Senior Manager & Nominated Individual: Miss C Bates

Initial Policy date	July 2016	Next scheduled review	October 2026
Governor approved	September 2025	Key person/people	NI & Nursery Manager
Model Policy		Model Localised	Yes

Safeguarding Policy

Contents

Purpose and Aims
Ethos
Key Personnel
Responsibilities and expectations
Safe Recruitment
Employee Induction
Recognising concerns, signs, and indicators of abuse
Parental Mental Health
Child Abduction
Children and the Court System
Children with a family member in prison
Homelessness
Child with Medical Conditions
Children who have SEN and/or Disabilities
Accident or Injury
Intimate and Personal Care
Sleeping arrangements
Staff:Child ratios
Key Person
Paediatric First Aid
Site Security
Safety on outings
Off site visits
Disqualification under the childcare Act
Safeguarding and the Curriculum
Promoting Educational Outcomes
Prevent Duty
Low Level Concern
Confidentiality Professional Learning
Mobile Phones and Electronic Devices
Appendix 1: Categories of Abuse
Appendix 2: Current Safeguarding Issues

Purpose and Aims

The purpose of safeguarding and child protection policy is to provide a secure framework for the workforce in safeguarding and promoting the welfare of those children/young people who attend our setting. The policy aims to ensure that:

- All our children are safe and protected from harm.

- Other elements of provision and policies are in place to enable children to feel safe and adopt safe practice;

- Colleagues, children, visitors, volunteers and parents are aware of their expected behaviour and the settings legal responsibilities in relation to the safeguarding and welfare of all of our children.

Ethos

'Every child deserves the best possible start in life and the support that enables them to fulfil their potential. A secure, safe, and happy childhood is important in its own right.' Statutory Framework for the Early Years Foundation Stage (EYFS Safeguarding is considered everyone's responsibility and our setting aims to create the safest environment within which every child has the opportunity to achieve their full potential. At Rotherly Day Nursery we recognise the contribution it can make in ensuring that all children registered, or who use our setting have a trusted key worker with whom they feel safe and that they will be listened to, and appropriate action taken. We recognise that this especially important for children who are unable to communicate e.g., babies and very young children, and that they have strong attachment to theicare givers. We will work to ensure children's safety by working in partnership with other agencies i.e. Early Help, MASH, Police and Social care as well as seeking to establish effective working relationships with parents, carers, and other colleagues to develop and provide activities and opportunities that will help to equip our children with the skills they need. This will include designing materials and learning experiences that will encourage our children to develop essential life skills and protective behaviours to keep themselves safe.

This policy has been developed in accordance with the principles established by the Children Act 1989; and in line with the following:

- EYFS statutory framework for group and school based providers (applies from 4 January 2024)_

- Working Together to Safeguard Children

- What to do if you are worried a Child is being Abused
- Keeping Children Safe in Education
- The Prevent Duty 2015 advice for childcare settings
- Information Sharing; Advice for practitioners providing safeguarding services to children, young people, parents and carers
- Safeguarding children and protecting professionals in early years settings: online safety considerations - GOV.UK (www.gov.uk)
- Female genital mutilation - GOV.UK (www.gov.uk)

Key Personnel

Role	Name	Email	Telephone
Designated Safeguarding Lead (DSL)	Charlotte Bates	c.bates@rotherly.co.uk	01962 840080
Deputy DSL	Rachael Condom	Rstoneh@rotherly.co.uk	01962 840080
Deputy DSL	Lisa Kirby	l.kirby@roterly.co.uk	01962 840080

Responsibilities and expectations
The management committee/proprietor takes seriously its responsibility under section 11 of the Children Act and duties under "working together" to safeguard and promote the welfare of children; to work together with other agencies to ensure adequate arrangements exist within our setting to identify and support those children who are suffering harm or are likely to suffer significant harm. We recognise that all colleagues and management have a full and active part to play in protecting our children from harm, and that the child's welfare is our paramount concern.

