

Safeguarding Children Policy

Moorwell Miracles Children's Nursery takes safeguarding matters very seriously and does all it can to protect its children from harm, abuse and neglect.

Child Protection is provided by the Local Safeguarding Children's Board (LSCB). The Children's Services Duty Suite is for all referrals of any safeguarding issues. The number to call is 01724 296500 or 01724 296555 (out of hours).

All practitioners must be aware of the possible indications of abuse or neglect and of the procedure for dealing with suspected cases. Practitioners are kept up to date with safeguarding children training courses, so all staff are aware and kept up to date with any new information.

Staff must identify signs of possible abuse and neglect at the earliest opportunity, and to respond in a timely and appropriate way. These may include:

- significant changes in children's behaviour;
- deterioration in children's general well-being;
- unexplained bruising, marks or signs of possible abuse or neglect;
- children's comments which give cause for concern;
- any reasons to suspect neglect or abuse outside the setting, for example in the child's home; and/or
- inappropriate behaviour displayed by other members of staff, or any other person working with the children. For example, inappropriate sexual comments; excessive one-to-one attention beyond the requirements of their usual role and responsibilities; or inappropriate sharing of images.
- Bullying, including online bullying or prejudice based bullying;
- Racist, disability and homophobic or transphobic abuse;
- Gender-based violence;
- Radicalization and/ or extremist behaviour;
- Child sexual trafficking;
- Witnessing domestic violence
- Female genital mutation (FGM);
- Forced marriage;
- Fabricated or induced illness;
- Poor parenting, in particular in relation to babies and young children;

Referrals of child abuse

If a child arrives with injuries the staff should:

- Ensure immediate medical attention, if necessary.
- If possible ask the parent/ career how the injuries occurred.
- Where explanations around an injury are not clear, staff are expected to demonstrate an element of curiosity to understand how an existing injury (or any safeguarding concern) has happened to then be able to make an informed judgement about the next steps. Staff should not make any accusations, however, should make a written record, including diagrams, of observations and explanations given on the Family App. Have a witness wherever possible. This recording of information is to ensure that



reasonably full and clear information is obtained in order to be able to make an appropriate referral to the Duty Suite if necessary.

- If you suspect that the injuries have been caused by assault or by failure to protect the child you must tell the Safeguarding Coordinator or a member of the management team. That person will contact, without delay, the Duty Social Worker in the Children's Services Duty Suite for the district in which the child resides.

Suspicion of Abuse:

If through conversation or other contact with the child you have cause to suspect physical, sexual or emotional abuse or neglect of a child in your care:

1. Listen to what the child says. Be comforting and sympathetic. Communicate with the child in a way that is appropriate to their age, understanding and preference this is especially important for children with special needs or whose preferred language is not English. Where concerns arise as a result of information given by a child, it is important to reassure the child but not to promise confidentiality. Ensure that the child feels as little responsibility as possible.
2. It is particularly important not to make any suggestions to the child regarding how the incident may have happened. Do not ask the child leading questions. Only ask questions to clarify what he/she is saying.
3. Write down exactly what the child says or what actions concern you, and what you have said in response. Sign and date it. This can be done via the Family App, under Safeguarding Disclosures and is not visible to parents.
4. Do not make assumptions about whom the allegation might concern. If a member of staff may be involved, appropriate steps must be taken to ensure the safety of the child and other children.
5. Inform the Safeguarding Practitioner (or member of management) of your suspicions and that person will contact without delay the Duty Suite.
6. Once a child is referred to Children's Services Duty Suite they will ask a series of questions and make an assessment of the child's needs. Please make a note of who you spoke to, the time and date and a brief account of the conversation and advice provided by the Duty Suite.
7. Follow the advice provided by the Duty Suite. The Duty Suite will usually ask Practitioners to notify the parent/ carer of the referral unless it could put the child or another person at risk.



Confidentiality

The nursery has the right to share any information regarding child protection with other childcare professionals. All information will be kept confidential.

