



## ABERDEEN PARK NURSERY

Childhood  
Not just childcare

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### **Safeguarding and Child Protection Policy**

***All children have the right to be safe from harm and abuse.***

Section 11 of the 2004 Children Act places a duty upon all those who work within Early Years settings to safeguard and promote the welfare of children. ***“Working Together to Safeguard Children (DfE 2018 updated 2022)”, “London Child Protection Procedures 2023”, “EYFS 2021”, “Keeping Children safe in Education (DfE 2022) and the PREVENT Duty – Counter Terrorism and Security Act 2015, Prevent Duty – Counter Terrorism and Security Act (HMG, 2015)*** - provide a framework to enable Aberdeen Park Nursery to fulfill its statutory duties effectively and efficiently in the best interest of children attending the setting.

Aberdeen Park Nursery works in a multi-agency context. We aim to work collaboratively with all our partner agencies to ensure that safeguarding and child protection is maintained at a high standard consistently throughout the nursery. Effective child protection requires all staff to work together and in collaboration with the borough welfare and social services.

We promote good communication and understanding between parents/carers, staff members, trustees, and external agencies. Through regular staff supervision and appraisals and by undertaking regular training we make sure that all staff are fully competent in understanding and implementing child protection policies and procedures. Systems for review and evaluation are in place for all activities so that the mechanism for monitoring and reflection is integrated within the practice.

The well-being and safety of the child are always the prime and most important consideration in all child protection practices. All staff must be committed to this ethic and understand the important part they can play in safeguarding all the children. Our child protection practices aim to ensure that each child's needs are met promptly and effectively.

Aberdeen Park Nursery aims to work in ways which are preventative and supportive of the child. Any indication of possible abuse or neglect must receive the highest priority.

#### **Borough policy and expectation**

A copy of Islington Early Years Safeguarding and Child Protection Procedures and Guidance for Private, Voluntary and Independent Early Years Settings is kept available in the nursery office. All staff are encouraged to consult the guidance to become more familiar with the

whole borough policy. The following is based on the borough policy and outlines the expectation of child protection practice in all Islington Early Years provision.

### **Policy Aims**

- Ensure that children are protected and always safeguarded.
- Amplified the borough policy in the context of the nursery setting.
- Provide a cohesive framework for multi-agency working.
- Support all staff in responding to child protection matters promptly and effectively.
- Create a safe professional forum for discussion within the nursery to promote reflective practice and a rigorous approach to self-evaluation.
- Provide a framework for the re-assessment and improvement of child protection work as an ongoing part of the nursery self-review and development planning.

### **Roles and Responsibilities**

#### **Designated Safeguarding Lead and Deputy Designated Safeguarding Lead**

The Designated Safeguarding Lead and her deputy (DDSL) act as key people when child protection issues arise. They have additional training to support and advise staff, liaise with Children's Social Care, make referrals to Children's Social Care, track concerns and co-ordinate action over individual cases.

The nursery works an extended year and day, so more than one member of staff has DSL and DDSL responsibility for child protection to cover annual leave, shift work and absence.

The Manager, Maria Garrido, the Deputy Manager and three senior staff members (back up) have designated responsibility for child protection as follows:

#### **Sarah Taylor (DSL) Designated Safeguarding Lead**

- All child protection issues in the nursery, including allegations against staff.

**Maria Garrido, nursery manager and (DDSL) -Deputy Designated Safeguarding Lead** when the nominated DSL is not available.

- All child protection issues in the nursery, including allegations against staff.

Linda Baron, (senior practitioner) is trained to act as DSL and DDSL in the event of both DSL and DDSL are unavailable for duty.

**Maria Garrido** has overall responsibility for Safeguarding including induction, ongoing training, and the annual nursery review.

#### **Designated person role**

It is the role of the DSL, if that person is not the manager, to act as a source of support and guidance on all matters of child protection and safeguarding within the setting. In the absence of the **DSL**, staff should report any concerns to the **DDSL** who will act in accordance with this policy and the London Child Protection Procedures 2020 and will report back to the **DSL**.