Leaders will ensure the following: -

- That the safeguarding and child protection policy is available to parents and carers.
- That all colleagues and volunteers are checked to make sure they are safe to work with the children who attend our setting.
- That the setting has procedures for handling allegations of abuse made against employees (including the Playleader/Manager) or volunteers.
- The safe and appropriate use of cameras, mobile phones, technology, and online equipment within the setting.

- The Counter Terrorism and Security Act 2015 which places a duty on early years and childcare providers "to have due regard to the need to prevent people from being drawn into terrorism" (The Prevent Duty) is implemented, taking into account the Local authorities 'Prevent' policies, protocols and procedures and ensuring the Fundamental British Values are implemented as stated in the EYFS.

- A Designated Safeguarding Lead (DSL) is appointed who has lead responsibility for dealing with all safeguarding issues in our setting. (See key personnel)

- Our procedures will be reviewed annually and updated.

The responsibilities for the Designated Safeguarding Lead (DSL) are:-

- To ensure that all safeguarding issues raised in the setting are effectively responded to, recorded, and referred to the appropriate agency.

- To ensure all adults are alert to circumstances when a child and family may need access to early help

- To ensure all adults, (including volunteers) new to our setting will be made aware of this policy and the procedures for child protection, the name and contact details of the DSL and have these explained, as part of their induction into the setting.

- To be responsible for arranging the settings safeguarding training for all colleague and volunteers who work with the children and young people. The DSL must ensure that the safeguarding training takes place at least every three years for all with regular updates during this period, which they can deliver in-house provided they are linked into the support and quality assurance process offered by the Local Authority and the Devon Children and Families Partnership.

- To ensure that a senior colleague has the relevant training and access to appropriate supervision and attends where appropriate, all child protection case conferences, reviews, core groups, or meetings where it concerns a child in our care and to contribute to multi-agency strategy discussions to safeguard and promote the child's welfare.

- For ensuring the acceptable, safe use and storage of all camera technology, images, and mobile phones.

- Implementing the Fundamental British Vales.

- To ensure allegations regarding adults in the setting are effectively responded to and referred to the appropriate agency.

Colleague roles and responsibilities will include:

- Maintaining an attitude of 'it could happen here' where safeguarding is concerned.

- Identifying concerns early, provide help for children, promote children's welfare and prevent concerns from escalating.

- To provide a safe environment in which children can play and learn.

- Knowing what to do if a child tells them they are being abused, exploited, or neglected.

- Being able to reassure victims that they are being taken seriously and that they will be supported and kept safe.

- Recognising the barriers for children when wanting to make a disclosure (verbal or non-verbal)

- Identifying children who may benefit from early help, (providing support as soon as a problem emerges) and the part they play in these support plans.

- Raising any concerns for a child following the setting's safeguarding policies and procedures

- Being aware of local authority referral processes and supporting social workers and other agencies following any referral.

- Adhering to safeguarding and welfare requirements within the Early Years Foundation Stage Statutory Framework to safeguard children's wellbeing and maintain public trust in the early years and childcare profession as part of their professional duties.

- Being aware of systems within the setting which support safeguarding e.g. behaviour policy, code of conduct,

- Attending regular safeguarding and child protection training.

- Recognising that children missing through non-attendance can be a vital warning sign to a range of safeguarding issues including neglect, sexual abuse, and child sexual and criminal exploitation.

- Saff 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. For more detail please refer to our Rotherly separate First Aid Policy.

All Child Protection concerns need to be acted on **immediately.** If you are concerned that a child may be at risk or is actually suffering abuse, you must tell the DSL.
All adults, including the DSL, have a duty to refer all known or suspected cases of abuse to the relevant agency including MASH (Multi Agency Safeguarding Hub) via the 'request for Support Form', Children and Young Peoples Service (CYPS) – Social Care, or the Police. Where a disclosure is made to a visiting colleague member from a different agency, e.g. Early Years Consultants, Health Visitors, it is the responsibility of that agency colleague to formally report the referral to the

Setting's DSL in the first instance and to follow their organisations procedures. Any records made should be kept securely on the Child's Protection file.

