Safeguarding Children and Child Protection Policy

Policy Statement

This policy should be implemented alongside advice documented within the '**working together to safeguard children' 'keeping children safe in education (KCSIE)** documents and is grounded in the **Children Act 1989**, the **Children Act 2004**, and the **Children and Social Work Act 2017.**

Safeguarding is a much wider subject than the elements covered within this single safeguarding policy, therefore this document is used in conjunction with the other nursery policies and procedures

Rooftops Montessori Day Nursery is fully committed to safeguarding and promoting the welfare of all children and young people. The nursery recognises that every child has the right to be protected from abuse, neglect, exploitation and harm and to grow up in a safe, nurturing and supportive environment.

Safeguarding is **everyone's responsibility**. All staff, students, volunteers, contractors, visitors, management and committee members have a duty to always protect children and act in their best interests. Should anyone believe that this policy is not being upheld, it is their duty to report the matter to the attention of the manager, Hayley Rogers, or in her absence Reanna Porter at the earliest opportunity.

The nursery adopts a child-centred approach and will:

- Place the welfare of children at the heart of all decision making
- Provide a safe and secure environment
- Promote children's physical, emotional and mental wellbeing
- Work in partnership with parents, carers and external agencies
- Respond promptly and appropriately to safeguarding concerns
- Maintain a culture of vigilance and professional curiosity
- Support children to develop resilience and confidence
- Ensure safeguarding arrangements remain effective and robust

The nursery operates a zero-tolerance approach to abuse, neglect and exploitation in any form.

This policy applies whenever a child is under the care or supervision of the nursery.

Designated Safeguarding Lead

If you have any doubts that any child is being harmed, or at risk of harm, you should instantly share this information with the designated child protection officers **Hayley Rogers** or **Reanna Porter**. You may be asked to record your concerns or provide further information

Designated safeguarding Leads

1. Hayley Rogers Registered Manager
2. Reanna Porter Admin & Training Manager

Safeguarding contact details will be readily accessible to staff at all times.

Staff Training and Understanding of Definitions

At Rooftops we will ensure **all** staff are trained to understand our safeguarding policy and procedure, and that **all** staff have up-to-date knowledge of safeguarding issues including protecting children from abuse and neglect, preventing impairment of health and development, ensuring safe and effective care and supporting children to achieve the best possible outcomes. Training will be made available to enable staff to identify signs of possible abuse and neglect at the earliest opportunity and respond in a timely and appropriate way. Signs staff will be aware to look for 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 reason to suspect neglect or abuse outside the setting, for example in the child's home
- Inappropriate behaviours displayed by other members of staff and any other persons 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

This statement lays out the procedures that will be followed if we have any reason to believe that a child in our care is subject to welfare issues including **physical**, **sexual**, **emotional** abuse or **neglect**.

Our prime responsibility is the welfare and well-being of **all** children in our care. As such we will

- Ensure that children are never placed at risk while in the charge of nursery staff
- Ensure that confidentiality is always maintained
- Ensure parents are fully aware of child protection policies and procedures when they register with the nursery and are kept informed of all updates when they occur.
- Keep the child at the centre of all we do
- Regularly review and update this policy with staff and parents where appropriate.
- Children will be supported by offering reassurance, comfort and sensitive interactions. Activities will be devised according to individual circumstances to enable children to develop confidence within their peers.
- Ensure that all staff are alert to the signs of abuse, understand what is meant by child protection and are aware of the different ways in which children can be harmed including by other children i.e. bullying, discriminatory behaviour.
- Ensure safeguarding concerns including low level concerns are addressed appropriately
- Provide adequate resources
- Ensure safer recruitment practices and safer sleep practices are always followed
- Monitor safeguarding performance and remain vigilant
- Support safeguarding culture throughout the nursery
- Attend training

All staff will work as part of a multi-agency team where needed in the best interests of the child.

Types of Abuse and the symptoms to look out for

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by harming them or by failing to act to prevent harm. Children may be abused within a family, institution or community setting by those known to them or a stranger. This could be an adult or adults, another child or children.

The signs and indicators listed below may not necessarily indicate that a child has been abused but will help us to recognise that something may be wrong, especially if a child shows a number of these symptoms or any of them to a marked degree.

Physical abuse

Action needs to be taken if staff have reason to believe that there has been a physical injury to a child, including deliberate poisoning; where there is definite knowledge, or reasonable suspicion that the injury was inflicted or knowingly not prevented. These symptoms may include bruising or injuries in an area that is not usual for a child, e.g. fleshy parts of the arms and legs, back, wrists, ankles and face.
Many children will have cuts and grazes from normal childhood injuries – these should also be logged and discussed with the nursery manager or room leader.
Children and babies may be abused physically through shaking or throwing. Other injuries may include burns or scalds. These are not usual childhood injuries and should always be logged and discussed with the nursery owner, or in her absence, the manager.

