muddy boots
DAY NURSERY

Safeguarding Child Protection Policy and Procedure

Monitoring and updating	
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Signed by (Printed name and signature):	Hannah Chapman(Unit Leader)
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Safeguarding and Child Protection Policy and Procedure

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

Aims

- We consider that the welfare of the child is paramount and it is the duty of members of staff and volunteers under HM Government's Working Together to Safeguard children 2023 to implement this policy, and to ensure that it has in place appropriate procedures to safeguard the well being of children and young people and protect them from abuse

Implementation and Monitoring

- Muddy Boots Day Nursery considers the duty of members of staff and volunteers to provide a nurturing environment for children, which includes the need to protect children who come into contact with us from abuse. This policy is part of our procedures for safeguarding the welfare of children in our care.
- It is important to be vigilant, but to keep an open mind in the implementation of this policy as there may well be other explanations other than abuse for concerns about children.
- If there is concern it is not your responsibility to investigate and decide if it is abuse. It is your responsibility to act on your concerns and report these properly.
- The Designated Safeguarding Lead (DSL) will be appointed in the setting by the management committee. The DSL must attend an advanced inter-agency child protection training course, which must be updated every 2 years, at the least. (in Bristol this is run by the Keeping Bristol Safe Partnership -KBSP)
- The DSL will provide advice and support to other staff members on child welfare, safeguarding and child protection matters. These can be done through staff meetings/inset day sessions/inductions/professional discussions.
- The DSL will take on all lead responsibility on online safety and filtering and monitoring of the internet, and all devices used in the setting.
- All staff and long-term volunteers are required to complete a child protection training course, which must be updated every 2 years. This

training will be in line with EYFS requirements. An annual in-house update is to be undertaken for all staff.

- As part of the induction process, the child protection policy must be completed.
- All staff and long-term volunteers are aware of how to support children, understand and recognise risk.
- This policy must be reviewed annually, to ensure it is up to date and is being correctly implemented
- In the case of the DSL being uncertain about concerns on a child, they should contact Family Help.
- Staff and long-term volunteers working with children to maintain an attitude of 'it could happen here'

Designated Safeguarding Team

All staff have a safeguarding duty. However, the management and leadership team with specific safeguarding responsibilities are;

Designated Safeguarding Lead (DSL)	**Deputy Designated Safeguarding Lead (DSL)**	
Jenna Carroll	Silviya Velikova	

Definitions of Abuse:
Child abuse is any action by another person – adult or child – that causes significant harm to a child.

The 1989 Children Act recognises four categories of abuse:

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

- **Sexual Abuse -** a form of abuse that 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. These activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non- penetrative acts such as masturbation, kissing, rubbing and touching the outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can also 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 (see child on child abuse).

- **Emotional Abuse** – a form of abuse where there is persistent emotional maltreatment of a child as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only in so far as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or "making fun" of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing a child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the

exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

- **Neglect** – a form of abuse where there is a persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:
  a. Provide adequate food, clothing and shelter (including exclusion from home or abandonment)
  b. Protect a child from physical and emotional harm or danger
  c. Ensure adequate supervision (including the use of inadequate caregivers)
  d. Ensure access to appropriate medical care or treatment
  It may also include neglect of, or unresponsiveness to a child's basic emotional needs.

Safeguarding issues:

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

Domestic Abuse
Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate family partners or family members regardless of gender or sexuality. The abuse can encompass but is not limited to: psychological; physical; sexual; financial and emotional. Children can also be victims of domestic abuse and exposure to domestic abuse and/or violence can have a serious, long-lasting impact on these children. Children seeing, hearing or experiencing this may demonstrate many of the symptoms listed in the Recognising Abuse section. Staff will need to treat them sensitively, record their concerns and consider informing First Response.