If a member of staff is worried, or feels they are putting themselves at further risk, about making a disclosure, they can divulge the information confidentially to a member of the management team or the DSL and we as a setting will come up with a plan to ensure concerns are followed through. This could mean that the DSL calls it through to the Duty Suite on behalf of the member of staff, or the management team can support the call to ensure the staff member is protected.

Managing Allegations against a Practitioner

Please refer directly to the Managing Allegations Policy for the procedure to be followed and the cMARS Process Map.

The Children Act 2004 has introduced the **Local Area Designated Officer (LADO)/Designated Officer For Allegations (DOFA)** who is responsible for ensuring all safeguarding concerns are dealt with. The contact number for them is 01724 298293. If you have any questions or concerns, please contact them.

Regardless of the nature of the allegation, regardless of who receives it, whether it appears of little importance or potentially very serious - it MUST be reported to the LADO.

If it goes through to the duty first by mistake or to the police first unnecessarily – duty or police should notify the LADO.

The nursery's complaints process is separate. The LADO must be informed of any allegations against practitioners so that they can advise of what to do next. This is in the best interests of the practitioner who has been accused and the setting. It is up to the police to investigate to prove if the practitioner is guilty or innocent. Any formal or informal investigation by any staff member could cause loss or distorted evidence that may damage the investigation. The implications of this could be that someone who is guilty could escape conviction for some reason e.g. because of lack of evidence (possibly from the person covering their tracks). On the other hand it could make a person look guilty when they are not. Only the police are trained to ascertain this.

If a parent or child informs a practitioner about an allegation, but does not want to make a written complaint a child, it does not mean there has not been an allegation. This should still be reported to the LADO.

Any allegations or reportable incidents must be notified to Ofsted and the relevant agencies in line with safeguarding policy. This is stated as 'notify as soon as reasonably practical but at the latest within 14 days of the allegations being made'.



Use of mobile phones and cameras and other electronic devices with imaging and sharing capabilities used in the setting

Use of mobile phones and cameras and other electronic devices with imaging and sharing capabilities are used to take photographs/videos of the children during their time in the provision. These photographs/videos are used to update children's progress and are shared with the child's parents. Relevant permissions are obtained from parents that specify what the images can be used for.

Photographs/videos taken on digital devices are used for specific purposes and then deleted. Photographs/videos on any assessment app are used in accordance with the apps security measures, my privacy policy and shared with the child's parents only.

In line with the GDPR and Data Protection Act (2018) images will only be used for agreed purposes and no images will be stored for any longer than necessary. Cameras will be stored securely on the premises. All other electronic devices used to take images or store photos (e.g. tablet or computer) will be password protected.

No images are taken on a mobile phone or any staff member's personal device under any circumstances. No images will be transferred to any staff member's personal electronic device or computer.

Disciplinary procedures will be taken against any member of staff who fails to comply with the above.

Visitors to the provision are not permitted to take photographs of the children in our care, unless previously agreed with the parents.

The provision is registered with the Information Commissioner's Office (ICO). Please see <http://www.ico.org.uk> for further information.

Mobile Phones

All staff members' personal phones that are brought into the setting should be placed in the locked phone safe in the staff room and only accessed for the allocated break times or going home. No mobile phones should be left in bags, the cloakroom, the bathroom windowsills or anywhere else in the setting.

Personal mobile phones must not be used for any purpose in any of the rooms where children are present. Personal mobile phones should not be taken on outings either. The nursery will supply staff members with a business phone to use which is clear of all data, does not have a camera or recording feature, and is only to be used for emergencies.

In special circumstances or emergencies, for example, if a relative is seriously ill and in hospital, staff may provide the nursery landline number to family members to contact them during working hours. The office staff will be able to answer this for them should an important call come through. Permission for this is to be given at the discretion of the manager.



For privacy and child protection photos must not be taken in view of or in children's toilets or nappy changing areas.

If a parent or visitor comes to nursery with a mobile phone, then they should be asked to leave it in the office in the dedicated phone basket. They should be informed that this is in line with our Safeguarding Policy.

No mobile phones are to go past the reception door on the corridor, and no children should pass the door going in the other direction unless arriving at the nursery or being collected.