Procedure:

- All signs of marks/injuries to a child, when they come into nursery or occur during time at the nursery, will be recorded as soon as noticed by a staff member
- Since March 2017, Rooftops now produce 'Body maps' for all children, where injuries occurring at home are marked and dated. This enables us to gain an ongoing view of injuries over time.
- The incident will be discussed with the parent at the earliest opportunity if appropriate
- Such discussions will be recorded, and the parent will have access to such records
- If there appears to be any queries regarding the injury, the Local Safeguarding Children's Board (LSCB) in the local authority will be notified.

Fabricated illness

This is also a type of physical abuse. This is where a child is presented with an illness that is fabricated by the adult carer. The carer may seek out unnecessary medical treatment or investigation. The signs may include a carer exaggerating a real illness or symptoms, complete fabrication of symptoms or inducing physical illness e.g. through poisoning, starvation or inappropriate diet. This may also be presented through false allegations of abuse or encouraging the child to appear disabled or ill to obtain unnecessary treatment or specialist support.

Procedure:

- At the point when a member of staff first feels that there may be an instance of fabricated illness, this should be shared with the DSL.
- Further instances should be shared with DSL, who will record the details.
- The matter may be referred to the LCSB

Emotional abuse

Action should be taken under this heading if the staff member has reason to believe that there is a severe, adverse effect on the behaviour and emotional development of a child, caused by persistent or severe ill treatment or rejection.

This may include extremes of discipline where a child is shouted at or put down on a consistent basis, lack of emotional attachment by a parent, or it may include parents or carers placing inappropriate age or developmental expectations upon them. Emotional abuse may also be imposed through the child witnessing domestic abuse and alcohol and drug misuse by adults caring for them.

The child is likely to show extremes of emotion with this type of abuse. This may include shying away from an adult who is abusing them, becoming withdrawn, aggressive or clingy to receive their love and attention. This type of abuse is harder to identify as the child is not likely to show any physical signs.

Procedure:

•The concern should be discussed with the DSL
•The concern will be discussed with the parent
•Such discussions will be recorded, and the parent will have access to such records
•An early help referral and assessment may need to be completed
•The matter will be referred to the LCSB

Neglect

Action should be taken under this heading if the staff member has reason to believe that there has been persistent or severe neglect of a child (for example, by exposure to any kind of danger, including cold and starvation and failure to seek medical treatment when required on behalf of the child), which results in serious impairment of the child's health or development, including failure to thrive.
Signs may include a child persistently arriving at nursery unwashed or unkempt, wearing clothes that are too small (especially shoes that may restrict the child's growth or hurt them), arriving at nursery in the same nappy they went home in or a child having an illness that is not being addressed by the parent. A child may also be persistently hungry if a parent is withholding food or not providing enough for a child's needs.

Neglect may also be shown through emotional signs, e.g. a child may not be receiving the attention they need at home and may crave love and support at nursery. They may be clingy and emotional. In addition, neglect may occur through pregnancy because of maternal substance abuse.

Procedure:

- The concern will be discussed with the parent (where appropriate)
- Such discussions will be recorded, and the parent will have access to such records
- An early help referral and assessment may need to be completed
- The matter may be referred to the LCSB

Sexual abuse

Action needs be taken under this heading if the staff member has witnessed occasion(s) where a child indicated sexual activity through words, play, drawing, had an excessive pre-occupation with sexual matters, or had an inappropriate knowledge of adult sexual behaviour or language.

This may include acting out sexual activity on dolls/toys or in the role play area with their peers, drawing pictures that are inappropriate for a child, talking about sexual activities or using sexual language or words. The child may become worried when their clothes are removed, e.g., for nappy changes.

The physical symptoms may include genital trauma, discharge, and bruises between the legs or signs of a sexually transmitted disease (STD). Emotional symptoms could include a distinct change in a child's behaviour. They may be withdrawn or overly extroverted and outgoing. They may withdraw away from a particular adult and become distressed if they reach out for them, but they may also be particularly clingy to a potential abuser so all symptoms and signs should be looked at together and assessed as a whole.

If a child starts to talk openly to an adult about abuse, they may be experiencing; the procedure stated later in this document under 'recording abuse suspicions' will be followed.

Procedure:

- The adult should reassure the child and listen without interrupting if the child wishes to talk
- The observed instances will be detailed in a confidential report
- The observed instances will be reported to the DSL
- The matter may be referred to the LCSB

Other forms of abuse to be aware of

FEMALE GENITAL MUTILATION (FGM)

The practice, traditional in some cultures, of partially or totally removing the external genitalia of girls and young women for non-medical reasons. It is illegal in many countries.