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

It is helpful if you can have conversations at the earliest opportunity with parents and carers and provide information in leaflets and posters about FGM from the KBSP website Communities page:
Welcome to the Keeping Bristol Safe Partnership website. (bristolsafeguarding.org)

All settings have a statutory responsibility to safeguard children in terms of preventing girls from FGM and identifying children who have already survived the procedure**.** It is important that staff are aware of what FGM is and the signs to look out for in girls at risk of the practice. For more information, please go to the Keeping Bristol Safe Partnership FGM Safeguarding Guidance, in the Honour Based Violence section:
https://bristolsafeguarding.org/policies-and-guidance/honour-based-violence/

Being able to identify girls who are at risk needs to be approached sensitively.

The Keeping Bristol Safe Partnership has an FGM referral risk assessment for professionals to consider the risks of girls from FGM.
https://bristolsafeguarding.org/media/27269/fgm-referral-risk-assessment-2018.pdf

If used, a record of the outcome must be kept.

Consider whether any other indicators exist that suggest FGM may take place or has already taken place, for example:

- The child has changed in behaviour after a prolonged absence from the setting;

- The child has health problems, particularly bladder or menstrual problems;
- The child has difficulty walking, sitting or standing and may appear to be uncomfortable.

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

You have a statutory duty to report if a girl under 18 informs you they have had FGM or if you see it. If FGM has taken place it is a significant child protection issue and must be documented and reported to First Response and/or the police.

When FGM has taken place, the Children's Social Care team will liaise with the health services so that a statutory safeguarding assessment takes place and to look at how the girl and family will be supported to access appropriate health care if needed. Legal action may be considered.

At any time, you may seek advice from BAND or First Response.

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

The Prevent Duty/Radicalisation

Muddy Boots staff will be trained to recognise possible signs. In line with our Online Safety Policy, appropriate controls for all digital content will be in place.

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

There is no single way of identifying an individual who is likely to be susceptible to a terrorist or extremist ideology. As with managing other safeguarding risks, staff should be alert to changes in children's behaviour which could indicate that they may be in need of help or

protection. It is important to take action if staff observe behaviour of concern.
The Police Prevent Team can give advice, contact 01278 647466 or ring 101 and ask for the Prevent team, explaining you are calling about extremism or radicalisation.

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

Another source of advice around preventing extremism in schools and children's services nationally is the Counter Extremism Group.
If concerned about extremism in a school or organisation that works with children, or if you think a child might be at risk of extremism, contact the helpline.
Telephone 020 7340 7264 or
Email counter.extremism@education.gov.uk

Non-Mobile Babies
Injuries in non-mobile babies are rare however they must be further investigated by a paediatrician, even if an explanation seems plausible. The mark/injury will be recorded along with the explanation given. All non-mobile babies with an injury will be discussed with a Hospital or Community Paediatrician or the Children's Emergency Department who will then make a decision on whether the baby needs to be examined by a medical professional. Early Years Settings and Childminders working with non-mobile babies need to follow the Keeping Bristol Safe Partnership, "Multi Agency Protocol for Injuries in Non-Mobile babies".

If settings need to use the procedure, it is vital that as well as discussing this with and/or arranging for the baby to be examined by the Community Paediatrician, settings contact Social Care / First Response to request checks are made on the family. The referrer will request the check under the **non-mobile baby protocol**. This information will be made available to the Community Paediatrician to help in any risk assessment of the injury. This is not the same as making a safeguarding referral and parents should be reassured that this is the case, however it is important that they check to see if the baby/family is already known to Social Care/Police.

The setting will support the parent/carers in making the arrangements to attend medical examination appointment and will check with the hospital/medical examiners that the baby did attend the appointment.
If a parent/carer informs the setting that the baby has previously been medically examined for this injury/mark, then details may need to be requested and this information double checked.

If a baby presents with a serious injury, then seek medical attention immediately, usually by calling 999

If an injury is serious or suggests abuse, we will make a **safeguarding referral** to Social Care/First Response regardless of whether the child is a non-mobile infant.

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

Although the children are not in compulsory education, we have a responsibility to follow up on unexplained absences to ensure that the child and family are safe and well, which is part of our safeguarding commitment. We will expect that every child registered will have at least two emergency contacts and parents will be made aware that if their child is absent without a reason given that we will make contact to find

out the reason. Particular care will be taken where there are known vulnerabilities and also when the family might otherwise be isolated (e.g.: summer holidays). The setting will risk assess and decide if any action involving external agencies are needed to safeguard the children.

