



Holbourn House Day Nursery & Pre-School
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Child-protection and Safeguarding children

Holbourn House is fully committed to safeguarding the welfare of all children in its care. It recognises the responsibility to promote safe practice and to protect children from harm, abuse and exploitation. For the purposes of this policy and associated procedures a child is recognised as someone under the age of 18 years.

Staff and volunteers will work together to embrace difference and diversity and respect the rights of children and young people.

This document outlines Holbourn House's commitment to protecting children. These guidelines are based on the following principles:

- The welfare of children is the paramount.
- All children, whatever their age, culture, disability, gender, language, racial origin, socio-economic status, religious belief and/or sexual identity have the right to protection from all forms of harm and abuse.
- That we recognise that some children are additionally vulnerable because of the impact of discrimination, previous experiences, their level of dependency, communication needs or for those that may not be ready to make a disclosure.
- Child protection is everyone's responsibility.
- Children have the right to express views on all matters which affect them, should they wish to do so.
- Organisations shall work in partnership together with children and parents/carers to promote the welfare, health and development of children.

Holbourn House will:

- Promote the health and welfare of children by providing opportunities for them to take part in activities safely.
- Respect and promote the rights, wishes and feelings of children.
- Promote and implement appropriate procedures to safeguard the well-being of children and protect them from abuse.
- Recruit, train, support and supervise its staff, members and volunteers to adopt best practice to safeguard and protect children from abuse and to reduce risk to themselves.
- Require staff, members and volunteers to adopt and abide by this Policy and these procedures.
- Respond to any allegations of misconduct or abuse of children in line with this Policy and these procedures as well as implementing, where appropriate, the relevant disciplinary and appeals procedures.
- Observe guidelines issued by local Child Protection Committees for the protection of children.
- Regularly monitor and evaluate the implementation of this policy and these procedures.

Our aims are to:

- Provide a caring environment for children, which is safe and secure.
- Teach children how to keep themselves safe.
- Train staff effectively in all safeguarding issues and in their responsibilities for identifying and protecting children that are or may be at risk of harm
- Work to identify children who are suffering or likely to suffer harm or abuse and act to protect them.
- Work with relevant services and agencies to ensure that children are protected from harm.
- Ensure that we adhere to safer recruitment guidance and legislation, deal promptly with allegations of abuse against staff and take bullying and harassment seriously.
- Maintain a robust recording system for any safeguarding or child protection information.
- Regularly review policies and procedures to ensure that children are protected to the best of our ability.

The welfare and safety of the children in our care is paramount, we are committed to providing a learning environment that is safe and secure to allow children to thrive and grow to their full potential. By adhering to our practice this policy applies to all children, staff, parents/carers and visitors.

What is safeguarding? The government defined the term as...

“The process of protecting children from abuse or neglect preventing impairment of their health and development and ensuring they are growing up in circumstances consistent with the provision of safe and effective care that enables children to have optimum life chances and enter adulthood successfully”
(*Safeguarding children report, 2008*)

EYFS link:

Children learn best when they are healthy, safe and secure, when their individual needs are met, and when they have positive relationships with the adults caring for them

Providers must take all necessary steps to keep children safe and well... The early years providers must, to safeguard children; ensure the suitability of adults who have contact with children; promote good health; manage behaviour; and maintain records, policies and procedures.

Guidance and Legislation

We always adhere to all relevant statutory guidance and legislation. This includes:

- Working Together to Safeguard Children (2018)
- Statutory Framework for the Early Years Foundation Stage (2021)
- Data Protection Act (2018)
- General Data Protection Regulation (2018)
- The 2015 Counter Terrorism and Security Act: Prevent Duty Guidance (2015)
- Keeping Children Safe in Education (2022)
- Children Act (1989 s47)
- Protection of Children Act (1999)
- Every Child Matters (2004)
- Sexual Offences Act (2003)
- Human Rights Act (1998)
- Equalities Act (2006)
- Safeguarding Vulnerable Groups Act (2006)
- Working Together to Safeguard Children (revised HMG 2018)

Our practice

‘Safeguarding is everyone’s responsibility’