Female genital mutilation (FGM) is a procedure where the female genitals are deliberately cut, injured or changed, but where there's no medical reason for this to be done.

It's also known as "female circumcision" or "cutting", and by other terms such as Sunna, gudniin, halalays, tahur, megrez and khitan, among others.

FGM is usually carried out on young girls between infancy and the age of 15, most commonly before puberty starts. It is illegal in the UK and is a form of child abuse.

It's very painful and can seriously harm the health of women and girls. It can also cause long-term problems with sex, childbirth and mental health.

Forms of FGM

There are four main types of FGM:

Type 1 (clitoridectomy) – removing part or all the clitoris.

Type 2 (excision) – removing part or all the clitoris and the inner labia (lips that surround the vagina), with or without removal of the labia majora (larger outer lips).

Type 3 (infibulation) – narrowing of the vaginal opening by creating a seal, formed by cutting and repositioning the labia.

Other harmful procedures to the female genitals, including pricking, piercing, cutting, scraping or burning the area.

FGM is often performed by traditional circumcisers or cutters who do not have any medical training. However, in some countries it may be done by a medical professional.

Anaesthetics and antiseptics aren't generally used, and FGM is often carried out using knives, scissors, scalpels, pieces of glass or razor blades.

FGM often happens against a girl's will without her consent and girls may have to be forcibly restrained.

Effects of FGM

There are no health benefits to FGM, and it can cause serious harm, including:

- constant pain
- pain and/or difficulty having sex
- repeated infections, which can lead to infertility
- bleeding, cysts and abscesses
- problems passing urine or incontinence
- depression, flashbacks and self-harm
- problems during labour and childbirth, which can be life-threatening for mother and baby

Some girls die from blood loss or infection as a direct result of the procedure.

FGM and sex

FGM can make it difficult and painful to have sex. It can also result in reduced sexual desire and a lack of pleasurable sensation.

Talk to your GP or another healthcare professional if you have sexual problems that you feel may be due to FGM, as they can refer you to a special therapist who can help.

In some cases, a surgical procedure called a DE infibulation may be recommended, which can alleviate and improve some symptoms.

FGM is illegal in the UK.

It is an offence to:

- perform FGM (including taking a child abroad for FGM)
- help a girl perform FGM on herself in or outside the UK
- help anyone perform FGM in the UK
- help anyone perform FGM outside the UK on a UK national or resident
- fail to protect a girl for whom you are responsible from FGM

Procedure

- Report suspicions to on duty child protection officer immediately
- On duty child protection officer to refer reports for concern to safeguarding children's board immediately.

BREAST IRONING

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 make them stop developing or disappear. It is mostly practiced in parts of Cameroon, where boys and men may think that girls whose breasts have begun to grow are ready for sex. Some reports suggest that it has spread to the Cameroonian diaspora, for example to that in Britain. The most widely used implement for breast ironing is a wooden pestle normally used for pounding tubers. Other tools used include leaves, bananas, coconut shells, grinding stones, ladles, spatulas, and hammers heated over coals.

Breast ironing is extremely painful and can cause tissue damage. There have been no medical studies on its effects. However, medical experts warn it might contribute toward breast cancer, cysts and depression or perhaps interfere with breastfeeding later. Other possible side-effects reported by GIZ include breast infections, the formation of abscesses, malformed breasts and the eradication of one or both breasts. The practice ranges dramatically in its severity, from using heated leaves to press and massage the breasts, to using a scalding grinding stone to crush the budding gland. Due to the range of this activity, health consequences vary from benign to acute.

Procedure

- Report suspicions to on duty child protection officer immediately

- On duty child protection officer to refer reports for concern to safeguarding children's board immediately.

Domestic Violence & Forced Marriage

The UK's cross-government definition of domestic abuse 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.

The Serious Crime Act 2015 section 76 created a new offence of "controlling or coercive behaviour in an intimate or family relationship".

The Domestic Violence, Crime and Victims Act 2004 extended provisions to help stop domestic abuse and created the new offence of "causing or allowing the death of a child or vulnerable adult". This Act was amended in 2012 by the Domestic Violence, Crime and Victims (Amendment) Act 2012 to include 'causing or allowing serious physical harm (equivalent to grievous bodily harm) to a child or vulnerable adult'.