To manage this appropriately we have detailed information regarding children's absence without notification in our Attendance and Absence Management policy.

Child on child abuse
Children can abuse other children. This is mainly referred to as child-on-child abuse and can take many forms. This includes (but is not limited to): abuse within intimate partner relationships; bullying (including cyberbullying); sexual violence and sexual harassment; harmful sexual behaviour, physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm; sharing nudes or semi nudes and initiation/hazing type violence and rituals. It is important that all victims are taken seriously and offered appropriate support.
Keeping Children Safe in Education 2025, part five, provides information and guidance on managing these cases of child-on-child sexual violence and sexual harassment. Other areas of child-on-child abuse will be dealt with in line with existing policies e.g., our anti-bullying policy or behaviour management policy.

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

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

- Bullying, including online bullying (cyberbullying)and prejudice-based bullying
- Racist, disability and homophobic or transphobic abuse
- Gender-based violence/violence against women and girls
- Child Sexual Exploitation and trafficking -
- Modern slavery/trafficking/children from abroad
- Child Criminal Exploitation and County Lines (Serious violence)
- Gang activity or youth violence
- Risks linked to using technology and social media, including online bullying; the risks of being groomed online for exploitation or radicalisation; and risks of accessing and generating inappropriate

content, e.g.: sharing nudes or semi nudes and accessing pornography
- Teenage relationship abuse
- Substance abuse
- Poor parenting
- Homelessness
- Forced marriage
- So-called “honour-based” abuse (this includes Forced Marriage, FGM and Breast Ironing)

Child Sexual Abuse in the Family Environment

Intra-familial child sexual abuse refers to child sexual abuse that occurs within a family environment. Around two-thirds of all child sexual abuse reported to the police is perpetrated by a family member or someone close to the child. Sexual abuse which takes place within family environments often remains hidden and is the most secretive and difficult type of abuse for children and young people to disclose. Therefore, professionals must be able to spot the signs of possible sexual abuse and take the appropriate action. The Centre of Expertise on child sexual abuse have produced resources to support professionals, including the ‘signs and indicators’ template for identifying and responding to concerns of child sexual abuse (https://www.csacentre.org.uk/knowledge-in-practice/practice-improvement/supporting-practice-in-tackling-child-sexual-abuse/).

ACES and Trauma Informed Practice

Trauma-informed practice is an approach which is grounded in the understanding that trauma exposure can impact a child’s neurological, biological, psychological and social development (KBSP).

Adverse Childhood Experiences (ACEs) are stressful experiences occurring during childhood that directly harms a child or affects the environment in which they live. Recognising and understanding these impacts of trauma informs an approach to building resilience.

More information: Adverse Childhood Experiences and Trauma Informed Practice in Bristol

Safer Options and Contextual Safeguarding

An approach to understanding, and responding to, young people's experiences of significant harm beyond their families. It recognises that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse.

More information: Safer Options, Contextual Safeguarding and Extrafamilial Harm

Confidentiality and Appropriate Disclosure of Information
Confidentiality is crucial to all our relationships here at Muddy Boots, but the welfare of the child is paramount. The law does not allow anyone to keep concerns relating to abuse to themselves. Therefore, confidentiality may not be maintained if the withholding of information will prejudice the welfare of the child.

- All information that has been collected on any child will be kept locked and secure and access will be limited to the appropriate staff, management and relevant agencies.
- In the event of an investigation, it is essential that no information on child protection concerns relating to a child are disclosed inappropriately. Any such leaks could have serious consequences for both the child concerned and any investigation.
- If uncertain about what information may be shared, take advice or refer to Bristol's Information Sharing protocol.
- Whilst parents / carers have the right to see any records kept on their child, this might not always be appropriate and should not put the child or yourself at risk.
- It is very important that only those who need to know, actually know, to avoid rumour and gossip that could affect the child, parent / carer and the group.

Information keeping
Information on child protection/safeguarding concerns should be kept confidential and stored securely. Each child should have a separate child protection file.
Records should include:
• a clear and comprehensive summary of the concern;
• details of how the concern was followed up and resolved;
• a note of any action taken, decisions reached and the outcome;
Where there are a number of concerns;
• an overview timeline linked to the concern reports.

