



**Nursery Strategic Leader & Nominated Individual Mrs J Edwards**  
**Nursery Manager: Miss C Bates**

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Governor approved	November 2024	Key person/people	NI & Nursery Manager
Model Policy		Model Localised	Yes

**SAFEGUARDING**

***Please note: this is a Hampshire Model Policy with local adaptations for a nursery setting. All colleagues working in Rotherly Day Nursery are potentially in contact with the wider family so need to have knowledge of safeguarding that is beyond the age-group of child with whom they ordinarily work.***

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Any links to local or national advice and guidance can be accessed via the safeguarding in education webpages: [www.hants.gov.uk/educationandlearning/safeguardingchildren/guidance](http://www.hants.gov.uk/educationandlearning/safeguardingchildren/guidance)

Links to online specific advice and guidance can be found at <https://www.hants.gov.uk/socialcareandhealth/childrenandfamilies/safeguardingchildren/onlinesafety>

Links to other pages from the local authority on safeguarding can be found at <https://www.hants.gov.uk/socialcareandhealth/childrenandfamilies/safeguardingchildren>

The procedures of the Hampshire Safeguarding Children Partnership can be accessed at <http://hipsprocedures.org.uk/page/contents>

*This policy should be read in conjunction with the nursery Child Protection Policy and Employee Code of Conduct, the Early Years Framework Section 3 (Annex 2) and The HSCP Bruising Protocol (Annex 3).*

**Policy Statement**

Safeguarding determines the actions that we take to keep children safe and protect them from harm in all aspects of their nursery life. As a Nursery we are committed to safeguarding and promoting the welfare of all babies and children.

The actions that we take to prevent harm; to promote wellbeing; to create safe environments; to educate on rights, respect and responsibilities; to respond to specific issues and vulnerabilities all form part of the safeguarding responsibilities of the nursery. As such, this overarching policy will link to other policies which will provide more information.

## Principles and Values

Safeguarding and promoting the welfare of children is everyone's responsibility. Everyone who comes into contact with children and their families has a role to play. In order to fulfil this responsibility effectively, all colleagues should make sure their approach is child centred. This means that they should consider, at all times, what is in the best interests of the child.

Safeguarding measures are put in place to minimise harm to children. There may be occasions where gaps or deficiencies in our policies and processes will be highlighted. In these situations, a review will be carried out in order to identify learning and inform the policy, practice and culture of the nursery.

All child in our nursery can talk to any colleague about situations, or to share concerns, which are causing them worries. The colleague will listen to the child, take their worries seriously and share the information with the safeguarding lead.

### Aims

- To provide employees with the framework to promote and safeguard the wellbeing of children and in so doing ensure they meet their statutory responsibilities.
- To ensure consistent good practice across the nursery.
- To demonstrate our commitment to protecting children.

As a nursery, we review this policy at least annually in line with DfE, HSCP, HCC and any other relevant guidance.

The the Governing body supports the judgement of the Designated Safeguarding Leads, or their deputies in their place, with regards to their actions and referrals made to outside agencies. The DSL, or deputies, will always err on the side of caution with regards to decisions made relating to the safeguarding of both children and adults.

## Areas of Safeguarding

Within Keeping Children Safe in Education (2024) and the Ofsted inspection guidance (updated September 2024), there are a number of safeguarding areas directly highlighted or implied within the text.

These areas of safeguarding have highlighted and identified a number of safeguarding areas: :are emerging or high risk issues (part 1); those related to the child as an individual (part 2); other safeguarding issues affecting child (part 3); and those related to the running of the Nursery (part 4).

## Definitions

Within this document:

'**Safeguarding**' is defined in the Children Act 2004 as protecting from maltreatment; preventing impairment of health and development; ensuring that children grow up with the provision of safe and effective care; and work in a way that gives the best life chances and transition to adult hood. Our safeguarding practice applies to every child.

The term **Employees** applies to all those working for or on behalf of the Nursery, full time or part time, in either a paid or voluntary capacity. This also includes parents and Governors.

**Child** refers to all young people who have not yet reached their 18<sup>th</sup> birthday. On the whole, this will apply to child of our Nursery; however the policy will extend to visiting children and children from other establishments

**Parent** refers to birth parents and other adults in a parenting role for example adoptive parents, guardians, step parents and foster carers.

### **Key personnel**

The designated safeguarding leads for Rotherly Day Nursery are:

Mrs J. Edwards , Nursery Strategic Lead and Nominated Individual, Senior DSL Nursery  
Miss C. Bates, Nursery Manager & DSL Nursery

The Deputy DSLs are:

Mrs. R Condon (Deputy Manager)  
Mrs. L Kirby (Deputy Manager)

Governors with specific oversight for Safeguarding are: Ms Luzmore, Safeguarding Governor and Mrs Catchpole, Chair of Governors

## **Part 1 – High risk and emerging safeguarding issues**

### **Contextual Safeguarding**

All colleagues should be aware that safeguarding incidents and/or behaviours can be associated with factors outside the nursery and/or can occur between children outside of our nursery. All colleagues, but especially the designated and deputy/deputies safeguarding leads should consider whether children are at risk of abuse or exploitation in situations outside their families.

Risk and harm outside of the family can take a variety of different forms and children can be vulnerable to sexual exploitation, criminal exploitation, and serious youth violence in addition to other risks.

For us as a nursery, we will consider the various factors that have an interplay with the life of any child about whom we have concerns within the Nursery and the level of influence that these factors have on their ability to be protected and remain free from harm particularly when it comes to child exploitation or criminal activity.

While this term applies to this specific definition, the notion of considering a child within a specific context is also important. What life is like for a child outside the Nursery, within the home, within the family and within the community are key considerations when the DSL is looking at any concerns.

### **Ofsted Compliance**

The nursery must inform Ofsted of any allegations of serious harm or abuse by anyone working, or looking after children at the premises. This must happen whether the allegations of harm or abuse are alleged to have been committed on the premises or elsewhere, for example, on a visit. Registered providers must also notify Ofsted of the action they have taken in response to the allegations. Ofsted must be notified as soon as is reasonably practicable, but in any event within 14 days of the allegations being made. A registered provider who, without a reasonable excuse, fails to do this, commits an offence.

### **Preventing Radicalisation and Extremism**

The Prevent duty requires that all colleagues are aware of the signs that a child may be vulnerable to radicalisation. The risks include, but are not limited to, political, environmental, animal rights, or faith-based extremism that may lead to a child becoming radicalised. All colleagues have undertaken Prevent (government training for public sector workers) e-learning training in order that they can identify the signs of children being radicalised.

There is no single way of identifying whether a child is likely to be susceptible to an extremist ideology. Background factors combined with specific influences such as family and friends may contribute to a child's vulnerability. Similarly, radicalisation and the grooming of children can occur through many different methods, such as social media or the internet, and at different settings.

As part of the preventative process, resilience to radicalisation will be built through the promotion of fundamental British Values through the curriculum.

Any child who is considered vulnerable to radicalisation will be referred by the DSL to Hampshire children's social care, where the concerns will be considered in the MASH process. If the police prevent officer considers the information to be indicating a level of risk a "channel panel" will be convened and the nursery will attend and support this process.

## **Gender based violence / Violence against women and girls**

<https://www.gov.uk/government/policies/violence-against-women-and-girls>

The government has a strategy looking at specific issues faced by women and girls. Within the context of this safeguarding policy the following sections are how we respond to violence against girls. Female genital mutilation, forced marriage, honour-based violence and teenage relationship abuse all fall under this strategy.

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

FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. It has no health benefits and harms girls and women in many ways. It involves removing and damaging healthy and normal female genital tissue, and hence interferes with the natural function of girls' and women's bodies.

The age at which girls undergo FGM varies enormously according to the community. **The procedure may be carried out when the girl is newborn, during childhood or adolescence, just before marriage or during the first pregnancy.** However, the majority of cases of FGM are thought to take place between the ages of 5 and 8 and therefore girls within that age bracket are at a higher risk. FGM is illegal in the UK.

On the 31 October 2015, it **became mandatory for teachers to report known cases of FGM to the police. At Rotherly Day Nursery, we regard it as the duty of every employee to report to the police any knowledge of FGM or potential FGM, in addition to making the Nursery's DSL aware without delay.** 'known' cases are those where either a girl informs the person that an act of FGM – however described – has been carried out on her, or where the person observes physical signs on a girl appearing to show that an act of FGM has been carried out and the person has no reason to believe that the act was, or was part of, a surgical operation within section 1(2)(a) or (b) of the FGM Act. In these situations, the DSL and/or head will be informed and that the member of teaching employees has called the police to report suspicion that FGM has happened. **At no time will employees examine child to confirm this.**

For cases where it is believed that a girl may be vulnerable to FGM or there is a concern that she may be about to be genitally mutilated, employees will (without delay) inform the DSL or Deputy DSL who will report it to the police and Children's Services as with any other child protection concern.

While FGM has a specific definition, there are other abusive cultural practices which can be considered harmful to women and girls. Breast ironing is one of five UN defined 'forgotten crimes against women'. It is a practice whereby the breasts of girls typically aged 8-16 are pounded using tools such as spatulas, grinding stones, hot stones, and hammers to delay the appearance of puberty. This practice is considered to be abusive and should be referred to children's social care

### **Forced Marriage**

(An alternative and fuller summary about the risk and impact of forced marriage on child can be found in the [multi-agency guidance of the forced marriage unit](#) page 32 - 36)

In the case of children: *'a forced marriage is a marriage in which one or both spouses cannot consent to the marriage and duress is involved. Duress can include physical, psychological, financial, sexual and emotional pressure.'* In developing countries 11% of girls are married before the age of 15. One in 3 victims of forced marriage in the U.K. are under 18.

It is important that all employees recognise the presenting symptoms, how to respond if there are concerns and where to turn for advice.

Advice and help can be obtained nationally through the Forced Marriage Unit and locally through the local police safeguarding team or children's social care.

Policies and practices in this Nursery reflect the fact that while all members of employees, including teachers, have important responsibilities with regard to child who may be at risk of forced marriage, teachers and Nursery leaders should not undertake roles in this regard that are most appropriately discharged by other children's services professionals such as police officers or social workers.

### ***Characteristics that may indicate forced marriage***

While individual cases of forced marriage, and attempted forced marriage, are often very particular, they are likely to share a number of common and important characteristics, including:

- an extended absence from Nursery,
- a drop in performance or sudden signs of low motivation
- excessive parental restriction and control of movements
- a history of siblings leaving education to marry early
- poor performance, parental control of income and children being allowed only limited career choices
- evidence of self-harm, treatment for depression, attempted suicide, social isolation, eating disorders or substance abuse; and/or
- evidence of family disputes/conflict, domestic violence/abuse or running away from home

On their own, these characteristics may not indicate forced marriage. However, it is important to be satisfied that where these behaviours occur, they are not linked to forced marriage. It is also important to avoid making assumptions about an individual child's circumstances or act on the basis of stereotyping. For example, an extended holiday may be taken for entirely legitimate reasons and may not necessarily represent a pretext for forced marriage.

### **Honour Based Abuse**

So-called 'honour'-based abuse (HBA) encompasses incidents or crimes which have been committed to protect or defend the honour of the family and/or the community, including female genital mutilation (FGM), forced marriage, and practices such as breast ironing. Abuse committed in the context of preserving 'honour' often involves a wider network of family or community pressure and can include multiple perpetrators. It is important to be aware of this dynamic and additional risk factors when deciding what form of safeguarding action to take.

It is often linked to family or community members who believe someone has brought shame to their family or community by doing something that is not in keeping with their unwritten rule of conduct.

For example, honour-based abuse might be committed against people who:

- become involved with a boyfriend or girlfriend from a different culture or religion
- want to get out of an arranged marriage
- want to get out of a forced marriage
- wear clothes or take part in activities that might not be considered traditional within a particular culture
- convert to a different faith from the family
- are exploring their sexuality or identity

Women and girls are the most common victims of honour-based abuse however it can also affect men and boys. Crimes of 'honour' do not always include violence. Crimes committed in the name of 'honour' might include:

- domestic abuse
- threats of violence
- sexual or psychological abuse
- forced marriage
- being held against your will or taken somewhere you don't want to go
- assault

All forms of honour-based abuse are abusive (regardless of the motivation) and should be handled and escalated as such. If employees believe that a child is at risk or has already suffered from honour-based abuse, they will report this to the DSL who will follow the usual safeguarding referral process; however, if it is clear that a crime has been committed or the child is at immediate risk, the police will be contacted in the first place. It is important that if honour-based violence is known or suspected that communities and family members are NOT spoken to prior to referral to the police or social care as this could increase risk to the child.

### **Teenage Relationship Abuse**

Relationship abuse can take place at any age and describes unacceptable behaviour between two people who are in a relationship.

Research has shown that teenagers do not always understand what may constitute abusive and controlling behaviours, e.g. checking someone's 'phone, telling them what to wear, who they can/can't see or speak to or coercing them to engage in activities they are not comfortable with. The government campaign "disrespect nobody" provides other examples of abusive behaviour within a relationship.

This lack of understanding can lead to these abusive behaviours feeling 'normal' and therefore left unchallenged, as they are not recognised as being abusive.

In response to these research findings, the nursery will provide age-appropriate education to help prevent children from becoming victims and perpetrators of abusive relationships, by encouraging them to rethink their views of violence, abuse and controlling behaviours, and understand what consent means within their relationships. This will form part of the nursery's curriculum content in respect of Relationship Education.