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, to ensure candidates are suitable to work with children.

References will be obtained for any candidate before they are recruited these should be requested in a timely manner. Open email references will not be accepted, and a follow up phone call will be made to the referee.

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. Training will include safeguarding training, specific baby training and food hygiene training. Colleagues will also be expected to read all Rotherly's policies.

All and new employees will receive safeguarding training, further details on Rotherly's safeguarding training is outlined within the Professional learning and Training section.

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).

Recognising concerns, signs, and indicators of abuse

Any child, in any family, in any community setting could become a victim of abuse. Colleagues should always maintain an attitude of "It could happen here." We also recognise that abuse, neglect, and safeguarding issues are complex and are rarely standalone events that can be covered by one definition or label. Colleagues are aware that in most cases multiple issues will overlap one another. Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused in the family or in an institutional or community setting by those known to them, or more rarely, by others. Abuse can take place online, or technology may be used to facilitate online abuse. They may be abused by an adult or adults or by another child or children.
Abuse and Neglect may also take place outside of the home, contextual safeguarding. This may include (but not limited to), female genital mutilation (FGM), sexual exploitation, criminal exploitation, radicalisation, serious youth violence.

Colleagues are aware that behaviours linked to parental drug taking, alcohol abuse, mental ill health and domestic abuse can put children at risk and that safeguarding issues can manifest themselves via child-on-child abuse.

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- 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 colleagues 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 colleagues believe that a child is living with parental substance misuse, this will be reported to the designated safeguarding lead for referral to be considered for 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

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.

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 Nursery will be vigilante to potential bullying or harassment

- Keep as Much Contact as Possible with the Parent and Caregiver

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 Nursery

This Nursery will consider the needs of any child with an imprisoned parent during lesson 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.

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 recognises 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

Child with Medical Conditions

There is a separate policy outlining the Nurseries position on this. 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. 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 the Inclusion branch of Children Services will be contacted to support with the child's education.

Children who have special educational needs and/or disabilities

All children have the right to be safe, yet research shows that disabled children are three times more likely to be abused. A number of factors have been identified as to reasons why these children are more at risk (see bullet points) and as a setting we are aware of these and endeavour to protect all our children.

- A general reluctance of people to believe that disabled children are abused

- Limited opportunities to seek help from someone else

- A skills gap between disability and child protection workers

- Inadequate teaching about personal safety skills e.g., NSPCC pants campaign

- Issues relating to the child's specific disability or special educational need e.g., difficulties in communicating or an inability to understand what is happening

Accident or Injury

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.

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.

For further detail please see Rotherly's separate First Aid and Accidents Policy.

Intimate and Personal Care

The Nursery has specific procedures and expectations in place for the necessary intimate and personal care of babies and children. For more detail please refer to the Rotherly Intimate Care Policy.
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' 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 a child use the toilet
- Applying suncream
- Washing intimate parts of the body
- Changing nappies – For more detail please refer to Rotherly's separate Intimate Care Policy.

- 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 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- For more detail please refer to Rotherly's separate Whistleblowing Policy.

- 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- Please refer to Rotherly's Food Safety and Nutrition Policy for further detail.

- Administering oral medication – Please refer to Rotherly's Administration of Medication, First Aid and Accidents Policy for more detail.

- 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 disability or medical need. Children and young people may require help with eating, drinking, washing, dressing, putting on suncream 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.
Colleagues 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 member 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 colleagues notice a bruise in a non-mobile child in their swimsuit area, colleagues must follow the Bruising Protocol and a referral must be made straight away.

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

Sleeping Arrangements

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: https://www.nhs.uk/conditions/sudden-infant-death-syndrome-sids/

For further detail please read Rotherly's Safe Sleep Policy.

Staff: child ratios

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. 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. For further detail on staff to child ratios please see Early Years Foundation Stage Framework: https://assets.publishing.service.gov.uk/media/687105a381dd8f70f5de3ea9/EYFS_framework_for_group_and_school_based_providers_.pdf

Key person

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. For further details please refer to Rotherly's Key person and Parents Partnership Policy.