Transfer of a Child Protection Safeguarding File from one education setting to another *(e.g. from an early years setting to another early years setting or to a school)*

- The DSL must inform the receiving setting that the child has a child protection file and that this is going to be transferred to them;
- The DSL should pass the original of the child protection/ safeguarding file to the receiving setting. A copy of the file should be retained by the setting. This should be delivered separately from the child's main file and be delivered either by hand or by recorded delivery. The parents/carers of the child must never be used to transfer the child protection file. The transfer must happen within five school days from notification, and the setting should record that the transfer has been made;
- The setting should ensure that confidentiality is maintained, and the transfer process is as safe as possible;
- When a new child starts that has previously been attending another setting, the previous setting will be asked if the child has a Child Protection/ Safeguarding file;
- If so, once the transfer of the file has been made, the setting should record that the file has been received (receipt) and keep this record for 6 years.
- Settings transferring the file, should keep a copy of the transferred file themselves. This should be until the child reaches their 25th birthday. A recommendation is to mark the envelope with the date of the child's 25th birthday as the 'Date for Destruction'.

Please refer to the KBSP document **"Guidance on the Transfer of a Child Protection Safeguarding File to Another Education Setting",** for full details of what should be in a file, how to transfer it and what records should be retained.

Parents/carers will be made aware when registering their child with us, that we have a duty to share/pass on child protection/safeguarding information to the next education provider.

Protecting Children and Young People

Please refer to the KBSP Bristol – Effective Support for Children and Families in Bristol, to help you identify the response needed.

Recognising Abuse, Neglect and Exploitation

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

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

Vulnerability

Vulnerability considerations raised by the Equality Act 2010 and Keeping Children Safe in Education 2025

In relation to safeguarding and promoting the welfare of children, our setting will consider how we are supporting children regarding protected characteristics - including disability, sex, sexual orientation, gender reassignment and race

Some children may be more vulnerable to abuse for a range of reasons, so staff always need to be alert to these.

- Disabled children. Staff should be vigilant regarding possible signs of abuse relating to disabled children and not automatically assume that signs relate to their impairment.

- Send/children with behaviour issues
- Looked after children/children in care
- Homelessness
- Children with allocated social worker or family support worker
- Privately fostered children
- Young carers
- Parents/carers in prison
- Parents/carers or children with alcohol, drug use or domestic abuse issues
- Mental Health issues in parents/carers or children
- Missing from home, care or education
- Is at risk of being radicalised or exploited
- Children isolated and unsupported for a range of reasons

This list is not exhaustive, and vulnerability is a changing situation which can affect any child. These children may benefit from Early Help. Every vulnerable child will have a named Key Worker and when needed they will work together with the DSL or Inclusion Lead to ensure the child is supported in all areas. If needed, a written support plan will be put in place.

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

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

What to do if Abuse is Disclosed

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

- **Stay calm;**
- **Listen** to what the child / young person is actually saying;
- **Reassure** them that they have done the right thing by telling you;
- **Ask Open questions**, e.g.: Can you tell me why you are upset? Can you tell me what is frightening you? Can you tell me why you don't want to go home today? Open questions enable you to gain information and clarification;