If the nursery has concerns about a child in respect of relationship abuse, it will report those concerns in line with procedures to the appropriate authorities as a safeguarding concern, a crime or both.

### **Sexual Violence and Sexual Harassment Between Children**

Sexual violence and sexual harassment (SV / SH) can occur between two children of any age and sex from primary to secondary stage and into colleges. It can also occur through a group of children sexually assaulting or sexually harassing a single child or group of children.

Within our Nursery all employees have received training about sexual violence and sexual harassment and what this might look like including what to do if they have a concern or receive a report. Whilst any report of sexual violence or sexual harassment should be taken seriously, employees are aware it is more likely that girls will be the victims of sexual violence and sexual harassment and more likely it will be perpetrated by boys. This pattern of prevalence will not, however, be an obstacle to ALL concerns being treated seriously.

As a Nursery we have a zero-tolerance approach to sexual violence and sexual harassment and are clear that it is not acceptable, will never be tolerated and is not an inevitable part of growing up. It cannot be described as 'banter', 'having a laugh' or 'boys being boys'.

We will also take seriously any sharing of sexual images (photos, pictures or drawings) and videos; sexual jokes, comments or taunting either in person or on social media; or on-line sexual harassment.

Within the child protection policy, there is a clear procedure for how we deal with situations where sexual assaults or behaviour considered criminal between children has taken place.

As a Nursery we will follow Part 5 of KCSIE 2024 Child on Child sexual violence and sexual Harassment.

Making it clear that there is a zero-tolerance approach to sexual violence and sexual harassment, that it is never acceptable, and it will not be tolerated. It should never be passed off as “banter”, “just having a laugh”, “a part of growing up” or “boys being boys”. Failure to do so can lead to a culture of unacceptable behaviour, an unsafe environment and in worst case scenarios a culture that normalises abuse, leading to children accepting it as normal and not coming forward to report it.

In addition, recognising, acknowledging, and understanding the scale of harassment and abuse and that even if there are no reports it does not mean it is not happening, it may be the case that it is just not being reported.

Also challenging physical behaviour (potentially criminal in nature) such as grabbing bottoms, breasts and genitalia, pulling down trousers, flicking bras and lifting up skirts. Dismissing or tolerating such behaviours risks normalising them.

All colleagues will maintain the attitude that “It could happen here”

## **Upskirting**

In 2019 the Voyeurism Offences Act came into force and made the practice of upskirting illegal.

Upskirting is defined as someone taking a picture under another persons clothing without their knowledge, with the intention of viewing their genitals or buttocks, with or without underwear. The intent of upskirting is to gain sexual gratification or to cause the victim humiliation, distress or alarm. Anyone of any gender can be a victim. If this is between child, we will follow the ‘Child on Child’ abuse procedure.

If employees in the Nursery are made aware that upskirting has occurred, then this will be treated as a sexual offence and reported to the DSL and the police.

There are behaviours that would be considered as sexual harassment which may be pre-cursors to upskirting. The use of reflective surfaces or mirrors to view underwear or genitals will not be tolerated and the Nursery will respond to these with appropriate disciplinary action and education.

Children who place themselves in positions that could allow them to view underwear, genitals or buttocks, will be told to move away and their actions recorded with follow-up support. Repeat offenders will be disciplined. These locations could include stairwells, under upper floor walkways, outside changing areas and toilets or sitting on the floor or laying down in corridors.

If technology that is designed for covert placement and could be used to take upskirting or indecent images is discovered in the Nursery it will be confiscated. If the technology is in location and potentially may have captured images, this will be reported to the police and left in situ so that appropriate forensic measures can be taken to gather evidence.

Any confiscated technology will be passed to the Headteacher to make a decision about what happens to the items and will be carried out under the principles set out in the government guidance on searching, screening and confiscation

If the image is taken on a mobile phone, the phone will be confiscated under the same principles. This may need to be passed to the police for them to investigate, if there is evidence that a crime has been committed.

## **The Trigger Trio**



The term 'Trigger Trio' has replaced the previous phrase 'Toxic Trio' which was used to describe the issues of domestic violence, mental ill-health and substance misuse which have been identified as common features of families where harm to children and adults has occurred.

The above are viewed as indicators of increased risk of harm to children and young people. In an analysis of Serious Cases Reviews undertaken by Ofsted in 2011, they found that in nearly 75% of these cases two or more of the issues were present.

These factors will have a contextual impact on the safeguarding of children and young people.

## **Domestic Abuse**

The Domestic Abuse Act 2021. The Act introduces the statutory definition of domestic abuse and recognises the impact of domestic abuse on children, as victims in their own right, if they see, hear or experience the effects of abuse. The statutory definition of domestic abuse, based on the previous cross-government definition, ensures that different types of relationships are captured, including ex-partners and family members. The definition captures a range of different abusive behaviours, including physical, emotional and economic abuse and coercive and controlling behaviour. Both the person who is carrying out the behaviour and the person to whom the behaviour is directed towards must be aged 16 or over and they must be "personally connected"

Types of domestic abuse include intimate partner violence, abuse by family members, teenage relationship abuse and child/adolescent to parent violence and abuse. Anyone can be a victim of domestic abuse, regardless of sexual identity, age, ethnicity, socioeconomic status, sexuality or background and domestic abuse can take place inside or outside of the home. The government will issue statutory guidance to provide further information for those working with domestic abuse victims and perpetrators, including the impact on children.

All children can witness and be adversely affected by domestic abuse in the context of their home life where domestic abuse occurs between family members. Experiencing domestic abuse and/or violence can have a serious, long lasting emotional and psychological impact on children. In some cases, a child may blame themselves for the abuse or may have had to leave the family home as a result.

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

Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

Indicators that a child is living within a relationship with domestic abuse may include:

- being withdrawn
- suddenly behaving differently
- anxiety
- being clingy
- depression
- aggression
- problems sleeping
- eating disorders
- bed wetting
- soiling clothes
- excessive risk taking
- missing nursery
- changes in eating habits
- obsessive behaviour
- experiencing nightmares
- taking drugs
- use of alcohol
- self-harm

- thoughts about suicide

These behaviours themselves do not indicate that a child is living with domestic abuse but should be considered as indicators that this may be the case.

If colleagues believe that a child is living with domestic abuse, this will be reported to the DSL for referral, to be considered by children's social care.

### **Parental Mental Health**

The term 'mental ill health' is used to cover a wide range of conditions, from eating disorders, mild depression and anxiety to psychotic illnesses such as schizophrenia or bipolar disorder. Parental mental illness does not necessarily have an adverse impact on a child's developmental needs, but it is essential to always assess its implications for each child in the family. It is essential that the diagnosis of a parent/carer's mental health is not seen as defining the level of risk. Similarly, the absence of a diagnosis does not equate to there being little or no risk.

For children the impact of parental mental health can include:

- The parent / carer's needs or illnesses taking precedence over the child's needs
- Child's physical and emotional needs neglected
- A child acting as a young carer for a parent or a sibling
- Child having restricted social and recreational activities
- Child finds it difficult to concentrate, potentially impacting on educational achievement
- A child missing Nursery regularly as (s)he is being kept home as a companion for a parent / carer
- A child adopts paranoid or suspicious behaviour as they believe their parent's delusions.
- Witnessing self-harming behaviour and suicide attempts (including attempts that involve the child)
- Obsessional compulsive behaviours involving the child
- Having adverse childhood experiences such as exposure to violence or family disruptions including divorce
- Developing early mental health problems themselves
- Experience embarrassment or shame as a result of the stigma associated with their parents' mental illness

If employees become aware of any of the above indicators, or others that suggest a child is suffering due to parental mental health, the information will be shared with the DSL to consider a referral to children's social care.

### **Parental Substance Misuse**

Substance misuse applies to the misuse of alcohol as well as 'problem drug use', defined by the Advisory Council on the Misuse of Drugs as drug use which has: 'serious negative consequences of a physical, psychological, social and interpersonal, financial or legal nature for users and those around them.

Parental substance misuse of drugs or alcohol becomes relevant to child protection when substance misuse and personal circumstances indicate that their parenting capacity is likely to be seriously impaired or that undue caring responsibilities are likely to be falling on a child in the family.

For children the impact of parental substance misuse can include:

- Inadequate food, heat and clothing for children (family finances used to fund adult's dependency)
- Lack of engagement or interest from parents in their development, education, or wellbeing and basic needs
- Behavioural difficulties- inappropriate display of sexual and/or aggressive behaviour
- Bullying (including due to poor physical appearance)

- Isolation – finding it hard to socialise, make friends or invite them home
- Tiredness or lack of concentration
- Child talking of or bringing into Nursery drugs or related paraphernalia
- Injuries /accidents (due to inadequate adult supervision)
- Taking on a caring role
- Continued poor academic performance including difficulties completing homework on time
- Poor attendance or late arrival.
- paying for food, clothing and essential bills (for example if their income is being spent on drugs and alcohol)
- Risk of exposure to harmful substances and equipment such as needles and syringes
- Babies may be affected adversely as a foetus developing in the womb by their Mother's use of drugs
- cognitive development may be impaired, for example reduced impulse control
- inhibited executive function skills, such as problems with learning and memory
- Their immune system maybe weakened

These behaviours themselves do not indicate that a child's parent is misusing substances but should be considered as indicators that this may be the case.

If employees believe that a child is living with parental substance misuse, this will be reported to the designated safeguarding lead for referral to children's social care to be considered.

### **Young Carers**

As many as 1 in 12 children and young people provide care for another person. This could be a parent, a relative or a sibling and for different reasons such as disability, chronic illness, mental health needs, or adults who are misusing drugs or alcohol. The nursery will be mindful and aware of cases where a child may be being cared for by an older sibling/family member and report concerns accordingly.

Child who provide care for another are Young Carers. These young people can miss out on opportunities, and the requirement to provide care can impact on nursery attendance or punctuality, limit time for homework, leisure activities and social time with friends.

As a nursery we may refer a young carer to children's social care for a carers assessment to be carried out. We will consider support that can be offered and make use of the resources and guidance from Save the Children in their young carers work.

### **Missing, Exploited and Trafficked Children (MET)**

Within Hampshire, the acronym MET is used to identify all children who are missing; believed to be at risk of or being exploited; or who are at risk of or are being trafficked. Given the close links between all of these issues, there has been a considered response to join all these issues, so that cross over of risk is not missed.

### **Children Absent or Missing from Education or Nursery**

Nursery colleagues will ring parents or carers if a child who is expected in the nursery on a particular day hasn't arrived. This phone call will usually take place before 11am unless the parent or carer has rung first.

*'All staff should be aware that children being absent from school or college, particularly repeatedly and/or for prolonged periods, and children missing education can act as a vital warning sign of a range of safeguarding possibilities. This may include abuse and neglect such as sexual abuse or exploitation and can also be a sign of child criminal exploitation including involvement in county lines. It may indicate mental health problems, risk of substance abuse, risk of travelling to conflict zones, risk of female genital mutilation, so called 'honour'-based abuse or risk of forced marriage. Early intervention is essential to identify the existence of any underlying safeguarding risk and to help prevent the risks of a*

*child going missing in future. It is important that staff are aware of their school's or college's unauthorised absence procedures and children missing education procedures.'* – Keeping Children Safe in Education 2024

DSL's and employees should consider:

Missing from nursery: is there a pattern to the absence or anything that could give rise to concern about a child's safety?

- Is the child being exploited during this time?
- Are they with a different carer?
- Have they been directly or indirectly affected by substance misuse?

Single missing days: Is there a pattern in the day missed? Is it before or after the weekend suggesting the child is away from the area? Is the parent informing the Nursery of the absence on the day?

- Is the child being sexually exploited during this day?
- Can the parent be contacted and made aware?

Continuous missing days: Has the Nursery been able to make contact with the parent? Is medical evidence being provided? Are siblings attending Nursery (either our or local Nursery/nursery/wraparounds)?

- Did we have any concerns about radicalisation, FGM, forced marriage, honour-based violence, sexual exploitation?
- Have we had any concerns about physical or sexual abuse?
- Does the parent have any known medical needs? Is the child safe?

The Nursery will view absence as both a safeguarding issue and an educational outcomes issue. The Nursery may take steps that could result in legal action for attendance, or a referral to children's social care, or both.

Whilst colleagues will have direct contact with children in the nursery setting, they should be alert to older children in the household who may not be attending school and should report concerns to the DSL accordingly.

### **Children Missing from Home or Care**

It is known that children who go missing are at risk of suffering significant harm, and there are specific risks around children running away and the risk of sexual exploitation.

The Hampshire Police Force, as the lead agency for investigating and finding missing children, will respond to children going missing based on on-going risk assessments in line with current guidance.

The police definition of 'missing' is: "Anyone whose whereabouts cannot be established will be considered as missing until located, and their well-being or otherwise confirmed."