- Our designated safeguarding lead (DSL) is Alison Pope, in her absence, she coordinates child protection issues, training for staff and updates own training annually, she disseminates new and updated information to all staff.
- Rachel Martin is the deputy DSL and is the point of contact when Alison is not here.
- The designated safeguarding lead has subscribed to updates from the Northamptonshire’s Safeguarding Children’s Board and utilises any leaflets and toolkits available to support understanding and awareness of safeguarding children.
- As per the Safeguarding Vulnerable Groups act 2006, all members of staff are checked by the Disclosure and Barring service (DBS) and 2 references are obtained before working within the setting.
- All new members of staff have an induction session, which includes safeguarding children procedures, who to go to and how to make a referral.
- All procedures surrounding technology and the use of it within the setting is detailed in our E-safety policy; briefly, mobile phones and personal devices capable of recording pictures are not permitted in rooms with children present. Staff devices are stored in lockers in the staff room and visitors are either requested to put theirs in a cupboard or to be left off site.
- Daily registers are taken which record holidays, sickness and attendance. These records are checked every 6 weeks and attendance monitored.
- We complete a visual daily risk assessment, checking inside and outside the nursery.
- An ad hock risk assessment is completed when something new is happening or if the nursery buys new equipment.
- If a child has sustained an injury that occurred outside the nursery, we require parents to fill in a form named ‘existing injury’ stating details of the accident.

- For other incidents we have an incident form that will be completed at the time and parents will be informed of what happened and any action taken/planned.
- We record any accidents via Tapestry and parents are informed and asked to sign electronically, if a child has a bump to the head while at nursery the management will deem if it's necessary to call the parents to inform them, they will also fill out a bump form for the parent to have as reference, this is emailed to parents.
- If a child has a sleep at nursery, they are checked every 10 minutes and time checks are recorded and signed on a sleep log. We encourage children to sleep on their backs in line with safer sleeping guidelines. (see sleeping policy)
- Visitors are not permitted to be in a room alone with children and are supervised at all times.
- We record details of any visitors to the setting in a "Visitors Book" kept on the shelf by the front door.
- We take security steps to ensure that we have control over who comes into the setting. - Visitors must ring the doorbell and their identity is confirmed using the peephole. (See other details in Health and Safety Policy)
- In the case of a child being collected by a nominated person, we insist on a password being given, ensuring the child is collected by the correct person.
- We require permission from the parent/carer enabling other members of the family or friends to collect their child.
- No unauthorised person will have unsupervised access to the children.
- On registration we obtain parental responsibility information, which is checked if family circumstances change.

For more information regarding safeguarding please visit www.northamptonshirescb.org.uk

Concerns

It is our intention to protect the privacy of children, their parents carers and staff through professional relationships which focus on respect. All suspicions and investigations are kept confidential and shared only with those that need to know.

Where appropriate, we will discuss any concerns about a child with the child's parents. The Designated safeguarding lead (DSL) will normally do this in the event of a concern, suspicion, or disclosure. Other staff will only talk to parents about any such concerns following consultation with the DSL.

In most cases we will notify parents of children involved before reporting to the Multi Agency Safeguarding Hub (MASH) unless it would put the child in immediate danger by doing so.

Making a referral

If a child is in immediate danger or at risk of harm, a referral will be made to MASH, any member of staff can make this referral. Staff should refer concerns to the DSL

first, but in exceptional circumstances may be required to make a referral themselves.

Safeguarding referrals must be made in one of the following ways:

- By telephone contact to the Multi-Agency Safeguarding Hub (MASH): **0300 126 7000** (Option 1) if the child is immediate danger only
- By using the online referral form found at [Report a concern - Help and protection for children \(nctrust.co.uk\)](https://www.nctrust.co.uk/report-a-concern)
- or e-mail mash@northamptonshire.gcsx.gov.uk
- In an emergency outside office hours, contact children's social care out of hours team on 01604 626938 or the Police
- If a child is in immediate danger at any time, left alone or missing, you should contact the police directly and/or an ambulance using 999.

If a child's situation does not appear to be improving following a referral, the DSL may re-REFER the child. We will also consider using the Northamptonshire Children Safeguarding Partnership's Case and Conflict Resolution Protocol: [Case and Conflict Resolution Protocol - Northamptonshire Safeguarding Children Board \(northamptonshirescb.org.uk\)](https://www.northamptonshirescb.org.uk) to ensure that our concerns have been addressed and that the situation improves for the child.

We will follow up referrals if we do not receive feedback from MASH.

