



# **Roundabout Nursery & After School Club**

## *Safeguarding and Promoting Children's Welfare*

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## **1. Preface**

“Processes and procedures are never ends in themselves, but should always be used as a means of bringing about better outcomes for children. No guidance can, or should attempt to offer a detailed prescription for working with each child and family. Work with children and families where there are concerns about a child’s welfare is sensitive and difficult. Good practice calls for effective cooperation between different agencies and professionals: sensitive work with parents and carers in the best interests of the child; and the careful exercise of professional judgement and critical analysis of the available information”. (*Working Together to Safeguard Children – A Guide To Inter-Agency Working To Safeguard And Promote The Welfare Of Children- HM Government 1999*).

## 2. Statement of Intent

Roundabout Nursery recognises that protecting and safeguarding children and young people is a shared responsibility and depends upon effective joint working between agencies and professionals that have different roles and expertise. Individual children and young people, especially some of the most vulnerable children and those at greatest risk of social exclusion, will need coordinated help from health, education and children's social care services. The voluntary sector and other agencies also have an important role in protecting and safeguarding children.

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

Roundabout Nursery will aim to protect and safeguard children and young people by;

- Ensuring that all staff / volunteers are carefully selected, trained and supervised (*see Roundabout Nursery Recruitment Processes / CRB Checks*)
- Having a Child Protection Policy and Procedure and regularly reviewing and updating this in line with national and local policy developments (*this will be achieved by meetings with the Early Years Effectiveness Officer and Children Centre Coordinator, and training*).
- Ensuring that all staff and volunteers are familiar with the Child Protection Policy and Procedure by including this as part of the induction procedure, and by ensuring that staff and volunteers are aware of how to report signs and symptoms, and by including this as part of staff meetings.
- Ensuring that staff / volunteers attend appropriate Local Safeguarding Children Board (LSCB) Safeguarding Children : A shared responsibility training (Safeguarding training needs will be reviewed in supervision

and updated every three years, at least one member of staff to attend additional level 1 courses and subsequently level 2).

- Ensuring that Roundabout Nursery has a designated Child Protection Co-ordinator and that all staff and volunteers are aware of the named person and process of reporting concerns to them.
- Assessing the risk that children and young people may encounter and taking steps to minimise and manage this (*see Roundabout Nursery Risk Management Policy*)
- Letting parents, carers, children and young people know how to report concerns about a child, young person, staff member or volunteer or complain about anything that they are not happy about (by including this on the Safeguarding Checklist given to parents at their child's induction)
- Giving children, young people, parents and carers information about what Roundabout Nursery does and what you can expect (*see above and in addition through our Policy Booklet and Half Term Newsletter*).

### **3. National and Local Guidance**

This Child Protection Policy and Procedure should be read in conjunction with the Local Safeguarding Children Board (LSCB) Guidelines and Procedures. (Accessible via: <http://www.proceduresonline.com/hull/scb/>) In accordance with the Children Act 2004 it is a statutory responsibility for key agencies coming in to contact with children and young people, to make arrangements to ensure that in discharging their functions, they have regard to the need to safeguard and promote the welfare of children (Section 11, Children Act 2004). Where private or voluntary organisations come in to contact with or offer services to children they should as a matter of good practice take account of this guidance and follow it as far as possible.

The following national guidance should also be referred to.

- The Children Act (1989)
- The Children Act (2004).
- Every Child Matters
- Working Together To Safeguard Children: A Guide to Inter-Agency Working To Safeguard and Promote The Welfare Of Children (HM Government 2006).
- Human Rights Act 1998
- Criminal Justice & Court Services Act 2000
- The Protection of Children Act 1999
- The Sexual Offences Act 2003
- What To Do If You're Worried A Child Is Being Abused (Department of Health, Home Office, Department for Education & Skills, the Lord Chancellor's Department, the Office of the Deputy Prime Minister & the Department for Culture, Media & Sport 2003)
- Safeguarding Vulnerable Groups Act 2006
- AMA Guidance for Safer Working Practice for Adults who Work with Children and Young People (2007)
- Information Sharing: Guidance for practitioners and managers. HM Government (2006)