Various categories of risk should be considered and Hampshire Local Safeguarding Children's Partnership provides further guidance:

*'Local authorities have safeguarding duties in relation to children missing from home and should work with the police to risk assess and analyse data for patterns that indicate particular concerns and risks.*

*The police will prioritise all incidents of missing children as medium or high risk. Where a child is recorded as being absent, the details will be recorded by the police, who will also agree review times and any on-going actions with person reporting.*

*A missing child incident would be prioritised as 'high risk' where:*

- *the risk posed is immediate and there are substantial grounds for believing that the child is in danger through their own vulnerability; or*
- *the child may have been the victim of a serious crime; or*

- *the risk posed is immediate and there are substantial grounds for believing that the public is in danger.*

*The high-risk category requires the immediate deployment of police resources.*

*Authorities need to be alert to the risk of sexual exploitation or involvement in drugs, gangs or criminal activity, trafficking and aware of local “hot spots” as well as concerns about any individuals with whom children runaway.*

*Child protection procedures must be initiated in collaboration with children's social care services whenever there are concerns that a child who is missing may be suffering, or likely to suffer, significant harm.'*

Within any case of children who are missing both push and pull factors will need to be considered.

Push factors include:

- Conflict with parents/carers
- Feeling powerless
- Being bullied/abused
- Being unhappy/not being listened to
- The Trigger Trio (domestic abuse, parental mental ill health and parental substance misuse)

Pull factors include:

- Wanting to be with family/friends
- Drugs, money and any exchangeable item
- Peer pressure
- For those who have been trafficked into the United Kingdom as unaccompanied asylum-seeking children, there will be pressure to make contact with their trafficker.

We will inform all parents of children who are absent (unless the parent has informed us). If the parent is also unaware of the location of their child, and the definition of missing is met, we will either support the parent to contact the police to inform them or do so ourselves with urgency.

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

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

CSE can occur over time or be a one-off occurrence, and may happen without the child's immediate knowledge e.g. through others sharing videos or images of them on social media.

CSE can affect any child, who has been coerced into engaging in sexual activities. This includes 16 and 17 year olds who can legally consent to have sex. Some children may not realise they are being exploited e.g. they believe they are in a genuine romantic relationship. (from KCSiE)

- Exploitation can be isolated (one-on-one) or organised group/criminal activity
- There can be a big age gap between victim and perpetrator, but it can also be child on child
- Boys can be targeted just as easily as girls – this is not gender specific
- Perpetrators can be women and not just men
- Exploitation can be between males and females or between the same genders
- Children with learning difficulties can be particularly vulnerable to exploitation as can children from particular groups, e.g. looked after children, young carers, children who have a history of physical, sexual emotional abuse or neglect or mental health problems; children who use drugs or alcohol, children who go missing from home or Nursery, children involved in crime, children with parents/carers who have mental health problems, learning difficulties/other

issues, children who associate with other children involved in exploitation. However, it is important to recognise that any child can be targeted

Indicators a child may be at risk of CSE include:

- going missing for periods of time or regularly coming home late;
- regularly missing Nursery or education or not taking part in education;
- appearing with unexplained gifts or new possessions;
- associating with other young people involved in exploitation;
- having older boyfriends or girlfriends;
- suffering from sexually transmitted infections or becomes pregnant;
- mood swings or changes in emotional wellbeing;
- drug and alcohol misuse;
- displaying inappropriate sexualised behaviour.

CSE can happen to a child of any age, gender, ability or social status. Often the victim of CSE is not aware that they are being exploited and do not see themselves as a victim.

CSE can be a one-off occurrence or a series of incidents over time and range from opportunistic to complex organised abuse. It can involve force and/or enticement-based methods of compliance and may, or may not, be accompanied by violence or threats of violence.

As a Nursery we educate all employees in the signs and indicators of sexual exploitation. Children who have been exploited will need additional support to help maintain them in education. We use the sexual exploitation risk assessment form (CERAF) and associated guidance from the Hampshire Safeguarding Children Partnership to identify child who are at risk and the DSL will share this information as appropriate with children's social care.

We recognise that we may have information or intelligence that could be used to both protect children and prevent risk. Any relevant information that we have will be shared on the community partnership information (CPI) form which can be downloaded from <https://www.safe4me.co.uk/portfolio/sharing-information/>

### **Child Criminal Exploitation (including county lines)**

Child Criminal Exploitation is defined as where 'where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 into any criminal activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial or other advantage of the perpetrator or facilitator and/or (c) through violence or threat of violence. The victim may have been criminally exploited even if the activity appears consensual. Child Criminal Exploitation does not always involve physical contact, it can occur through the use of technology'.

The exploitation of children and young people for crime is not a new phenomenon as evidenced by Fagan's gang in Charles Dickens book, Oliver Twist. Children under the age of criminal responsibility, or young people who have increased vulnerability due to push:pull factors who are manipulated, coerced or forced into criminal activity provide opportunity for criminals to distance themselves from crime.

It is important to note that the experience of girls who are criminally exploited can be very different to that of boys. The indicators may not be the same, however professionals should be aware that girls are at risk of criminal exploitation too. It is also important to note that both boys and girls being criminally exploited may be at higher risk of sexual exploitation

A current trend in criminal exploitation of children and young people are 'county lines' which refer to a 'phone line through which drug deals can be made. An order is placed on the number and typically a young person will deliver the drugs to the specified address and collect the money for the deal. These lines are owned and managed by organised crime gangs, often from larger cities, who are

expanding their markets into rural areas. Children are often recruited to move drugs and money between locations and are known to be exposed to techniques such as 'plugging', where drugs are concealed internally to avoid detection. Children can easily become trapped by this type of exploitation, as county lines gangs create drug debts and can threaten serious violence and kidnap towards victims (and their families) if they attempt to leave the county lines network.

Indicators that a child may be criminally exploited include:

- Increase in **Missing episodes** – particular key as children can be missing for days and drug run in other Counties
- Having unexplained amounts of money, **new high cost items** and multiple mobile phones
- Increased social media and phone/text use, almost always secretly
- **Older males** in particular seen to be hanging around and driving
- Having injuries that are unexplained and unwilling to be looked at
- Increase in **aggression, violence and fighting**
- Carrying **weapons** – knives, baseball bats, hammers, acid
- Travel receipts that are unexplained
- **Significant missing** from education and disengaging from previous positive peer groups
- Association with other young people involved in exploitation
- Children who misuse drugs and alcohol
- Parent concerns and significant changes in behaviour that affect emotional wellbeing

We will treat any child who may be criminally exploited as a victim in the first instance using the CERAF form and guidance in our referral to children's social care in the first instance. If a referral to the police is also required as crimes have been committed on the Nursery or school premises, these will also be made. Children who have been exploited will need additional support to help maintain them in education.

If there is information or intelligence about child criminal exploitation, we will report this to the police via the community partnership information form. <https://www.safe4me.co.uk/portfolio/sharing-information/>

## Serious Violence

Serious violence is becoming a factor for those who are involved in criminal exploitation. It can also be an indication of gang involvement and criminal activity.

All employees will be made aware of indicators, which may signal that child, or members of their families, are at risk from or involved with serious violent crime.

These indications can include but are not limited to: increased absence from Nursery; a change in friendships or relationships with older individuals or groups; a significant decline in performance; signs of self-harm; significant change in wellbeing; signs of assault; unexplained injuries; unexplained gifts and/or new possessions; possession of weapons.

Colleagues should be aware of the range of risk factors which increase the likelihood of involvement in serious violence, such as being male, having been frequently absent or permanently excluded from nursery, having experienced child maltreatment and having been involved in offending, such as theft or robbery.

Advice for colleagues can be found in the Home Office's [Preventing youth violence and gang involvement](#).

As a Nursery we have a duty to not only prevent the individual from engaging in criminal activity, but also to safeguard others who may be harmed by their actions.

We will report concerns of serious violence to police and social care.

If there is information or intelligence about potential serious violence, we will report this to the police via the community partnership information form. <https://www.safe4me.co.uk/portfolio/sharing-information/>

## Trafficked Children and Modern Slavery

Modern slavery encompasses human trafficking and slavery, servitude and forced or compulsory labour. Exploitation can take many forms, including: sexual exploitation, forced labour, slavery, servitude, forced criminality and the removal of organs.

Human trafficking is defined by the UNHCR in respect of children as a process that is a combination of:

- Movement (including within the UK);
- Control, through harm / threat of harm or fraud
- For the purpose of exploitation

Any child transported for exploitative reasons is considered to be a trafficking victim.

There is significant evidence that children (both of UK and other citizenship) are being trafficked internally within the UK and this is regarded as a more common form of trafficking in the UK.

There are a number of indicators which suggest that a child may have been trafficked into the UK, and may still be controlled by the traffickers or receiving adults. These are as follows:

- Shows signs of physical or sexual abuse, and/or has contracted a sexually transmitted infection or has an unwanted pregnancy
- Has a history with missing links and unexplained moves
- Is required to earn a minimum amount of money every day
- Works in various locations
- Has limited freedom of movement
- Appears to be missing for periods
- Is known to beg for money
- Is being cared for by adult/s who are not their parents and the quality of the relationship between the child and their adult carers is not good
- Is one among a number of unrelated children found at one address
- Has not been registered with or attended a GP practice
- Is excessively afraid of being deported.

For those children who are internally trafficked within the UK indicators include:

- Physical symptoms (bruising indicating either physical or sexual assault)
- Prevalence of a sexually transmitted infection or unwanted pregnancy
- Reports from reliable sources suggesting the likelihood of involvement in sexual exploitation / the child has been seen in places known to be used for sexual exploitation
- Evidence of drug, alcohol or substance misuse
- Being in the community in clothing unusual for a child i.e. inappropriate for age, or borrowing clothing from older people
- Relationship with a significantly older partner
- Accounts of social activities, expensive clothes, mobile phones or other possessions with no plausible explanation of the source of necessary funding
- Persistently missing, staying out overnight or returning late with no plausible explanation
- Returning after having been missing, looking well cared for despite having not been at home
- Having keys to premises other than those known about
- Low self- image, low self-esteem, self-harming behaviour including cutting, overdosing, eating disorder, promiscuity
- Truancy / disengagement with education
- Entering or leaving vehicles driven by unknown adults
- Going missing and being found in areas where the child or young person has no known links; and/or
- Possible inappropriate use of the internet and forming on-line relationships, particularly with adults.

These behaviours themselves do not indicate that a child is being trafficked but should be considered as indicators that this may be the case.



When considering modern slavery, there is a perception that this is taking place overseas. The government estimates that tens of thousands of slaves are in the UK today.

Young people being forced to work in restaurants, nail bars, car washes and harvesting fruit, vegetables or other foods have all been slaves 'hiding in plain sight' within the U.K and rescued from slavery. Other forms of slavery such as sex slaves or household slaves are more hidden but have also been rescued within the UK.

If employees believe that a child is being trafficked or is a slave, this will be reported to the designated safeguarding lead for referral to be considered to children's social care.

### **Child abduction**

Child abduction is the unauthorised removal or retention of a minor from a parent or anyone with legal responsibility for the child. Child abduction can be committed by parents or other family members; by people known but not related to the victim (such as neighbours, friends and acquaintances); and by strangers. Further information is available at: [www.actionagainstabduction.org](http://www.actionagainstabduction.org)

When we consider who is abducted and who abducts

- Nearly three-quarters of children abducted abroad by a parent are aged between 0 and 6 years-old
- Roughly equal numbers are boys and girls
- Two-thirds of children are from minority ethnic groups.
- 70% of abductors are mothers. The vast majority have primary care or joint primary care for the child abducted.
- Many abductions occur during nursery holidays when a child is not returned following a visit to the parent's home country (so-called 'wrongful retentions')

If we become aware of an abduction, we will follow the HIPS procedure and contact the police and children's social care (if they are not already aware) immediately.

If we are made aware of a potential risk of abduction we will seek advice and support from police and children's social care to confirm that they are aware and seek clarity on what actions we are able to take.

The Nursery takes all reasonable steps to ensure the identity of the child and parents/carers when registering with the setting. Where it has been arranged for another adult to collect their child, parents will be asked to provide a password to ensure a safe handover.

### **Returning home from care**

When children are taken into care, consideration may be given in the future to those children being returned to the care of their parents, or one of their parents. Other children are placed in care on a voluntary basis by the parents and they are able to be removed with their voluntary consent.

While this is a positive experience for many children who have returned to their families, for some there are different challenges and stresses in this process.

As a nursery, if we are aware of one of our children who is looked after is returning to their home, we will consider what support we can offer and ensure as a minimum that the child has a person, that they trust, who they can talk to or share their concerns with.

### **Technologies**

Technological hardware and software is developing continuously with an increase in functionality of devices that people use. The majority of children use online tools to communicate with others locally, nationally and internationally. Access to the Internet and other tools that technology provides is an

invaluable way of finding, sharing and communicating information. While technology itself is not harmful, it can be used by others to make children vulnerable and to abuse them. Along with the wider school community, a filtering and monitoring systems is used to keep children safe by identifying when a user accesses or searches for certain types of harmful content. Any concerns about access to online materials is passed on to the SDSL for the nursery and DSL for online safety at The Westgate School. The breadth of issues classified within online safety is considerable, but can be categorised into four areas of risk:

- content: being exposed to illegal, inappropriate or harmful content, for example: pornography, fake news, racism, misogyny, self-harm, suicide, anti-Semitism, radicalisation and extremism.
- contact: being subjected to harmful online interaction with other users; for example: peer to peer pressure, commercial advertising and adults posing as children or young adults with the intention to groom or exploit them for sexual, criminal, financial or other purposes'.
- conduct: personal online behaviour that increases the likelihood of, or causes, harm; for example, making, sending and receiving explicit images (e.g consensual and non-consensual sharing of nudes and semi-nudes and/or pornography, sharing other explicit images and online bullying; and
- commerce - risks such as online gambling, inappropriate advertising, phishing and or financial scams.