**The Designated Member of Staff is responsible for:**

- Liaising with the Early Years Designated Safeguarding Officer and Children's Social Care as appropriate.
- Ensuring that all staff receive appropriate child protection training so that they are up to date with current legislation, policy and practice and are able to respond sensitively and appropriately to any child protection concerns.
- APN must complete Islington Children's Services annual safeguarding training audit when requested to ensure that sufficient training and support is available.
- Ensuring that all staff new to the setting receive induction training to enable them to understand and adhere to the setting's policies.
- Ensuring that they are fully up to date with their safeguarding and child protection training.
- Ensuring that child protection referrals are made using the format agreed by Islington Children's Social Care or the format required by other boroughs if the child is not an Islington resident.
- Ensuring the setting's child protection and safeguarding policies and procedures are maintained up-to-date and are disseminated and adhered to by all staff.
- Ensuring that there is a robust system in place for monitoring and recording concerns about children at an early stage, which is implemented across the setting and adhered to by all staff.
- Providing a systematic means of monitoring children who are thought to be at risk of harm or who are subject to child protection plans.
- Managing safeguarding and child protection concerns and making referrals to Children's Social Care for the borough in which the child is resident when it is appropriate to do so and seeking advice and guidance on these matters when appropriate.
- Ensuring that child protection referrals made to Children's Social Care are kept confidentially by the setting and are copied to the Early Years Designated Safeguarding Officer, and that Ofsted is made aware that a child protection referral has been made.
- Attending and providing reports to child protection conferences and core group meetings and contributing to child protection plans.
- Monitoring the attendance and progress of children who are the subject of child protection plans and implementing the settings part of the plan.
- Informing Children's Social Care of any proposed change of provision for a child who is subject to a protection plan and alerting them if a child who is subject to a protection plan is absent for more than one day.
- Ensuring that relevant information about children is shared with staff on a 'need to know basis.'
- Maintaining accurate child protection records which are held securely and confidentially.
- Ensuring that all staff are aware of the need to record concerns about children and the need to ensure that this practice is followed by everyone.
- Ensuring that complete and accurate records are forwarded on to the receiving school or setting when a child leaves APN.

- Ensuring that parents and carers are given copies of the setting's child protection policy so that they are aware of the statutory duty to refer child protection concerns and that this is referred to in the setting's information for parents and carers.
- Ensuring that the setting's admissions policies and procedures are robust enough to enable staff to identify a child who may be privately fostered or trafficked.
- Ensuring that all staff are aware of safe professional practice when working with children and are adhering to the setting's codes of professional conduct.
- Having a working knowledge of the role and function of the Islington Safeguarding Children's Board.

### **Trustees**

The manager is responsible for providing trustees with an annual report on safeguarding with an action plan for improvement. A trustee is designated to have special responsibility for safeguarding and child protection.

Trustees have a responsibility to ensure that safe recruitment practices are in place and that DBS checks are undertaken for all staff and are kept up to date in line with current legislation.

### **Safe Recruitment** (please refer to APN's Safe Recruitment Policy)

Safe recruitment and selection practice is vital in safeguarding and protecting children.

APN follows the guidance contained in "A Local Framework for Safer Recruitment in Islington 2020".

The recruitment process includes appropriate job descriptions, reference, and work history checks and that at least one member of each interviewing panel has undertaken safe recruitment training.

### **Employment Procedures**

- The manager, Maria Garrido, and all Trustees must fill out an EY2 Ofsted Form and be police checked by OFSTED.
- The nursery manager and a nominated trustee **must** attend safer recruitment training.
- All staff, trustees and volunteers **must have** an Enhanced Disclosure and Barring Service document (DBS), which will be processed by a company called Capita who are contracted by the D.F.E.S to do this on our behalf.
- New staff are subject to a 6 month (can be extended to 9 months) probationary period and have no direct personal care of children without being supervised until the Disclosure and Barring Service (DBS) is received and clear.
- **Single Central Record** must be kept up to date.
- DBS disclosures are recorded on the settings Single Central Record.
- DBS are updated every 3 years.
- All the disclosure and barring service are in line with LBI procedures.
- Staff is exempt from the provisions of the Rehabilitation of Offenders act 1974. If we are not informed of this, this could result in the person losing their job.

## **Managing a Disclosure**

A '**disclosure**' is when a child tells a member of staff that they are being harmed or abused in some way. A disclosure is not an ordinary conversation when a member of staff may ask a child if anything is wrong because they seem unhappy or have been sad recently. This is a normal part of daily interaction with children. There may be times, however, when such a conversation could lead to a *disclosure* being made.