Where domestic abuse is taking place in a child's home the child is at risk of harm, whether they witness the violence or not. This may take the form of physical abuse, sexual abuse, emotional abuse or neglect. At we ensure that if there are any signs or symptoms that domestic abuse may be occurring and we act without haste and follow our main safeguarding / child protection policy

Signs may include:

- Visible signs of injury on the adult being abused
- Changes in behaviour of the adult(s) and child – e.g. the abused adult may become withdrawn, show low levels of self-esteem
- One adult being visible worried about what their partner may say in a certain situation (e.g. if the child has become dirty or injured at nursery)
- One adult becoming scared of their partner
- Adults becoming isolated from their friends or family
- Signs of abuse in the child (as per the main safeguarding policy).

As part of our duty to keep children safe we will follow the safeguarding reporting procedure, and we provide support leaflets and numbers for females and males who may be experiencing domestic abuse.

Honour based Violence

'Honour' based violence (HBV) is a type of domestic abuse which occurs in the name of so called 'honour'. Some families believe that certain actions bring shame on the family and may react with punishment. This may be rejecting a forced marriage, having a relationship not approved by the family, wearing the wrong clothing or wearing makeup. This can happen in families from a variety of cultures and countries and happens within the UK.

Signs of HBV may include changes in behaviour of the person undergoing the violence, changes in how they dress or act and in comments they make.

If signs of HBV are present in a parent or staff member within the nursery then we will act and follow our safeguarding policy to keep children safe in the environment as well as seeking support for the adult involved.

Forced Marriage

We are aware arranged marriages are part of some cultural practices. We also recognise there is a clear distinction between a marriage in which both parties are willing and able to give an informed consent to, and a marriage which is forced. Forced marriage is a criminal offence.

A forced marriage is a marriage in which one or both spouses do not and/or cannot consent to the marriage and duress is involved. If we become aware of a forced marriage occurring, then we will report it to the appropriate body. If the person is under the age of 18 then we will report it to the children's social care team as this is a child protection issue. We will follow our safeguarding reporting procedure.

Modern Slavery and Human Trafficking

Legislation

The Modern Slavery Act received Royal Assent on 26 March 2015. The act consolidates slavery and trafficking offenses and introduces tougher penalties and sentencing rules.

- Background

Child trafficking and modern slavery is becoming a more frequent form of child abuse. Children are recruited, moved, transported, and then exploited, forced to work or are sold on.

Modern slavery is a term that covers:

- Slavery.
- Servitude and forced or compulsory labour.
- Human trafficking.

Victims of modern slavery are also likely to be subjected to other types of abuse such as physical, sexual, and emotional abuse. This policy should be used alongside the following policies to ensure all children, staff, parents, and visitors are fully safeguarded:

- Safeguarding and child protection.
- Whistleblowing.
- Equality and inclusion.

For an adult or child to have been a victim of human trafficking there must have been:

- Action (e.g. recruitment, transportation, transfer, harbouring or receipt of a child for the purpose of exploitation).
- Means (threat or use of force, coercion, abduction, abuse of power or vulnerability) There does not need to be "means" for children as they are not able to give informed consent.
- Purpose (e.g. sexual exploitation, forced labour or domestic servitude, slavery, financial exploitation, illegal adoption, removal of organs).

Procedure

When a concern is raised about slavery or trafficking then we will follow our safeguarding procedure. If the child (or adult) is at risk of immediate harm then the police will be called, otherwise the local authority will be contacted, and the referral process will be followed as per the safeguarding procedure.

Other forms of abuse are familiar with staff and should be spotted and reported, this may include: -

- Bullying, including online bullying
- Racist, disability and homophobic or transphobic abuse
- Gender-based violence/violence against girls & women
- Peer on peer abuse
- Radicalisation and/or extremist behaviour
- Child sexual exploitation and trafficking
- Child criminal exploitation and county lines
- The impact of technology on sexual behaviour
- Teenage relationship abuse

- Substance misuse
- Gang activity and youth violence
- Fabricated or induced illness
- Poor parenting
- Witchcraft
- Toxic trio (Domestic, Substance Misuse and Mental Ill Health)
- The above list is not exhaustive.

Indicators of child abuse

- Failure to thrive and meet developmental milestones
- Fearful or withdrawn tendencies
- Aggressive behaviour
- Unexplained injuries to a child or conflicting reports from parents or staff
- Repeated injuries
- Unaddressed illnesses or injuries.

Children's comments which give cause for concern

RECORD KEEPING

Accurate record keeping is vital to the safeguarding of children.

Rooftops use the following documentation for recording safeguarding concerns.