### **Online Safety and Social Media**

The nursery has a duty of care to protect children from serious harm online.

With the current speed of on-line change, some parents and carers have only a limited understanding of online risks and issues. Parents may underestimate how often their children come across potentially harmful and inappropriate material on the internet and may be unsure about how to respond. Some of the risks could be:

- unwanted contact
- grooming
- online bullying including sexting
- digital footprint
- accessing and generating inappropriate content

The Nursery will therefore seek to provide information and awareness to both child and their parents through:

- Acceptable use agreements for, employees, parents/carers and governors
- Curriculum activities involving raising awareness around staying safe online
- Information included in letters, newsletters, web site.
- High profile events / campaigns e.g. Safer Internet Day
- Building awareness around information that is held on relevant web sites and or publications
- Assemblies and Personal Development programme
- Online Safety Policy – Child

### **Cyberbullying**

Central to the Nursery anti-bullying policy is the principle that '*bullying is always unacceptable*' and that '*all child have a right not to be bullied*'. See policy on Promoting Positive Behaviours for further information on bullying.

The Nursery also recognises that it must take note of bullying perpetrated outside Nursery which spills over into the Nursery; therefore once aware we will respond to any cyber-bullying we become aware of carried out by children when they are away from the site.

Cyber-bullying is defined as 'an aggressive, intentional act carried out by a group or individual using electronic forms of contact repeatedly over time against a victim who cannot easily defend himself/herself.'

By cyber-bullying, we mean bullying by electronic media:

- Bullying by texts or messages or calls on mobile 'phones

- The use of mobile 'phone cameras to cause distress, fear or humiliation
- Posting threatening, abusive, defamatory or humiliating material on websites, to include blogs, personal websites, social networking sites
- Using e-mail to message others
- Hijacking/cloning e-mail accounts
- Making threatening, abusive, defamatory or humiliating remarks in on-line forums, including group chats.

Cyber-bullying may be at a level where it is criminal in character. It is unlawful to disseminate defamatory information in any media including internet sites.

Section 127 of the Communications Act 2003 makes it an offence to send, by public means of a public electronic communications network, a message or other matter that is grossly offensive or one of an indecent, obscene, or menacing character.

The Protection from Harassment Act 1997 makes it an offence to knowingly pursue any course of conduct amounting to harassment.

If we become aware of any incidents of cyberbullying, we will need to consider each case individually as to any criminal act that may have been committed. The Nursery will pass on information to the police if it feels that it is appropriate or is required to do so.

In Rotherly Day Nursery, we take very seriously the use of social media and communication platforms that may be used to incite harm to child or employees. Any such actions will be raised with the adults concerned and their support in keeping our community safe and free from harm will be encouraged. Serious incidents of potential defamation or, cyberbullying, may be referred to the Nursery's legal team, Teachers' Professional Association or, the police.

### **Sexting**

'Sexting' often refers to the sharing of naked or 'nude' pictures or video through mobile phones and/or the internet. It also includes underwear shots, sexual poses and explicit text messaging, it is sometimes referred to as youth produced sexual imagery.

While sexting often takes place in a consensual relationship between two young people, the use of sexed images in revenge following a relationship breakdown is becoming more commonplace. Sexting can also be used as a form of sexual exploitation and take place between strangers.

As the average age of first smartphone or camera enabled tablet is 6 years old, sexting is an issue that requires awareness raising across all ages.

The Nursery will use age appropriate educational material to raise awareness, to promote safety and deal with pressure. Parents should be aware that they can come to the Nursery for advice.

### **On-line sexual abuse**

As a nursery we will:

- **Report** to the police, CEOP or any other relevant body any on-line sexual abuse or harmful content we are made aware of. This could include sending abusive, harassing and misogynistic messages; sharing nude and semi-nude images and videos; and coercing others to make and share sexual imagery. We will seek guidance from the NPCC '[when to call the police](#)' document and the internet watch foundations '[report harmful content](#)' website
- **Educate** to raise awareness of what on-line sexual abuse is, how it can happen, how to limit the impact and what to do if you become aware of it.
- **Support** victims of on-line abuse within the nursery community

### **Gaming**

Online gaming is an activity in which the majority of children and many adults get involved. The Nursery will raise awareness:

- By talking to parents and carers about the games their children play and help them identify whether they are appropriate

- By supporting parents in identifying the most effective way to safeguard their children by using parental controls and child safety mode
- By talking to parents about setting boundaries and time limits when games are played
- By highlighting relevant resources.

### **Online reputation**

Online reputation is the opinion others get of a person when they encounter them on-line. It is formed by posts, photos that have been uploaded and comments made by others on people's profiles. It is important that children and employees are aware that anything that is posted could influence their future professional reputation. The majority of organisations and work establishments now check digital footprint before considering applications for positions or places on courses. The Nursery takes very seriously any cases of adults or child posting potentially defamatory or harmful content about an employee or child at Rotherly Day Nursery. Any such incidents may be referred to the Nursery's legal team, Professional Association and/or the police.

### **Grooming**

On-line grooming is the process by which one person with an inappropriate sexual interest in children will approach a child on-line, with the intention of developing a relationship with that child, to be able to meet them in person and intentionally cause harm.

The Nursery will build awareness amongst children and parents about ensuring that the child:

- Only has friends on-line that they know in real life
- Is aware that if they communicate with somebody that they have met on-line, that relationship should stay on-line.

That the Nursery will support parents to:

- Recognise the signs of grooming
- Have regular conversations with their children about on-line activity and how to stay safe on-line in an age appropriate way

The Nursery will raise awareness by:

- Running sessions for parents or inviting them to sessions hosted by The Westgate School
- Include awareness around grooming as part of their curriculum at an age appropriate level.
- Identifying with parents and children how they can be safeguarded against grooming.

Additionally to being targeted for sexual motivations, some young people are also groomed online for exploitation or radicalisation. While the drivers and objectives are different, the actual process is broadly similar to radicalisation, with the exploitation of a person's vulnerability usually being the critical factor. Those who are targeted are often offered something ideological, such as an eternal spiritual reward, or sometimes something physical, such as an economic incentive, that will make them 'feel better' about themselves or their situation.

Anyone can be at risk. Age, social standing and education do not necessarily matter as much as we previously thought, and we have seen all kinds of people become radicalised, from young men and women with learning difficulties to adults in well-respected professions. What is clear is that, the more vulnerable the person, the easier it is to influence their way of thinking.

Signs of grooming can include:

- isolating themselves from family and friends;
- becoming secretive and not wanting to talk or discuss their views;
- closing computers down when others are around;
- refusing to say who they are talking to; using technology such as anonymous browsing to hide their activity; and
- sudden changes in mood, such as becoming angry or disrespectful.

Of course, none of these behaviours necessarily mean someone is being radicalised and, when displayed, could be a symptom of bullying or other emotional issues.

## **Part 2 – Safeguarding issues relating to individual child needs**

### **Homelessness.**

As a Nursery we recognise that being homeless or being at risk of becoming homeless presents a real risk to a child's welfare. The impact of losing a place of safety and security can affect a child's behaviour and attachments.

In line with the Homelessness Reduction Act 2017 this Nursery will promote links into the Local Housing Authority for the parent or care giver in order to raise/progress concerns at the earliest opportunity.

We recognise that whilst referrals and/or discussion with the Local Housing Authority should be progressed as appropriate, this does not, and should not, replace a referral into children's social care where a child has been harmed or is at risk of harm.

### **Children & the Court System**

As a Nursery, we recognise that children are sometimes required to give evidence in criminal courts, either for crimes committed against them or for crimes they have witnessed. We know that this can be a stressful experience and therefore the Nursery will aim to support children through this process.

In partnership with child support the Nursery will use age-appropriate materials published by HM Courts and Tribunals Services (2017) that explain to children what it means to be a witness, how to give evidence and the help they can access the guidance. [Improving support for children going to court as well as witnesses](#)

We recognise that making child arrangements via the family courts following separation can be stressful and entrench conflict in families. This can be stressful for children. This Nursery will support children going through this process.

Alongside pastoral support this Nursery will use online materials published by The Ministry of Justice (2018) which offers children information & advice on the dispute resolution service.

These materials will also be offered to parents and carers if appropriate.

### **Children with family members in prison**

Children who have a family member in prison are at greater risk of poor outcomes including poverty, stigma, isolation and poor mental health.

This nursery aims to:

- understand and respect the child's wishes. We will respect the child's wishes about sharing information. If other children become aware, the school will be vigilant to potential bullying or harassment;
- Keep as much contact as possible with the parent/carer.
  - We will maintain good links with the remaining caregiver in order to foresee and manage any developing problems. Following discussions we will develop appropriate systems for keeping the imprisoned caregiver updates about their child's education.
- Be Sensitive in Lessons
  - This Nursery will consider the needs of any child with an imprisoned parent during curriculum planning.
- Provide Extra Support
  - We recognise that having a parent in prison can attach a real stigma to a child, particularly if the crime is known and particularly serious. We will provide support and mentoring to help a child work through their feelings on the issue.

Alongside pastoral care the Nursery will use the resources provided by the National Information Centre on Children of Offender in order to support and mentor children in these circumstances.

## **Child with Medical Conditions in the Nursery**

There is a separate policy outlining the Nursery/nursery/wraparound's position on this. Policy can be found on the nursery website.

As a Nursery we will make sure that sufficient employees are trained to support any child with a medical condition.

All relevant employees will be made aware of the condition to support the child and be aware of medical needs and risks to the child.

An individual healthcare plan may be put in place to support the child and their medical needs.

## **Child with medical conditions out of the Nursery**

There will be occasions when children are temporarily unable to attend our Nursery on a full-time basis because of their medical needs. These children and young people are likely to be:

- children and young people suffering from long-term illnesses
- children and young people with long-term post-operative or post-injury recovery periods
- children and young people with long-term mental health problems (emotionally vulnerable).

Where it is clear that an absence will be for more than 15 continuous Nursery days the Education and Inclusion branch of Children Services will be contacted to support with the child's education.

### **Medicines**

The Nursery has clear procedures for the storage and administration of prescribed medication to children is discussed with parents and/or carers, This includes using 'Family' for obtaining information about a child's needs for medicines, and for keeping this information up to date. All staff receive training on the administration of medicine. Prescription medicines must not be administered unless they have been prescribed for a child by a doctor, dentist, nurse, or pharmacist. 3.54 Medicine (both prescription and non-prescription<sup>48</sup>) will only be administered to a child where written permission for that particular medicine has been obtained from the child's parent and/or carer. The nursery will keep a written record each time a medicine is administered to a child and inform the child's parents and/or carers on the same day the medicine has been taken, or as soon as reasonably practicable.

## **Special Educational Needs and Disabilities**

Children who have Special Educational Needs and/or disabilities can have additional vulnerabilities when recognising abuse and neglect. These can include:

- Assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration
- The potential for children with SEN and disabilities being disproportionately impacted by behaviours such as bullying, without outwardly showing any signs
- Communication barriers and difficulties in overcoming these barriers
- Have fewer outside contacts than other children
- Receive intimate care from a considerable number of carers, which may increase the risk of exposure to abusive behaviour and make it more difficult to set and maintain physical boundaries
- Have an impaired capacity to resist or avoid abuse
- Have communication difficulties that may make it difficult to tell others what is happening
- Be inhibited about complaining for fear of losing services
- Be especially vulnerable to bullying and intimidation
- Be more vulnerable than other children to abuse by their peers.

As a Nursery we will respond to this by:

- Making it common practice to enable disabled children to make their wishes and feelings known in respect of their care and treatment
- Ensuring that disabled children receive appropriate personal, health and social education (including sex education)

- Making sure that all disabled children know how to raise concerns and give them access to a range of adults with whom they can communicate. This could mean using interpreters and facilitators who are skilled in using the child's preferred method of communication
- Recognising and utilising key sources of support including employees in Nursery, friends and family members where appropriate
- Developing the safe support services that families want, and a culture of openness and joint working with parents and carers on the part of services
- Ensuring that guidance on good practice is in place and being followed in relation to: intimate care; working with children of the opposite sex; managing behaviour that challenges families and services; issues around consent to treatment; anti-bullying and inclusion strategies; sexuality and safe sexual behaviour among young people; monitoring and challenging placement arrangements for young people living away from home.

## Intimate and Personal Care

The Nursery has specific procedures and expectations in place for the necessary intimate and personal care of babies and children.

'Intimate Care' can be defined as care tasks of an intimate nature, associated with bodily functions, bodily products and personal hygiene, which demand direct or indirect contact with, or exposure of, the sexual parts of the body. The Intimate Care tasks specifically identified as relevant include:

- Dressing and undressing (underwear)
- Helping someone use the toilet
- Changing continence pads (faeces/urine)
- Bathing / showering
- Washing intimate parts of the body
- Changing sanitary wear and nappies
- Inserting suppositories
- Giving enemas
- Inserting and monitoring pessaries.