Children will often choose to disclose to people in their setting who they trust and feel comfortable with. It is very important that all staff know how to respond if a child tells them that they are being harmed in any way.

Receiving disclosure from a child can be upsetting. It is important that the person receiving the disclosure remains calm and listens to the child.

No member of staff should try to stop the child and ask them to tell someone else instead. Staff should not ask children questions or probe for more information than is necessary when a child is disclosing, as even a few 'innocent' questions could be considered "an interview".

Children can only be interviewed once, and this interview must be conducted by a trained police officer and social worker under Home Office 'Achieving Best Evidence' guidance. If a child has already been interviewed, it means that the Police may not be able to pursue the matter.

### **Staff should:**

If a child makes a disclosure of abuse the following actions are to be taken:

- React calmly, so as not to frighten or deter the child/young person.
- Listen carefully to what the child/young person tells you without interrupting and take it seriously.
- Ask questions for clarification only. Avoid asking questions that suggest a particular answer.
- Do not stop a child/young person who is freely recalling significant events. Allow them to continue at their own pace.
- Acknowledge how difficult it might have been for them to share this with you.
- Reassure them that they have done the right thing in telling.
- Tell the child that they are not to blame.
- Never promise a child that what they told you can be kept a "secret". Explain to the child that you have a responsibility for their safety and therefore must tell somebody in authority. Let them know that there are others who can help them, and they are not alone.
- Tell them what you will do next and with whom the information will be shared.
- Ensure the safety of the child.
- As soon as possible take care to record in writing what was said using the child's own words. Record the date, time, setting, any names mentioned, to whom the information was given, and other people present. Sign and date the record.
- Record any subsequent events and actions.
- It is not your responsibility to decide if a child has been abused. Any disclosure must be raised with the Designated Safeguarding Lead and followed through appropriately.

A child may recall former abuse once in a safe situation. Although they may be under no current threat to their safety, any disclosure must be raised with the Designated Safeguarding Lead and followed through appropriately.

You may also have concerns about a child's welfare where there has not been any disclosure or allegation. In the best interest of the child, these concerns should be raised with the Designated Safeguarding Lead and followed through appropriately.

- A child may not know that what is happening to them is 'abuse' and may say something in passing which alerts staff. If this is the case, advice should be sought immediately from the DSL.
- The DSL should contact Children's Social Care and should not speak to the child's parents or carers before receiving advice from Children's Social Care if this concern is about sexual abuse or staff feel a child's well-being may be jeopardised.

### **Recording and reporting**

Recording is a tool of professional accountability and is central to safeguarding and protecting children.

Concerns about children should be recorded on APN's Concern's Tracking Form which will detail the concerns about a child, discussion with the DSL or DDSL and parents or carers, and any agreed actions and outcomes. Concern tracking sheets will be held confidentially, separately from the child's main records and stored in a locked cabinet in the office.

Records should be signed and dated and kept in chronological order.

Child Protection referrals will be made to Children's Social Care in the child's home borough. Referrals will be made by telephone in the first instance and the referral form completed and sent to Children's Social Care within 24 hours.

A copy of the referral will be kept confidentially by the setting.

"Making a CP Referral" flowchart is displayed in all the rooms in the setting.

### **Staff Training**

All staff are responsible for safeguarding and child protection including those who have more limited contact with children. (E.g., cook)

All staff must have induction training and attend up-date "refresh" Safeguarding annual training so that they remain familiar with the child protection practices.

All staff have copies of the nursery policy and practice guidance and are expected to re-read the policy and any practice guidance at least every term.

Regular training sessions are vitally important in consolidating child protection practice. Difficulties or inadequacies in practice can be identified and tackled as part of a whole setting approach. Islington borough encourages settings to improve child protection practice as part of development planning.

Recent evidence suggests that most staff find child protection issues difficult. Many staff experience great stress when they become involved in child protection procedures for a variety of reasons. This is not a sign of weakness or inadequacy. Individuals may have experienced abuse themselves; they may find the concept particularly shocking or upsetting. Everyone must be committed to creating a supportive atmosphere within the staff group through training and sensitive mutual support.

There are always experienced members of staff on hand to debrief and support staff involved in child protection matters. The whole nursery is committed to a positive approach to staff support to enable all staff to acquire the skills they need to deal with difficult and challenging matters.

Every 3 years **all staff** attend Safeguarding training provided by the ISCB.