Paediatric First Aid

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. PFA training must be renewed every three years and be relevant for people caring for young children and babies. In order to count within staff to child ratios staff must obtain a PFA qualification.

Site Security

All colleagues have a responsibility to ensure the grounds of Rotherly Day Nursery are safe, this includes ensuring the safety of any visitors into setting.

Regular and thorough risk assessments are carried out. Hazards are made safe and/or removed. The setting will not accept the behaviour of any individual, parent or anyone else, that threatens setting security or leads others, child or adult, to feel unsafe. Such behaviour will be treated as a serious concern and may result in a decision to refuse the person access to the setting site.

Safety on outings

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.

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

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 Nursery Senior Manager or Deputy Managers in their absence. 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 by the Nursery Senior Manager. Rotherly Day Nursery shares a site with The Westgate School therefore, all of the same health and safety procedures are applicable.

The Senior Nursery Manager and Deputy Managers are responsible for ensuring risk assessments are carried out for all outings. These will be reviewed every 3 months.

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

Safeguarding and the Curriculum

In this setting we ensure the content of the curriculum includes social and emotional aspects of learning. We use all opportunities to teach children about how they can keep themselves and others well and safe from harm, in an age-appropriate way.

Promoting Educational Outcomes

There is a culture of high aspirations for children where safeguarding and welfare has been an issue. Colleagues will understand their development needs, promote educational outcomes, progress and attainment, and identify the challenges that children in this group might face. Additional academic support and adjustments will be made to best support these children. Where a child has a Social Worker, staff will work closely with the Social Worker to ensure the child makes progress and reaches their full potential.

Prevent Duty

The Counter Terrorism & Security Act 2015
The Act places a Prevent duty on settings to have "due regard to the need to prevent people from being drawn into terrorism." Settings subject to the Prevent Duty will be expected to demonstrate activity in the following areas

- Assessing the risk of children being drawn into terrorism
- Demonstrate that they are protecting children and young people from being drawn into terrorism by having robust safeguarding policies.
- Make sure that colleague have training that gives them the knowledge and confidence to identify children and families at risk of being drawn into terrorism, and to challenge extremist ideas which can be used to legitimise terrorism.
- Ensure children are safe from terrorist and extremist material when accessing the internet in the setting

What to do if you are concerned

If a child makes a disclosure or allegation of abuse against an adult or other child or young person, it is important that colleagues:

- Stay calm and listen carefully.
- Reassure them that they have done the right thing in telling you.
- Do not investigate or ask leading questions instead ask clarifying questions tell me, explain to me, describe to me **(TED)**
- Let them know that you will need to tell someone else.

- Do not promise to keep what they have told you a secret.
- Inform your Safeguarding Designated Lead as soon as possible and complete referral form found on the colleague dashboard
- All allegations must be taken seriously and objectively and dealt with in a timely manner, in the case of an allegation the DSL/ Nursery Strategic Lead will;
- Complete a safeguarding referral form
- Complete an Inter Agency Referral Form (IARF)

Low Level Concerns (Identified in the Keeping Children Safe in Education)

The term 'low-level' is any concern that an adult working in or on behalf of the setting may have acted in a way that :

- Is inconsistent with the colleague code of conduct, including inappropriate conduct outside of work and
- Does not meet the harm threshold or is otherwise not serious enough to consider a referral to the LADO.

Examples of such behaviour could include, but are not limited to:

- Being over friendly with children
- Having favourites
- Taking photographs of children on their mobile phone, contrary to the settings policy
- Engaging with a child on a one-to-one basis in a secluded area or behind a closed door,
- Humiliating children.

Sharing low-level concerns

- All low-level concerns are shared with the DSL.
- The DSL will then inform setting managers of all low-level concerns in timely fashion according to the nature of the low-level concern.
- If there is doubt as to whether the low-level of concern meets the harm threshold, then the DSL will consult with their LADO.