If the person working in the management office needs access to their mobile phone (for example but not limited to, authenticating online banking or send out the staff rota) it must be kept in the mobile phone basket and used only for business purposes. If there is a meeting to be held in the office where staff, visitors or children are present in the office, the phone should be taken out of the room and locked away in the phone safe.

Safeguarding in line with the Prevent Strategy

As part of the nurseries commitment to safeguarding all staff will be given the training they need to identify children at risk of radicalisation and know where and how to refer them for further help if necessary.

Our Safeguarding Officer is Olivia Charlesworth. Staff that have any concerns relating to a child, parent, staff member or visitor to the nursery will be under obligation to inform the Anti-Terrorism Officer of their concerns.

Identification of concerns might include:

- Expression of views which are discriminately against protected groups or individuals
- Third party reports of concerns about behaviour e.g. plans to travel abroad or extremist activities
- Evidence of discriminately treatment of other groups or individuals
- Evidence of bullying behaviour or harassment
- Evidence of non-compliance with the providers expectations of behaviour
- Possessing, accessing extremist materials.
- Evidence of family concern about vulnerability to extremism
- Expression of extremist views including on Facebook.
- Use of extremist language
- Threats of violence

If a child, parent, staff member, carer or visitor makes a comment deemed to be inappropriate or concerning the Safeguarding Practitioner would be deal with this by asking the staff member to write a communications record detail what was said and when in as much detail as possible.



The nursery will then actively engages with the appropriate external agency including police, the safeguarding board and the Local Authority. Possible extremism is regarded as a safeguarding concern and therefore we may disclose information about vulnerable individuals without informing parents/carers if the child may be deemed at risk.

Such an approach is necessary to help ensure an environment that consistently promote positive values of equality, tolerance and respect for others.

Further information and support is available from the Prevent for Further Education and Training website <http://www.preventforfeandtraining.org.uk/>

Domestic

Violence

Domestic violence is "any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This abuse can encompass but is not limited to:

- psychological
- physical
- sexual
- financial
- emotional

Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim. This also includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.

Research suggests that children who witness domestic violence are at risk of developing emotional and behavioural difficulties as well as speech and language problems.

Young children who were victims of or witnesses to violence were more likely to become aggressive, have low self-esteem and do less well at school than their peers.

E-Safety

Children's use of the internet can pose significant safeguarding risks. The nursery follows a strict E-Safety Policy to protect children whilst at the setting. However, if practitioners have a concern that a child has had access to inappropriate websites



outside the setting then the safeguarding procedure may need to be followed as appropriate.

For instance, if through conversation or other contact with a child you have cause to suspect any sexual abuse, emotional abuse, bullying, radicalization, child grooming etc. through the internet then the Safeguarding Practitioner will need to be informed and they will contact the Duty Suite. If a practitioner has concerns that a child could have accidentally accessed inappropriate material because of neglect then the Duty Suite would also need to be informed.

For less serious concerns, practitioners should inform the parents of their concern and help them to understand that the websites are not appropriate. Practitioners should refer the parent to the Thinkyouknow website.

Peer on Peer Abuse

Abuse is not limited to harmful behaviours perpetrated by adults – children and young people can abuse too and this is known as peer-on-peer abuse. This is likely to include behaviours such as:

- Physical abuse includes hitting, kicking, nipping, shaking, biting, hair pulling, or otherwise causing physical harm to another person.
- Emotional abuse includes behaviour which causes someone to feel powerless, worthless, excluded or marginalised, and which is connected with prejudices around belonging, identity and equality, disabilities and special educational needs, ethnic, cultural and religious backgrounds, gender, home life, (for example in relation to issues of care, parental occupation, poverty and social class).
- Sexual touching/assaults and sexting: Sexually harmful behaviour may range from inappropriate sexual language, inappropriate role play, to sexually touching another or sexual assault/abuse.

There may be many reasons why a child harms another and it is important to understand why a young person has engaged in such behaviour, including accidentally, before considering the action or punishment to be undertaken.