**DSL, DDSL** must update their Designated Person training every 2 years.

**All staff to have refresher/update on Safeguarding training every year.**

This keeps the nursery up to date with recent good practices, maintains the personal link with the welfare department for all staff and provides an opportunity for all staff to consider child protection matters. Information from training is kept in the team continuity box. Practice is reviewed each term though the child review and individual teams can review concerns or practice at the weekly meeting.

Throughout the year when issues are identified reflective practice sessions are organised to improve understanding and strengthen teamwork.

Over the years different scenarios have been considered by the group “as a whole”. (See Appendix 3. **Scenarios**) These issues have all arisen through ordinary practice. This sort of reflective practical discussion is very useful in highlighting good practice and in developing staff confidence. It is now an accepted part of child protection training.

Through these collaborative training/review sessions the nursery practice guidelines are updated. As a result of this an aide-memoire has been produced to support staff in keeping the essential elements of good practice at the fore front (**See Appendix 4. Aide Memoire**).

**Use of Photography, Filming, Mobile phones, Apps.**

Taking and displaying pictures of children playing and involved in tasks can be affirming and validating and contributes to the assessment of children’s development. We will seek written permission (see parents handbook) prior to photographing or filming of children in our care and will state the precise circumstances in which they will be photographed and filmed. When displaying photos, the first name of the child will only be used.

The use of mobile phones will not be permitted in the nursery by staff, parents/carers and visitors to the nursery. A secure store for staff mobile phones will be provided (staff that do not adhere to this will be subject to the disciplinary procedure).

For trips outside the nursery a nursery mobile phone will be provided, which will contain all the contact details of parents and staff for emergency purposes. (See APN’s Mobile Phone and Camera Policy for more details)

Family App – parents to sign consent for their child to be included in the App.

**Confidentiality and Boundaries**

All staff must take care to act with great professional integrity. All discussions, including those with parents, must take place in private where they cannot be overheard.

Staff must have access to important information, but this is shared on a “need to know” basis and must be treated as extremely confidential.

**No staff to baby-sit / work for parents/carers in a private capacity.** If this happens, staff will be in breach of contract and their job will be terminated.

**Allegations against Staff (flow chart displayed in all rooms)**

Any allegation made against a member of staff must be reported to the DSL immediately.

The DSL will liaise with the Local Authority Designated Officer (**LADO**) who will manage any allegations in line with agreed protocols and procedures in line with *Islington’s allegations Made Against Staff Process*. This will be in accordance with “Working Together to Safeguard Children” 2018 – updated in 2022 and “The London Child Protection Procedures” 2020 - updated in 2023. APN trustees must be informed immediately.

If an allegation is made against the DSL, it must be reported immediately to the DDSL who will liaise with the Local Authority Officer (LADO) who will manage any allegations in line with agreed protocols and procedures. APN trustees must be informed immediately.

Full support and protection to any staff/volunteer who in good faith (without malicious intent) reports their concerns about a colleague's practice, or the possibility that a child may be being abused would be given. Staff/volunteer should be able to raise concerns in confidentiality if necessary. (Please refer to Whistle-blowing policy)

As a preventative measure, procedures are in place for the safer recruitment of staff and volunteers. (Please refer to ISCB's Good Practice and Safer Recruitment Guidelines for guidance)

### **Whistle Blowing Policy** (please refer to Flowchart: Whistleblowing/displayed in all rooms)

#### **What Is Whistleblowing?**

Whistleblowing is raising a concern about malpractice within an organisation.

The Public Interest Disclosure Act 1998 protects employees who report a concern about wrongdoing within the workplace (whistleblowing).

Working Together to Safeguard Children, 2018 (page 53 Chapter 2, 4) makes it clear that all organisations that provide services for, or work with children, **must** have appropriate whistleblowing procedures, and a culture that enables issues about safeguarding and promoting the welfare of children to be addressed by the organisation.

#### **Raising a concern**

If your concerns include an allegation that a staff member has harmed a child or alleged to have behaved in a way in their private life that may suggest they are unsuitable to work with children, follow the settings safeguarding and child protection procedures and Islington's safeguarding flowcharts.

#### **If there is a concern/s about malpractice:**

- Concerns **must** be raised verbally with the manager and then followed up in writing within 24hours.

#### **If the concern involves the manager:**

- Concerns **must** be reported to the trustees/or directors.