- **Don't ask leading questions**. This could lead a child to say something or agree with you wrongly. A closed question is: Are you afraid to go home because your Mum will hit you?;
- **Do not ask the child / young person to repeat** what they have told you, for another worker or committee member. If the matter is to be investigated further, this will be done by trained professionals;
- **Do not promise the child that this information can be kept secret**, as subsequent disclosure could then lead to the child feeling betrayed;
- If appropriate, explain to the child who you are going to tell and why. If the child asks what might happen next, it is ok to say that you don't know, but that you can be there to support them if they want;
- Make a note of any conversations with the child, trying to make these as detailed as possible, including when and where the conversations took place. Use a body map or draw a diagram, if appropriate, to show the position of any bruises or marks the child or young person shows you, trying to indicate the size, shape and colour;
- **Record** this as soon as possible on the setting's Disclosure Form and use the **actual words** used by the child;
- **Keep all records factual**. Be aware of not making assumptions or interpretations of what the child / young person is telling you. Store all records securely;
- **Discuss your concerns with the DSL**. If the disclosure involves a member of staff, follow the Staff Allegation section;
- **If appropriate, inform parents / carers** that you are going to report your suspicions / concerns. This might not always be possible and should not put the child or yourself at risk. When you report an incident, the First Response/duty officer will ask you if the parent / carer has been informed. If you haven't, they will want to know the reasons why;
- The DSL must report the disclosure to the appropriate agency. In cases where a child is suffering significant harm or is likely to suffer significant harm, or where a child has multiple complex needs this will be First Response, who will triage the call (see Appendix A). You can contact First Response by phone or if it is at the Family Help level, by using the online form (see First Response link in 'further information');
- First Response will assess the call/webform contact and pass you onto an appropriate agency. This will be Social Care (Level 4 Specialist, Statutory Response) if it is a Child Protection issue or the child is in need of another specialist service or Family Help (Level 3 Intensive support) where the children and families have multiple complex needs requiring intensive and co-ordinated support.

- The DSL or First Response may also decide that support could be offered at Level 2 (Additional needs), from community-based services. An identified lead agency will be expected to continue providing or start providing support, according to this advice (this may be our provision). First Response may also make a “No Further Action” decision.
- In all cases the referrer/DSL will be contacted using the contact details provided. Referrers/DSL must feedback the outcome of the referral to the child/family.
- Where a child already has an existing social worker or Family Help worker, information on disclosures should be shared directly with the lead professional. First Response manages new referral and requests only.

What to do if Abuse is Suspected

- If any signs or symptoms do lead you to feel concerned that a child may be being abused or neglected, it is very important that you record these using the setting’s Concerns Form (recording what, when & where) and share these concerns with the DSL;
- With the DSL, decide on a plan of action:
    - Ongoing observation of the child, noting any further concerns;
    - Discussion with other staff to gain any further information they may have;
    - Discussion with parents/carers to establish if there might be reasons for the child’s behaviour /actions;
    - Work with the child and parents/carers to reduce risk, this may be by offering a service through your setting or by referring them to additional support externally.

- If you or the DSL are uncertain about whether the concern is reportable, call the Family Help for advice;

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

- First Response will assess the call/webform contact and pass you onto an appropriate agency. This will be Social Care (Level 4 Specialist, Statutory Response) if it is a Child Protection issue or the child is in need of another specialist service or Family Help (Level 3

Intensive support) where the children and families have multiple complex needs requiring intensive and co-ordinated support.
- First Response may also decide that support could be offered at Level 2 (Additional needs), from community-based services. An identified lead agency will be expected to continue providing or start providing support, according to this advice (this may be our provision). First Response may also make a “No Further Action” decision.
- In all cases the referrer/DSL will be contacted using the contact details provided. Referrers/DSL must feedback the outcome of the referral to the child/family.
- Where a child has an existing social worker or Family Help worker, information on disclosures should be shared directly with the lead professional. First Response manages new referral and requests only.

All staff should be aware that children may not feel ready or know how to tell someone that they are being abused, exploited, or neglected, and/or they may not recognise their experiences as harmful. It is important to maintain professional curiosity and to speak to the DSL if you have concerns about a child.

What to do if it is an Emergency

If you think a child is in immediate danger or a criminal act has taken place you should telephone the police on 999. In all other circumstances, you need to refer the matter to First Response and follow the procedure described in the section above;

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

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

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

3. What to do if it is an emergency

If you think a child is in immediate danger you should telephone the police on 999. In all other circumstances you need to refer the matter to a Social Work Assessment Team for Children's Social Care and follow the procedure described in section 1 above.

In a medical emergency your first action would need to be one of the following:

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

The child is the legal responsibility of the parent/carer and they must be involved as soon as practical, unless to do so would put the child at immediate risk of harm. Having taken the necessary emergency action, it is important that you then make immediate contact with Social Care.