### **In addition Roundabout Nursery Policies and Procedures:**

- Health & Safety Policy, Risk Assessments
- Recruitment & Selection of Staff / Volunteers
- Complaints & Disciplinary Policy
- Codes of Conduct
- Diversity & Equality Policy
- Staff Induction / Development / Supervision Policy
- Confidentiality & Information Sharing
- E safety
- Use of mobile telephones
- Collection / visitor procedure

## **4. Safeguarding & Promoting Welfare & Child Protection**

**4.1** Safeguarding and promoting the welfare of children are defined as:

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

### **4.2 Child Protection**

Child protection is a part of safeguarding and promoting welfare. This refers to the activity which is undertaken to protect specific children who are suffering or are at risk of suffering significant harm. Effective child protection is essential to safeguard and promote the welfare of children. However all agencies should aim to proactively safeguard and promote the welfare of children so that the need for action to protect from harm is reduced. (Working Together, HM Government 2010: page 35, paragraphs 1.23/1.24).

### **4.3 Children in Need**

Children who are defined as 'in need', under section 17 of the Children Act 1989, are those whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development, or their health or development will be significantly impaired, without the provision of services. This includes those children with a disability. Local authorities have a duty to safeguard and promote the welfare of children in need (Working Together, HM Government 2010: page 35, paragraph 1.25).

### **4.4 Significant Harm**

Some children are in need because they are suffering or likely to suffer significant harm. The concept of significant harm is the threshold that justifies compulsory intervention in family life in the best interests of the child, and gives the Local Authority a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm. (Working Together, HM Government 2010: page 35, paragraph 1.26).

## **5. Who Abuses Children?**

Children may be abused in a family or in an institutional or community setting; by those known to them or, more rarely, by a stranger. They may be abused by an adult or adults or another child or children (Working Together, HM Government 2010: page 37, paragraph 1.32).

## **6. What is Abuse and Neglect?**

Abuse and neglect are forms of maltreatment of a child or young person. Child refers to anyone under the age of 18. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults, or another child or children.

- PHYSICAL ABUSE:

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child. (Working Together, HM Government 2010: page 38, paragraph 1.33).

- EMOTIONAL ABUSE:

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another (E.g. Domestic abuse). 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. (Working Together, HM Government 2010: page 38, paragraph 1.34).

- SEXUAL ABUSE:

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration

(e.g. rape, or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.

They may include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children (Working Together, HM Government 2010: page 38, paragraph 1.35).

- NEGLECT:

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food and clothing, shelter (including exclusion from home or abandonment);
- protect a child from physical and emotional harm or danger;
- ensure adequate supervision including the use of inadequate care-givers
- ensure access to appropriate medical care or treatment.

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

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

## **7. Recognition of harm**

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

1. Information given by the child, his/ her friends, a family member or close associate.
2. The child's behaviour may become different from the usual, be significantly different from the behaviour of their peers, be bizarre or unusual or may involve 'acting out' a harmful situation in play.
3. An injury which arouses suspicion because;
  - It does not make sense when compared with the explanation given.
  - The explanations differ depending on who is giving them (e.g. differing explanations from the parent / carer and child).
  - The child appears anxious and evasive when asked about the injury.
4. Suspicion being raised when a number of factors occur over time, for example, the child fails to progress and thrive in contrast to his/her peers.
5. Contact with individuals who pose a 'risk to children' ('Guidance on Offences Against Children', Home Office Circular 16/2005). This replaces the term 'Schedule One Offender' and relates to an individual that that has been identified as presenting a risk or potential risk of harm to children. This can be someone who has been convicted of an offence listed in Schedule One of the Children and Young Person's Act 1933 (Sexual Offences Act 2003), or someone who has been identified as continuing to present a risk to children.
6. The parent's behaviour before the birth of a child may indicate the likelihood of significant harm to an unborn child, for example substance misuse, previous children removed from their carers.
7. **Substance misuse** – the potential for a child to be harmed as a result of the excessive use of alcohol, illegal and controlled drugs, solvents or related substances may occur during a young person's life. The use of drugs or other substances by parents or carers does not in itself indicate child neglect or abuse, and there is no assumption that a child living in such circumstances will automatically be considered under the child protection procedures. It is important to assess how parental substance use impacts upon the children or young people in the family.