#### **If the concern involves the trustees/directors:**

- Concern **must** be reported to OFSTED.

Concerns must be recorded in writing:

- details of any background information
- reason for disclosure
- names
- possible dates and places

#### **What happens next?**

APN must acknowledge the concern raised in writing and confirming the following:

- Acknowledge that a concern has been raised.
- State how the concern will be dealt with.
- State what initial enquiries have been made.
- Estimate how long the investigation will take to complete.
- If an investigation does not take place a reason must be given as to why not.



- Advice must be given as to what support mechanisms are in place to support staff raising concerns where appropriate.

If an allegation is made in “good faith” but is not confirmed by the investigation, no action will be taken against the member of staff. If, however, an allegation is made “maliciously or for personal gain”, disciplinary action may be taken by the setting.

If you have raised the issue with APN and you are not satisfied with how your concerns have been dealt with then you can pass the information on to the OFSTED’s National Compliance, Investigation and Enforcement Team (CIE) 0300123123 [enquiries@ofsted.gov.uk](mailto:enquiries@ofsted.gov.uk)

### **Children with special education needs or disabilities.**

The risks to disabled children may be increased by their need for practical assistance and physical dependency,

- Including intimate care, which may be delivered by a number of different carers.
- By possible communication difficulties.
- Lack of access to strategies to keep themselves safe,
- By the increased risk that they may be socially isolated.

Staff members who work with children in any capacity must be particularly aware of and sensitive to how the effects of abuse or harm may present and be able to pick up on any changes in behaviour or presentation that might indicate a concern. Concerns should be shared immediately with the DSL and in their absence with the DDSL.

Staff will have important information about individual children’s presentation, their levels of understanding and how best to communicate with them.

All staff working with children with special educational needs or disabilities will receive appropriate training to enable them to meet the needs of these children appropriately and to recognise and report any concerns.

This should be read in conjunction with the setting’s separate policies on Intimate Care Policy and the Medicine Policy.

### **Working with Children’s Social Care and Other Agencies**

All staff in the nursery have a responsibility to monitor children’s well-being and safety.

The nursery has a duty to pass concerns on to Children’s Social Care if we believe that a child is either suffering or at risk of suffering significant harm through physical, sexual, emotional abuse or neglect.

When concerns arise, the DSL is responsible for evaluating the situation and taking appropriate action.

When in any doubt they will act on the side of caution and refer to Children’s Social Care for guidance and support.

If needed, a formal referral to Children’s Social Care will be made. In most cases the parents will be informed.

In rare instances where the DSL judges that a child’s well-being could be jeopardised, Children’s Social Care will be contacted before the parent has been spoken to and the nursery will act under their guidance.

## Prevention

**Early help** will be considered for a child and the family as soon as it is identified they would be likely to benefit from support.

“Early help can mean taking action at an early stage in a child’s life or it can mean taking action at an early stage in the development of a problem. It is about stepping in as early as possible either at the first signs of a problem or before a problem becomes apparent to prevent that problem from getting worse”. (Early Help for Islington Families 2015). Early Help thinks about the needs of the whole family.

Lots of families won’t need a formal service and will get the help they need through advice or information, for example through The Family Information Service or their local Bright Start children’s centre. These services are referred to as ‘universal’ meaning they are open to everyone.

If additional support is needed, Early Help services can step in. This support is delivered by a Family support worker, and it is tailored to the individual family with an emphasis on building skills and resilience and solve problems.

The DSL will support staff members involved with the family to initiate an Early Help Assessment by requesting support, completing a “Request Referral Form”. The DSL will keep all Early Help cases under constant review and will give consideration to making a child in need or child protection referral if the situation doesn’t appear to improve for the child.

A lead professional will be identified from within the agencies engaged in coordinated support for the child and family. This could be a family support worker, family first worker (within a family requiring support at least one child will be over 5), key person, health or other professional.

## Liaising with Parents and Preventative Work

Good preventive work depends on good communication with parents and the establishment of trust.

Parents under stress need help and support. The borough has services which parents can use to support them in caring for their child. The nursery has an important role to play here. Staff have information and training to inform and sign post parents to access this support – Local Offer.

## Children harming another child / Peer to Peer abuse.

**“Keeping children safe in Education”** DfE 2021 states that **“Staff should recognise that children are capable of abusing their peers”**.

It is part of our duty of care that we make sure that children are protected from harm from other children. Staff must be vigilant in observing any harmful behavior between children.

