safeguarding and promoting the welfare of children

Defined for the purposes of this guidance as:

- protecting children from maltreatment;
- preventing impairment of children's health or development;
- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and
- taking action to enable all children to have the best life chances.

## 2. Children

Anyone who has not yet reached their 18th birthday. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, does not change his/her status or entitlements to services or protection

## 3. Early Help

Children and their families will experience a range of needs at different times in their lives. All children require access to high-quality universal services (such as schools, health visitors and nurseries), but some will also benefit from extra support to address additional needs. In Hull this support is called Early Help.

“Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child’s life, from the foundation years through to the teenage years” (Working Together to Safeguard Children 2015).

From the perspective of a child, it is clearly best to receive help before they have any, or have only minor, adverse experiences.

In Hull, Locality Early Help hubs offer a range of support for practitioners who need advice, guidance or a short intervention when working with children and families with additional needs.

All staff and volunteers should understand the importance of intervening early, before and problems become entrenched, and know how to access additional support for children, young people and families through the Early Help Hubs.

The consent of parents / carers (and children depending on their age and understanding) should always be sought before making a request for a service to the Early Help Hubs.

If at any time the concerns about the child become more serious, they should be referred to Children's Social Care (See Section 7)

#### 4. Child Protection

Part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

#### 5. Definitions of harm

##### **Abuse**

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. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults, or another child or children.

##### **Physical abuse**

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

##### **Emotional abuse**

The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing

them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including online bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

### **Sexual abuse**

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

### **Neglect**

The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: provide adequate food, clothing and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate care-givers); or ensure access to appropriate medical care or

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

This is not an exhaustive list and it must be recognised that it is not the role of staff / volunteers to make an assessment of whether children or young people have suffered harm. Staff / volunteers / child protection co-ordinator do have a duty to report any concerns about harm in accordance with the Hull Safeguarding Children Board, Procedures and Practice Guidance.

### **Other specific sources of harm**

#### **Child Sexual Exploitation (CSE)**

Sexual exploitation is a form of abuse where young people are forced or manipulated into sexual activity. The abuser may groom the young person into trusting them – this can be done face-to-face or online – they then exploit this trust for their own gain. Child sexual exploitation can take many forms and victims and criminals can be from any social or ethnic background. Sometimes criminals may get the young person to engage in sexual activity by giving them attention, treats, alcohol, drugs or a place to stay; sometimes they may manipulate the young person into believing they are in a consensual relationship and that they love them. Either way, the young person is being taken advantage of through this controlling behaviour. It is child abuse and the victims face huge risks to their physical, emotional and psychological health.

#### **Female Genital Mutilation (FGM)**

Female Genital Mutilation (FGM) is an extremely harmful practice with devastating health consequences for girls and women. FGM is the mutilation of some or all of the external female genitalia for non-medical reasons. It is also sometimes known as female circumcision or 'sunna'. This Practice is outlawed in the United Kingdom. It occurs in Africa, Asia and the Middle East but depending on location and culture will depend on age and how they girl will be cut. FGM is carried out as a sign of control women's sexuality, and ideas about purity, modesty and beauty. It is usually initiated and carried out



by women, who see it as a source of honour and fear that failing to have their daughters and granddaughters cut will expose the girls to social exclusion.

Adverse health effects depend on the type of procedure; they can include recurrent infections, difficulty urinating and passing menstrual flow, chronic pain, the development of cysts, an inability to get pregnant, complications during childbirth, and fatal bleeding. There are no known health benefits.

### **Child Trafficking/Modern Slavery**

Trafficking of persons' means the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation includes, at a minimum, sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs.

Boys and girls of all ages are affected and can be trafficked into, within (so called 'internal trafficking'), and out of the UK for many reasons and all forms of exploitation - e.g. sex trafficking. Children can be groomed and sexually abused before being taken to other towns and cities where the sexual exploitation then continues. Victims are forced into sexual acts for money, food or a place to stay. Other forms of slavery involve children who are forced to work, criminally exploited and forced into domestic servitude. Victims have been found in brothels or saunas, farms, in factories, nail bars, car washes, hotels and restaurants and commonly are exploited in cannabis cultivation. Criminal exploitation can involve young people as drug carriers, begging and pickpocketing. Debt bondage (forced to work to pay off debts that realistically they will never be able to), organ harvesting, and benefit fraud are other types of modern slavery.