Sexually harmful behaviour from young people is not always contrived or with the intent to harm others. There may be many reasons why a young person engages in sexually harmful behaviour and it may be just as distressing to the young person who instigates it as well as the young person it is intended towards.

Practitioners must deal with concerns over peer on peer abuse immediately and sensitively. It is necessary to gather the basic information as soon as possible to get a clear picture of what has happened. If from talking to a child, they express a concern, ask the child to tell you what happened. Only interrupt the child to gain clarity with open questions, 'where, when, why, who'. Complete a Communication Record and if necessary an accident/ incident report.

If from the information that you gather you believe any young person to be at risk of significant harm you must make a safeguarding referral to Children's Services Duty

Suite immediately, 01724 296500 or the out of hours 01724 296555. Where a crime has been committed the police should be involved also. If this is the case, once the duty suite has been contacted and made a decision on what will happen next then you will be informed on your next steps.

Parents should be informed face to face because the nature of the incident and the type of harm/abuse a young person may be suffering can cause fear and anxiety to parents whether their child is the child who was harmed or who harmed another.

Points to consider:

- What is the age of the children involved? How old are the children involved in the incident and is there any age difference between those involved? (In relation to sexual exploration, children under the age of 5, in particular 1-4 year olds who are learning toileting skills may show a particular interest in exploration at around this stage. This, however should not be overlooked if other issues arise (see following)
- Where did the incident or incidents take place? Was the incident in an open, visible place to others? If so was it observed? If not, is more supervision required within this particular area?
- What was the explanation by all children involved of what occurred? Can each of the young people give the same explanation of the incident and also what is the effect on the young people involved? Is the incident seen to be bullying for example, in which case regular and repetitive? Is the version of one young person different from another and why?
- What is each of the children's own understanding of what occurred? Do the young people know/understand what they are doing? E.g. do they have knowledge of body parts, of privacy and that it is inappropriate to touch? Is the young person's explanation in relation to something they may have heard or been learning about that has prompted the behaviour? Is the behaviour deliberate and contrived? Does the young person have understanding of the impact of their behaviour on the other person?
- Repetition. Has the behaviour been repeated to an individual on more than one occasion? In the same way it must be considered has the behaviour persisted to an individual after the issue has already been discussed or dealt with and appropriately resolved?
- In dealing with an incident of this nature the answers are not always clear cut. If you are concerned or unsure as to whether or not there is any risk involved, please seek advice from Children's Services Duty Suite.

Any instances of peer on peer abuse communicated by children or parents must be taken seriously and correctly documented. To prevent the risk of peer on peer abuse children should be supervised at all times (they must be in sight, sound or hearing). Practitioners must spread themselves through all areas of the room/ garden area so that they can see the children. Children must be supervised whilst they are toileting to ensure that the children are safe.



Monitoring of Children

While it is not compulsory for children to attend nursery, practitioners have a duty of care to monitor every child's attendance. As part of this we may call parents/ carers to find out the reason for the absence. This will be recorded on the children's registers.

Children are not to pass the reception door on the corridor unless they are arriving at the nursery or being collected. No children are to enter the kitchen at any time. While children are using the toilet facilities they should be always supervised by a practitioner. Children are not permitted to use the adult toilets in the reception area and should only use the Pre-School toilets on the corridor.

Special Educational Needs

Disabled children have exactly the same human rights to be safe from abuse and neglect, to be protected from harm and achieve the Every Child Matters outcomes as non-disabled children. Disabled children do however require additional support. This is because they can experience greater and created vulnerability as a result of negative attitudes about disabled children and unequal access to services and resources, and because they may have additional needs relating to physical, sensory, cognitive and/ or communication impairments.

The Working Together document says that safeguards for disabled children are essentially the same as for non-disabled children. Particular attention should be paid to promoting high standards of practice and a high level of awareness of the risks of harm, and strengthening the capacity of children and families to help themselves.