Staff understand that **peer to peer abuse** can take place in different forms:

- Physical abuse: biting, pushing, scratching, hair pulling and hitting may occur at times.
- Sexually harmful behavior – inappropriate sexual language and touching.
- Name calling and prejudiced behavior.

Please refer to the Behaviour Policy for managing these incidents. It is very important that if you think a child is targeting another child, you raise this issue with the Nursery Manager immediately.

In recording and reporting incidents it is important that the identity of the child who did the hurting is not disclosed. This is part of our duty of confidentiality to all children and families. If a parent asks who has hurt their child, please show your understanding of their upset, anger, or pain, but explain that we are not able to share this information.

Staff must record peer on peer abuse in a systematic way and it is important that staff build up a picture of how and why this may be happening. Close working partnerships with parents/carers can help build a clearer picture as sometimes children may be displaying challenging behavior due to circumstances at home, anxieties, or special educational need. The setting has close links with CAHMS and our link EP and is effective in referring and supporting children and families where necessary.

Staff are clear about the possible links between children that purposefully hurt others and abuse that they may be experiencing themselves. In these incidents staff use other documents such as The Neglect Toolkit and The Brook Traffic Light Tool to support concerns that they may have. If from the information that we gather, we believe that a child may be at risk of significant harm, we will follow our procedures and make a referral to Children's Social Care. Once this information has been shared with CSC, staff will follow their advice.

In cases of peer-to-peer abuse, staff should consider what support might be needed for the perpetrators as well as the victims.

### **Privately fostered or trafficked children**

A privately fostered child is one under the age of 16 years who is being cared for by any individual who is not the child's parent or stepparent, grandparent, sibling, aunt or uncle and the arrangement continues for more than 28 days.

If Aberdeen Park Nursery believes that a child is being privately fostered, a referral to Children's Social Care must be made for them to decide whether they need to undertake an assessment to establish whether the family or child are in need of support and services.

Children are trafficked into and around the country for many purposes including sexual exploitation, fraud and for domestic servitude. If the nursery is concerned that they are looking after a child who may be a victim of trafficking, a referral to Children's Social Care must be made immediately. (Islington Social Care: 020 7527 7400).

### **Safeguarding Vulnerable Adults**

"Safeguarding Adults" means making sure that adults at risk live free from abuse and neglect.

We have a responsibility to prevent the abuse of adults (**Safeguarding Vulnerable Groups Act, 2006**) and will therefore refer to the following for guidance and procedures: Islington Council Policy and Procedure on Safeguarding Vulnerable Adults/Islington Safeguarding Adults Partnership- Quick Guide to Safeguarding Adults.

The EYFS 2021 (page 19, 3.13) establishes that providers **must** meet their responsibilities under the Safeguarding Vulnerable Groups Act 2006. Aberdeen Park Nursery has a legal duty to make a referral to the Disclosure and Barring Service where a member of staff is dismissed (or would have been, had the person not left the setting first) because they have harmed a child or put a child at risk of harm. We make a referral in writing to:

DBS Barring Referrals  
PO Box 181  
Darlington  
DL 19 FA  
[dbsdispatch@dbs.gsi.gov.uk](mailto:dbsdispatch@dbs.gsi.gov.uk)  
Tel. 01325953795

Inform LADO.

[lado@islington.gov.uk](mailto:lado@islington.gov.uk)

[laura.eden@islington.gov.uk](mailto:laura.eden@islington.gov.uk)

Tel.0207-5278 066

\* **Gwen Fitzpatrick**. Lead for Bright Starts and Safeguarding.

[Gwen.Fitzpatrick@islington.gov.uk](mailto:Gwen.Fitzpatrick@islington.gov.uk)

Tel. 0207 5275629

**OFSTED** must be informed. Tel. 0300 123 1231

### **Domestic Abuse**

The Domestic Abuse Act 2021 states that for something to be classed as domestic abuse, there must be three components:

- The perpetrator and victim are both aged 16 or over.
- The behaviour is abusive; and
- They have a relationship that makes them 'personally connected'.

### **Abusive behaviour** consists of any of the following:

**Physical or sexual abuse** – this may include where one person carries out physical or sexual acts without consent.

**Violent or threatening behaviour** – the perpetrator does not necessarily have to carry out the behaviour, but it is still abuse if it is threatened.