Children and young people may be exploited by parents, carers or family members. Often the child or young person will not realise that family members are involved in the exploitation.

Some children are victims of modern slavery and not sexual exploitation.

If you are concerned that a child you know is at risk of exploitation/modern Slavery: Call 999 if they are at immediate risk of harm, otherwise contact EHASH through the referral process.

### **Breast Ironing/Breast flattening**

It is a practice whereby the breasts of girls typically aged 8-16 are pounded using tools such as spatulas, grinding stones, hot stones, and hammers to delay the appearance of puberty.

Breast ironing is often carried out by the girl's mother or grandmother with the belief that she is:

- Protecting her daughter from sexual harassment and / or rape
- Preventing the risk of early pregnancy by "removing" signs of puberty
- Preventing her daughter from being forced into marriage, so she will have the opportunity to continue with her education
- To keep her child like and less womanly

Some signs that a girl is at risk from breast ironing include:

Unusual behaviour after an absence from school or college including depression, anxiety, aggression, becoming withdrawn, reluctance in undergoing medical examinations. Some girls may ask for help, but may not be explicit about the problem due to embarrassment or fear of changing for physical activities due to scars showing or bandages being visible.

The process of breast ironing combined with insufficient aftercare leaves young girls exposed to significant health risks, such as:

- Cysts and lesions

- Breast cancer
- An inability to produce breast milk
- Complete or partial eradication of single or both breasts

There is currently no known research on the effects on the psychological wellbeing of victims.

The practice of breast ironing is not explicitly covered under legislation. However, it is understood by the Government to be physical abuse.

If you are concerned that a child, you know is at risk of breast ironing: Call 999 if they are at immediate risk of harm, otherwise contact EHASH through the referral process.

## **Radicalisation**

Radicalisation is defined as the process by which people come to support terrorism and extremism and, in some cases, go on to participate in terrorist groups.

“Extremism is vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas” (HM Government Prevent Strategy 2011).

The following issues can make individual children and young people vulnerable to radicalisation:

- **Identity Crisis** - Distance from cultural / religious heritage and feeling uncomfortable with their place in the society around them;
- **Personal Crisis** - Family tensions; sense of isolation; adolescence; low self-esteem; disassociating from existing friendship group and becoming involved with a new and different group of friends; searching for answers to questions about identity, faith and belonging;
- **Personal Circumstances** - Migration; local community tensions; events affecting country or region of origin; alienation from UK values;

having a sense of grievance that is triggered by personal experience of racism or discrimination or aspects of Government policy;

- **Unmet aspirations** - Perceptions of injustice; feeling of failure; rejection of community values;
- **Criminality** - Experiences of imprisonment; previous involvement with criminal groups.

If you are concerned that a child, you know is at risk of radicalisation:

Call 999 if there is an imminent risk to life or security, otherwise contact EHASH through the referral process. You may also contact the DFE hotline 020 7340 7264 or 101 for guidance.

Email [counter.extremism@education.gsi.gov.uk](mailto:counter.extremism@education.gsi.gov.uk)

### **Mobile phones/Camera use**

The use of mobile phones and cameras within the setting is allowed under strict control. The setting has a comprehensive E-safety policy that covers the use of mobile phones, cameras, social networking sites, internet and email to safeguard the children.

If a staff member is concerned that there has been a breach in our E-safety staff should report this immediately to the CPO. The CPO will investigate the matter and then follow the next appropriate step.

**For a more comprehensive list of specific sources of harm, please refer to the practice guidance in HSCB guidelines and procedures**

<http://hullscb.proceduresonline.com>

### **Peer on peer abuse**

Should a child feel they are been a victim of abuse from another child or an adult feels a child may be at risk from another child then this will be investigated by the CPO carefully. The children's age and circumstances will be considered. Support will be given to all parties involved and the setting will work hard to resolve the issue. Peer abuse may take form in many ways such as, racial abuse, inappropriate touching, physical abuse, verbal abuse (this is not an exhaustive list). With many of these behaviours it could be

developmental or learnt behaviour. If necessary, the setting may make a referral through the normal safeguarding route.