- Many disabled children are at an increased likelihood of being socially isolated with fewer outside contacts than non-disabled children
- Their dependency on parents and carers for practical assistance in daily living, including intimate personal care, increases their risk of exposure to abusive behaviour.
- They have an impaired capacity to resist or avoid abuse.
- They may have speech, language and communication needs which may make it difficult to tell others what is happening
- They often do not have access to someone they can trust to disclose that they have been abused
- They are especially vulnerable to bullying and intimidation
- Looked after disabled children are not only vulnerable to the same factors that exist for all children living away from home, but are particularly susceptible to possible abuse because of their additional dependency on residential and hospital staff for day to day physical care needs.

Reporting safeguarding concerns needs to be encouraged at all levels of professional involvement, and prompt and detailed information sharing is vital

Whilst at times, it is immediately apparent that a non-disabled child has suffered significant harm, it is not always so and lengthy enquiries are often necessary. Where there are safeguarding concerns about a disabled child, there is a need for greater awareness of the possible indicators of abuse and/or neglect, as the situation is



often more complex. However, it is crucial when considering whether a disabled child has been abused and/or neglected that the disability does not mask or deter an appropriate investigation of child protection concerns.

Any such concerns for the safety and welfare of a disabled child should be acted upon in the same way as that for a non-disabled child, as set down in Working Together to Safeguard Children (2006). Possible forms of abuse could be:

- A bruise in a site that might not be of concern on an ambulant child, such as the shin, might be of concern on a non-mobile child
- Not getting enough help with feeding leading to malnourishment
- Poor toileting arrangements
- Lack of stimulation
- Unjustified and/or excessive use of restraint
- Rough handling, extreme behaviour modification e.g. deprivation of liquid, medication, food or clothing
- Unwillingness to try to learn a child's means of communication
- Ill-fitting equipment e.g. calipers, sleep boards, inappropriate splinting; misappropriation of a child's finances
- Invasive procedures which are unnecessary or are carried out against the child's will.

The Safeguarding Children Policy will need to be followed in exactly the same way when practitioners suspect a disabled child has experienced or is at risk of abuse.

Child Sexual Exploitation

Child sexual exploitation (CSE) is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

Sexual abuse may involve physical contact, including assault by penetration (for example, rape or oral sex) or nonpenetrative acts such as masturbation, kissing, rubbing and touching outside clothing. It may include non-contact activities, such as involving children in the production of sexual images, forcing children to look at sexual images or watch sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse (including via the internet).

One of the key factors found in most cases of child sexual exploitation is the presence of some form of exchange (sexual activity in return for something); for the victim and/or perpetrator or facilitator.

Where it is the victim who is offered, promised or given something they need or want, the exchange can include both tangible (such as money, drugs or alcohol)

and intangible rewards (such as status, protection or perceived receipt of love or affection). It is critical to remember the unequal power dynamic within which this exchange occurs and to remember that the receipt of something by a child/young person does not make them any less of a victim. It is also important to note that the prevention of something negative can also fulfil the requirement for exchange, for example a child who engages in sexual activity to stop someone carrying out a threat to harm his/her family.

Whilst there can be gifts or treats involved in other forms of sexual abuse (e.g. a father who sexually abuses but also buys the child toys) it is most likely referred to as child sexual exploitation if the 'exchange', as the core dynamic at play, results in financial gain for or enhanced status of, the perpetrator.

Where the gain is only for the perpetrator/facilitator, there is most likely a financial gain (money, discharge of a debt or free/discounted goods or services) or increased status as a result of the abuse.

If sexual gratification, or exercise of power and control, is the only gain for the perpetrator (and there is no gain for the child/young person) this would not normally constitute child sexual exploitation but should be responded to as a different form of child sexual abuse.

The vulnerability of the child or young person and grooming process employed by perpetrators renders them powerless to recognise the exploitative nature of relationships and unable to give informed consent.

All children and young people are at risk of being sexually exploited, regardless of age, gender or where they live. We have a responsibility for keeping children who attend the nursery safe. We are also vigilant for signs of risk that indicate that (older) siblings may be vulnerable to sexual exploitation.

Risk Indicators

The key to safeguarding vulnerable children and young people is the ability to recognise possible indicators of child sexual exploitation.