EYFS: 3.1, 3.6, 3.27 3.20 3.64

- At **Rotherly Day Nursery** we believe that all children need contact with familiar, consistent carers to ensure they can grow and develop socially and emotionally. At times children need to be cuddled, encouraged, held and offered physical reassurance.
- Intimate care routines are essential throughout the day to meet children's basic needs. This may include nappy changing, supporting children with toileting, changing clothes, and giving first aid treatment and specialist medical support, where required.
- In order to maintain the child's privacy, we will carry out the majority of these actions on a one-to-one basis, wherever possible, by the child's key person with the exception of first aid treatment which must be carried out by a qualified first aider.
- We wish to ensure the safety and welfare of children during intimate care routines and safeguard them against any potential harm as well as ensuring the colleagues member involved is fully supported and able to perform their duties safely and confidently. We aim to support all parties through the following actions:
  - Promoting consistent and caring relationships through the key person system in the nursery and ensuring all parents understand how this works
  - Ensuring all colleagues undertaking intimate care routines have suitable enhanced DBS checks
  - Training all colleagues in the appropriate methods for intimate care routines and arranging specialist training where required, i.e. first aid training, specialist medical support
  - Ensuring children are afforded privacy during intimate care routines whilst balancing this with the need to safeguard children and colleagues. No nappies will be changed or intimate routines take place without prior knowledge of another team colleague
  - Conducting thorough inductions for all new colleagues to ensure they are fully aware of all nursery procedures relating to intimate care routines

- Following up procedures through supervision meetings and appraisals to identify any areas for development or further training
- Working closely with parents on all aspects of the child's care and education as laid out in the Parent and Carers as Partners Policy. This is essential for intimate care routines which require specialist training or support. If a child requires specific support the nursery will arrange a meeting with the parent to discover all the relevant information relating to this to enable the colleagues to care for the child fully and meet their individual needs
- Ensuring all colleagues have an up-to-date understanding of safeguarding/child protection and how to protect children from harm. This will include identifying signs and symptoms of abuse and how to raise these concerns as set out in the safeguarding/child protection policy
- Operating a Protected Disclosures (whistleblowing) policy to help colleagues raise any concerns about their peers or managers; and helping colleagues develop confidence in raising worries as they arise in order to safeguard the children in the nursery
- Conducting working practice observations on all aspects of nursery operations to ensure that procedures are working in practice and all children are supported fully by the colleagues. This includes intimate care routines
- Conducting regular risk assessments on all aspects of the nursery operation including intimate care and reviewing the safeguards in place. The nursery has assessed all the risks relating to intimate care routines and has placed appropriate safeguards in place to ensure the safety of all involved.
- If any parent or member of colleagues has concerns or questions about intimate care procedures or individual routines, please see the manager at the earliest opportunity.

'Personal Care' involves touching another person, although the nature of this touching is more socially acceptable. These tasks do not invade conventional personal, private or social space to the same extent as Intimate Care.

Those Personal Care tasks specifically identified as relevant here include:

- Skin care/applying external medication
- Feeding
- Administering oral medication
- Hair care
- Dressing and undressing (clothing)
- Washing non-intimate body parts
- Prompting to go to the toilet.

Personal Care encompasses those areas of physical and medical care that most people carry out for themselves but which some are unable to do because of their young age, disability or medical need. Children and young people may require help with eating, drinking, washing, dressing and toileting.

Where Intimate Care is required we will follow the following principles:

1. **Involve the child in the intimate care**  
Try to encourage a child's independence as far as possible in his or her intimate care. Where a situation renders a child fully dependent, talk about what is going to be done and give choices where possible. Check your practice by asking the child or parent about any preferences while carrying out the intimate care.
2. **Treat every child with dignity and respect and ensure privacy appropriate to the child's age and situation.**  
Employees can administer intimate care alone however we will be aware of the potential safeguarding issues for the child and member of employees. Care should be taken to ensure adequate supervision primarily to safeguard the child but also to protect the employees from potential risk.
3. **Be aware of your own limitations**  
Only carry out activities you understand and with which you feel competent. If in doubt, ASK. Some procedures must only be carried out by members of employees who have been formally trained and assessed.



#### 4. **Promote positive self-esteem and body image**

Confident, self-assured children who feel their body belongs to them are less vulnerable to sexual abuse. The approach you take to intimate care can convey lots of messages to a child about their body worth. Your attitude to a child's intimate care is important. Keeping in mind the child's age, routine care can be both efficient and relaxed.

#### 5. **If you have any concerns you must report them.**

**If you observe any unusual markings, discolouration or swelling, report it immediately to the designated practitioner for child protection.**

If a child is accidentally hurt during the intimate care or misunderstands or misinterprets something, reassure the child, ensure their safety and report the incident immediately to the DSL. Report and record any unusual emotional or behavioural response by the child. A written record of concerns must be made available to parents and kept in the child's child protection record.

In such circumstances, colleagues should immediately report this to the Nursery Manager (DSL) and, complete a self-referral on the colleague dashboard.

#### 6. **Helping through communication**

There is careful communication with each child who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc.) to discuss the child's needs and preferences. The child is aware of each procedure that is carried out and the reasons for it.

#### 7. **Support to achieve the highest level of autonomy**

As a basic principle children will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Employees will encourage each child to do as much for themselves as they can. This may mean, for example, giving the child responsibility for washing themselves. Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child. These plans include a full risk assessment to address issues such as moving and handling, personal safety of the child and the carer and health.

Additional guidance from KCSiE

Further information from the DfE can be found:

[SEND code of practice: 0 to 25 years - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/send-code-of-practice-0-to-25-years)

[Supporting child with medical conditions at nursery - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/supporting-child-with-medical-conditions-at-nursery)

Hampshire SENDIASS: Hampshire (councilfordisabledchildren.org.uk)

[Mencap - Represents people with learning disabilities, with specific advice and information for people who work with children and young people](https://www.mencap.org.uk/for-professionals)

### **Perplexing presentations (PP)/Fabricated or Induced Illness**

The Royal College of Paediatrics and Child Health have added the term "Perplexing presentations" to the guidance around FII.

Perplexing Presentations (PP) has been introduced to describe those situations where there are indicators of possible FII which have not caused or brought on any actual significant harm. It is important to highlight any potential discrepancies between reports, presentations of the child and independent observations of the child. What is key to note are implausible descriptions and/or unexplained findings and/or parental behaviour.

There are three main ways that a carer could fabricate or induce illness in a child. These are not mutually exclusive and include:

- fabrication of signs and symptoms. This may include fabrication of past medical history
- fabrication of signs and symptoms and falsification of hospital charts and records, and specimens of bodily fluids. This may also include falsification of letters and documents
- induction of illness by a variety of means.

If we are concerned that a child may be suffering from fabricated or induced illness, we will follow the HIPS protocol and inform children's social care.

## **Mental Health**

Nursery Assistants see their children day in, day out. They know them well and are well placed to spot changes in behaviour that might indicate an emerging problem with the mental health and emotional wellbeing of children. All colleagues should also be aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation.

The balance between the risk and protective factors are most likely to be disrupted when difficult events happen in children's lives. These include:

- **loss or separation** – resulting from death, parental separation, divorce, hospitalisation, loss of friendships (especially in adolescence), family conflict or breakdown that results in the child having to live elsewhere, being taken into care or adopted
- **life changes** – such as the birth of a sibling, moving house or changing Nursery or during transition from primary to secondary, Nursery to school or, secondary to sixth form
- **traumatic events** such as abuse, domestic violence, bullying, violence, accidents, injuries or natural disaster.

When concerns are identified, Nursery employees will provide opportunities for the child to talk or receive support within the Nursery environment. Parents will be informed of the concerns and a shared way to support the child will be discussed.

Where the needs require additional professional support referrals will be made to the appropriate team or service with the appropriate agreement. If colleagues have a mental health concern about a child that is also a safeguarding concern, they will take immediate action, raising the issue with the designated safeguarding lead or a deputy.

## **Part 3 – Other safeguarding issues that may potentially have an impact on child**

### **Bullying**

The Nursery's approach to dealing with bullying features within the policy on Promoting Positive Behaviour

### **Prejudice based abuse**

Prejudice based abuse or hate crime is any criminal offence which is perceived by the victim or any other person to be motivated by a hostility or prejudice based on a person's real or perceived:

- Disability
- Race
- Religion
- Gender identity
- Sexual orientation

Although this sort of crime is collectively known as 'Hate Crime' the offender doesn't have to go as far as being motivated by 'hate', they only have to exhibit 'hostility'.

This can be evidenced by:

- threatened or actual physical assault
- derogatory name calling, insults, for example racist jokes or homophobic language
- hate graffiti (e.g. on Nursery furniture, walls or books)
- provocative behaviour e.g. wearing of badges or symbols belonging to known right wing, or extremist organisations
- distributing literature that may be offensive in relation to a protected characteristic
- verbal abuse
- inciting hatred or bullying against children who share a protected characteristic
- prejudiced or hostile comments in the course of discussions within lessons
- teasing in relation to any protected characteristic e.g. sexuality, language, religion or cultural background
- refusal to co-operate with others because of their protected characteristic, whether real or perceived
- expressions of prejudice calculated to offend or influence the behaviour of others
- attempts to recruit other children to organisations and groups that sanction violence, terrorism or hatred.

As a Nursery we will respond by:

- clearly identifying prejudice-based incidents and hate crimes and monitor the frequency and nature of them within the Nursery
- taking preventative action to reduce the likelihood of such incidents occurring
- recognising the wider implications of such incidents for the Nursery and local community
- providing regular reports of these incidents to the Governing Body via the half-termly safeguarding report to FGB that is prepared by Senior DSLs in Rotherly Day Nursery and The Westgate School in partnership
- ensuring that employees are familiar with formal procedures for recording and dealing with prejudice-based incidents and hate crimes
- dealing with perpetrators of prejudice-based abuse effectively
- supporting victims of prejudice-based incidents and hate crimes
- ensuring that appropriate employees are familiar with a range of restorative practices to address bullying and prevent it happening again

### **Drugs and Substance Misuse**

The Nursery works to a separate drugs policy which can be found on our website 'Management of drug related incidents policy'.

### **Faith Abuse**

The number of known cases of child abuse linked to accusations of 'possession' or 'witchcraft' is small, but children involved can suffer damage to their physical and mental health, their capacity to learn, their ability to form relationships and to their self-esteem.

Such abuse generally occurs when a carer views a child as being 'different', attributes this difference to the child being 'possessed' or involved in 'witchcraft' and attempts to exorcise him or her.

A child could be viewed as 'different' for a variety of reasons such as, disobedience; independence; bed-wetting; nightmares; illness; or disability. There is often a weak bond of attachment between the carer and the child.

There are various social reasons that make a child more vulnerable to an accusation of 'possession' or 'witchcraft'. These include family stress and/or a change in the family structure.

The attempt to 'exorcise' may involve severe beating, burning, starvation, cutting or stabbing and isolation, and usually occurs in the household where the child lives.

If the Nursery becomes aware of a child who is being abused in this context, the DSL will follow the normal referral route to children's social care.

### **Gangs and Youth Violence**

The vast majority of young people will not be affected by serious violence or gangs. However, where these problems do occur, even at low levels there will almost certainly be a significant impact.

As a Nursery we have a duty and a responsibility to protect our child. It is also well established that success in learning is one of the most powerful indicators in the prevention of youth crime. Dealing with violence also helps attainment. While children generally see educational establishments as safe places, even low levels of youth violence can have a disproportionate impact on any education.

Primary Nurseries are also increasingly recognised as places where early warning signs that younger children may be at risk of getting involved in gangs can be spotted. Crucial preventive work can be done within Nurseries to prevent negative behaviour from escalating and becoming entrenched.

As a Nursery we will in an age appropriate way:

- develop skills and knowledge to resolve conflict as part of the curriculum
- challenge aggressive behaviour in ways that prevent the recurrence of such behaviour
- understand risks for specific groups, including those that are gender-based, and target interventions
- safeguard, and specifically organise child protection, when needed
- make referrals to appropriate external agencies
- carefully manage individual transitions between educational establishments especially into Child Referral Units (PRUs) or alternative provision
- work with local partners to prevent anti-social behaviour or crime.

### **Private fostering**

Private fostering is an arrangement by a child's parents for their child (under 16 or 18 if disabled) to be cared for by another adult who is not closely related and is not a legal guardian with parental responsibility for 28 days or more.

It is not private fostering if the carer is a close relative to the child such as grandparent, brother, sister, uncle or aunt.

The Law requires that the carers and parents must notify the Children's Services Department of any private fostering arrangement.

If the Nursery becomes aware that a child is being privately fostered, we will inform the Children's Services Department and inform both the parents and carers that we have done so.

### **Parenting**

All parents will struggle with the behaviour of their child(ren) at some point. This does not make them poor parents or generate safeguarding concerns. Rather it makes them human and provides them with opportunities to learn and develop new skills and approaches to deal with their child(ren).

Some children have medical conditions and/or needs e.g. Tourette's Syndrome, some conditions associated with autism or ADHD that have a direct impact on behaviour and can cause challenges for parents in dealing with behaviours. This does not highlight poor parenting either.

Parenting becomes a safeguarding concern when the repeated lack of supervision, boundaries, basic care or medical treatment places the child(ren) in situations of risk or harm.

In situations where parents struggle with tasks such as setting boundaries and providing appropriate supervision, timely interventions can make drastic changes to the wellbeing and life experiences of the child(ren) without the requirement for a social work assessment or plan being in place.