### **County Lines/Criminal Exploitation**

The UK government defines county lines as 'County lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other form of 'deal line'. They are likely to exploit children and vulnerable adults to move and store the drugs and money and they will often use coercion, intimidations, violence (including sexual violence) and weapons.'

Criminals groom children into trafficking their drugs for the promise of money, friendship and status. Once drawn in they are controlled using threats, violence and sexual abuse leaving them traumatised and living in fear.

Children and young adults who may be drawn into criminal activity are the homeless, going through family problems, have learning difficulties, struggling with school, trapped in poverty, having prior experience of abuse, lack of stable home, social isolation, connection with gangs, having mental health problems, being in care,

Signs of a child between trafficked may be staying out late or not returning home, being found in areas away from home, drug use or drugs found on them, acting secretive, unexplained absences from school, unexplained money, phones, clothes, jewellery etc. changes in behaviour, disruptive/aggressive behaviour, using sexual/drug related language, unexplained injuries, STI's/pregnancy, significant changes in emotional well-being

It is important to remember the unequal power dynamic within this exchange occurs and to remember the unequal power dynamic within which this exchange occurs and to remember that the receipt of something by a young person does not make them any less of a victim.

Normal reporting procedures apply.

## **Upskirting**

Voyeurism (offences) Act, which is commonly known as the Upskirting Act. Upskirting is where someone takes a picture under a person's clothing (not necessarily a skirt) without their permission and or knowledge, with the intention of viewing their genitals or buttocks (with or without underwear) to obtain sexual gratification, or cause the victim humiliation, distress or alarm. It is a criminal offence. Anyone of any gender can be a victim.

## **Inappropriate touching**

Inappropriate touching of a child can come in many forms. Physical and sexual abuse are two noticeably clear indicators of inappropriate touching. However, for a child inappropriate touching can cover many forms when the child does not give consent. Examples of this can be cuddling, tickling without consent. Adults may at times not be able to seek permission if the child's safety or welfare is at stake. Adults must make sure that if they are forced to use some form of physical intervention that may cause the child harm or distress this is recorded, and parents informed. See the settings children's personal care policy.

## **6. Recognition of harm**

Everybody working with children and families must be alert to the needs of children and any risks of harm - including to unborn children, babies, older children, young carers, children who are disabled, those with special educational needs, are living away from home or are Looked After by the local authority. All staff and volunteers should be able to recognise, and know how to act upon, evidence that a child's health or development is being impaired or that the child is suffering or is likely to suffer significant harm.

The harm or potential harm to a child may come to your attention in a number of possible ways;

- Information given to you by the child, his/ her friends, a family member or close associate.
- The child's behaviour may become different from the usual, be significantly different from the behaviour of their peers, be bizarre or unusual or may involve 'acting out' a harmful situation in play.
- An injury which arouses suspicion because;
  - It does not make sense when compared with the explanation given.
  - The explanations differ depending on who is giving them (e.g., differing explanations from the parent / carer and child).
  - The child appears anxious and evasive when asked about the injury;
  - They are a pre mobile baby with bruising.
- Suspicion being raised when a number of factors occur over time, for example, the child fails to progress and thrive in contrast to his/her peers.
- A young person having contact with an individual or individuals who have been identified as presenting a risk or potential risk of harm to children.
- The parent's behaviour before the birth of a child may indicate the likelihood of significant harm to an unborn child, for example substance misuse, or, previous children removed from their carers.

### **Young carers**

Children and young people under 18 who provide or intend to provide care assistance or support to another family member are called young carers. They carry out on a regular basis, significant or substantial caring tasks and assume a level of responsibility, which would usually be associated with an adult. The person receiving care is often a parent but can also be a sibling, grandparent or other relative who is disabled, has some chronic illness, mental health problem or other condition connected with a need for care support or supervision. Young carers can be particularly vulnerable and,

under the Children and Families Act (2014) are entitled to an assessment of their own needs by the local authority.