**Controlling or coercive behaviour** – the Explanatory Notes of the Domestic Abuse Act explain that:

- Controlling behaviour is 'a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour'.
- Coercive behaviour is 'a continuing act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish or frighten their victim'.
- The case *F v M* [2021] explains the difficulty of understanding this type of behaviour, and how it is preferable for the Court to isolate incidents and then look at them in context to understand their greater significance.

**Economic abuse** – the Act explains that this means any behaviour that adversely effects the victim's ability to 'acquire, use or maintain money or other property' or 'obtain goods or services'.

**Psychological, emotional, or other abuse** – abuse may be verbal and designed to impact the victim psychologically and emotionally.

It is irrelevant whether the behaviour occurs as a single incident or a course of conduct. The behaviour may still be towards the victim even if the conduct is directed at someone else, for example, the victim's child.

Children of all ages living with a parent who is experiencing domestic abuse **are vulnerable to significant harm** through physical, sexual, emotional abuse and or neglect.

All children can witness and be adversely affected by domestic abuse in the context of their home life where domestic abuse occurs between family members.

If staff have any concerns about a child/ren suffering from domestic violence, these concerns must be raised with the **DSL** Sarah Taylor so the appropriate safeguarding procedures can be put into place following advice from Children's Social Care 020 7527 7400.

### **Female Genital Mutilation**

Where a child is thought to be at risk of **FGM**, staff need to act quickly before the child is abused through the FGM procedure in the UK or taken abroad to undergo such procedure.

Any information or concern that a child is **at immediate risk of FGM** should result in a referral to Islington's Children's Social Care 020 7527 7400

**Early Years Professionals** and Social Care professionals have a **duty to report** "known" cases of FGM in girls under the age of 18 **to the police**.

### **Honour Based Abuse.**

A child who is at risk of "honour-based abuse" is at significant risk of physical harm (including being murdered) and/or neglect and may also suffer significant emotional harm through the threat of violence or witnessing violence directed towards a sibling or other family member. If a child is at risk of "honour-based abuse" a child protection referral should be made to Islington's Children's Social Care 020 7527 7400.

If staff have a "mental health" concern about a child that is also a safeguarding concern, immediate action should be taken, and follow APN child protection policy and speak to the DSL or a DDSL.

The DfE has published advice and guidance on Preventing and Tackling Bullying, and Mental Health and Behaviour in Schools, information that can be useful for early years settings.

### **Forced Marriage**

Forced marriage, as distinct from a consensual arranged one, is a marriage conducted without the full consent of both parties and where duress is a factor. Duress cannot be justified on religious or cultural grounds. A child who is being forced into marriage is at risk of significant harm through physical, sexual, and emotional abuse.

If a child is at risk of forced marriage a child protection referral should be made to Islington's Children's Social care 020 7527 7400 or Islington and Camden's Child Abuse Investigation Team (CAIT), 020-8733-6495/4286. If the child is in immediate danger ring 999.

### **Spiritual, cultural, and religious belief.**

Spirit possession is when parents, families and the child believe that an "evil force" has entered a child and is controlling them; the belief includes the child being able to use the "evil force" to harm others.

A child may suffer emotional, physical, and sexual abuse and neglect if they are labeled and treated as "being possessed" with an "evil spirit". Significant harm may occur when an attempt is made to 'exorcise' or 'deliver' the evil spirit from the child. Dismissing the belief may be harmful to the child involved.

Staff should consult with their designated safeguarding children professional and make a referral to Children's Social Care, 020-7527- 7400.

## **Mental Health – Good Practice and awareness**

APN supports and champions efforts to promote emotional health and wellbeing by having (a) an ethos that promotes respect and values diversity, (b) a curriculum, teaching and learning that promotes resilience and supports social and emotional learning, (c) working in partnership with parents and enabling and respecting children's voice.

All APN staff are aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation.

Only appropriately trained professionals should attempt to make a diagnosis of a mental health problem. APN Staff, however, are well placed to observe children day-to-day and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one.

Where children have suffered abuse and neglect, or other potentially traumatic adverse childhood experiences, this can have a lasting impact throughout childhood, adolescence and into adulthood. It is key that staff are aware of how these children's experiences, can impact on their mental health, behaviour, and education.