8. **Mental Health** – Mental illness in a parent or carer does not necessarily have an adverse affect on the child or young person but it is important to assess its implications for any children involved in the family. The adverse affects of parental mental illness on the child are less likely when parental problems are mild, last for a short period of time, are not associated with family disharmony, and where there is another parent or family member who can respond to the child’s needs and offer protection. Where mental illness is accompanied by problem alcohol use, domestic violence or associated with poverty and social isolation, children are particularly vulnerable. The potential impact of a parental mental illness and the child’s ability to cope with it is related to age, gender and individual personality (Working Together, HM Government 2010: pages 265-269).
9. **Domestic Violence** – The Home Office (2009) defines domestic violence as ‘Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality’ (HM Government 2010: page 262, paragraph 9.17). Domestic violence affects both adults and children in the family. Children and young people can suffer directly and indirectly if they live in a household where there is domestic violence. It is likely to have a damaging effect on the health and development of children.

The amendment made in section 120 of the Adoption and Children Act 2002 to the Children Act 1989 clarifies the meaning of harm to include, for example, impairment suffered from seeing or hearing the ill-treatment of another. This can include children witnessing violence in the home. Domestic violence has an impact in a number of ways:

- It can pose a threat to the physical well being of an unborn child, if a mother is kicked or punched.
- Children may suffer injuries as a result of being caught up in violent episodes.

- Children become distressed by witnessing the physical and emotional suffering of a parent.
- The physical and psychological abuse suffered by the adult victim can have a negative impact upon their ability to look after their children.
- The impact of domestic violence is exacerbated when the violence is combined with problematic alcohol or drug use.

People working with children should also be alert to the frequent inter-relationship between domestic violence and the abuse and neglect of children (Working Together, HM Government 2010: pages 262-265).

10. **Bullying** – This can be defined as deliberately hurtful behaviour, usually repeated over a period of time, where it is difficult for those bullied to defend themselves. It can take many forms, but the three main types are physical (e.g. hitting, kicking, theft), verbal (e.g. racist or homophobic remarks, threats, name calling) and emotional (e.g. isolating an individual from activities and social acceptance of their peer group). The damage inflicted by bullying (including bullying via the internet) can be underestimated. Bullying can be through the use of electronic communication, e.g., text or social network sites, and is commonly known as cyber bullying. It can cause considerable distress, to the extent that it can affect health and development and at the extreme significant harm. All settings in which children are provided with services or are living away from home should have in place rigorously enforced anti-bullying strategies (Working Together, HM Government 2010: pages 305-307).

11. **Gang Activity** – Children and young people who become involved in gangs are at risk of violent crime and as a result of this involvement are deemed vulnerable. Agencies and professionals have a responsibility to safeguard these children and young people and to prevent further harm both to the young person and other potential victims. Risks associated with gang activity include access to weapons (including firearms), retaliatory violence and territorial violence with other gangs.

Other risks include increased likelihood of involvement in knife crime, sexual violence and substance misuse (Working Together, HM Government 2010: page 192, paragraph 6.5).

The guidance *Safeguarding children and young people who may be affected by gang activity 2010(b)* advises that agencies should follow the referral process in *Working Together to Safeguard Children 2010* when they have concerns about a child's safety and welfare. In relation to those children and young people who may be affected by gang activity concerns may be raised that a child or young person is:

- not involved in gangs but vulnerable to, or at risk of, becoming involved in a gang
- non-gang-involved and at risk of harm from gang members
- gang-involved and at risk of harm through their own gang-related activities (HM Government 2010(b): page 22, paragraph 68).

## **8. Acting on concerns**

No professional should assume that someone else will pass on information which they think may be critical to keeping a child safe. If a professional has concerns about a child's welfare and believes they are suffering or likely to suffer harm, then they should share the information with local authority children's social care. (Working Together 2013).

## **9. Seeking Medical Attention**

If a child has a physical injury and there are concerns about abuse;

If medical attention is required then this should be sought immediately by phoning for an ambulance, attending the Emergency Department or Minor Injury Unit depending on the severity of the injury. You should then follow the procedures for referring a child protection concern to Local Authority Children's Social Care.