### **Private Fostering**

A privately fostered child is a child or young person under 16 years (or under 18 years if they are disabled) who is being cared for and is living with someone else for more than 28 days who is not -

- a parent
- a relative, such as grandparent, brother, sister, uncle, aunt or step parent
- a person with legal parental responsibility for the child. This may have been a private arrangement made between you and the parent. Private fostering does not mean a child looked after by the local authority

Private fostering could include -

- children sent to this country for educational or health opportunities including cultural exchange students staying for a period more than 28 days
- children living with a friend's family as a result of separation, divorce or disputes at home
- teenagers living with the family of a friend

If a child is in a private fostering situation then EHASH must be informed. Ideally, they should know 6 weeks in advance or as soon as possible from the parent. The setting should report it to the CPO who will report it to EHASH.

## **7. Acting on concerns**

No professional should assume that someone else will pass on information which they think may be critical to keeping a child safe. If a professional has concerns about a child's welfare and believes they are suffering or likely to suffer harm, then they have a responsibility to share the information with local authority children's social care. (Working Together to Safeguard Children



2015) (For more information about information sharing and effective communication see appendices 1 and 2)

### **Seeking Medical Attention**

If a child has a physical injury, and there are concerns about abuse, medical attention should be sought immediately by telephoning for an ambulance, attending the Emergency Department or Minor Injury Unit (depending on the severity of the injury). The procedures for referring a child to Children's Social Care should then be followed.

Any safeguarding concerns should be shared with the Ambulance staff / Medical and Nursing staff in order that they can appropriately assess and treat the child and share relevant information.

Contacting emergency services for urgent medical treatment must not be delayed for any reason.

### **Managing a disclosure**

- Listen to what the child has to say with an open mind.
- Do not ask probing or leading questions designed to get the child to reveal more.
- Never stop a child who is freely recalling significant events.
- Make note of the discussion, taking care to record the timing, setting and people present, as well as what was said.
- Do not ask children to write a statement.
- Never promise the child that what they have told you can be kept secret. Explain that you have responsibility to report what the child has said to someone else.
- The designated lead for child protection within your organisation must be informed immediately.

## 8. Referring concerns about a child

The designated safeguarding lead will act on behalf of the Little Acorns Day Nursery in referring concerns or allegations of harm EHaSH or the Protecting Vulnerable People Unit. In the case of it being out of hours the Immediate Help Team should be contacted.

If the designated safeguarding lead is in any doubt about making a referral it is important to remember that advice can be sought from the EHaSH. The name of the child and family should be kept confidential at this stage and will be requested if the enquiry proceeds to a referral.

It is not the role of the designated safeguarding lead to undertake an investigation into the concerns or allegation of harm. It is the role of the designated safeguarding lead to collate and clarify details of the concern or allegation and to provide this information to the EHaSH, or Locality Team if Children's Social Care is already involved, whose duty it is to make enquiries in accordance with Section 47 of the Children Act 1989.

### **Consent**

Issues of consent should always be considered.

Before making a referral, parents/carers must be informed that you are making contact with EHaSH – including the reasons for you doing this – and be asked to give consent to the referral being made. This includes protecting a child from Significant Harm.

There are circumstances when it may appropriate to dispense with the requirement to obtain consent to share information; this includes when:

- Discussion with the parents/ carers could place the child or other family members at risk;
- The child is in immediate danger (e.g. requires medical attention)

- Discussion with parents / carers may place you or another member of staff at risk

It should be noted that when parents, carers or child may not agree to information being shared, but this does not prevent professionals from being able to make a referral where child protection concerns persist. When sharing information without consent it is important to record why any such decision has been made.

### **Preparing to Discuss Concerns about a Child with Children's Social Care**

Try to sort out in your mind why you are worried, is it based on:

- What you have seen;
- What you have heard from others;
- What has been said to you directly.

**Try to be as clear as you can about why you are worried and what you need to do next:**

- This is what I have done;
- What more do I need to do?
- Are there any other children in the family?
- Is the child in immediate danger?

**In the conversation that takes place the duty Social Worker will seek to clarify:**

- The nature of the concerns;
- How and why they have arisen;
- What appear to be the needs of the child and family; and

- What involvement they are having or have had with the child and / or family.