Staff, parents, and the wider community should report any concerns that they have about the welfare of children, however minor or seemingly insignificant, to the DSL.

An instant referral to MASH will be considered if any of the following criteria apply:

- The child injured is under two years of age.
- The child is under five years of age and injuries have required medical treatment.
- A dog has bitten the child.
- The child has been living with a non-blood relative for more than 28 days.
- The child has made a disclosure.

Responding to suspicions of abuse

- We understand that children can be abused by adults or other children. If children have been subjected to any areas of abuse, they might indicate these things by what they say, by the way they behave or play or through changes in their appearance.
- We will use the Northamptonshire's Thresholds and pathways to establish levels of need.
- If we think that a child is in immediate danger, then we will contact the Police on 999. Any indicators of abuse will be noted down by the "designated person" and a dated record will be stored in their personal file.
- If we think that a child is at immediate risk, we will contact MASH for advice on the appropriate action. This will be recorded afterwards.

- If a member of staff has any concerns about the manager, they have a duty to and must make a referral to MASH.

Recording suspicions of abuse and disclosures

Where a child makes a disclosure to a member of staff, or staff observe signs that give cause for concern, e.g., Behavioral changes; well-being fluctuations; unexplained bruising; children's comments which give cause for concern; marks or signs of possible abuse or neglect, that member of staff must:

1. Listen to the child, offer reassurance and give assurance that they have done the right thing in telling you.
2. Not ask leading questions so that the child is not influenced by what we have said.
3. Not ask a child to undress to show you any bruises or marks.
4. Remain calm and not show own emotions.
5. Not criticise or make judgments about the alleged abuser.
6. Reassure the child that what has happened is not their fault.
7. Not promise confidentiality.
8. Take the child's disclosure seriously.
9. Explain what must be done next and who has to be told.
10. Make a written record of the disclosure or observation (and pass the information to the DSL without delay) that must include.
 - The date and time of the observation or the disclosure
 - The child's exact words as near as possible,
 - The name of the person whom it was reported to
 - The names of any other person present at the time
 - Completion of a body map, showing location of injuries if appropriate

These records will be signed and dated and kept in a file on the computer which is protected by a password.

We understand that if a child attends our setting and lives in a different county, we will make referrals to the county in which that family/child lives. All correspondence will then be upheld cross county.

Informing parents/carers and Consent

The Data Protection Act (DPA) 2018 introduced 'safeguarding' as a reason to be able to process sensitive, personal information, even without consent (DPA, Part 2, 18; Schedule 8, 4). All relevant information can be shared without consent if to gain consent would place a child at risk. Fears about sharing information **must not be allowed** to stand in the way of promoting the welfare and protecting the safety of children. All professionals responsible for children should not assume that someone else will pass on information that they think may be critical to keeping a child safe.

When considering whether, or not, to share safeguarding information (especially with other agencies), we will record who they are sharing that information with and for what reason. If we have taken a decision not to seek consent from the data subject and/or parent that should also be recorded within the child's safeguarding file.

All staff in the setting will be made aware of their duties in relation to Data Protection and safeguarding, particularly in respect of confidentiality. This includes the following:

- Staff should never promise a child that they will not tell anyone about a disclosure, as this may not be in the child's best interests
 - Staff who receive information about children and their families in the course of their work should share that information only within appropriate professional contexts
 - Timely information sharing is essential to effective safeguarding
 - Information must only be shared on a 'need-to-know' basis, but consent is not required to share information if a child is suffering, or at risk of, serious harm.
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- If a suspicion of abuse is recorded, parents are informed at the same time as the report is made, except where the guidance of the Local Safeguarding Children Board does not allow this.
 - We would inform the parents first unless the disclosure names the parent as the possible abuser. In these cases, the investigating officers will contact parents.

Notifiable incidents

We notify the registration authority (Ofsted) of any incident or accident and any changes in our arrangements, which may affect the wellbeing of children.