- Acquisition of money, clothes, mobile phones etc without plausible explanation;
- Gang-association and/or isolation from peers/social networks;
- Exclusion or unexplained absences from nursery, school, college or work;
- Leaving home/care without explanation and persistently going missing or returning late;
- Excessive receipt of texts/phone calls;
- Returning home under the influence of drugs/alcohol;
- Inappropriate sexualised behaviour for age/sexually transmitted infections;
- Evidence of/suspicious of physical or sexual assault;
- Relationships with controlling or significantly older individuals or groups;
- Multiple callers (unknown adults or peers);
- Frequenting areas known for sex work;
- Concerning use of internet or other social media;
- Increasing secretiveness around behaviours; and
- Self-harm or significant changes in emotional well-being.



Children can be both experiencing child sexual exploitation and perpetrating it at the same time. Examples might include a child who is forced to take part in the exploitation of another child under duress, or a child who is forced to introduce other children to their abuser under threats to their family's safety. These situations require a nuanced approach that recognises and engages with the young person's perpetration within the context of their own victimisation.

If we suspect this form of abuse to be taking place, or even threatened within any of our families then we will report this to the Local Children's Duty Suite, as set out in the Working Together document. It is our duty to safeguard our children and young people and to encourage the investigation and prosecution of criminal activity by those who coerce children and young people and abuse them through exploitation. If we believe a child is in immediate risk of harm, we will contact the police.

Child Criminal Exploitation

Child Criminal Exploitation occurs where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18. The victim may have been criminally exploited even if the activity appears consensual. Child Criminal Exploitation does not always involve physical contact; it can also occur through the use of technology. Criminal exploitation of children could include a situation where a child is forced to work on a cannabis farm or to commit theft.

One of the key factors found in most cases of exploitation is the presence of some form of exchange (e.g. carrying drugs in return for something). Where it is the victim who is offered, promised or given something they need or want, the exchange can include both tangible (such as money, drugs or clothes) and intangible rewards (such as status, protection or perceived friendship or affection). It is important to remember the unequal power dynamic within which this exchange occurs and to remember that the receipt of something by a young person or vulnerable adult does not make them any less of a victim. It is also important to note that the prevention of something negative can also fulfil the requirement for exchange, for example a young person who engages in a criminal activity to stop someone carrying out a threat to harm his/her family.

Criminal exploitation can be referred to as a 'county line' activity. County line activities include but are not limited to;

- when individuals or gangs use vulnerable children and adults to transport and sell Class A drugs;
- when individuals or gangs use vulnerable children and adults to transport and hide weapons;
- when individuals or gangs use vulnerable children and adults to secure dwellings of vulnerable people in the area, so that they can use them as a base from which to sell drugs.



County lines is about modern slavery, human trafficking and exploitation, alongside drug supply and violent crime.

If we suspect this form of abuse to be taking place, or even threatened within any of our families then we will report this to the Local Children's Duty Suite, as set out in the Working Together document. It is our duty to safeguard our children and young people and to encourage the investigation and prosecution of criminal activity by those who coerce children and young people and abuse them through exploitation. If we believe a child is in immediate risk of harm, we will contact the police.

Child Exploitation including Sexual Exploitation, Criminal Exploitation, County Lines and Risks Outside the Home

All staff members will be aware of how children can be exploited and will act on any concerns immediately. This also includes recognising where older children may be at risk. If a staff member has concerns, they will follow their normal safeguarding referral route or in an emergency call the police directly. Staff should be alert to any issues of concern in the child's life at home or elsewhere.

All staff members will receive specific awareness raising sessions on CSE, CCE and County lines. This is part of our induction process and annual CMARS Safeguarding Training.

Honour Based Abuse and Forced Marriage

Providers should be aware of incidences of honour based abuse and/or forced marriage. Honour based abuse can be described as a collection of practices which are used to control behaviour within families or other social groups to protect perceived cultural and religious beliefs and/or honour.