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

## **10. Managing Disclosures of Abuse**

If a child discloses abuse it is important that, as far as possible, the following basic principles are adhered to;

- Listen to what the child has to say with an open mind
- Do not ask probing or leading questions designed to get the child to reveal more
- Never stop a child who is freely recalling significant events
- Do not ask children to write a statement.
- Make note of the discussion, taking care to record the timing, setting and people present, as well as what was said
- Never promise the child that what they have told you can be kept secret. Explain that you have responsibility to report what the child has said to someone else.
- ***THE DESIGNATED LEAD FOR CHILD PROTECTION MUST BE INFORMED IMMEDIATELY.***

## **11. The Role of the Child Protection Co-ordinator**

Where there are concerns about the welfare of any child or young person all staff / volunteers have a duty to share those concerns with the designated Child Protection Co-ordinator (Katrina Iggleden)

**The Child Protection Co-ordinator is responsible for:**

- Monitoring and recording concerns about the well being of a child or young person.
- Making referral to the Local Authority Access and Assessment Team or the Police Public Protection Unit.
- Liaising with other agencies
- Arranging training for staff / volunteers

The Child Protection Co-ordinator, after receiving a referral, will act on behalf of Roundabout Nursery in referring concerns or allegations of harm

to the Local Authority Access and Assessment Team or the Police Public Protection Unit.

If the Child Protection Co-ordinator is in any doubt about making a referral it is important to note that advice can be sought from the Local Authority Access and Assessment Team. The name of the child and family should be kept confidential at this stage and will be requested if the enquiry proceeds to a referral.

The Child Protection Co-ordinator may share limited information on a need to know basis amongst the staff / management but respecting the need for confidentiality.

It is not the role of the Child Protection Co-ordinator to undertake an investigation into the concerns or allegation of harm. It is the role of the Child Protection Co-ordinator to collate and clarify details of the concern or allegation and to provide this information to the Local Authority Access and Assessment Team, or Locality Team if Children's Social Care is already involved, whose duty it is to make enquiries in accordance with Section 47 of the Children Act 1989.

## **11. Seeking Consent for a Referral**

Working Together to Safeguard Children (HM Government 2010) states that Professionals should seek in general to discuss any concerns with the family (including the child where appropriate) and where possible seek their agreement to making referrals to the Local Authority Access and Assessment Team. This should only be done where such discussion and agreement seeking will not place the child at an increased risk of significant harm.

It should be noted that parents, carers or child may not agree to information being shared, but this should not prevent referrals where child

protection concerns persist. The reasons for dispensing with consent from the parents, carer or child should be clearly recorded.

In cases where an allegation has been made against a family member living in the same household as the child and it is your view that discussing the matter with the parent would place the child at risk of harm, or where discussing it may place a member of staff / volunteer at risk, consent does not have to be sought prior to the referral being made.

If you are unsure about whether to seek parental consent prior to a referral being made then seek advice from the Local Authority Access and Assessment Team.

## **12. Reporting Concerns or Allegations of Abuse**

A member of staff or volunteer must report any concerns or allegation of harm immediately to the designated Child Protection Co-ordinator, **Katrina Iggleden**. In the absence of the Child Protection Co-ordinator the matter should be reported to the person identified as their deputy, **Linda Downing**. In the event of neither of these individuals being available the matter should be reported through the line management. In the unlikely event of management not being available the matter should be reported directly to the appropriate Local Authority Access and Assessment Team or the Police Public Protection Unit. In the case of it being out of hours the Emergency Duty Team should be contacted (SEE CONTACT DETAILS).

## **13. Making a Referral**

Referrals of all children in need, including those where there are child protection concerns will be made to;

Hull - To Children's Social Care – Local Authority Access and Assessment Team or Police Public Protection Unit

East Riding – By telephoning the Golden Number/Children’s Social Care or Police Family Public Protection Team

Out of Hours – To the relevant Emergency Duty Team

**All referrals made by telephone need to be followed up in writing within 48 hours.**

**Ready for Schools & Extended Services Team will be informed of any referrals made to Social Care Team**

Preparing to Discuss Concerns about a Child with Children’s Social Care

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

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

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

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

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

- The nature of the concerns;
- How and why they have arisen;
- What appear to be the needs of the child and family; and
- What involvement they are having or have had with the child and/or family.