[Report a serious childcare incident - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

These include but are not limited to;

- A child has died whilst in our care.
- A child has been seriously harmed.
- A looked after child has died (including cases where drugs or neglect is known or suspected)
- A child in a regulated setting or service has died (including cases where abuse or neglect is known or suspected).
- A child in a regulated setting who is admitted to hospital after being sent home from the setting unwell.
- A potentially life-threatening injury.
- Serious and/or likely long-term impairment of physical or mental health or physical, intellectual, emotional, social or behavioral development.
- Disqualification of the registered provider, or an employee.
- Any significant event that may affect someone's suitability to look after children or be in regular contact with children.
- Events that might affect the condition and safety of the premises or the quality of childcare offered or lead to ongoing closures.
- The death of or a serious accident or injury to anyone else on the premises.
- A broken bone or fracture.
- Dislocation of a major joint.
- Any loss of consciousness.
- Severe breathing difficulties, including asphyxia.

- Anything leading to hypothermia or heat-induced illness.

Liaison with other agencies

- We have a list of emergency contact numbers to ensure easy communication between other services.

Daventry police: 0300 111222 or 101 or 03000 111222 ext 343805

LADO Andy Smith 07850 854309 voice mail 01604 362993

Ofsted 0300 123 4666

N.H.S 111

Families Information Service: fis@northamptonshire.gov.uk

NSPCC: 0808 800 5000

MASH 0300 126 7000 – Mon-Fri 8am-6pm.

Mash Out of hours: 01604 626938

Record Keeping

As required original records are retained until the child is 25, (75 years after the 18th birthday of a looked after child (LAC)).

Allegations against staff or visitor

- Information on how to make a complaint is available.
- We follow the guidance of the new working together to safeguard children (2018) and if a complaint is made against a member of the staff we would contact our local authority and make a referral to the DO (Designated Officer) within 24 hours.
 - LADOReferral@nctrust.co.uk
 - 01604 362 993
 - [Report a concern about an adult working with children and young people - Help and protection for children \(nctrust.co.uk\)](https://www.nctrust.co.uk/report-a-concern-about-an-adult-working-with-children-and-young-people-help-and-protection-for-children)

A [DO referral form](#) will be downloaded and e-mailed to the MASH team at MASH@nctrust.co.uk

- We would make copies of all information handed over and any discussion that was had clearly stating the situation.
- We take seriously any allegations and record details of the disclosure by children or staff that may have been or are being abused by a member of staff or visitor within the setting.
- Any complaint or allegation will be immediately referred to the DO to investigate (within 24 hours), we will then report the incident to Ofsted (within 14 days) and inform them of the action that has been or will be taken. We are aware that it is an offence not to do this.
- We co-operate entirely with any investigation carried out by children's social care in conjunction with the police and any other involved agency.
- The management will suspend the member of staff until the investigation is concluded. We would also refuse any accused visitor access to the nursery.

- This does not prove that the incident has taken place, but is to protect all staff, children and families throughout the investigation.

Support for staff

The management would be the first port of call for supporting any member of staff who may be affected by any referrals made, they would then source any further help.

Disciplinary action

- If an investigation concludes that the allegations against a member of staff or a visitor have proven to be correct relating to a child, we notify the Disclosure and Barring Service so that the name may be included on the Protection of Children and Vulnerable Adults Barred List.

Training

- We seek out all training possibilities to ensure all members of staff have a current understanding of safeguarding children. New members of staff have in house training, giving them knowledge on how to recognise and deal with abuse. Staff know the procedures for reporting and recording their concerns in the setting.
<http://www.northamptonshirescb.org.uk/about-northamptonshire-safeguarding-children-board/training/e-learning/>

Activities

- We provide activities that help promote children's understanding of keeping themselves safe through discussions, visitors and resources. We encourage the children to learn about these issues so that they can feel safe, secure and develop independence in their choices.

Confidentiality

- All children and family information records are kept locked away overnight and/or stored on a password-protected computers. Transition handovers are done personally or via email.
- All suspicions and investigations are kept confidential and shared only with those who need to know. Any information is shared under the guidance of the MASH team and local safeguarding board.
- In accordance with the General Data Protection Regulation 2018 (GDPR) we will only hold personal data/information for as long as a child attends the setting, unless needed for any child protection issues. Therefore, when a child leaves the setting, data will be destroyed. All data is kept confidential and will not be shared unless required by law.

Support to families

- We make strong relationships with families, staff and visitors at our setting, by being approachable, supportive and dependable.