Name of form	Instances to use form	Where to find form
Injury at home	When a child arrives at nursery with a bruise, cut, mark, or any other type of injury. The form should be filled in by the person noticing the injury and handed to the office once form is complete.	In room blank proforma file, Once complete, stored in Child's individual folder in locked filing cabinet in office
Welfare Incident/ concern form	When any of the following occur: -Change in child's usual behaviour -Child discloses verbally -Worrying role play is observed -Parent behaviour gives cause for concern -Worries over physical presentation The form should be requested from the DSL, who will support in filling the form in if necessary.	In room blank proforma file and in the office (ask DSL) Once complete, stored in Child's individual folder in locked filing cabinet in office
Chronology Record	DSL will complete the chronology form. This form is kept in child folder and provides an overview of all instances of injuries at	Childs individual folder in locked filing cabinet in office

	home / absences / welfare concerns.	
Body Map	DSL will complete the body map. This is kept with the chronology form and shows dates and locations of all injuries recorded on the 'injury at home' forms.	Childs individual folder in locked filing cabinet in office

Why is recording important?

We have a statutory duty to promote the well-being and safety of every child who attends our Nursery. This is a whole setting task. Since members of staff have differing roles within the setting, we observe children in a range of settings and activities throughout the day. Children may show or tell us that something is wrong in a variety of ways. We all have an important role to play in helping to identify welfare concerns for children and possible indicators of abuse or neglect at an early stage. For some children a "one off" serious incident or concern will come to your attention, and you will have no doubt that you must immediately record and report this. Most often however it is the accumulation of a few small incidents, events or observations – "the jigsaw" - that provide the evidence that a child is being harmed. It is vital therefore that any concern you have for a child's welfare *however small* is recorded and passed to the Designated Safeguarding Lead (DSL).

What is a "welfare concern"?

As a rule, anything that you consider unusual or out of the ordinary for the child constitutes a concern. Mostly these will arise in one or more of the following areas:

- The child's behaviour changes, or a particular behaviour is observed
- The child has a physical injury
- The child tells you something has happened to them
- The child's physical presentation
- You receive information from or observe unusual behaviour in a parent

Why can't I just pass on my concern verbally?

It is important that the person who has the concern gives a first-hand account of this so that there is a clear and accurate record of what has been seen, heard etc. A record written by you will ensure that there is no misinterpretation of your concern or that it can be overlooked or forgotten.

What happens to the record once I've written it?

One of the main purposes of recording is to make sure that the DSL can respond properly to concerns for children. The DSL will decide what action is necessary in response to your concern. Actions they take will of course depend on how serious and urgent the concern is. These can range however from a decision to keep a close eye on the child, to referring the child to Specialist Children's Services so that they can undertake an assessment of the child's safety. The concern form you have completed will be kept by the DSL in a confidential file.

Who will see this? Will parents see my record?

Information relating to children's welfare will be shared on a strict "need to know" basis and in line with NYCC's Safeguarding Children Procedure that we have a duty to work within.
Neither the parent nor the child has an automatic right of access to child protection records and in most cases, the actual record will not be shared with parents. However, we ask you to write this in a way that if we were asked to release nursery records perhaps by a Court, the record is a fair and factual account of an incident or event.

One of the most common responses by the DSL to concerns raised by staff for children will be to share these with parents with the purpose of working with them to understand and address the issue of concern. The details of your record therefore may be presented verbally to parents. Sometimes your concern will be one of many. If the DSL is worried that talking to parents might create a risk to any member of staff's safety, they will not do this but seek the advice of colleagues at the NYSCP.

Will the record be destroyed once the issue is addressed or the child leaves school?

No. Past concerns for children and what happened in response to these can be very important information for staff who may have concerns for the child later. The DfE guide us in the retention and transfer of safeguarding records. The DSL is responsible for passing these on under confidential cover to the DSL in the child's new school/setting when the child leaves us.

Children with Special and/or additional needs

Safeguards for disabled children are essentially the same as for non-disabled children. 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.

The available UK evidence on the extent of abuse amongst disabled children suggests that disabled children are at increased risk of abuse and that the presence of multiple disabilities appears to increase the risk of both abuse and neglect.

Rooftops Nursery and the staff will: -

- ensure that the need for expertise in both safeguarding and promoting the welfare of the child and in relation to disability is recognised and brought together in order that disabled children receive the same levels of protection from harm as non-disabled children
- make clear the critical importance of communication with disabled children including recognising that all children can communicate preferences if they are asked in the right way by people who understand their needs and have the skills to listen to them
- reinforce the right of disabled children and their families to a thorough assessment of their needs and to services, which safeguard and promote the welfare of children and maximise their independence, including appropriate personal, health and social education
- reinforce the importance of an integrated approach to safeguarding and promoting the welfare of disabled children with a sound assessment of the child's needs, the parents' capacity to respond to those needs and the wider family circumstances
- ensure all agencies recognise that safeguarding and promoting the welfare of disabled children depends on effective information sharing, collaboration, shared expertise and understanding between agencies and professionals.