Working with Children

1. Recognising inappropriate behaviour in staff, volunteers and other adults.

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

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

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

Staff Allegations and Low-Level concerns

- Staff member notices a concern
- Staff member records their concerns about another staff member or volunteers conduct and reports this to the DSL
- The DSL must assess whether the reported behaviour meets the harm test:

Definition of harm test - Staff allegation

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

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

Staff Allegation: If the harm test is met or is possibly met:

- The DSL should take steps to ensure that during the remainder of the working day that particular member of staff is not left in sole charge of any child or children;
- At the earliest opportunity, the DSL must contact the setting's Child Protection Officer - see list in Appendix A;
- It may be clear in some cases, where a child has been injured and/or there is clear evidence of significant harm or risk of significant harm, an immediate referral must be made to the police, First Response or emergency services. In addition:
- Either the DSL or the Child Protection Officer must then contact the Local Authority Designated Officer (LADO) WITHIN 1 WORKING DAY of receiving the report of an allegation, **using the online LADO referral form.** 1-lado-referral-form-kbsp-oct22.doc (live.com)

The LADO MUST be involved and consulted on ALL staff allegation incidents that may meet the harm threshold before an investigation of any type occurs.

Initial contact is to be made using the online form, further contact may be made:

Local Authority Designated Officer (LADO)

Telephone: 0117 903 7795 or Work Mobile: 07795 091020

Email: LADO@bristol.gov.uk

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

Low-level concerns

A low-level concern is a concern about behaviour or conduct, no matter how small, that is inconsistent with the staff code of conduct, including inappropriate conduct outside of work. Where a concern does not meet the harm threshold it will be dealt with under our low-level concerns policy and procedure. If a setting is uncertain whether a concern is at a low level or staff allegation level, a professional discussion with the LADO should be sought.

Support to Staff and Volunteers

The Management Committee/Registered Person will fully support all members of staff in following this procedure. Following an allegation or investigation:

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

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

- The Safer Recruitment policy of the setting will be adhered to. This must include a full employment history, qualifications, interview and identity checks;
- Applicants will be informed of any online searches as part of the recruitment process. This would normally be carried out on short-listed candidates only;
- Two references will be taken up prior to appointment for new staff and volunteers and a medical reference may also be required. These references will be obtained directly by the setting and will meet EYFS requirements
- All staff (including the setting's Manager/Leader) and volunteers will be checked by the Disclosure and Barring Service on joining the setting, to be renewed every 3 years;
- All people connected with the setting must declare all convictions/cautions incurred since DBS disclosure which may affect their suitability to work with children;
- All people connected with the setting must declare their disqualification status;
- Providers must also meet their responsibilities under the Safeguarding Vulnerable Groups Act 2006 which includes a duty to make a referral to the Disclosure and Barring Service where a member of staff is dismissed (or would have been had the person not left the setting first) because they have harmed a child or put a child at risk of harm;
- All safer recruitment information will be recorded on the settings single central record.

Use of Mobile Phones, Cameras and Online safety
We are aware of the risks associated with the use of mobile phones and cameras in the setting. To manage this appropriately we have separate policies regarding the use of these devices and online safety. In addition, we will ensure that all internet compatible devices used in the setting will have appropriate filters and controls. The implementation of filters and

controls will be overseen by the DSL. All staff mobile phones / electronics will be locked away and only used on their personal break times away from children.

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

In addition, we will use "Guidance for safer working practice for those working with children and young people in education settings," as a tool to develop setting specific guidance on behaviour or Code of conduct for staff and volunteers.

Whistleblowing
We have a separate Whistleblowing Procedure for serious and/or systemic concerns about senior staff or management may be reported to more senior staff/management or to an appropriate external organisation if necessary. Allegations about specific staff members should be dealt with in line with the Staff Allegation section earlier in this document.