As a Nursery we will support parents in understanding the parenting role and provide them with strategies to make a difference by:

- providing details of community-based parenting courses
- linking to web-based parenting resources
- referring to the nursery parenting worker/home nursery link worker (where available)
- discussing the issue with the parent and supporting them in making their own plans of how to respond differently (using evidence-based parenting programmes)
- signposting to support services
- Consider appropriate early help services

In the nursery we will use the developmental milestones to support our assessment of a child's needs and whether additional support would be warranted or beneficial. We will seek advice from the ISSO (Inclusion Support Setting Officer) and/or children's services where needed.

## **Part 4 –Safeguarding processes**

### **Safer Recruitment**

The Nursery operates a safer recruitment strategy as part of The Westgate School's Recruitment Policy which can be found on the school's website. On all recruitment panels there is at least one member who has undertaken safer recruitment training.

The recruitment process checks the identity, criminal record (enhanced DBS), mental and physical capacity, right to work in the U.K., professional qualification and seeks confirmation of the applicant's experience and history through references.

### **Employee Induction**

The nursery manager (DSL) will provide all new employees with training to enable them to both fulfil their role and also to understand the child protection policy, the safeguarding policy, the employees behaviour policy/code of conduct, and part one of Keeping Children Safe in Education.

This induction may be covered within the annual training if this falls at the same time; otherwise it will be carried out separately during the initial starting period with regular updates throughout the colleague's period of employment (eg through bi-weekly team meetings or by individual training).

### **Health and Safety**

There is a requirement that all nurseries must have a Health and Safety Policy that details the organisation, roles and responsibilities and arrangements in place at the premise for the managing and promoting of Health and Safety in accordance with the Health and Safety at Work act 1974 and regulations made under the act.

Nurseries must assess all their hazards and record any significant findings along with what control measures are required. The plans should wherever possible take a common sense and proportionate approach with the aim to allow activities to continue rather than preventing them from taking place. The Nursery H&S policy can be accessed on the nursery website and there is also a policy for The Westgate School which applies to Rotherly Day Nursery. Health and Safety in the Nursery is led by the Manager and Deputy Managers with support from the Senior Site and Facilities Lead (The Westgate School).

The Early years foundation stage statutory framework November 2024 specifies the requirement that 'Children must usually be within sight and hearing of staff and always within sight or hearing. Whilst eating, children must be within sight and hearing of a member of staff.'

#### **Staff taking medication/other substances**

Employees must not be under the influence of alcohol or any other substance which may affect their ability to care for children. If a practitioner is taking medication which may affect their ability to care for children, they should seek medical advice. Practitioners must only work directly with children if the medical advice received confirms that the medication is unlikely to impair that person's ability to look after children properly. All medication on the premises must be stored securely, and out of reach of children, at all times.

#### **Smoking and Vaping**

The nursery does not allow smoking in or on the premises when children are present or about to be present. Employees should not vape or use e-cigarettes at any time. The nursery and school site is a non-smoking site.

### **Site Security**

We aim to provide a secure site but recognise that the site is only as secure as the people who use it. Therefore, all people on the site have to adhere to the rules which govern it. These are:

- All employees to wear a specific visitor's badge and to sign into the nursery. If the school is in session, visitors may have signed in at the main reception and will have a visitor badge.
- All visitors to be aware of the Nursery's expectations via the 'Visitor Safeguarding Information' leaflet and/or by their host.
- External doors, where possible, are kept closed to prevent intrusion
- Security codes for doors and gates are kept confidential to employees only.
- Visitors and volunteers enter at the reception and must sign in
- Visitors and volunteers are identified by means of a visitor's badge.
- Children are only allowed home during the Nursery day, accompanied by adults/carers with parental responsibility or permission being given
- All children leaving or returning during the Nursery day have to be signed out and in

For reasons of safeguarding and privacy, recording and photography is NOT permitted at our events or on site. Employees of Rotherly Day Nursery do not consent to recordings or photographs being taken of themselves. Relevant information from the events will be posted on the website following the evening where appropriate.

There is a separate procedure in place for Rotherly Day Nursery in the event of a child going missing from the setting.

### **Off site visits**

A particular strand of health and safety is looking at risks when undertaking off site visits. Some activities, especially those happening away from the Nursery, can involve higher levels of risk. If these are annual or infrequent activities, a review of an existing assessment may be all that is needed. If it is a new activity, a visit involving adventure activities, residential, overseas or an 'Open Country' visit, a specific assessment of significant risks must be carried out. The Nursery manager with the local authority's outdoor education adviser and helps colleagues in Nursery to manage risks and support with off site visits and provides training in the management of groups during off site visits, as well as First Aid in an outdoor context as appropriate.

Any proposed off-site visit for children in the Nursery will be agreed by the Strategic Lead/Nominated Individual. Nursery Managers may arrange short visits to parts of the school site for Forest Learning or, to use the specialist apparatus in the primary phase. These will be risk assessed accordingly and agreed in advance between the manager and Strategic Lead/Nominated individual. Rotherly Day Nursery shares a site with The Westgate School therefore, all of the same health and safety procedures are applicable.

### **Paediatric First Aid**

The nursery's first aid arrangements/policy can be found on the website and parent handbook.

At least one person who has a current paediatric first aid (PFA) certificate must be on the premises and available at all times when children are present and must accompany children on outings

### **Physical Intervention (use of reasonable force)**

As a Nursery we have a separate policy outlining how we will use physical intervention and how we use manual handling to support babies and children. This can be found on our website.

### **Taking and the use and storage of images**

As a Nursery we will seek consent from the parent of a child and from teachers and other adults before taking and publishing photographs or videos that contain images that are sufficiently detailed to identify the individual in Nursery publications, printed media or on electronic publications.

We may not seek consent for photos where you would not be able to identify the individual.

We will seek consent for the period the child remains registered with us and, unless we have specific written permission, we will remove photographs after a child (or teacher) appearing in them leaves the Nursery or if consent is withdrawn – unless permission has been given for them to be used on publicity material.

Photographs will only be taken on Nursery owned equipment and stored on the Nursery/The Westgate School's network. No images of child will be taken or stored on privately owned equipment by employees.

*For reasons of safeguarding and privacy, recording and photography is NOT permitted at our events or on site. Employees of Rotherly Day Nursery do not consent to recordings or photographs being taken of themselves. Relevant information from the events will be posted on the website following the evening where appropriate.*

The use of mobile devices by parents and employees (phones/tablets) is not permitted in Rotherly Day Nursery or on its site unless it is a Nursery device used by an employee to record assessments and observations for Tapestry/Family.

### **Transporting child**

<http://documents.hants.gov.uk/education/LADOsafeguardingchildrenineducation2014templateletterforparent.doc>

Employees are not permitted to transport child in their private vehicles.

### **Disqualification under the childcare act**

The Childcare Act of 2006 was put in place to prevent adults who have been cautioned or convicted of a number of specific offences from working within childcare.

We will continue to check for disqualification under the Childcare Act as part of our safer recruitment processes for any offences committed by employees, members or volunteers.

### **Community Safety Incidents**

Other community safety incidents in the vicinity of a nursery can raise concerns amongst children and parents, for example, people loitering nearby or unknown adults engaging children in conversation, or gang related activity.

### **Use of nursery or college premises for non-nursery / college activities**

Where governing bodies hire or rent out nursery facilities / premises to organisations or individuals for example sports associations, they should ensure that appropriate arrangements are in place to keep children safe.

When services or activities are provided by the governing body or proprietor, under the direct supervision or management of their nursery colleagues, their arrangements for child protection will apply. Where a safeguarding incident occurs involving other providers who are using the nursery premises, the nursery is expected to follow their safeguarding policies and procedures including informing the LADO. The governing body or proprietor should also seek assurance that the provider concerned has appropriate safeguarding and child protection policies and procedures in place (including inspecting these as needed); and ensure that there are arrangements in place for the provider to liaise with the nursery on these matters where appropriate. This applies regardless of whether or not the children who attend any of these services or activities are children on the nursery roll.



## Annex 1 – Community Partnership Information Form

### Guidance

This form is for the sharing of non-urgent information by partner agencies that relates to the **Missing, Exploited and Trafficked** agenda and related issues, such as **Modern Slavery**. This form can also be used for information relating to **Community Cohesion** and related concerns such as; **Tensions, Political Unrest, Racial and Religious** issues, **Immigration, Asylum and Refugees**, and **Anti-Social Behaviour**. Information associated with **Organised Crime Group** activity, including rural, is also sought. This form is not a referral form, nor does it replace any pre-existing referral or notification mechanism. This information may be sanitised and used in subsequent partnership forums for the purposes of identifying and mitigating risk. Any questions or concerns regarding this form can be raised with your Police contact, or to FIB.

Completed forms should be sent electronically to **24/7-Intel@hampshire.pnn.police.uk**

Your Details			
Name			
Organisation			
Telephone		Email	

  

Information	
<i>including date and location</i>	

  

Information Source	
Where did this information come from?	
Name	
Date of Birth	
Address	
Can they be re-contacted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, provide details</i>	Telephone                      Email
How did they find this information out?	
When did they find this information out?	
Who else have you shared this information with?	

### **Annex 2** **EYFS Framework 2024 Section 3**

## **Section 3 – The safeguarding and welfare requirements**

## Introduction

- 3.1 Children learn best when they are healthy, safe, secure, when their individual needs are met, and when they have positive relationships with the people caring for them.
- 3.2 This section of the framework sets out the safeguarding and welfare requirements providers must meet. They are designed to help providers create a high-quality, welcoming, and safe setting where children can enjoy learning and grow in confidence.
- 3.3 Providers must take all necessary steps to keep children safe and well. The requirements in this section explain what early years providers must do to:
  - Safeguard children.
  - Ensure the people who have contact with children are suitable.
  - Promote good health.
  - Support and understand behaviour.
  - Maintain records, policies, and procedures.

## Safeguarding policies and procedures

- 3.4 In every setting, a practitioner must be designated to take lead responsibility for safeguarding children. The lead practitioner is responsible for liaison with local statutory children's services agencies, and with the LSP (Local Safeguarding Partners). All practitioners must be alert to any issues of concern in the child's life at home or elsewhere.
- 3.5 Providers must have and implement policies and procedures to keep children safe and meet EYFS requirements. Schools are not required to have separate policies to cover EYFS requirements provided the requirements are already met through an existing policy. Where providers are required to have policies and procedures as specified below, these policies and procedures should be recorded in writing. Policies and procedures should be in line with the guidance and procedures of the relevant LSP.
- 3.6 Safeguarding policies must include:
  - The action to be taken when there are safeguarding concerns about a child.
  - The action to be taken in the event of an allegation being made against a member of staff.
  - How mobile phones, cameras and other electronic devices with imaging and sharing capabilities are used in the setting.

Providers may find it helpful to read '[Safeguarding children and protecting professionals in early years settings: online safety considerations](#)'.

## Concerns about children's safety and welfare

- 3.7 If providers have concerns about children's safety or welfare, they must immediately notify their local authority children's social care team, in line with local reporting procedures, and, in emergencies, the police. Providers must also take into account the government's statutory guidance '[Working Together to Safeguard Children](#)' and '[Prevent duty guidance for England and Wales](#)'<sup>11</sup>. All schools are required to have regard<sup>12</sup> to the government's statutory guidance '[Keeping Children Safe in Education](#)', and other childcare providers may also find it helpful to read this guidance.
- 3.8 Registered providers must inform Ofsted, or the agency with which a provider of CoDP is registered, of any allegations of serious harm or abuse by anyone living, working, or looking after children at the premises. This must happen whether the allegations of harm or abuse are alleged to have been committed on the premises or elsewhere, for example, on a visit. Registered providers must also notify Ofsted/ their CMA of the action they have taken in response to the allegations. Ofsted/the CMA must be notified as soon as is reasonably practicable, but in any event within 14 days of the allegations being made. A registered provider who, without a reasonable excuse, fails to do this, commits an offence.

## Suitable people

- 3.9 Providers must ensure that people looking after children are suitable; they must have the relevant qualifications, training and have passed any required checks to fulfil their roles. Providers must take appropriate steps to verify qualifications, including in cases where physical evidence cannot be produced. Providers must also ensure that any person who may have regular contact with children (for example, someone living or working on the same premises the early years provision is provided), is suitable<sup>13</sup>.
- 3.10 Ofsted, or the CMA with which a provider of CoDP is registered, is responsible for checking the suitability of:
- The provider.
  - Every other person looking after children on domestic premises for whom the care is being provided.
  - Every other person living or working on any domestic premises from which the childcare is being provided, including requiring enhanced criminal records checks<sup>14</sup> and barred list checks.
- 3.11 Registered group and school-based providers, except CoDP providers, must obtain an enhanced criminal records check for every person aged 16 and over (including for unsupervised volunteers, and supervised volunteers who provide personal care<sup>15</sup>) who:
- Works directly with children.
  - Lives on the premises on which the childcare is provided (unless there is no access to the part of the premises when and where children are cared for) and/or
  - Works on the premises on which the childcare is provided (unless they do not work on the part of the premises where the childcare takes place, or do not work there at times when children are present).
- 3.12 An additional criminal records check (or checks if more than one country) should also

be made for anyone who has lived or worked abroad<sup>16</sup>.