Early Help

At Rooftops, we understand that safeguarding is not just about responding to abuse or neglect after it has happened. We recognise our vital role in Early Help. Early Help means identifying a child's or family's additional or shifting needs at an early stage and providing targeted support before problems escalate into a child protection issue.

Early Help may involve:

- Supporting families
- Signposting services
- Multi-agency working
- Monitoring concerns such as behavioural or emotional shifts or attendance changes
- Providing additional support

The nursery will cooperate fully with Early Help arrangements where appropriate.

No emerging concern is too small to record. All staff must log any emerging concern factually and report directly to a DSL.

Recruitment of staff and Volunteers

It is the policy of the nursery to provide a secure and safe environment for all children. The nursery will therefore not allow an adult to be left alone with a child who has not received their enhanced CRB disclosure clearance.

All staff do basic child protection training within their first month of employment and receive initial basic training during their induction period. This will include the procedures for spotting signs and behaviours of abuse and abusers, recording and reporting concerns and creating a safe and secure environment for the children in the nursery including safer sleep training as mandatory.

- We provide adequate and appropriate staffing resources to meet the needs of children
- Applicants for posts within the nursery are clearly informed that the positions are exempt from the Rehabilitation of Offenders Act 1974. Candidates are informed of the need to carry out checks before posts can be confirmed. Where applications are rejected because of information that has been disclosed, applicants have the right to know and to challenge incorrect information
- All enhanced DBS disclosures checks will be updated on a regular basis to ensure the suitability of the adults caring for the children
- We abide by Ofsted requirements in respect of references and suitability checks for staff and volunteers, to ensure that no disqualified person or unfit person works at the nursery or has access to the children
- We ensure we receive at least two written references BEFORE a new member of staff commences employment with us
- All students will have enhanced CRB disclosures conducted on them before their placement starts
- Volunteers, including students, do not work unsupervised
- We abide by the Safeguarding Vulnerable Groups Act (2006) requirements in respect of any person who is dismissed from our employment, or resigns in circumstances that would otherwise have led to dismissal for reasons of child protection concern
- We have procedures for recording the details of visitors to the nursery and take security steps to ensure that we have control over who comes into the nursery, so that no unauthorised person has unsupervised access to the children

- All visitors/contractors will still be accompanied whilst on the premises, especially when in the areas the children use
- All staff have access to a whistleblowing policy which will enable them to share any concerns that may arise about their colleagues in an appropriate manner
- All staff will receive regular supervision meetings where opportunities will be made available to discuss child protection training and any needs for further support
- The deployment of staff within the nursery allows for constant supervision and support. Where children need to spend time away from the rest of the group, the door will be left ajar or other safeguards will be placed into action to ensure the safety of the child and the adult.

Confidentiality

All suspicions, enquiries and external investigations are kept confidential and shared only with those who need to know. Any information is shared under the guidance of the LSCB.

Information may be shared without parental consent where necessary to protect a child from harm. The safety and welfare of the child will always take precedence.

Support to families

- Rooftops takes every step in its power to build up trusting and supportive relations among families, staff and volunteers within the nursery
- Rooftops continue to welcome the child and the family whilst enquiries are being made in relation to abuse in the home situation. Parents and families will be treated with respect in a non-judgmental manner whilst any external investigations are carried out in the best interests of the child
- Confidential records kept on a child are shared with the child's parents or those who have parental responsibility for the child, only if appropriate under the guidance of the LSCB with the proviso that the care and safety of the child is paramount. We will do all in our power to support and work with the child's family.

Whistleblowing

Whistleblowing is the term used when a worker (staff member, student or volunteer) passes on information concerning wrongdoing. All safeguarding allegations, internal or external, current or historical, must be passed on the DSL. We will cooperate fully with the authorities involved and follow any guidance given. See the Whistleblowing policy which outlines our procedures, including where staff, students or volunteers may wish to raise concerns about poor or unsafe practice regarding our safeguarding provision. All concerns will be taken seriously by the senior leadership team.

We believe keeping children safe is the highest priority and if, for whatever reason, concerns cannot be reported to the DSL or deputy DSL, or where a person feels that their genuine concerns are not being addressed, concerns can be reported anonymously to the LA social services safeguarding children team, the NSPCC, the police, or Ofsted.

Allegations Against Staff
Any allegations made to any member of staff or student should be reported to the **Manager and/or DSL immediately.**

This includes staff that have: -

- Behaved in a way that has harmed or may have harmed a child/ren
- Possibly committed a criminal offence against or related to a child
- Behaved towards a child/ren that is indicative to their unsuitability to continue working with children

The Local Authority Designated Officer (LADO) will be contacted in the case of any allegation made against a member of staff or volunteers/students working with children, **within one day**. The LADO will be contacted regardless of the allegation or whether it is believed to be malicious or not. No attempt will be made to investigate any allegations without first contacting LADO for advice.