- Our child protection and safeguarding policy is made available for reference to all parents, staff and visitors.
- Where possible we will continue to welcome the child and the family whilst investigations are being made in relation to any alleged abuse.
- We follow any Child Protection Plan that is set, to support the child and their family.
- Confidential records kept on a child are shared with the child's parents or those who have parental responsibility for the child in accordance with the Confidentiality and Client Access to Records procedure and only if appropriate under the guidance of the Local Safeguarding Children Board.

We are fully registered with the Information Commissioners Office their website states

" The data Protection Act requires all businesses to register unless exempt. If you are processing personal information electronically for the provision of childcare- including taking photographs of the children in your care using a digital camera"

Point of contact for referrals: MASH

MASH is the Multi-Agency Safeguarding Hub it's the first point of contact for safeguarding referrals from both professionals and members of the public. The MASH is a partnership arrangement of over 60 colleagues from NCC Children Services.

- Education and Schools
- Northamptonshire Police
- NHS / Health
- Fire and rescue service
- Probation service
- Children's social care
- The Crime Reduction Initiative
- A Domestic Abuse Advisor
- The Early Help Team
- The East Midlands Ambulance Service
- Police
- The Youth Offending Team

It provides an effective, coordinated and timely response to safeguarding concerns as thresholds for services are consistently applied across agencies.

All staff will discuss any concerns with the Designated Safeguarding lead then they will decide if to make a referral.

Information needed on the referral form

- Details of who is making the referral
- Any information you may have on the young person's developmental needs and their parents/carers ability to respond
- Details of any other agencies involved
- Where and when
- Any action taken

- Your concern about the child/young person
- Whether the young person and their parents or carers are aware of your referral and what you have told them

MASH Enquiry Process

When a child is referred, the case is assigned to a professional group within the MASH who will gather any information about the child/family as quickly as possible.

A senior and experienced Social Work Practitioner will use the [Thresholds Guidance \(PDF 634KB\)](#) to decide if the child's circumstances mean that the case should be dealt with by the MASH or if the Early Help Team should find a solution instead.

Red- Potential child protection issue-decision to be made within hours

AMBER- Significant concerns but immediate action to safeguard the child is not required-decision made within 24hours

Early Help Strategy - Partnershipadvice@nctrust.co.uk

Early help is about identifying problems at an early stage and providing purposeful and effective help as soon as possible once they have been identified, working with families to solve those problems before they get out of hand.

Early help includes help provided in both early childhood and early in the development of a problem. Early help is available to children and young people of all ages from pre-birth up to the age of 19, and up to the age of 25 where young people have special needs.

Early help is provided across the full range of services, from Universal Services, through Targeted Services, to Specialist Services.

We recognise that any child can be the victim of abuse and may benefit from early help. However, we will be particularly vigilant to potential need for early help if a child:

- is disabled or has certain health conditions and has specific additional needs
- has special educational needs (whether they have a statutory Education, Health and Care Plan (EHCP))
- has a mental health need
- is a young carer
- is showing signs of being drawn in to anti-social or criminal behaviour, including gang involvement and association with organised crime groups or county lines
- is frequently missing/goes missing from care or from home
- is at risk of modern slavery, trafficking, sexual or criminal exploitation
- is at risk of being radicalised or exploited
- has a family member in prison, or is affected by parental offending

- is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse
- is misusing drugs or alcohol themselves
- has returned home to their family from care
- is at risk of ‘honour’-based abuse such as Female Genital Mutilation or Forced Marriage
- is a privately fostered child
- has poor attendance to the setting

Prevent Duty Guidance for England and Wales

We are subject to a duty under section 26 of the Counter terrorism and Security Act 2015 in the exercise of their functions to have “due regard” to the need to prevent people from being drawn into terrorism. If we have a concern a child is at risk of extremism we will refer to [Refer someone to the Prevent Team | Northamptonshire Police \(northants.police.uk\)](#)

Contact the local Counter-Terrorism Police Prevent Team for specific advice and guidance about your concern:

E-Mail: prevent@northants.pnn.police.uk or Telephone: 101 ext. 341166

We can also call the national police Prevent advice line [0800 011 3764](tel:08000113764), in confidence, to share concerns with specially trained officers.

We would consider submitting a MASH referral at the same time to address the wider safeguarding concern.

We ensure all staff are fully trained through in-house training which shows and identifies any signs of radicalism and terrorism.