### **Questions Children's Social Care may ask at Initial Contact**

- Agency (i.e. school, etc) address and contact details of referrer;
- Has consent to make the referral been gained? Information regarding parents' knowledge and views on the referral;
- Where consent has not been sought prior to making a referral you will be asked to explain what informed your decision making;
- Where consent has been sought but refused and child protection concerns persist you will be asked what informed your decision making;
- Full names, dates of birth and gender of children;
- Family address and, where relevant, school/nursery attended;
- Previous addresses;
- Identity of those with **Parental Responsibility**;
- Names and dates of birth of all members of the household;
- Ethnicity, first language and religion of children and parents;
- Any special needs of the children or of the parents and carers;
- Any significant recent or past events;
- Cause for concern including details of allegations, their sources, timing and location;
- The child's' current location and emotional and physical condition;
- Whether the child needs immediate protection;
- Details of any alleged perpetrator (name, date of birth, address, contact with other children);

- Referrer's relationship with and knowledge of the child and his or her family;
- Known involvement of other agencies;
- Details of any significant others;
- Gain consent for further information sharing / seeking;
- The referrer should be asked specifically if they hold any information about difficulties being experienced by the family/household due to domestic violence, mental illness, substance misuse and/or learning difficulties.

**Other information may be relevant, and some information may not be available at the time of making contact. REMEMBER - the collation of additional information should not result in a delay in making a referral.**

### **The Hull Safeguarding Children Board Contact and Referral Form**

All telephone referrals made by professionals should be followed, within 48 hours by a written referral giving specific and detailed information. A template Contact and Referral Form has been developed for this purpose. It is located in the settings 'safeguarding folder' on shared documents.

If you have secure email the form should be sent to The Early Help and Safeguarding HUB [EHASHgc@hullcc.gcsx.gov.uk](mailto:EHASHgc@hullcc.gcsx.gov.uk).

If you do not have a secure email system, it should be faxed to 01482 444145

### **Children's Social Care Action following a Referral**

Children's Social Care should acknowledge **a written referral within one working day** of receiving it. If the referrer has not received an

acknowledgement within **3 working days**, they should contact Children's Social Care again.

## 9. Allegations against staff members / volunteers

If any member of staff or volunteer has concerns about the behaviour or conduct of another individual working within the group or organisation such as:

- Behaved in a way that has harmed, or may have harmed a child;
- Possibly committed a criminal offence against, or related to, a child or
- Behaved towards a child or children in a way that indicates s/he is unsuitable to work with children. This could include children within the employee's workplace or outside of it, including their own children.

The nature of the allegation or concern should be reported to the Designated Officer for dealing with allegations within the organisation immediately.

The member of staff who has a concern or to whom an allegation or concern is reported should not question the child or investigate the matter further.

The Designated Officer for your organisation will report the matter to the Local Authority Designated Officer (LADO), Jackie Edhouse.

In the event of possible sexual abuse allegation made against a staff member. It will be reported to the CPO immediately. This matter must not be discussed with anybody else. The CPO will contact LADO and we will follow their advice on the matter. The staff member who has been accused will not be informed but will be placed in a non-contact position.

### **Allegations against staff in their personal lives or which occur in the community**

If an allegation or concern arises about a member of staff, outside of their work with children, and this may present a risk of harm to child/ren for whom the member of staff is responsible, the general principles outlined in this policy will still apply.

If the member of staff lives in a different authority area to that which covers their workplace, liaison should take place between the relevant agencies in both areas and a joint Strategy Meeting / Discussion or Professional's Meeting should be held.

In some cases, an allegation of abuse against someone closely associated with a member of staff (e.g. partner, member of the family or other household member) may present a risk of harm to child/ren for whom the member of staff is responsible. In these circumstances, a Strategy or Professional's Meeting / Discussion should be held to consider:

- The ability and/or willingness of the member of staff to adequately protect the child/ren;
- Whether measures need to be put in place to ensure their protection;
- Whether the employment role of the member of staff is compromised.