The Child Protection Co-ordinator should make the referral as appropriate. The referrer should be prepared, where possible, to give the following information;

- The nature of your concerns / allegation.
- Whether the child will need immediate action to ensure their safety.
- Are the parents aware of the concerns? Has consent for the referral been sought? If not, the reasons for this?
- Factual information about the child and family, including other siblings.
- The nature of your involvement with the family.
- Other professionals involved with the family.
- The source of your referral, is it based on your own assessment of the needs of the child, a reported allegation or disclosure, or has the concern been reported to you by another person, if so who?
- Child's current whereabouts and when they were last seen
- If you consider the child suffering or at risk of suffering significant harm, who is the source of that harm and their current whereabouts?
- Full names, dates of birth and gender of children;
- Family address and, where relevant, nursery/school attended;
- Any special needs of the children or of the parents and carers;
- Ethnicity, first language and religion of children and parents;
- Gain consent for further information sharing/seeking;
- The referrer should be asked specifically if they hold any information about difficulties being experienced by the family/household due to domestic violence, mental illness, substance misuse and/or learning difficulties.

#### **14. Allegations against Staff Members / Volunteers**

Any member of staff or volunteer who has concerns about the behaviour or conduct of another individual working with in the group or organisation will report the nature of the allegation or concern to the Designated Officer for dealing with allegations against staff/volunteers/carers, **Katrina Iggleden**. The member of staff who has a concern or to whom an

allegation or concern is reported should not question the child or investigate the matter further.

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

In the case that the concern or allegation relates to the Designated Officer, their line management should be contacted **Linda Downing**. If the immediate line manager / or other members of the management structure is implicated in the concerns or allegations or the designated officer is not available then the matter should be reported directly to the Local Authority Designated Officer. If suspension of the alleged abuser is required the designated officer should discuss this with the LADO to consider the timing.

In cases where there is an immediate risk to any child or young person, the information must be passed to Emergency Duty Team or the Police, as soon as possible

Ofsted will be notified of any allegations of serious harm or abuse by any person living, working, or looking after children at the premises (whether that allegation relates to harm or abuse committed on the premises or elsewhere), or any other abuse which is alleged to have taken place on the premises and of the actions taken in respect of these allegations.

## **15. Staff & Volunteer Self Protection**

Adherence to guidelines on self protection for staff and volunteers working with children and young people can avoid vulnerable situations where false allegations can be made.

- To avoid situations where a staff member or volunteer is on their own with a child.
- In the event of an injury to a child, accidental or not, ensure that it is recorded and witnessed by another adult in the organisations accident book (**kept in the office of the main nursery and in the locked cupboards in the Roundabout Room and Carousel Room**). We

inform parents at the end of each session unless the child has received a head injury and then they are notified immediately.

- Keep written records of any allegations a child makes against staff and volunteers and report in line with the Child Protection Policy.
- If a child or young person touches a staff member or volunteer inappropriately record what happened immediately and inform the child protection coordinator.
- Adhere to Roundabout Nursery policy on behaviour management (located in the Nursery Policy and Procedure book).

## **16. Code of Practice**

Roundabout Nursery undertakes to ensure Children grow up in circumstances consistent with the provision of safe and effective care; and undertaking that role so as to enable those children to have optimum life chances and to enter adulthood successfully.

The SEAD and Social and Emotional Aspects of Learning Development strategy support the ethos of safeguarding and welfare for children throughout the whole of our practice.

To support and value the role of parents, carers and the child's family, by providing clear policies and procedures, to which their views are welcomed.

- Provide a key person for each child who will liaise with the family and who will provide for the individual learning and developmental needs of the child. Links with parents through shared record keeping and discussion, to ensure they develop their individual needs and interests.
- Provide an environment that supports children to form warm, caring attachments with children in the group. Implementation of SEAD guidance (DfCFS 2008) supports children's personal, social and emotional development.
- Ensure that there is time and space for children to concentrate on activities and experiences and to develop their own interests.

- Help children to communicate thoughts, ideas and feelings and build-up positive / healthy? relationships with adults and each other
  - Provide time and relaxed opportunities for children to develop spoken language through sustained conversations between children and adults.
  - Allow children time to initiate conversations, respect their thinking time and silences and help them develop their interaction.
  - Provide a stimulating environment that offers a range of activities, which will encourage children's interest and curiosity, both indoors and outdoors.
  - Provide opportunities to motivate children to be active and build their confidence to take manageable risks in their play.
  - Provide time to support children's understanding of how exercise, eating, sleeping and hygiene promote good health.
  - Present a wide range of experiences and activities that children can respond to by using many of their senses.
- 
- Each of these points has been taken from the EYFS Practice Guidance (2007), demonstrating that the principles directly link to the Working Together to Safeguard Children (2010) and Every Child Matters (2004).