• Rotherly Nursery will create an environment where colleagues are encouraged and feel confident to self-refer where they have found themselves in situation which could be misinterpreted, might appear compromising to others or believe they have behaved in a way that they consider falls below professional standards.

Recoding low-level concerns

• All low-level concerns will be recorded in writing including details of concerns, the context and action taken.

• These records will be stored confidentially and held securely and will be kept 'provider needs to decide where the records will be kept' and will be kept for 'provider needs to decide how long to keep records'

• Records will be reviewed so that potential patterns of inappropriate problematic behaviour can be identified. DSL will need to decide on the course of action if this occurs including referral to LADO or follow disciplinary procedures.

Whistleblowing

We recognise that children cannot be expected to raise concerns in an environment where colleague fail to do so. All colleagues should be aware of their duty to raise concerns about the attitude or actions of colleagues via our whistleblowing and complaints policies and appropriate advice will be sought from the Local Authority Designated Officer (LADO) or Safeguarding Team where necessary.
If you are concerned that a colleague or adult in a position of trust poses a danger to a child or young person or that they might be abusing a child or young person you should report your concerns to the DSL. Where those concerns relate to the DSL however, this should be reported using the referral form on colleague dashboard.

For further detail please refer to Rotherly's separate Whistleblowing Policy.

Managing Allegations Against a Colleague

We are aware of the possibility of allegations being made against colleagues or volunteers that are working, or may come into contact with children and young people whilst in our setting. An allegation is when it appears that the professional, colleague member, volunteer, has:

- Behaved in a way that has harmed a child, or may have harmed a child.
- Possibly committed a criminal offence against or related to a child.
- Behaved in an inappropriate way towards a child which may indicate that he or she is unsuitable to work with children.
- If there are concerns about the person's behaviour towards their own children

- Children unrelated to their employment or voluntary work, and there has been a recommendation as part of a strategy discussion, that consideration should be given to the risk posed to children they work with

- An allegation has been made about abuse that took place some time ago and the accused person may still be working with or having contact with children.

Allegations will usually be that some kind of abuse has taken place such as inappropriate behaviour displayed, inappropriate sexual comments, excessive one to one attention beyond the requirements of their role and responsibilities, inappropriate sharing of images. Allegations are made for a variety of reasons:

- Abuse has actually taken place.

- Something has happened to the child that reminds them of a past event – the child is unable to recognise that the situation and people are different; Children can misinterpret your language or your actions.

- Some children recognise that allegations can be powerful and if they are angry with you about something, they can make an allegation as a way of hitting out.

- An allegation can be a way of seeking attention.

If an allegation is made against an adult in a position of trust whether they be members of colleague or volunteers this should be brought to the immediate attention of the DSL who will advise the Chair of Governors. In the case of the allegation being made against the DSL this will be brought to the immediate attention of the Senior Nursery Manager. Depending on the nature of the allegation this will be shared with the Local Authority Designated Officer (LADO) in order, for the appropriate action to be taken. This may constitute an initial evaluation meeting or strategy discussion depending on the allegation being made.

All allegations must be taken seriously and objectively and dealt with in a timely manner, in the case of an allegation the DSL/ Nursery Strategic Lead will:

- Refer to the LADO guidance and submit the LADO notification form.

- Consider safeguarding arrangements of the child or young person to ensure they are away from the alleged abuser.

- Contact the parents or carers of the child/young person if advised to do so by the LADO.

- Consider the rights of the colleague for a fair and equal process of investigation.

- Advise Ofsted of allegation within 14 days of the allegation

- Ensure that the appropriate disciplinary procedures are followed, including if this is deemed necessary, suspending a member of colleague from work until the outcome of any investigation

- Act on any decision made in any strategy meeting.

- Advise the Disclosure and Barring Service where a member of colleague has been removed, would have been removed or dismissed as a result of, the allegations being founded.

Confidentiality

- We recognise that all matters relating to child protection are confidential.

- Our setting recognises that in order to, effectively meet a child's needs, safeguard their welfare and protect them from harm the school must contribute to inter-agency working in line with Working Together to Safeguard Children and share information between professionals and agencies where there are concerns.

