



## OPERATIONAL PLAN STANDARD 13 – CHILD PROTECTION

*Supporting Documentation S13.4 Child Protection Policy and Procedure*

### **Child Protection Statement:**

Kaleidoscope Nursery works towards creating an environment in which children and staff are safe from abuse. At all times during our practice, we will 'Think Child' in line with current legislation. We are duty bound to report any concerns or suspicions of abuse promptly and appropriately whilst maintaining our duty of confidentiality. This part of our commitment to the children entrusted into our care. We will continue to keep safeguarding at the forefront of our minds and keep all staff, students and volunteers well-informed, trained, supervised and supported throughout. We will achieve this through:

### **Keeping Staff Well-Informed**

- Keeping policies and procedures up-to-date and reviewing them regularly
- Discussing important changes to policies and procedures
- Key information on wall charts regarding the safeguarding of children
- Regular staff meetings
- All staff to be trained in safeguarding and training to be kept up-to-date
- Robust induction procedure for all staff regarding safeguarding
- Regular discussions of Serious Case reviews as they come to light
- Safeguarding concerns (non-immediate) brought to weekly Room Leader meetings, with any concerns upscaled from DDSL to DSL immediately following meetings.
- Fully trained Designated Safeguarding Leads (Chantelle Matts & Amy Osment) who are both known and approachable to all staff and Deputy Safeguarding Leads (Sally Brand, Amanda Dyer, Kay Nash and Fay Dale).
- Using the key guidance as set out by the DSCB, including the Threshold of Need and Intervention, the Dorset Threshold Matrix and the Continuum of Need (The Windscreen).

### **Vulnerable Children:**

Staff at Kaleidoscope Nursery will pay particular attention to children within the 'vulnerable' category. Children falling into this category include those who are babies, still in nappies or in need of specific intimate care routines, those children with Special Educational Needs or who are disabled, and those under any Child Protection orders.

### **Respond Appropriately to Suspicions of Abuse:**

- Changes in a child's behaviour/appearance or an unexplained injury will be investigated
- Parents will be approached for an explanation, but if they are not in a position to allay our anxieties the matter will be referred to the Duty Officer at Social Services
- High-level concern or disclosure will be acted upon immediately. In exceptional circumstances, the Duty Officer at Social Services will be the first point of reference
- Confidentiality is paramount. Suspicions are shared only with those who need to know i.e. parent/carer, Nursery manager and officers

### **What To Do if A Child Talks About (Discloses) Abuse:**

Use the 5 R's:

**Receive:** the information. Listen carefully and only ask 'open' questions

**Respond:** to the child. Let him/her know what you are going to do next

**Report:** the disclosure as soon as possible to the DSL or DDSL

**Refer:** to Social Care without delay – the DSL should do this

**Record:** accurately, the same day

Use **TED:**

**Tell Me**

**Explain...**

**Describe...**

#### **EVERY CHILD MATTERS**

\*BE HEALTHY \*STAY SAFE \*ENJOY AND ACHIEVE \*MAKE A POSITIVE CONTRIBUTION \*ACHIEVE ECONOMIC WELL-BEING

*Safeguarding and Promoting Children's Welfare*

POLICY REVIEWED 31.10.19 CC/SB/STAFF TEAM

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#### **Responding to Signs and Disclosures of Abuse:**

- Stay calm; listen carefully to what is said
- Find an appropriate early opportunity to explain that it is likely that the information will need to be shared with others – do not promise to keep secrets
- Allow the child to continue at her/his own pace
- Ask questions for clarification only, and at all times avoid asking leading (closed) questions
- Reassure the child that they have done the right thing in telling you
- Tell them what you will do next and with whom the information will be shared
- Record in writing what was said using the child's own words as soon as possible – note date, time, any names mentioned, to whom the information was given and ensure that the record is signed and dated
- Contact your Designated Safeguarding Lead, Chantelle Matts or Deputy DSL, Amy Osment or the four other named DDSL's listed above

#### **Recognise Possible Signs of Abuse Relating to Neglect:**

##### **Infants (Ladybirds):**

- Failure to thrive
- Recurrent persistent minor infections
- Frequent attendance at hospital A&E departments
- Unexplained bruising and marking on the body
- Severe nappy rash
- Developmental delays
- Anxious, avoidant, clingy or whiny behaviour

##### **Dragonflies, Kingfishers and Woodpeckers:**

- Short stature
- Language delay
- Limited attention span
- Social and emotional immaturity
- Overactive, aggressive or impulsive behaviour
- Seeks physical contact from strangers
- Health records show that they fail to put on weight or appear very thin
- Tired and lethargic
- Arriving desperate for food and eating huge amounts when available
- Noticeably hungry after the weekend
- Dressed inappropriately for the weather
- Children wearing soiled, dirty or smelly clothes

##### **General:**

- Unreliable attendance at Nursery or parents late picking them up
- Parents showing signs of drink or drugs
- Untreated medical conditions
- Deterioration in children's general well-being
- Comments children make which give cause for concern

#### **Recognise Possible Psychosomatic Symptoms/Behaviours Reflecting Emotional Disturbance:**

- Recurrent abdominal pain
- Headaches
- Aggressive violent behaviour
- Self harming behaviour
- Running away
- Depression

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#### **Keep Records:**

Accurate records will be kept of all disclosures, observations, conversations, telephone calls, minutes and outcomes of meetings relating to child protection issues. These will be stored confidentially in a locked filing cabinet only accessible to those involved. Records of observations are started as soon as a staff member notices something untoward, such as certain unusual patterns of behaviour, any of the signs as listed above, or they just 'have a hunch' that something isn't right. At this point, they must speak confidentially to their Designated Safeguarding Lead, and then a record can be started on the MyConcern database.