Further Information

South West Child Protection Procedures – provide detailed online information on all aspects of child protection, e.g. : Staff allegations
Welcome to the South West Child Protection Procedures (trixonline.co.uk)

Multi Agency Guidance for injuries in non-mobile babies
non-mobile-baby-injury-policy-update-final-july-2023.pdf (bristolsafeguarding.org)

Working Together to Safeguard Children 2023
Working together to safeguard children 2023: statutory guidance (publishing.service.gov.uk)

Making a referral to First Response online advice and link to practitioner booklet
https://www.bristol.gov.uk/social-care-health/make-a-referral-to-first-response

Guidance for safer working practice for those working with children and young people in education settings
https://saferrecruitmentconsortium.org/
Professional and Personnel Relationships (cimpress.io)

Information sharing. Advice for practitioners providing safeguarding services to children, young people, parents and carers, 2024
Information sharing advice for safeguarding practitioners - GOV.UK (www.gov.uk)

KBSP "Guidance on the transfer of a child protection safeguarding file to another educational setting"
https://bristolsafeguarding.org/media/myopzmfj/transfer-of-cp-and-safeguarding-file-reviewed-may-2020.pdf
Guidance on the transfer of a Child Protection Safeguarding File to another educational setting (bristolsafeguarding.org)

Prevent Duty Guidance for England and Wales
The Prevent duty: an introduction for those with safeguarding responsibilities - GOV.UK (www.gov.uk)

KBSP Threshold Guidance 2023 "Effective Support for Children and Families in Bristol" Update 2025
Keeping Bristol Safe Partnership: Effective Support for Children and Families in Bristol
Keeping Bristol Safe Partnership: Indicators of need

EYFS Safeguarding and Welfare Requirements – Child Protection Sept 2025
Early years foundation stage (EYFS) statutory framework - GOV.UK

Inspecting safeguarding in early years, education and skills
https://www.gov.uk/government/publications/inspecting-safeguarding-in-early-years-education-and-skills/inspecting-safeguarding-in-early-years-education-and-skills

Keeping children safe in education 2025
Keeping children safe in education - GOV.UK

KBSP Protocol: Children who Display Harmful Sexual Behaviour
kbsp-harmful-sexual-behaviour-guidance.pdf

Lucy Faithfull: Shore Space
A confidential chat service supporting young people concerned about their own or someone else's sexual thoughts and behaviours
About Shore - Shore

Safeguarding children and protection professionals in early years settings online safety considerations
https://www.gov.uk/government/publications/safeguarding-children-and-protecting-professionals-in-early-years-settings-online-safety-considerations

Safeguarding d/Deaf and disabled children and young people
Safeguarding d/Deaf and disabled children and young people | NSPCC Learning

Appendix A – Useful contacts

1. Committee Members/Registered Person responsible for Child Protection (Child Protection Officer)

Name/s: Gillian Parkinson

2. Staff Designated Safeguarding Lead and Deputy Designated Safeguarding Lead

Name: Jenna Carroll

Name: Silviya Velikova

3. Referral Agencies

- **First Response** T: 0117 9036444 (all Bristol)
  The place to call if you are concerned about a child or young person or think they need some help. Calls to First Response may result in direct referral to a Social Work Team or to Early Help and/or advice and guidance being given about services to help families.

- **Family Help**: **North** 0117 352 1499; **East / Central** 0117 3576460; **South** 0117 903 7770
- **Disabled Children Team** (all Bristol) - Tel: 0117 9038250
- **Emergency Duty Team /Out of Office Hours** T: 01454 615 165
- **Police**: Non-emergency – Tl: 101 Emergency – Tel: 999
  - **On-Call Consultant Paediatrician** (via BRI Switchboard) T: 0117 923 0000 – non-mobile babies

4. For Staff Allegations Contact:

- **Online Lado referral form** 1-lado-referral-form-kbsp-oct22.doc (live.com)
- **Local Area Designated Officer –** T: 0117 903 7795, Work mobile: 07795 091020
- **Registered providers must inform Ofsted of any allegations of serious harm or abuse as soon as reasonably practicable, but at the latest within 14 days of the allegations being made.**

  Report a serious childcare incident - GOV.UK

5. Support and advice

- **South West Child Protection Procedures** (online guidance) https://swcpp.trixonline.co.uk/
- **Childline** -T: 0800 1111 (open 24 hours)
- **National Association for the Prevention of Cruelty to Children (NSPCC)** - T: 0808 800 5000