Forced marriage is when someone does not consent and faces physical and/or psychological pressure to marry. Staff can respond to concerns by contacting Karma Nirvana <https://karmanirvana.org.uk/> or in case of emergency phoning 999. Information regarding honour based abuse and forced marriage should be shared with all staff.

Upskirting

The practice of "upskirting" typically involves taking a picture under a person's clothing without them knowing, with the intention of viewing their genitals or buttocks.

If a practitioner has any reason to believe this could have happened at nursery, the practitioner accused will be sent home immediately and the police will be called. Practitioners should write a statement of the incident and not do any form of investigation or attempt to question the child(ren) involved about it except to reassure them if they are concerned. This will become a police matter and any interference from staff could cause evidence to be impaired. The LADO will be informed as soon as is reasonably practicable within 14 days of the incident.

Witchcraft (Possession by Evil Spirits)

Witchcraft and possession by evil spirits is when children are accused of witchcraft. Adults believe that a child may be possessed and as such adult attempt to exorcise the demon.

The reasons for adults to believe a child is possessed could include:

- If things going wrong, the child could be blamed;
- If a child shows challenging behaviours;
- If a child is left handed;
- If a child has special educational needs;
- If a child has down syndrome; and
- If a child if a child has an epileptic fit.

Although witchcraft is often linked to immigrant or certain religious communities it is not confined to these.

Abuse can include emotional abuse which significantly impacts the child's self-esteem and makes them feel ostracised. Abuse can also be physical as a punishment. This could also be an attempt to exorcise a dark spirit. It could include marks, burns, bruising and other harmful religious practices. In addition, a child's medical needs might be not attended to. Children could be refused food and become undernourished. They may take to scavenging for food.

Fabricated or induced illness (FI)

Fabricated or induced illness (FI) or Munchausen's syndrome by proxy is a rare form of child abuse. It happens when a parent or carer deliberately causes symptoms of illness in the child.

Fabricated or induced illness (FI) covers a wide range of symptoms and behaviours involving parents seeking healthcare for a child. This ranges from extreme neglect (failing to get medical care) to induced illness.

Behaviours in FI include a parent/carer, who:

- persuades healthcare professionals that their child is ill when they're healthy
- exaggerates or lies about their child's symptoms.
- manipulates test results to suggest the presence of illness, for example, by putting glucose in urine samples to suggest the child has diabetes.
- deliberately induces symptoms of illness, for example, by poisoning their child with unnecessary medicine or other substances.

In around 85% of reported cases of FI, the child's mother is responsible for the abuse. However, there have been cases where the father, foster parent, grandparent, guardian, or a healthcare or childcare professional was responsible.

The reasons why FIH happens are not fully understood. In cases where the mother is responsible, it could be that she enjoys the attention of playing the role of a "caring mother".

A large number of mothers involved in FIH have borderline personality disorders characterised by emotional instability, impulsiveness and disturbed thinking.

There have also been several reported cases where illness was fabricated or induced for financial reasons. For example, to claim disability benefits.

Infant Oral Mutilation (Ebinyo)

Infant oral mutilation is a primitive traditional practice involving the 'gouging out' of a young infant's healthy primary teeth/buds. This can lead to transmission of blood-borne diseases such as HIV/ AIDS, septicaemia and death. Infant Oral Mutilation is usually carried out by 'healers' who perceive it to be a remedy for common childhood illness. All staff should be aware of Infant Oral Mutilation and the risk factors for young children. Staff should respond to any concerns immediately either through following their normal safeguarding referral route or directly to the police or the NSPCC. Information regarding Infant Oral Mutilation should be shared with all staff.

Breast Flattening

Breast ironing, also known as breast flattening, is the pounding and massaging of a pubescent girl's breasts using hard or heated objects to try to stop them developing, or to make them disappear entirely. All staff should be aware of breast flattening and the risk factors for young girls. Staff should respond to any concerns immediately either through following their normal safeguarding referral route or directly to the police or the NSPCC. Information regarding breast flattening should be shared with all staff.