Our main responsibility is to keep children safe and promote their welfare. It makes clear that to protect children in our care, we must be alert to any safeguarding and child protection issues in the child’s life at home or elsewhere.

In line with our safeguarding policy, we take action to protect children from harm and should be alert to harmful behavior by other adults in the child’s life.

[Act Early](#) is a website which gives more information about spotting the signs of people being drawn into terrorism or radicalisation.

Through varied activities, all guided by the Early Years Foundation Stage (EYFS, 2021), we provide the children with activities which ensures the children learn right from wrong, mix and share with other children and value other’s views, know about similarities and differences between themselves and others, and challenge negative attitudes and stereotypes.

<https://www.gov.uk/government/publications/prevent-duty-guidance>

Appendix

Child-on-child abuse

We understand that both adults and other children can perpetrate abuse, and child-on-child abuse is taken very seriously. We will take action to protect children from abuse perpetrated by other children whether it occurs on-site, off-site, or online.

Child-on-child abuse can include (but is not limited to):

- bullying (including cyberbullying, prejudice-based and discriminatory bullying)
- physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm (this may include an online element which facilitates, threatens and/or encourages physical abuse)
- sexual violence, such as rape, assault by penetration and sexual assault; (this may include an online element which facilitates, threatens and/or encourages sexual violence)
- sexual harassment, such as sexual comments, remarks, jokes and online sexual harassment, which may be stand-alone or part of a broader pattern of abuse
- causing someone to engage in sexual activity without consent, such as forcing someone to strip, touch themselves sexually, or to engage in sexual activity with a third party
- sharing of nude and semi-nude images and/or videos (also known as sexting or youth produced sexual imagery)
- up skirting, which typically involves taking a picture under a person's clothing without their permission, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress, or alarm and
- initiation/hazing type violence and rituals (this could include activities involving harassment, abuse or humiliation used as a way of initiating a person into a group and may also include an online element).

We recognise that child-on-child abuse may be a sign that a child is being abused themselves.

We work hard to create a safe environment that minimises the opportunity for child-on-child abuse. We do this by;

- Having a zero-tolerance policy towards abuse and harmful behaviours, including but not limited to; hitting, kicking, shaking, biting, hair pulling, name calling.
- Addressing harmful behaviours as soon as they are noticed.
- Promoting and encouraging children to have open conversations with adults.
- Not dismissing or accepting behaviours as 'children being children'.

- Promoting, modelling and praising kindness and compassion to others.
- Modelling consent and body autonomy.

We will ensure all staff understand what is meant by child-on-child abuse.

If an allegation of child-on-child abuse is made, or a concern is raised, we will investigate this fully.

In the event that an allegation of child-on-child abuse is made, victims and alleged perpetrators will be supported appropriately.

We will never pass off child-on-child abuse as “just banter”, “just having a laugh”, “part of growing up” or “boys being boys”

Radicalisation and violent extremism

Radicalisation happens when a person's thinking and behaviour becomes significantly different from how most members of their society and community view social issues and participate politically. Only small numbers of people radicalise and they can be from a diverse range of ethnic, national, political and religious groups.

As a person radicalises, they may begin to seek to change significantly the nature of society and government. However, if someone decides that using fear, terror or violence is justified to achieve ideological, political or social change—this is violent extremism.

Below are some signs we look out for if we think a work colleague, child or parent is being radicalised.

Identity Crisis – A friend may begin to become distant from the cultural/religious heritage and uncomfortable with their place in the world around them. You may start to see changes in the way they dress and talk about issues.

Personal Crisis – You may start to notice friends or classmates acting differently. They may talk about family tensions, their sense of isolation, low self esteem. They could stop communicating with existing friends and become involved with a new and different group of friends. They could start searching for answers to questions about identity, faith and belonging.

Personal Circumstances – You may also notice changes in the personal circumstances of your friends - this could include,

Migration.

Local community tensions.

Events affecting country or region of origin.

Alienation from UK values.

Having a sense of grievance that is triggered by personal experience of racism or discrimination or aspects of Government policy.

Un-met Aspirations – Friends may also show and express feelings of injustice, failure and rejection of 'normal' life.

Criminality – Friends may be particularly vulnerable to radicalisation if they are involved in criminal behaviour, with criminal groups, have been in prison or have trouble re-adjusting to life after being in prison.