The LADO for the North Yorkshire area is the LADO Duty Room- Tel 01609 532477
Ofsted will be contacted as soon as possible and always within 48 hours, both by the Nursery and LADO informing them of any allegations made. The nursery will work with all parties involved to support the child, staff and parents and any other persons involved.

Clear and consistent records will be kept throughout the investigation of any allegations made. This will be kept in the person's (who the allegation was made against) personnel file and a copy given to the individual. This will be retained on file, even if the person leaves the company until the person reaches retirement age or for 10 years if that will be longer. This information will be used for future references and provide any clarification for any CRB disclosures where allegations were made. This information will also be used if re-investigation happens if any allegations re-surface.

The LADO will obtain information from the employer and details of the allegation. The discussion will consider if the allegation is false or unfounded.
If the allegation is not unfounded and there is cause to suspect a child has or likely to suffer significant harm the LADO will immediately refer to social care. A strategy meeting will be convened straight away and attended by the LADO and representative of the employer.

If the allegation does not involve a criminal offence, it will be dealt with by the employer. If disciplinary action is not required, then appropriate action should be taken within **three working days**. If a disciplinary hearing is required and can precede without further investigation this should do so within **15 working days**. If further advice is needed by the LADO regarding disciplinary action a report will be received by them within **10 working days.** The employer's decision whether to pursue disciplinary action will be given within **2 working days** and the hearing will be held within **15 working days.**

Support for persons involved

Parents or carers of the child/ren involved will be told about the allegation as soon as possible and will be kept informed about the progress of the case. The outcome will be shared with the parents/carers where there is not a criminal conviction, including any disciplinary action taken.
In cases where a child may have suffered significant harm or there may be a criminal prosecution, children's social care, the police will consider the support needed for the child/ren.
The nursery will also keep the person who is subject to an allegation involved and arrange to provide appropriate support while the case is ongoing. External support (e.g., counselling) may be required and will be sought wherever possible.

Low Level Concerns

A low-level concern is any behaviour by an adult working with children that is inconsistent with the Staff Code of Conduct, including behaviour outside work, and may include a sense of unease or doubt. It does not meet the threshold of significant harm or an immediate LADO referral, but it is still important.

We promote a culture of openness, trust and transparency, where all staff feel confident to share concerns. Staff should report concerns to the DSL as soon as reasonably possible (ideally within 24 hours), though it is never too late to share.

Staff are not expected to judge whether something is a concern, complaint or allegation — they simply report it. If the DSL is unsure whether the harm threshold is met, they will consult the LADO.

Staff should also self-report if they find themselves in a situation that could be misinterpreted or if their behaviour falls below expected standards.

When the DSL receives information, they will decide whether the behaviour:

- Meets or may meet the harm threshold
- Meets the threshold when combined with previous concerns
- Is a low-level concern
- Is appropriate and consistent with policy and law

The DSL will keep a clear record including:

- Who reported it
- Details of the concern
- Witnesses (if any)
- External discussions (LSP/LADO)
- The decision made and rationale
- Any actions taken

Low-level concern records are kept confidential, stored securely, and retained at least until the staff member leaves. If a concern indicates misconduct, disciplinary procedures will be followed and records kept both in personnel files and the low-level concerns file.

Confidentiality

Confidentiality must be always maintained and guard against publicity whilst an investigation is being carried out. Staff will adhere to our strict confidentiality policy. Parents carers will be asked to keep any information shared confidential to protect all children involved.

Resignations or 'compromise agreement'

If a member of staff resigns immediately after an allegation, this will not prevent the above procedure being carried out.
A compromise agreement by which a person agrees to resign, and disciplinary action will not be perused by the employer will not be taken or considered in the case of allegations. This will not stop a police investigation or the employer reporting such matters to the ISA

Rooftops Montessori Day Nursery is committed to creating a culture where every child feels safe, valued, respected and protected, and where safeguarding remains at the heart of everything we do.

Rooftops Montessori Day Nursery works with external advisors and internal leads to ensure safety standards are upheld.

Health and Safety Advisor:
Supply Me Ltd
support@supply-me.co.uk
0113 4790810

This policy will be monitored and reviewed annually to ensure staff, children and visitor health, safety and welfare is continually promoted in the organisation.

Policy created by: Matthew Rennison (BA Hons, PGCE, TechIOSH, MRSPH, MSET, GMIFPO, MIIRSM)
Policy created on: 1st September 2026
Next policy review due: September 2027

WHO CAN WE CONTACT IF WE SUSPECT A CHILD IS AT RISK OF HARM?