Injuries to babies and non-mobile infants

Bruising to babies and non-mobile infants may be caused by medical issues e.g. birth trauma or birthmarks, however this is rare. Other unusual marks on the skin or unusual sites of bleeding (e.g., bleeding from the mouth in young children) without a clear explanation may also be a sign of non-accidental injury and should also give cause for concern.

There may also be occasions where an explanation is given that another child has caused the injury. This should still be further explored.

In all cases, unless the specific mark that has been identified has been confirmed as arising from birth trauma, birthmark or a medical condition, any practitioner who identifies a bruise/injury to an infant or child who is non-mobile or suspects that an injury to a child is non-accidental as a result of abuse or neglect should make a contact/referral to the Designated Safeguarding Lead who would contact Children's Services Single Point of Contact.



Operation Encompass

Operation Encompass is an initiative where professionals communicate when a child lives in or attends a household where there has been a domestic abuse incident that has involved the police being called and attending.

Sharon Hannan (Local Safeguarding Children's lead) will notify nursery of any incidents relating to children in our care. This should usually be the next day or very soon after the incident takes place.

Sharon will not share specific details of any incident, just that there has been some altercation or disturbance and a child in our setting was present at the time. The purpose of the notification is purely so that we are aware that something has happened. We can then be more mindful of any behaviours, feelings or reactions that a child may display (for example they may be more tired, upset, withdrawn, aggressive etc).

Staff are not expected to do anything else and must not independently instigate any conversations with the child or any parents about the incident. The staff member taking the call must record it on Family as a 'Safeguarding Disclosure' note (which is **not** visible to parents). Staff members should log the date and time of the call, the child's name and that an Operation Encompass Notification has been received (no specifics). Management/DSL will acknowledge the note with initials.

Children are negatively impacted by experiencing domestic abuse and the impact of this can last throughout a child's lifetime. Where an Operation Encompass notification is received into the setting, staff will be mindful of any adverse effects this may have on a child and ensure appropriate support and care is offered where required.

Recording of Safeguarding Concerns

Safeguarding records are kept on our Family App on individual child's records. There is a section under **Notes > New Note > Safeguarding Disclosure**. This is where all concerns should be logged, or paper records scanned on to ensure they are kept separate to all other child information and are not visible to parents. Each time a Safeguarding Note is added, the management team are notified directly via the Family App that there has been a Safeguarding Note raised. Staff also need to let a member of the management team know that they have raised a concern/disclosure/added a note. These are monitored daily by the management team and further action can be taken should it be necessary. Only the management team have access to these notes once submitted and the safeguarding information is treated on a need to know basis.

GDPR

Safeguarding records are kept in separate folders, within the children's files in the filing cabinet so that should a parent request to see their child's information this can easily be removed before the parents see it in cases where releasing the information could cause harm to the child or someone else.



If a member of staff suspects that a staff member is in breach of this policy or is witness to a safeguarding concern (including use of a mobile phone when not permitted) they must inform a member of the management team immediately, and without delay.

Whistleblowing

Staff have the right and individual responsibility to raise any matters of concern regarding colleagues associated with the provision. Managers have a responsibility to respond to any whistleblowing allegations accordingly. Additional information on whistleblowing responsibilities and procedure can be accessed via separate whistleblowing policy.

Moorwell Miracles will make available to staff the following documents:

What to do if you are worried a child is being abused – Department for Education 2015

Inspecting safeguarding in early years, education and skills settings - Ofsted 2022

Working Together the Safeguard Children - Department for Education 2023

Information sharing - advice for practitioners providing safeguarding services to children, young people, parents and carers 2018

The Statutory Framework for the Early Years Foundation Stage – Group and school based providers - Department for Education 2024

The Prevent duty - Prevent duty guidance update: a briefing for schools and early years providers 2023

The Prevent Duty – Prevent Duty Guidance for England and Wales – The Home Office 2023

One Family Approach - Helping Children and Families in North Lincolnshire Document – North Lincolnshire Children's Multi-Agency Resilience and Safeguarding (MARS) Board

Managing Allegations against adults who work with children – North Lincolnshire Children's Multi-Agency Resilience and Safeguarding (MARS) Board