## 10. Recruitment and selection

When recruiting paid staff and volunteers it is important to always follow the processes set out in the organisation's safer recruitment policy. This will ensure potential staff and volunteers are screened for their suitability to work with children and young people.

### **Little Acorns Recruitment and Selection Policy**

- They will be treated equally regardless of age, gender, marital status, race or religion.
- Accurate information about the job will be given to all those who apply.
- Application forms will be available to download or collect from the setting by all who apply.

- Applicants will be shortlisted by their compatibility to our set criteria, which is based on our job description and specification.
- All interviews will be approximately 30 minutes long with a 10 minute show around the nursery.
- Candidates will be asked to work in a room for 30 minutes and staff working in the room will be consulted regarding the candidates interaction and conduct.
- Each candidate will be asked the same questions.
- All answers will be recorded and scored: 4=excellent, 3=very good, 2=good and 1=poor
- After short listing candidates 2 references will be sought, one of which should be the most recent employer or college tutor.
- The successful candidate must apply for a CRB check and not left alone to work unsupervised until it is received.
- The new employee must complete a satisfactory 3 month probationary period before a full contract of employment is given.
- During the probationary period the new staff member will be assigned a mentor (this will usually be the supervisor of room they are working in)
- All successful applicants will be informed in writing and given a provisional starting date and time together with a list of essential documentation needed on their first day.
- All information will stored for 6 months.
- All candidates must disclose any convictions, cautions, court orders, reprimands or warnings which may affect their suitability to work.
- Candidates must declare at the time of interview if they are aware of any member of their household is disqualified from being with children.

The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups, including children.

<https://www.gov.uk/government/organisations/disclosure-and-barring-service/about>

A person who is barred from working with children or vulnerable adults will be breaking the law if they work or volunteer or try to work or volunteer with those groups. If Little Acorns Day Nursery knowingly employs someone who is barred to work with those groups, they will also be breaking the law. If there is



an incident where a member of staff or volunteer has to be dismissed because they have harmed a child or vulnerable adult, or would have been if they had not left, Little Acorns Day Nursery will notify the DBS.

## 11 Non-attendance

Any child who attend the setting will have their attendance monitored. Any child not in attendance whose parents have not let us know the reason for their absence already will receive a phone call that day to check in on the family's welfare. Each day of absence the setting will ring if we do not make contact. After two attempts of no contact a letter will be sent to the family asking them to get in touch. If no contact again after one week the setting will contact family support who will make a home visit and the local authority as funding may cease. Regular non-attendance will be chased up and again early help will be informed.

## 12. Contacts

### Hull

#### Children's Social Care (Local Authority)

EHASH (Early Help and Safeguarding Hub) (01482 448879)

Email: [EHASHgc@hullcc.gcsx.gov.uk](mailto:EHASHgc@hullcc.gcsx.gov.uk)

Immediate Help (out of office hours) (01482) 300304

Local Authority Designated Officer (01482) 790933

Protecting Vulnerable People Unit 101

Hull Safeguarding Children Board (01482) 379090

Email: [www.hullsafeguardingchildren.co.uk](http://www.hullsafeguardingchildren.co.uk)

### East Riding of Yorkshire

#### Children's Social Care (Local Authority)

Referrals (01482) 395500

For Help and Advice (01482) 393339

Emergency Duty Team (out of office hours) (01377) 241273

<u>Local Authority Designated Officer</u>	(01482) 396999
<u>Police Public Protection Team</u>	101
<u>East Riding Safeguarding Children Board</u>	(01482)396998/9
<u>Other</u>	
<u>Department for Education</u>	020 7340 7264
<u>Police</u>	999
<u>Non-emergency</u>	101
Email: <a href="mailto:Counter.extremism@education.gsi.gov.uk">Counter.extremism@education.gsi.gov.uk</a>	
<u>OFSTED</u>	0300 123 1231
Email: <a href="mailto:enquires@ofsted.gov.uk">enquires@ofsted.gov.uk</a>	
<u>Domestic Abuse Partnership (DAP)</u>	(01482)318759
Forced Marriage Unit	020 70080 51

## Appendix 1

### **Seven Golden rules of information sharing**

*Information sharing- Advice for practitioners providing safeguarding services to children, young people, parents and carers (Department for Education, March 2015)* has been produced to support practitioners in the decisions they take when sharing information to reduce the risk of harm to children and young people.