- 3.13 Providers must tell staff that they are expected to disclose any convictions, cautions, court orders, reprimands and warnings<sup>17</sup> that may affect their suitability to work with children (whether received before or during their employment at the setting). Providers must not allow anyone whose suitability has not been checked, including through a criminal records check<sup>18</sup>, to have unsupervised contact with children being cared for.
- 3.14 Providers must record information about staff qualifications and the identity checks and vetting processes that have been completed (including the criminal records check reference number, the date a check was obtained and details of who at the setting obtained it).
- 3.15 Providers are required to make a referral to the Disclosure and Barring Service if a member of staff is dismissed (or would have been, had they not left the setting first) because they have harmed a child or put a child at risk of harm<sup>19</sup>.

### Disqualification

- 3.16 A provider or a practitioner may be disqualified from registration. Providers may find [guidance](#) about disqualification under the Childcare Act 2006 helpful. If a provider is disqualified, they must not continue as an early years provider or be directly involved in the management of any early years provision. When a person is disqualified, providers must not employ that person in connection with early years provision.
- 3.17 A registered provider must notify Ofsted, or the CMA with which a provider of CoDP is registered, of any significant event which is likely to affect the suitability of any person who is in regular contact with children on the premises where childcare is provided. The disqualification of an employee could be an example of a significant event<sup>20</sup>.
- 3.18 The registered provider must give Ofsted, or the CMA with which a provider of CoDP is registered, the following information about themselves or about any person who lives or is employed in the same household as the registered provider:
- Details of any order, determination, conviction, or other ground for disqualification from registration under regulations made under section 75 of the Childcare Act 2006.
  - The date of the order, determination or conviction, or the date when the other ground for disqualification arose.
  - The body or court which made the order, determination or conviction, and the sentence (if any) imposed.
  - A certified copy of the relevant order (in relation to an order or conviction).
- 3.19 A setting's registered person must provide this information to Ofsted/the CMA as soon as reasonably practicable, but, in any event within 14 days of the date the provider became aware of the information or should have reasonably become aware of it if they had made reasonable enquiries<sup>21</sup>.
- 3.20 If a provider becomes aware of relevant information that may lead to an employee being disqualified, the provider must take appropriate action to ensure the safety of children.

### Staff taking medication/other substances

3.21 Staff members must not be under the influence of alcohol or any other substance which may affect their ability to care for children. If a practitioner is taking medication which may affect their ability to care for children, they should seek medical advice.

Practitioners must only work directly with children if the medical advice received confirms that the medication is unlikely to impair that person's ability to look after children properly. All medication on the premises must be stored securely, and out of reach of children, at all times.

### Smoking and vaping

3.22 Providers must not allow smoking in or on the premises when children are present or about to be present. Practitioners should not vape or use e-cigarettes when children are present, and providers should consider [Public Health England advice on their use in public places and workplaces](#).

### Qualifications, training, support and skills

3.23 Providers must follow their legal responsibilities under the Equality Act 2010 including the fair and equal treatment of practitioners regardless of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

### Safeguarding training

3.24 Providers must train all staff to understand their safeguarding policy and procedures and ensure that all staff have up to date knowledge of safeguarding issues. Training made available by the provider must enable staff to identify signs of possible abuse and neglect at the earliest opportunity, and to respond in a timely and appropriate way. These may include:

- Significant changes in children's behaviour.
- A decline in children's general well-being.
- Unexplained bruising, marks or signs of possible abuse or neglect.
- Concerning comments from children.
- Inappropriate behaviour from practitioners, or any other person working with the children. This could include inappropriate sexual comments; excessive one- to-one attention beyond what is required through their role; or inappropriate sharing of images.
- Any reasons to suspect neglect or abuse outside the setting, for example in the child's home or that a girl may have been subjected to (or is at risk of) [female genital mutilation](#).

Providers may find it helpful to read ['What to do if you're worried a child is being abused: Advice for practitioners'](#).

3.25 The lead practitioner must provide support, advice and guidance to any other staff on an ongoing basis, and on any specific safeguarding issue as required. The lead practitioner must attend a child protection training course<sup>22</sup> that enables them to identify, understand and respond appropriately to signs of possible abuse and neglect (as described at paragraph 3.8).

### **Training and skills**

3.26 What practitioners know, plan for, and do matters for children's learning, development, safety, and happiness in settings. Providers must ensure that all staff receive induction training to help them understand their roles and responsibilities. Induction training must include information about emergency evacuation procedures, safeguarding, child protection, and health and safety issues. Providers must support staff to undertake appropriate training and professional development opportunities to ensure they offer quality learning and development experiences for children that continually improves.

### **Supervision of staff**

3.27 Providers must put appropriate arrangements in place for the supervision of staff who have contact with children and families. Effective supervision provides support, coaching, and training for the practitioner and promotes the interests of children. Supervision should foster a culture of mutual support, teamwork, and continuous improvement, which encourages the confidential discussion of sensitive issues.

3.28 Supervision should provide opportunities for staff to:

- Discuss any issues – particularly concerning children's development or well-being, including child protection concerns.
- Identify solutions to address issues as they arise.
- Receive coaching to improve their personal effectiveness.

### **Paediatric First Aid**

3.29 At least one person who has a current paediatric first aid (PFA) certificate must be on the premises and available at all times when children are present and must accompany children on outings. The certificate must be for a full course consistent with the criteria set out in Annex A. PFA training<sup>23</sup> must be renewed every three years and be relevant for people caring for young children and babies.

3.30 Providers should take into account the number of children, staff, and layout of premises to ensure that a paediatric first aider is able to respond to emergencies quickly.

3.31 All staff who obtained a level 2 and/or level 3 qualification since 30 June 2016 must obtain a PFA qualification within three months of starting work in order to be included in the required staff: child ratios at level 2 or level 3 in an early years setting<sup>24</sup>. To continue to be included in the ratio requirement the certificate must be renewed every 3 years<sup>25</sup>.

3.32 Providers should display (or make available to parents) staff PFA certificates or a list of staff who have a current PFA certificate.

### **English language skills**

- 3.33 Providers must ensure that staff have sufficient understanding and use of English to ensure the well-being of children in their care. For example, settings must be able to:
- Keep records in English.
  - Liaise with other agencies in English.
  - Summon emergency help.
  - Understand instructions. For example, about the safety of medicines or food hygiene.

### Key person

- 3.34 Each child must be assigned a key person. Their role is to help ensure that every child's care is tailored to meet their individual needs, to help the child become familiar with the setting, offer a settled relationship for the child and build a relationship with their parents and/or carers. They should also help families engage with more specialist support if appropriate.

### Staff: child ratios

- 3.35 Staffing arrangements must meet the needs of all children and ensure their safety. Providers must ensure that children are adequately supervised, including whilst eating, and decide how to use staff to ensure children's needs are met. Providers must inform parents and/or carers about how staff are organised, and, when relevant and practical, aim to involve them in these decisions.
- 3.36 Children must usually be within sight and hearing of staff and always within sight or hearing. Whilst eating, children must be within sight and hearing of a member of staff.
- 3.37 In settings on the early years register, the manager of the setting must hold an approved qualification of level 3 or above and at least half of all other staff must hold at least an approved level 2 qualification<sup>26</sup>. An approved qualification is defined by the Department for Education as meeting the criteria set out in the [Early Years Qualification Requirements and Standards](#) document. Approved qualifications are published on the Early Years Qualifications List on GOV.UK<sup>27</sup>. Managers appointed on or after 4 January 2024 must have already achieved a suitable level 2 qualification in maths<sup>28</sup> or must do so within two years of starting in the position. This also applies to existing managers moving to a new managerial role<sup>29</sup>. Managers are responsible for ensuring staff have the right level of maths knowledge to effectively deliver the EYFS curriculum. Managers should have at least two years' experience of working in an early years setting, or have at least two years' other suitable experience. The provider must ensure there is a named deputy who, in their judgement, is capable and qualified<sup>30</sup> to take charge in the manager's absence.
- 3.38 To count within the ratios at level 3, staff holding an Early Years Educator qualification<sup>31</sup> must also have achieved a suitable level 2 qualification in English.
- 3.39 The ratio requirements below apply to the total number of staff available to work directly with children<sup>32</sup>. Exceptionally, and where the quality of care and safety and security of children is maintained, changes to the ratios may be made. For settings providing overnight care, the relevant ratios continue to apply and at least one member of staff must be awake at all times.

3.40 For children aged under two:

- There must be at least one member of staff for every three children.
- At least one member of staff must hold an approved level 3 qualification and be suitably experienced in working with children under two.
- At least half of all other staff must hold an approved level 2 qualification.
- At least half of all staff must have received training that specifically addresses the care of babies.
- Where there is a room for under two-year-olds, the member of staff in charge of that room must, in the judgement of the provider, have suitable experience of working with under twos.

3.41 For children aged two:

- There must be at least one member of staff for every five children<sup>33</sup>.
- At least one member of staff must hold an approved level 3 qualification.
- At least half of all other staff must hold an approved level 2 qualification.

3.42 For children aged three and over in registered early years provision, at any time where a person with Qualified Teacher Status, Early Years Professional Status, Early Years Teacher Status is working directly with children<sup>34</sup>:

- There must be at least one member of staff for every 13 children.
- At least one other member of staff must hold an approved level 3 qualification.

3.43 For children aged three and over in registered early years provision where a person with Qualified Teacher Status, Early Years Professional Status, Early Years Teacher Status is not working directly with children:

- There must be at least one member of staff for every eight children.
- At least one other member of staff must hold an approved level 3 qualification.
- At least half of all other staff must hold an approved level 2 qualification.

3.44 For children aged three and over in independent schools (including in nursery classes in free schools and academies) where a person with Qualified Teacher Status, Early Years Professional Status, Early Years Teacher Status, an instructor<sup>35</sup>, or another suitably qualified overseas trained teacher, is working directly with children:

- For classes where the majority of children will reach the age of five or older within the school year, there must be at least one member of staff for every 30 children<sup>36</sup>.
- For all other classes there must be at least one other member of staff for every 13 children.



- At least one other member of staff must hold an approved level 3 qualification.

3.45 For children aged three and over in independent schools (including in nursery classes in free schools and academies) where there is no person with Qualified Teacher Status, Early Years Professional Status, Early Years Teacher Status no instructor, and no suitably qualified overseas trained teacher, working directly with children:

- There must be at least one member of staff for every eight children.
- At least one member of staff must hold an approved level 3 qualification.
- At least half of all other staff must hold an approved level 2 qualification.

3.46 For children aged three and over in maintained nursery schools and nursery classes in maintained schools<sup>37</sup>:

- There must be at least one member of staff for every 13 children<sup>38</sup>.
- At least one member of staff must be a school teacher as defined by section 122 of the Education Act 2002<sup>39</sup>.
- At least one other member of staff must hold an approved level 3 qualification<sup>40</sup>.

3.47 Reception classes in maintained schools and academies are subject to infant class size legislation<sup>41</sup>, which is limited to 30 pupils<sup>42</sup> per school teacher<sup>43</sup> (subject to permitted exceptions) while an ordinary teaching session is conducted. 'School teachers' do not include teaching assistants, higher level teaching assistants, or other support staff. Consequently, in an ordinary teaching session, a school must employ sufficient school teachers to enable it to teach its infant classes in groups of no more than 30 per school teacher<sup>44</sup>.

3.48 Some schools may choose to mix their reception classes with groups of younger children (for example, nursery pupils, non-pupils, or younger children from a registered provider). In such cases they must determine ratios within mixed groups, guided by all relevant ratio requirements and by the needs of individual children within the group. In exercising this discretion, the school must comply with the statutory requirements relating to the education of children of compulsory school age and infant class sizes. Schools' partner providers must meet the relevant ratio requirements for their provision.

3.49 Suitable students on long term placements, volunteers (aged 17 or over) and staff working as apprentices in early education (aged 16 or over) may be included in the ratios at the level below their level of study, if the provider is satisfied that they are competent and responsible<sup>45</sup>. Except in the case of apprentices, only those aged 17 and over may be included in the ratios and only if they are suitable as in paragraphs 3.9 to 3.15 (and staff under 17 should be supervised at all times)

## Before/after school care and holiday provision

3.50 Where the provision is solely before/after school<sup>46</sup> care or holiday provision for children who normally attend reception class (or older) during the school day, there must be sufficient staff as for a class of 30 children. It is for providers to determine how many staff are needed to ensure the safety and welfare of children, bearing in mind the type(s) of activity and the age and needs of the children. It is also for providers to determine what qualifications, if any, the manager and/or staff should have. See details on page 6 for the learning and development requirements for providers offering care exclusively before/after school or during the school holidays.

## Health

### Medicines

3.51 Providers must promote the good health, including the oral health, of the children they look after.

3.52 They must have a procedure, which must be discussed with parents and/or carers, for taking appropriate action if children are ill or infectious. This procedure must also cover the necessary steps to prevent the spread of infection<sup>47</sup>.

3.53 Providers must have and implement a policy, and procedures, for administering medicines to children. It must include systems for obtaining information about a child's needs for medicines, and for keeping this information up to date. Staff must have training if the administration of medicine requires medical or technical knowledge. Prescription medicines must not be administered unless they have been prescribed for a child by a doctor, dentist, nurse, or pharmacist (medicines containing aspirin should only be given if prescribed by a doctor).

3.54 Medicine (both prescription and non-prescription<sup>48</sup>) must only be administered to a child where written permission for that particular medicine has been obtained from the child's parent and/or carer. Providers must keep a written record each time a medicine is administered to a child and inform the child's parents and/or carers on the same day the medicine has been taken, or as soon as reasonably practicable.