- The DSL will disclose personal information about a child or young person to colleagues strictly on a need-to-know basis only.

- All colleagues are aware that they have a professional responsibility to share information with other agencies in order to safeguard children and that the Data Protection Act 20181 is not a barrier to sharing information where the failure to do so would place a child at risk of harm.

- All colleagues must be aware that they cannot promise a child to keep secrets which might compromise the child's safety or well-being or that of another.

- We will always undertake to share our concerns with parents and guardians and their consent is sought in accordance with Early Help and MASH procedures unless doing so would increase the risk of harm to the child. If in doubt regarding sharing information with parents and guardians, we will consult with the MASH consultation team.

- All children's safeguarding files will be kept confidential and stored securely. Safeguarding files will be kept separate from other files relating to children in the setting.

Professional Learning and Training

All colleagues will have safeguarding training every year in line with best practice, safeguarding training will be delivered by Hampshire. We will also, as part of our colleagues induction, issue information in relation to our Safeguarding policy as well as any policies related to safeguarding and promoting our children/young people's welfare to all newly appointed colleague and volunteers. There will also be regular safeguarding updates throughout the year during staff meetings. Colleagues safeguarding training will cover the following areas:

- What is meant by the term safeguarding

- The main categories of abuse, harm and neglect
- The factors, situation and actions that could lead or contribute to abuse, harm or neglect
- How to work in ways that safeguard children from abuse, harm and neglect
- How to identify signs of possible abuse, harm and neglect at the earliest opportunity
- How to respond, record and effectively refer concerns or allegations related to safeguarding in a timely and appropriate way
- The setting's safeguarding policy and procedures
- Legislation, national policies, codes of conduct and professional practice in relation to safeguarding
- Roles and responsibilities of practitioners and other relevant professionals involved in safeguarding

The Senior Nursery Manager and Deputy Managers will be responsible for ensuring that all colleagues understand safeguarding training and their responsibility within it. Senior colleagues will do this by testing colleague's knowledge in staff meetings through quizzes, scenarios and regular spot checks.

Our DSLs will undertake further safeguarding training, which updates their awareness and understanding of the impact of the wide agenda of safeguarding issues. This will support both the DSL and Deputy DSL to be able to better undertake their role and support the setting in ensuring our safeguarding arrangements are robust and achieving better outcomes for the children in our setting. DSL training will cover the following areas:

- How to build a safe organisational structure
- How to ensure safe recruitment
- How to develop and implement safeguarding policies and procedures
- If applicable, how to support and work with other practitioners to safeguard children
- Local child protection procedures and how to liaise with local statutory children's services agencies and with the local safeguarding partners to safeguard children
- How to refer and escalate concerns
- How to manage and monitor allegations of abuse against other staff

- How to ensure internet safety

Our safeguarding policy is reviewed annually, to keep it updated in line with local and national guidance/legislation.

Mobile Phones and Electronic Devices

Rotherly Day Nursery ensures that colleagues mobile phones are kept secured in the staff room. The use of mobile phones and electronic devices with imaging and sharing capabilities i.e. ipad's, smart watches, laptops and cameras are not to be used within the setting or on outings. Visitors are required to keep their phones in the office. Photographs will only be taken on Nursery owned equipment and stored on the Nursery/The Westgate School's network.

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.

E-Safety Children and young people can be exploited and suffer bullying through their use of modern technology such as the internet, mobile phones and social networking sites. In order to minimise the risks to our children Rotherly Day Nursery will ensure that we have in place appropriate measures such as security filtering. Children are also taught how to keep safe in the digital world with our age appropriate curriculum.

Multi-agency Safeguarding Hub- (MASH) 0300 555 1384

Professional Line- 01329 225 379

Early Help Hub- 0300 555 1324

Out of hours for Children Services- 0300 5551373

Local Authority Designated Officers- 01962 876364

Multi-Agency Safeguarding Hub – MASH

MASH contributes to improved outcomes for safeguarding children because it has the ability to swiftly collate and share information held by the various agencies and to provide a multi-agency risk assessment of each case for 'actual or likely harm'.