**Remember: It is important that everyone in the organisation is aware that the person who first encounters a case of alleged or suspected abuse is not responsible for deciding whether or not the abuse has occurred. That is a task for the professional child protection agencies, following a referral.**

#### **Making Referrals**

If we are unsure about whether or not to make a referral, or if we need guidance, we will telephone Pan-Dorset Multi-Agency Safeguarding Hub (MASH) on 01202 228866. The email address for professionals to use when sending 'Inter-agency Referrals' is MASH@dorsetcc.gov.uk.

When making referrals, we will do our best to have the following information to hand:

- The nature of the concerns
- How and why the concerns have arisen
- A timeline of events
- What appear to be the needs of the child and the family
- Whether the child will need urgent action to make him/her safe
- Full details of the child and, as far as known, the parents, carers or other significant adults

If we have a referral to make, we will contact MASH:

**Tel: 01202 228866**

**Email: MASH@dorsetcc.gov.uk.**

We will maintain ongoing contact with them and operate in accordance with their guidance.

#### **Non-independently Mobile Children (NIM):**

Staff must be vigilant for NIM children within the Baby unit. NIM children are not yet crawling, cruising or walking independently. Older children in the Dragonflies or Pre-School who are not mobile because of a disability also fall under the bracket of NIM children. Staff must refer any bruising to NIM children to the management, who are then required to refer the child to a paediatrician and to the Children's Services Department who will work together to decide what further steps, if any, will need to be taken.

#### **Be Aware of the Significance of the Toxic Trio:**

Staff must be aware of the significance of the Toxic Trio, following on from Serious Case Studies of two babies in Dorset. The Toxic Trio (alcohol/drug abuse, mental health issues and domestic violence) together can prove a deadly combination for the safety of children within their home environment.

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**Female Genital Mutilation:**

If a child has already undergone FGM and this comes to the attention of any professional working at Kaleidoscope Nursery, a referral will be made to the police by calling 101 or 999. Depending on the risk assessment, the police will link with social care or the child abuse investigation team. A strategy discussion will be convened to consider, how, where and when the procedure was performed and its implications for other female children in the family. If FGM has been undertaken in the UK or to a British National overseas after 2003, the police will investigate and prosecution will be considered.

A child who has undergone FGM will be seen as a child in need and offered services as appropriate. Medical assessment and both short term and long term therapeutic services are to be considered at the strategy meeting.

**If a woman has already undergone FGM**

If a woman has already undergone FGM and this comes to the attention of any professional working at Kaleidoscope Nursery, then consideration needs to be given to any child protection implications e.g. for female siblings, their children and their family members. The professional must make a referral to social care and share and document information appropriately.

If the woman is the mother of a female child or has the care of female children, professionals need to assess the potential risk to female children in the family and need to identify the most appropriate way of informing parents of the legal and health implications of FGM. This should be done in consultation with police and social care and an appropriately trained interpreter who has an understanding of FGM, the law and cultural sensitivity if required.

It is important that any concerns in relation to FGM are referred to police who will link with Children's Social Care.

If we have concerns that a girl is at risk of FGM then we will make a referral to Police via 101 who will lead and link with Children's Social Care.

As with any child protection concern a strategy meeting will be held. The specific issues to be discussed at a strategy meeting in relation to FGM would include:

- Which professional is best placed to talk to the parents;
- Whether there are likely to be language difficulties that require an interpreter;
- Risk to any siblings either now or in the future;
- Gathering information / intelligence on the person undertaking the FGM procedure;
- Immediate health needs of the child.

**Notification:**

The management at Kaleidoscope Nursery will inform Ofsted and the legal team of the Local Authority Designated Officer (LADO) without delay, of any allegations against adult or child, of serious harm or abuse by any person working or looking after children at the setting (whether that allegation relates to harm or abuse committed on the premises or elsewhere), and of the action taken in respect of these allegations. The management team at Kaleidoscope Nursery are aware that if they fail to disclose this information, without reasonable excuse, then they are committing an offence.



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**Social Care Team:**

If there is a social worker assigned to the family, we can contact the West Dorset Children’s Social Care Team which covers the Sherborne Area:

By post: Jubilee Retail Park, Jubilee Close, Weymouth, Dorset, DT4 7BG

By email: [westdistrictchildcare@dorsetcc.gov.uk](mailto:westdistrictchildcare@dorsetcc.gov.uk)

By telephone: 01305 221450

Where we are contacted by a member of the Social Care Team regarding a child at our setting, and we are unable to verify the person calling, then we will operate a call-back system to ensure we are speaking to a genuine member of the team.

**Cross-Reference to Other Policies:**

In order to complete our commitment to Safeguarding, this policy runs alongside the policies and procedures, as set out below:

Safer Recruitment Policy and Procedure	S1.1
Staff Supervision Policy and Procedure	S1.2
Staff Whistleblowing Policy	S1.3
Induction Pack	S1.5
Medication Policy and Procedure	S7.2
Equal Opportunities Policy	S9.1
Safeguarding Children	S13.1
Child Protection Policy and Procedure	S13.4
NIM Children policy	S13.5
Online Safety: Video Photography and Safer Social Networking Policy	S13.6
Code of Conduct	S13.7

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