Staff / Volunteers / children should always;

- Take all allegations, suspicions or concerns about abuse that a young person makes seriously (including those made against staff) and report them through the procedures.
- Inform parents of the safeguarding procedures relating to toileting at their induction visits, relating to the location the child attends.
- Provide an opportunity and environment for children to talk to others about concerns they may have.

- Provide an environment that encourages children and adults to feel comfortable and confident in challenging attitudes and behaviours that may discriminate others.
- Risk assess situations and activities to ensure all potential dangers have been identified.
- Treat everyone with dignity and respect.
- Abide by the use of mobile telephones policy outlined below
  - Staff must not have a mobile phone about their person at any time when children are attending the nursery.
  - A mobile phone may be used when children are attending outings and visits, a designated senior member of staff will be named on the outing and visit risk assessment.
  - All mobile phones should be stored in staff lockers.
  - Parents must not use mobile phones on the premises; notices stating this are displayed in the main nursery and the roundabout room.
  - Staff may use digital cameras, but must not download photographs of children off the premises. These are used as part of the observation process and to record activities with parental permission.

Staff / volunteers / children should not:

- Permit or accept abusive or discriminatory behaviour.
- Engage in inappropriate behaviour or contact.
- Use inappropriate or insulting language.
- Show favouritism to anyone.
- Undermine or criticise others.
- Give personal money.
- Use social networks for personal communication with children and young people for whom they are responsible.

## 17. Recruitment & Selection

It is important when recruiting paid staff and volunteers to adhere to the organisations recruitment policy. This will ensure potential staff and volunteers are screened for their suitability to work with children and young people.

The Disclosure and Barring Service (DBS) can help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).

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

- All paid staff and volunteers with access to children and young people or sensitive information relating to children will be required to undertake an enhanced DBS check.
- All staff and volunteers to complete an application form, including details of previous employment, details of any conviction for criminal offences (including spent convictions under the Rehabilitation of Offenders Act 1974), agreement for an enhanced DBS check, permission to contact two referees, including their current or most recent employer (which should be taken up).
- The potential staff member or volunteer will be interviewed for their suitability for the post; the interview will consist of a set of questions which include aspects of safeguarding, interviews will be conducted with the owner manager and at least one member of senior staff).
- Staff and volunteers working directly with children or with access to sensitive information will be required to complete LSCB Safeguarding Children: A Shared Responsibility training. Their training needs will be reviewed in supervision.
- All staff and volunteers will be required to read the Child Protection Policy. This will be reviewed to ensure up to date knowledge.
- Staff and volunteers will be subject to a probationary period (3 months) during which they will be supervised and monthly meetings will take

place with their manager / supervisor to identify any concerns, training and support needs (see staff contracts and job descriptions).

- Staff and volunteers will have a period of induction where they will complete any induction training (Roundabout Nursery Induction Training, with reference to the Common Core of Skills) and access internal policies.
- A person who is barred from working with children or vulnerable adults will be breaking the law if they work or volunteer, or try to work or volunteer with those groups. If **Roundabout Nursery** knowingly employs someone who is barred to work with those groups they will also be breaking the law. If there is an incident where a member of staff or volunteer has to be dismissed because they have harmed a child or vulnerable adult, or would have been if they had not left, **Roundabout Nursery** will notify the DBS

## Contacts

### Hull

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

<b>Access and Assessment Team</b>	<b>(01482) 448879</b>
<b>Immediate Help</b>	<b>(01482) 788080</b>
<b>Local Authority Designated Officer</b>	<b>(01482) 790933</b>
<b>Police Public Protection Unit</b>	<b>101</b>
<b>Hull Safeguarding Children Board</b>	<b>(01482) 379090</b>
<b><a href="http://www.hullsafeguardingchildren.org">www.hullsafeguardingchildren.org</a></b>	
<b>Ready for School &amp; Extended Services Team</b>	<b>(01482) 616317</b>



## East Riding of Yorkshire

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

Referrals	(01482) 395500
For Help and Advice	(01482) 393339
Children's Services	(01482) 396840
Emergency Duty Team	(01377) 241273
East Riding Safeguarding Children Board	(01482) 396998/9
Local Authority Designated Officer	(01482) 396999
Education & Schools	(01482) 392139
Police Public Protection Team	101

### **National Numbers**

Ofsted	0300 123 123 1
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