- Manages contacts and enquiries received from any source (usually CYPS and Police VIST vulnerable incident screening tool)

- Develops a document recording the concern information and all other agencies information available within agreed timescales and a social worker manager makes an informed decision using all of the available information.

- Develops concern information into a social care referral if services are required under section 17 or section 47 of The Children Act 1989

- Liaises with the Early Help for children and young people who need services but do not meet The Children Act 1989 threshold

- Provides consultation line to agency enquirers about thresholds, appropriate action to be undertaken and services.

Appendix 1 Categories of Abuse
Categories of Abuse:

· Physical Abuse

· Emotional Abuse (including Domestic Abuse)

· Sexual Abuse (including child sexual exploitation)

· Neglect

Signs of Abuse in Children:
The following non-specific signs may indicate something is wrong:

· Significant change in behaviour

· Extreme anger or sadness

· Aggressive and attention-needing behaviour

· Suspicious bruises with unsatisfactory explanations

· Lack of self-esteem

· Self-injury

· Depression and/or anxiousness

· Age-inappropriate sexual behaviour

· Child Sexual Exploitation

· Criminality

· Substance abuse

· Mental health problems

· Poor attendance

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

- provide food, clothing and shelter.
- protect a child from physical and emotional harm or danger.
- ensure adequate supervision.
- ensure access to appropriate medical care or treatment.

Possible indicators of Neglect Obvious signs of lack of care including:
Problems with personal hygiene, constant hunger, inadequate clothing, emaciation, lateness or non-attendance at the setting, poor relationship with peers, untreated medical problems, compulsive stealing and scavenging, rocking, hair twisting, thumb sucking, running away, low self-esteem etc.

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

Possible Indicators Physical signs that do not tally with the given account of occurrence conflicting or unrealistic explanations of cause repeated injuries delay in reporting or seeking medical advice.

Sexual Abuse
Forcing or enticing a child to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, penetrative or non-penetrative acts and also includes involving children in watching pornographic material or watching sexual acts.
Possible indicators of Sexual Abuse Sudden changes in behaviour, displays of affection which are sexual and age inappropriate, tendency to cling or need constant reassurance,
Tendency to cry easily, regression to younger behaviour – e.g., thumb sucking, acting like a baby, unexplained gifts or money, depression and withdrawal, wetting/soiling day or night, fear of undressing for PE etc.

Emotional Abuse
The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only in far as they meet the needs of another person.

Possible Indicators of Emotional Abuse Rejection, isolation, child being blamed for actions of adults, child being used as carer for younger siblings, affection and basic emotional care giving/warmth, persistently absent or withheld.

Appendix 2 Current Safeguarding Issues

The following Safeguarding issues are all considered to be child Protection issues and should be referred immediately to the most relevant agency. The issues featured below are linked to guidance and local procedures.

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.

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.

Child Criminal Exploitation- (CCE) 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'.

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 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

Child sexual exploitation (CSE) The sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people, (or a third person or persons) receive something, (e.g. food, accommodation, drugs, alcohol, cigarettes, affections, gifts, money) as a result of them performing and/or others performing on them, sexual activities. Child sexual exploitation can occur through the use of technology without the child’s immediate recognition; for example, being persuaded to post sexual images on the internet/mobile phones without immediate payment or gain. In all cases those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidations are common, involvement in exploitative relationships being characterised in the main by the child’s or young person’s limited availability of choice, resulting from their social/economic and/or emotional vulnerability.

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.

Children Absent or Missing from Education or Nursery

'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'.

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. For further detail on child absences please refer to Rotherly's Child Absence Policy.