Safeguarding concerns should be passed to the DSL and she will refer to the appropriate agency. If your safeguarding / child protection concern relates to the DSL, or if you, feel she has not dealt with your concern satisfactorily, you must ring the relevant agency listed below and report your concern.

NYSCP **North Yorkshire safeguarding children's partnership**	**If you have concerns about a child that you require advice about, call the p**rofessional's consultation Line, available between 10am and 4pm on **01609 535070.** **If you believe the situation is urgent** but does not require the police, please call **0300 131 2 131** to make a telephone contact. Should your call be outside of business hours (Monday – Friday / 9am-5pm) please still call **0300 131 2 131** to speak to the Emergency Duty Team. A written referral using the universal referral form must be completed and submitted **within 24 hours** of your telephone call. North Yorkshire Children's Social Care: **0300 131 2 131**	If we suspect a child is being harmed or is at risk of being harmed.
Ofsted	General number: 0300 1231231 Whistleblowing: Call us on 0300 123 3155 (Monday to Friday from 8:00am to 6:00pm)	DSL will inform Ofsted if one of the other agencies listed below has been contacted; if concerns relating to a child/family have been passed to one of the following agencies: -
Local Authority Designated Officer	LADO duty room Tel : 01609 798005	Accusations and allegations relating to staff members only.
NSPCC	0808 800 5000	
Childline	0800 1111	
FGM	**During Office Hours** By phone: 01609 780780 Email: social.care@northyorks.gov.uk **Outside office hours** Emergency Duty Team (for evenings and bank holidays): 01609 780780	If we suspect that a child has undergone or is likely to undergo female genital mutilation. More info on FGM: - https://www.gov.uk/governemnt/publications/safeguarding-women-anmd-girls-at-risk-of-fgm
Prevent NYCC	NYCC - Odette Robson odette.robson@northyorks.gov.uk Tel: 01609 797105 National Police Prevent Line: 0800 0113764	If we suspect that a family is displaying extremist behaviour; if we think a family are being drawn into committing acts of terrorism.

POLICE	Non-emergency – 101 Emergency - 999	In an extreme situation whereby, a child may be in immediate and significant danger.

Table of definitions	
Safeguarding	The wider responsibility of protecting children from harm and promoting their health, wellbeing and development
Child protection	The specific action taken when there are concerns that a child is suffering, or is likely to suffer, significant harm
Abuse	Harm or maltreatment of a child, including physical, emotional or sexual abuse
Neglect	The persistent failure to meet a child's basic physical, or emotional needs, which may seriously affect their health or development
Physical Abuse	Deliberately causing physical harm to a child, including actions such as hitting, shaking, burning or poisoning
Emotional Abuse	Persistent or severe treatment that negatively affects a child's emotional development, such as rejection, humiliation or exposure to domestic abuse
Sexual Abuse	Involving or exposing a child to sexual activity that they cannot understand or consent to, including inappropriate sexual language, behaviour or contact
Fabricated or Induced Illness (FII)	When a child is presented as ill, or is made ill, by a parent or carer including exaggerating or fabricating symptoms
Early Help	Support provided when a child or family has additional or changing needs, before concerns escalate into a child protection matter
Welfare concern	Anything unusual or out of the ordinary for a particular child that causes a member of staff to worry about their welfare
Low-Level Concern	Behaviour by an adult working with children that is inconsistent with the Staff code of Conduct but does not meet the thresh old for an allegation of significant harm
Professional Curiosity	The responsibility to look beyond the obvious, ask appropriate questions and remain curious when something does not seem right
Disclosure	When a child or another person tells a member of staff information that may indicate abuse, neglect or another safeguarding reason

LADO	Local Authority Designated Officer – the person who provides advice and manages allegations about adults working with children
DSL	Designated safeguarding lead- the person responsible for leading safeguarding and child protection arrangements within the setting
FGM	Female Genital Mutilation- the deliberate cutting, injury or alteration of female genitalia for non-medical reasons
Honour-Based Abuse	Violence, threats or abuse carried out because someone is believed to have brought shame or dishonour to a family or community
Forced Marriage	A marriage where one or both people do not, or cannot, freely consent and pressure or coercion is involved
Modern Slavery	Exploitation involving slavery, servitude, forced or compulsory labour or human trafficking
Child-on-child Abuse	Harmful behaviour between children, which can include bullying, discriminatory behaviour, sexual harassment or other forms of abuse
Whistleblowing	Reporting concerns about wrongdoing or unsafe practice, including concerns about safeguarding practice or the behaviour of colleagues.

This policy was adopted in	By	Date to be reviewed
September 2026		September 2027