Below are the 7 golden rules of information sharing that this guidance recommends.

- 1. Remember that the Data Protection Act 1998 and human rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately.*
- 2. Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.*
- 3. Seek advice from other practitioners if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.*
- 4. Share with informed consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, there is good reason to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be certain of the basis upon which you are doing so. Where you have consent, be mindful that an individual might not expect information to be shared.*

*5. Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.*

*6. Necessary, proportionate, relevant, adequate, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely (see principles).*

*7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purposes*

## **Appendix 2 - Considerations when Contacting another Agency/Service**

### **1) Effective Communication between Agencies**

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Effective communication requires a culture of listening to and engaging in, dialogue within and across agencies. It is essential that all communication is as accurate and complete as possible and clearly recorded.

Accuracy is key; without it effective decisions cannot be made. Equally, inaccurate accounts can lead to children remaining unsafe, or to the possibility of wrongful actions being taken that affect children and adults

Before contacting another agency, think about why you are doing it, is it to:

- **Share Information**

To share information is the term used to describe the situation where practitioners use their professional judgement and experience on a case by case basis to decide whether and what personal information to share with other practitioners in order to meet the needs of a child or young person.

Decisions to request and share information must be considered in terms of whether they are necessary and proportionate.

- **Signpost to Another Service**

The definition to signpost is to indicate direction towards. It is an informal process whereby a professional or a family is shown in the direction of a service.

If someone is signposted to a service it is because accessing the service may enhance the family's quality of life, but there would be no increased risk to the child or young person should the service not be accessed.

No agency is responsible for the monitoring or recording of signposting.

- **Seek Advice and Guidance**

Seeking advice and guidance at any time, making a general query or perhaps consulting with a specialist colleague within your own organisation (or from another agency) may enhance the work that you are doing with a child, young person or family at any stage. It could be that you want further information about services available or that you want some specialist advice or perhaps need to consult about a particular issue or query for instance to ask if making a referral is appropriate.

The name of the child and family should be anonymised at this stage unless agreement to share the information has already been obtained.

It is vital that you record that you have sought information and advice in your own records. The agency you are contacting may not record this information, particularly if the case is not open or active with them. It should be agreed between agencies in this situation as to who records what information.

At the end of the conversation both parties must be clear about the next course of action.

- **Facilitate Access to a Service**

If you think that a family may benefit from a service then directing, signposting or facilitating is appropriate. For example, a family approaches your service

and asks for some advice about leisure activities in the local area. You give them the information and directions to the nearest open access leisure centre.

- **Refer a Child or Family**

If you think that by not accessing a particular service, a child's situation could deteriorate then a referral is appropriate. However, a referral is only the start of the process. You as the referrer have a responsibility to monitor that the service has been taken up and the child's situation has improved.

Sometimes you may need to draw on other support services, for example when an intervention has not achieved the desired outcomes and the child/young person requires more specialist or sustained support.

A specific gap in services to meet a need or any level of concern warrants follow up and monitoring to ensure there is no risk to children.

At the end of the conversation both parties must be clear about the outcome and the next course of action.

## **2) Professional Differences**

Where there are any professional differences about a particular decision, course of action or lack of action you should consult with a Senior Manager within your own organisation about next steps. [Resolving Interagency Disagreements Guidance](#)

## **3) Recording**

Well-kept records about work with a child and his or her family provide an essential underpinning to good professional practice. Records should be clear, accessible and comprehensive, with judgements made and decisions and interventions carefully recorded. Where decisions have been taken jointly across agencies, or endorsed by a manager, this should be made clear.

You should record your decision and the reasons for it, whether or not you decide to share information. If the decision is to share, you should record what information was shared and with whom.

You should work within your agency's arrangements for recording information and within any local information sharing procedures in place. These arrangements and procedures must be in accordance with the Data Protection Act 1998

Reviewed September 2020

Review date: September 2021

Name:.....

Signed:.....

Position:.....