Good practice – Individuals Recognise the symptoms and distinguish them from other forms of abuse

- Treat the child/young person as a victim of abuse

- Understand the perspective / behaviour of the child/young person and be patient with them

- Help the child/young person to recognise that they are being exploited
- Collate as much information as possible
- Share information with other agencies and seek advice / refer to Social Care

Good practice – Organisations

- Ensure robust safeguarding policies and procedures are in place which cover CSE
- Promote and engage in effective multi-agency working to prevent abuse
- Work to help victims move out of exploitation
- Cooperate to enable successful investigations and prosecutions of perpetrators

Child on Child Abuse

Children can abuse other children, and this is referred to as 'child on child abuse' this can take many forms including those listed in the table above as well as bullying, sexual violence and harassment etc. Colleague will raise concerns when there are issues of child on child abuse and DSL's will consider what support might be needed for both the victim and perpetrators, following the guidance set out in Part 5 of KCSIE.

Forced marriages (FM) FM is now a specific offence under s121 of the Anti-Social Behaviour, Crime and Policing Act 2014 that came into force on 16 June 2014.

A FM is a marriage conducted without the valid consent of one or both parties, and where duress is a factor forced marriage is when someone faces physical pressure to marry (e.g. threats, physical violence or sexual violence) or emotional and psychological pressure (e.g. if someone is made to feel like they're bringing shame on their family). This is very different to an arranged marriage where both parties give consent. FM is illegal in England and Wales. This includes:

- taking someone overseas to force them to marry (whether or not the forced marriage takes place)
- marrying someone who lacks the mental capacity to consent to the marriage (whether they're pressured to or not)

Under-age Marriage in England, a young person cannot legally marry until they are 16 years old (without the consent of their parents or carers) nor have sexual relationships.

Female Genital Mutilation (FGM) FGM is child abuse and a form of violence against women and girls, and therefore should be dealt with as part of existing child safeguarding/protection structures, policies and procedures.

FGM is illegal in the UK. In England, Wales and Northern Ireland, the practice is illegal under the Female Genital Mutilation Act 2003.
Other than in the excepted circumstances, it is an offence for any person (regardless of their nationality or residence status) to:

- perform FGM in England, Wales or Northern Ireland (section 1 of the Act);

- assist a girl to carry out FGM on herself in England, Wales or Northern Ireland (section 2 of the Act); and

- Assist (from England, Wales or Northern Ireland) a non-UK person to carry out FGM outside the UK on a UK national or permanent UK resident (section 3 of the Act).

Honour Based Violence Honour based violence' is a crime or incident, which has or may have been committed to protect or defend the honour of the family and/or community'. It is important to be alert to signs of distress and indications such as self-harm, absence from setting, infections resulting from female genital mutilation, isolation from peers, being monitored by family, not participating in setting activities, unreasonable restrictions at home. Where it is suspected that a child/young person is at risk form Honour based violence we will report those concerns to the appropriate agency in order to prevent this form of abuse taking place.

Trafficked Children Child trafficking involves moving children across or within national or international borders for the purposes of exploitation. Exploitation includes children being used for sex work, domestic work, restaurant/ sweatshop, drug dealing, shoplifting and benefit fraud. Where we are made aware of a child who is suspected of, or actually being trafficked/exploited we will report our concerns to the appropriate agency.

Domestic Abuse The Government defines domestic abuse as *"Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members regardless of gender or sexuality".* Colleagues need to understand what is required of them if children or members of the household where domestically abused is known, or suspected to be taking place. Our policy includes action to be taken regarding referrals to the Police and Children and Young People's Services and any action to be taken where a member of colleague is the alleged perpetrator or victim of domestic abuse. At Rotherly Nursery we will follow our safeguarding policy and report any suspected concerns regarding Domestic Abuse to the relevant agency.

Private Fostering Private fostering is an arrangement made between the parent and the private foster carer, who then becomes responsible for caring for the child in such a way as to safeguard and promote his/her welfare.
A privately fostered child means a child under the age of 16 (18 if a disabled child) who is cared for and provided with accommodation by someone other than:

- A parent.

- A person who is not a parent but has parental responsibility.

- A close relative.
- A Local Authority.

It is a statutory duty for us to inform the Local Authority via MASH where we are made aware of a child or young person who may be subject to private fostering arrangements.