### Food and drink

3.55 Where children are provided with meals, snacks, and drinks, these must be healthy, balanced and nutritious. Before a child is admitted to the setting the provider must obtain information about any special dietary requirements, preferences, and food allergies that the child has, and any special health requirements. Fresh drinking water must always be available and accessible to children. Providers must record

and act on information from parents and carers about a child's dietary needs.

## Food and drink facilities

- 3.56 There must be an area adequately equipped to provide healthy meals, snacks and drinks for children as necessary. There must be suitable facilities for the hygienic preparation of food for children, if necessary, including suitable sterilisation equipment for babies' food. Providers must be confident that those responsible for preparing and handling food are competent to do so. All staff involved in preparing and handling food must receive training in food hygiene. Section 4 of ['Example menus for early years settings in England'](#) includes guidance on menu planning, food safety, managing food allergies and reading food labels, which staff preparing food will find helpful in ensuring that children are kept safe.

## Food poisoning

- 3.57 Registered providers must notify Ofsted, or the CMA with which a provider of CoDP is registered, of any food poisoning affecting two or more children cared for on the premises. This must be done as soon as is reasonably practical, but, in any event, within 14 days of the incident. A registered provider who, without reasonable excuse, doesn't meet this requirement commits an offence.

## Supporting and understanding children's behaviour

- 3.58 Providers are responsible for supporting, understanding, and managing children's behaviour in an appropriate way.
- 3.59 Providers must not give or threaten corporal punishment or any punishment which could negatively affect a child's well-being. Providers must take reasonable steps to ensure that corporal punishment is not given by anyone who is caring for or is in regular contact with a child, or by anyone living or working in the premises where care is provided. Any early years provider who does not meet these requirements commits an offence. A person will not be considered to have used corporal punishment (and therefore will not have committed an offence) if physical intervention<sup>49</sup> was taken to avert immediate danger of personal injury to any person (including the child) or to manage a child's behaviour if absolutely necessary.
- 3.60 Providers must keep a record of any occasion where physical intervention is used, and parents and/or carers must be informed on the same day, or as soon as

reasonably practicable.

## Special educational needs

- 3.61 Early years providers must have arrangements in place to support children with Special Educational Needs and Disabilities (SEND). Maintained schools, academies and maintained nursery schools are required<sup>50</sup> to identify a member of staff to act as Special Educational Needs Co-ordinator (SENCO) and other providers (in group provision) are expected to identify a SENCO. Maintained schools, academies and maintained nursery schools and all providers who are funded by the local authority to deliver early education places are required<sup>51</sup> to have regard to the 0-25 SEND Code of Practice. Other providers may find it helpful to familiarise themselves with the early years section of the 0-25 SEND Code of Practice.

## Safety and suitability of premises, environment and equipment

### Accident or injury

- 3.62 Providers must ensure a first aid box with appropriate items for use on children is always accessible. Providers must keep a written record of accidents or injuries and first aid treatment. Providers must inform parents and/or carers of any accident or injury sustained by the child on the same day as, or as soon as reasonably practicable after, and of any first aid treatment given.
- 3.63 Registered providers must notify Ofsted, or the CMA with which a provider of CoDP is registered, of any serious accident, illness, or injury to, or death of, any child while in their care, and of the action taken. This must be done as soon as is reasonably practicable, but in any event, within 14 days of the incident occurring. A registered provider who, without reasonable excuse, does not meet this requirement commits an offence. Providers must notify local child protection agencies of any serious accident or injury to, or the death of, any child while in their care, and must act on any advice from those agencies.

### Safety of premises

- 3.64 Providers must ensure that their premises, including overall floor space and outdoor spaces, are fit for purpose and suitable for the age of children cared for and the activities provided on the premises. Providers must comply with requirements of health and safety legislation, including fire safety and hygiene requirements.
- 3.65 Providers must take reasonable steps to ensure the safety of children, staff, and others on the premises in the case of fire or any other emergency. Providers must have:
- An emergency evacuation procedure.
  - Appropriate fire detection and control equipment (for example, fire alarms, smoke detectors, fire blankets and/or fire extinguishers) which is in working order.

Fire exits must be clearly identifiable, and fire doors free of obstruction and easily opened from the inside.

## Indoor space requirements

3.66 The premises and equipment must be organised in a way that meets the needs of children. Providers must meet the following indoor space requirements<sup>52</sup> where indoor activity in a building(s) forms the main part of (or is integral) to the provision:

- Children under two years: 3.5m<sup>2</sup> per child.
- Two-year-olds: 2.5m<sup>2</sup> per child.
- Children aged three to five years: 2.3m<sup>2</sup> per child.

3.67 Where the space standards are applied, providers cannot increase the number of children on roll because they additionally use an outside area. Forest and other exclusively (or almost exclusively) outdoor provision is not required to meet the space standards above as long as children's needs can be met. For this kind of provision, indoor space requirements can be used as a guide for the minimum area needed.

## Outdoor access

3.68 Providers must provide access to an outdoor play area. If that is not possible, they must ensure that outdoor activities are planned and taken on a daily basis (unless circumstances make this inappropriate, for example unsafe weather conditions). Providers must follow their legal responsibilities under the Equality Act 2010 (for example, the provisions on reasonable adjustments).

## Sleeping arrangements

3.69 Sleeping children must be frequently checked to ensure that they are safe. Being safe includes ensuring that cots and bedding are in good condition and suited to the age of the child, and that babies are placed down to sleep safely in line with the latest government safety guidance: [Sudden infant death syndrome \(SIDS\) - NHS \(www.nhs.uk\)](https://www.nhs.uk). Practitioners may also find it helpful to read NHS advice on safety of

## Baby room

3.70 There should be a separate baby room for children under the age of two. However, providers must ensure that children in a baby room have contact with older children and are moved into the older age group when appropriate.

## Toilets and intimate hygiene

3.71 Providers must ensure:

- There is an adequate number of toilets and hand basins available - there should usually be separate toilet facilities for adults.

- There are suitable hygienic changing facilities for changing any children who are in nappies.
- There is an adequate supply of clean bedding, towels, spare clothes, and any other necessary items.

## Organising premises for confidentiality and safeguarding

3.72 Providers must ensure:

- There is an area where staff may talk to parents and/or carers confidentially.
- There is an area for staff to take breaks away from areas being used by children.
- Children are only released into the care of individuals of whom the parent has explicitly notified the provider.
- Children do not leave the premises unsupervised.
- They take all reasonable steps to prevent unauthorised persons entering the premises and have an agreed procedure for checking the identity of visitors.
- They consider what additional measures are necessary when children stay overnight.

## Insurance

3.73 Providers must carry the appropriate insurance (e.g. public liability insurance) to cover all premises from which they provide childcare.

## Safety on outings

3.74 Children must be kept safe while on outings. Providers must assess potential risks or hazards for the children and must identify the steps to be taken to remove, minimise, and manage those risks and hazards. The assessment must include consideration of staff to child ratios. The risk assessment does not necessarily need to be in writing; this is up to providers.

3.75 Vehicles transporting children, and the driver of those vehicles, must be adequately insured.

## Risk assessment

3.76 Providers must ensure that they take all reasonable steps to ensure staff and children in their care are not exposed to risks and must be able to demonstrate how they are managing risks<sup>53</sup>. Providers must determine where it is helpful to make some written risk assessments in relation to specific issues, to inform staff practice, and to demonstrate how they are managing risks if asked by parents and/or carers or inspectors. Risk assessments should identify aspects of the environment that need to be checked on a regular basis, when and by whom those aspects will be

checked, and how the risk will be removed or minimised.

## Information and record keeping

- 3.77 Providers must maintain records, obtain and share relevant information (with parents and carers, other professionals working with the child, the police, social services and Ofsted or their CMA, as appropriate). This is to ensure their setting is safe and efficiently managed, and the needs of all children are met<sup>54</sup>. Providers must enable a regular two-way flow of information with parents and/or carers (and between other providers, if a child is attending more than one setting). If requested, providers should incorporate parents' and/or carers' comments into children's records.
- 3.78 Records must be easily accessible and available (these may be kept securely off the premises). Confidential information and records about staff and children must be held securely and only accessible and available to those who have a right or professional need to see them<sup>55</sup>. Providers must be aware of their responsibilities under the Data Protection Legislation<sup>56</sup> and, where relevant, the Freedom of Information Act 2000.
- 3.79 Providers must ensure that all staff understand the need to protect the privacy of the children in their care, as well the legal requirements that exist to ensure that information relating to the child is handled in a way that ensures confidentiality. Parents and/or carers must be given access to all records about their child, provided that no relevant exemptions apply to their disclosure under the Data Protection Act<sup>57</sup>.
- 3.80 Records relating to individual children must be retained for a reasonable period of time after they have left the provision<sup>58</sup>.

## Information about the child

3.81 Providers must record the following information for each child in their care:

- Full name.
- Date of birth.
- Name and address of every parent and/or carer who is known to the provider.
- Information about any other person who has parental responsibility for the child.
- Which parent(s) and/or carer(s) the child normally lives with.
- Emergency contact details for parents and/or carers.

## Information for parents and carers

3.82 Providers must share the following information with parents and/or carers:

- How the EYFS is being delivered in the setting, and how parents and/or carers can access more information.
- The range and type of activities and experiences provided for children, the daily routines of the setting, and how parents and carers can share learning at home.
- How the setting supports children with special educational needs and disabilities.
- Food and drinks provided for children.
- Details of the provider's policies and procedures - making copies available on request. This includes the procedure to be followed in the event of a parent and/or carer failing to collect a child at the appointed time, or in the event of a child going missing at, or away from, the setting.
- How staffing in the setting is organised.
- The name of their child's key person and their role.
- A telephone number for parents and/or carers to contact the provider in an emergency.

## Complaints

3.83 Providers must put in place a written procedure for dealing with concerns and complaints from parents and/or carers, and must keep a written record of any complaints, and their outcome. All providers must:

- Investigate written complaints relating to how they are fulfilling the EYFS requirements.
- Notify the person who made the complaint of the outcome of the investigation within 28 days of having received the complaint.
- Make a record of complaints available to Ofsted, or the CMA with which a provider of CoDP is registered, on request.

3.84 Providers must make available to parents and/or carers the details about how to contact Ofsted, or the CMA with which a provider of CoDP is registered, if they believe the provider is not meeting the EYFS requirements.

## Inspections and quality assurance visits

3.85 If providers become aware that they are to be inspected by Ofsted or have a quality assurance visit by the CMA, they must notify parents and/or carers. After an inspection by Ofsted or a quality assurance visit by their CMA, providers must supply a copy of the report to parents and/or carers of children attending on a regular basis.

## Information about the provider



3.86 Providers must hold the following documentation:

- Name, home address and telephone number of the provider and any other person living or employed on the premises.
- Name, home address and telephone number of anyone else who will regularly be in unsupervised contact with the children attending the early years provision.
- A daily record of the names of the children being cared for on the premises, their hours of attendance and the names of each child's key person.
- Their certificate of registration (which must be displayed at the setting and shown to parents and/or carers on request).

## Changes that must be notified to Ofsted

3.87 All registered early years providers must notify Ofsted of any change:

- In the address of the premises (and must obtain prior approval to operate from those premises where appropriate).
- To the premises which may affect the space available to children and the quality of childcare available to them.
- In the name or address of the provider, or the provider's other contact information.
- To the person who is managing the early years provision.
- Any proposal to change the hours during which childcare is to be provided which will entail the provision of overnight care.
- Any significant event which is likely to affect the suitability of the early years provider to look after children.
- Any significant event which is likely to affect the suitability of any person who cares for/is in regular contact with children on the premises.
- Where the early years provision is provided by a company, any change in the name or registered number of the company.
- Where the early years provision is provided by a charity, any change in the name or registration number of the charity.
- Where the childcare is provided by a partnership, body corporate or unincorporated association, any change to the "nominated individual".
- Where the childcare is provided by a partnership, body corporate or unincorporated association whose sole or main purpose is the provision of childcare, any change to the individuals who are partners in, or a director, secretary or other officer or members of its governing body.

3.88 Where providers are required to notify Ofsted about a change of person except for managers, as specified in paragraph 3.87 above, providers must give Ofsted the

new person's name, any former names or aliases, date of birth, and home address. If there is a change of manager, providers must notify Ofsted that a new manager has been appointed. Where it is reasonably practical to do so, this must be done in advance of the change happening. In other cases, this must be done as soon as is reasonably practical but, in any event, within 14 days. A registered provider who, without reasonable excuse, fails to comply with these requirements commits an offence.

3.89 Please note that where providers of CoDP are registered with a CMA the above notifications should be given to their CMA, not Ofsted.

## Other Legal Duties

3.1 The EYFS requirements sit alongside other legal obligations and do not supersede or replace any other legislation which providers must still meet. For example, where provision is taking place in maintained schools there is other legislation in place with which headteachers, teachers and other practitioners must comply with. Other duties on providers include:

- Employment laws.
- Anti-discriminatory legislation.
- Health and safety legislation.
- Data collection regulations<sup>59</sup>.
- Duty of care.

### Annex 3

Hampshire Safeguarding Children's Partnership Bruising Protocol provision,  
[Practitioner-Guide-HSCP-Bruising-Protocol-updated-Feb-2023-1.pdf \(hampshirescp.org.uk\)](#)