Child Sexual Exploitation (CSE)

Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person(s)) receive something (e.g., food, accommodation, drugs, alcohol, affection, gifts and money) as a result of them performing, and/or others performing on them, sexual activities.

CSE 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 intimidation are common, involvement in exploitative relationships being characterized in the main by the child or young person's limited availability of choice resulting from their social/economic and/or emotional vulnerability.

All staff are trained through in house training to identify any signs of CSE.

Useful Links below

National 24/7 Helpline for young people: 116 000

ROSE Campaign: www.rosecampaign.org

National Working Group for Sexually Exploited Children & Young People:
www.nwgnetwork.org

Private Fostering

In the definition provided by The Children Act 1989 a privately fostered child means:

A child under the age of 16 (under 18 if disabled) who is cared for, or proposed to be cared for, and provided with accommodation by someone other than:

- A parent of his/hers.
- A person who is not a parent of his/hers but who has parental responsibility for him/her.
- A close relative of his/hers, i.e., a close relative is an aunt / uncle / stepparent / grandparent / sibling but not a cousin of great-aunt/great-uncle
- And she/he has been cared for and accommodated by that person; for 28 days or more.
- The period of actual private fostering is less than 28 days, but the private foster carer intends to privately foster him/her for a period of 28 days or more
- In the case of a child with a disability the upper age limit is 18 years

A child is not privately fostered if the person caring for him/her:

- Has done so for a period of less than 28 days
- Does not intend to do so for any longer than 28 days

For the purposes of the Act, parent includes unmarried or putative fathers. Relative means as stated above, whether by full, half-blood or by affinity or step-parent. Affinity refers to the relationship resulting from marriage, between the husband and the blood relations of the wife and between the wife and the blood relations of the husband.

An arrangement is deemed as private fostering if it meets the criteria above.

A privately fostered child is not looked after by the Local Authority. Parents and/or others with parental responsibility for the child retain and exercise full parental responsibility. They make the arrangement with the private foster carer for the child to be privately fostered.

Some common examples of private fostering arrangements are:

Children living with a family friend

Teenagers living with a friend's family

Children/young people with families overseas

Children/young people whose parents are studying or working unsocial hours

In the case of us having a child who is under private fostering we have a duty of care to contact the local authorities under the Children Act 1989 and Children (Private Arrangements for Fostering) Regulations 2005

Female Genital Mutilation

What is FGM?

Female genital mutilation comprises all procedures involving the partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons.

There are four types of FGM, ranging from a symbolic prick to the vagina to the fairly extensive removal and narrowing of the vagina opening. In the UK all forms of FGM are prevalent.

FGM is also sometimes known as 'female genital cutting' or 'female circumcision'. However, circumcision is not an appropriate term. Communities tend to use local names for referring to this practice including "sunna". FGM is considered child abuse in the UK and a grave violation of the human rights of girls and women. In all circumstances where FGM is practiced on a child it is a violation of the child's right to life, their right to their bodily integrity, as well as their right to health. The UK Government has signed a number of international human rights laws against FGM, including the Convention on the Rights of the Child.

Who may be affected by this?

It is practiced in 28 African countries and a few in the Middle East, Asia and certain ethnic groups in South America. With the increase of families migrating, the practice has spread to Europe, Australia and North America. Girls may also be affected by British citizens born to parents of communities practicing FGM.

Signs to look out for:

Prolonged absence from nursery.

Possible changes in behavior.

Frequents visits to the toilet or not wanting to go.

Parent/carers not wanting you to change their children's nappies

Urine infection.

Complaining that they are sore/in pain.

Difficulty sitting down.

Talk of "special" procedure/ceremony.

Bleeding

There are long- and short-term health risks of FGM being please see below,

Infections.

Urine retention.

Chronic pain.

Cysts and abscesses.

Possible sexual dysfunction.

Complications in pregnancy and childbirth.

Possible psychological damage.

Why is FGM practiced?

FGM is a cruel and harmful practice. It is always illegal to practice FGM in the UK and to in any way assist in its practice on UK nationals or permanent residents abroad. Communities who practice FGM may perceive this to be a normal practice and wrongly justify it under the guise of:

Custom and tradition

Preservation of virginity/chastity

Religion

Social acceptance, especially for marriage

Hygiene and cleanliness

Family honor

Enhancing fertility

Increasing sexual pleasure for the male

Sense of belonging or fear of social exclusion

Female genital mutilation is classified into four major types:

Clitoridectomy:

Partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals) and, in very rare cases, only the prepuce (the fold of skin surrounding the clitoris).