- **NSPCC Whistleblowing hotline**: T: 0800 028 0285 or email help@nspcc.org.uk
- **NSPCC FGM helpline**: T: 0800 028 3550 or email fgmhelp@nspcc.org.uk.
- **Keeping Bristol Safe Partnership** (guidance and training) Welcome to the Keeping Bristol Safe Partnership website. (bristolsafeguarding.org)
- **Police Prevent Team**: T: 01278 647466 PreventSW@avonandsomerset.police.uk
- **Refuge National Domestic Abuse Helpline:** T: 0808 2000 247
- **Next Link (domestic abuse Bristol):** T: 0800 470 0280/0117 925 0680
- **Employers initiative on domestic abuse** https://www.eida.org.uk/
- **BAND Childcare Advisor** - T:

Linked policies and procedures – review alongside this policy for consistency:
Attendance and Absence
Low Level Concerns
Mobile Phone and Electronic Devices
Online Safety
Parental Agreement
Safer Recruitment
Staff Code of Conduct/Behaviour
Supervision
Training
Whistleblowing

Bristol Safeguarding Contacts

If you have concerns about a child…

If a child is at immediate risk call the POLICE	**POLICE 999**
To make an URGENT referral, i.e. a child is likely to suffer or is suffering significant harm, call First Response	**FIRST RESPONSE** 0117 903 6444 (Out of hours Emergency Duty Team 01454 615 165)
To make a NON-URGENT referral, contact FIRST RESPONSE using the online form (must have parental / carer consent).	**FIRST RESPONSE Online form** https://www.bristol.gov.uk/social-care-health/make-a-referral-to-first-response
To raise a concern about extremism or possible radicalisation (also contact first response).	**PREVENT DUTY** Call the Police 01278 647466 PreventSW@avonandsomerset.police.uk
For advice and guidance about whether to make a referral.	**Family Help** North: 0117 352 1499 East & Central: 0117 3576460 South: 0117 9037770

If you have concerns about a professional working with a child…

To raise concerns, report or for advice and guidance in relation to the conduct of someone who works with children.	**Local Authority Designated Officer** KBSP LADO notification form: https://bristolsafeguarding.org/children/lado-concerns-about-professionals/ T: 0117 903 7795 Email: LADO@bristol.gov.uk

Support and guidance for Childcare Provision

For information, support and guidance.	BAND 0117 954 2128 admin@bandltd.org.uk

Appendix 1.

Record of concern *(usually child's behaviour, situation etc.)*

Please provide full description of concern observed
Child's Name: **Date:** **Room:** **Staff member reporting the concern:** **Witness** *(if present):* **----------** **Description:** **----------** **Actions** *(who was this reported to and if spoken to parents what was the outcome):*
Parent/Carer Signature *(if applicable)*: **Date:** **Signed on behalf of Muddy Boots Day Nursery:** **Date:**

appendix 2.

muddy boots
DAY NURSERY

Record of safeguarding concern

Child's Name:

Room:

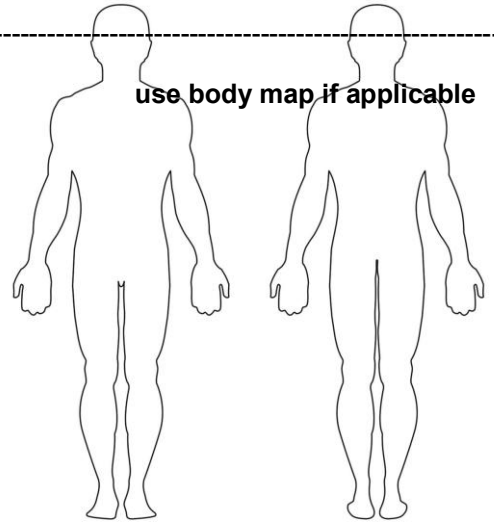
Time:

Date:

Staff member present:

Full description of concern/event:

use body map if applicable



front **back**

Actions:

Were parents informed: YES/NO (please circle)

Comments:

Staff Signature:…….. **Date**

Nursery Manager signature:…… **Date:**