Excision:

Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are "the lips" that surround the vagina).

Infibulation:

Narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer, labia, with or without removal of the clitoris.

Other:

All other harmful procedures to the female genitalia for non-medical purposes, e.g., pricking, piercing, incising, scraping and cauterizing the genital area.

Government Action

'Guidance Working Together to Safeguard Children' (HM Government, 2018) – sets out the core processes for safeguarding and promoting the welfare of children. What to do if you're worried a child is being abused' (HM Government, 2015) – practice guidance to assist practitioners to work together to safeguard and promote children's welfare.

Legislation on Female Genital Mutilation The law relating to female genital mutilation was amended by the introduction of the Female Genital Mutilation Act 2003, which came into effect in March 2004. This repealed and replaced the Prohibition of Female Circumcision Act 1985. The 2003 Act:

- Makes it illegal to practice FGM in the UK.
- Makes it illegal to take girls who are British nationals or permanent residents of the UK.
- Go abroad for FGM whether it is lawful in that country; Makes it illegal to aid, abet, counsel or procure the carrying out of FGM abroad.
- Has a penalty of up to 14 years in prison and/or a fine.

The UK Government's 'Every Child Matters: Change for Children Programme', which includes the Children's National Service Framework⁵ and is supported by the

Children Act 2004, requires all agencies to take responsibility for safeguarding and promoting the welfare of every child to enable them to:

- Be healthy.
- Stay safe.
- Enjoy and achieve.
- Make a positive contribution.
- Achieve economic well-being.

Additional initiatives include: The Association of Chief Police Officers (ACPO) has revised its practice guidance on investigating domestic abuse to include FGM.

Bruising in pre mobile babies

As we are registered to take children from 9 months, we do have some pre mobile babies, for these children and if we had a child with gross motor delay, we follow the guidance below.

Bruising, or what is believed to be bruising, in any pre mobile (not independently mobile) baby/child should prompt an immediate referral to Children's Social Care; alongside this there should be an urgent paediatric opinion.

Pre-mobile baby - A baby who is not yet crawling, bottom shuffling, pulling to stand, cruising or walking independently. This includes all babies under the age of 12 months.

Bruising - Bruises are bluish or purple-coloured patches that appear on the skin when tiny blood vessels, called capillaries, break or burst underneath. The blood from the capillaries leaks into the soft tissue under the skin, causing the discoloration and overtime these fade.

We as a setting will make a written note, which is detailed, and the designated safeguarding officer will be notified, and it will be co-signed.

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”.

We offer an open-door policy within the setting and have excellent bonds with all parents and carers. Staff are trained to be aware of any changes in behaviour and these can be bought up at any point.

Action is 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 staff is the alleged perpetrator or victim of domestic abuse. At Holbourn we will follow our safeguarding policy and report any suspected concerns regarding Domestic Abuse to the relevant agency.

The below is a list of useful agencies for parents/carers to access

Northampton Women’s Aid

Refuge and outreach services for victims of domestic abuse

Sunflower Centre

Independent domestic violence advisors for Northamptonshire

Northamptonshire Rape and Incest Crisis Centre

Confidential support and advice on rape and incest

Serenity (Sexual Assault Referral Centre)

Confidential service for victims of rape or serious sexual assault

Physical abuse

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

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 a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or ‘making fun’ of what they say or how they communicate. It may feature age or developmentally

inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Some types of emotional abuse can include:

Verbal - yelling, insulting or swearing at someone

Rejection - pretending not to notice someone's presence, conversation or value

Put downs - name calling, public embarrassment, calling someone stupid, blaming them for everything

Being afraid - causing someone to feel afraid, intimidated or threatened

Isolation - limiting freedom of movement, stopping someone from contacting other people (like friends or family)

Money - controlling someone's money, withholding money, preventing someone from working, stealing or taking money

Bullying - purposely and repeatedly saying or doing hurtful things to someone.

Sexual abuse

Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children

Neglect

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

- provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- protect a child from physical and emotional harm or danger.

- ensure adequate supervision (including the use of inadequate care givers);
- ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.