## **The Prevent Duty - Prevention of Radicalisation**

As of July 2015, the Counterterrorism and Security Act (HMG, 2015) placed a **new duty** on schools and education providers covered by the Early Years Foundation framework. Under section 26 of the Act, early years providers are required, in the exercise of their functions, to have “**due regard to the need to prevent people from being drawn into terrorism**”. This duty is known as the Prevent duty. (Please read Prevent Duty policy).

- All staff are expected to complete the online general awareness training module on **Channel**, [http://course.ncalt.com/Channel\\_General\\_Awareness/01/index.html](http://course.ncalt.com/Channel_General_Awareness/01/index.html) a programme focusing on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism.
- Where a member of staff has a concern about a particular pupil, they should follow normal safeguarding procedures, discussing with the DSL and where necessary with children's social care. The Department of Education has a dedicated telephone line 020 7340 7264 and email [counter.extremism@education.gsi.gov.uk](mailto:counter.extremism@education.gsi.gov.uk) available for staff and governors to raise concerns directly about extremism. These contact details are not for emergency situations, normal emergency procedures should be followed if a child is at immediate risk of harm.

## **e-Safety**

At APN Children are not allowed to use the internet. If internet connection is needed for educational purposes adult supervision is compulsory. (Please refer to APN's e-safety policy)

## **Social Networking**

It is to be recognised that staff are likely to use social networking sites in their recreational time on their own personal computers. It must be ensured that the use of such sites will not compromise professional integrity or bring the nursery into disrepute. The adding of children and young people, parents, and carers as 'friends' to a social networking site is strictly prohibited. (Please refer to APN's e-safety policy).

## **Use of Mobile phones and cameras.**

The use of personal mobile phones and cameras are not allowed within the setting. (Please refer to APN's Mobile phone and use of camera policy).

Photographs or videos are to be taken in the setting, using authorised equipment and only if parents have given written authorisation (See parent's handbook).

## Management of data

**The Data protection Act 2018 and General protection Regulations (GDPR) do not prevent the sharing of information for the purposes of safeguarding and promoting the welfare of a child.**

The Data Protection Act 2018 (the Act) controls how personal information is used by organisations, business, or the government. Everyone in our setting has a legal duty to protect the privacy of information relating to individuals. The Act sets standards (data protection principles), which must be satisfied when processing personal data (defined as information that will identify a living individual). The Act also gives rights to the people the information is about. i.e., subject access rights let individuals find out what information is held about them.

The data principles are that personal data must be:

- Fairly, lawfully, and transparently.
- Used for specified, explicit purposes.
- Used in a way that is adequate, relevant and limited to only what is necessary.
- Accurate and, where necessary, kept up to date.
- Kept for no longer than is necessary.
- Handled in a way that ensures appropriate security, including protection against unlawful or unauthorised processing, access, loss, destruction, or damage.

The quantity and variety of data held on children, families and on staff is always expanding. Whilst this data can be very useful in improving services, data could be mishandled, stolen or misused. APN Management is aware that the security of personal data is always paramount, and they must ensure that portable media, such as memory sticks, can only be used if they are password protected. (Please see APN's GDPR Policy).

The Act promotes openness in the use of personal information ensuring that every organisation that processes personal information (personal data) must notify the **Information Commissioner's Office** unless they are exempt. Aberdeen Park Nursery is registered with the Commission and its Registration number is: **ZA063965**

## Appendix1 - DEFINING CHILD ABUSE

### **1.1 Introduction**

Child abuse is any form of physical, emotional, or sexual mistreatment or lack of care that leads to injury or harm, it commonly occurs within a relationship of trust or responsibility and is an abuse of power or a breach of trust. Abuse can happen to a child regardless of their age, gender, race or ability.

There are four main types of abuse: **physical abuse, sexual abuse, emotional abuse, and neglect**. The abuser may be a family member, someone the child encounters in residential care or in the community, including sports and leisure activities. Any individual may abuse or neglect a child directly or may be responsible for abuse because they fail to prevent another person harming the child.

Abuse in all its forms can affect a child at any age. The effects can be so damaging that if not treated may follow the individual into adulthood.

Children with disabilities may be at increased risk of abuse through various factors such as stereotyping, prejudice, discrimination, isolation, and a powerlessness to protect themselves or adequately communicate that abuse had occurred.

## 1.2 Types of Abuse

**Physical Abuse:** where adults physically hurt or injure a child e.g., hitting, shaking, throwing, poisoning, burning, biting, scalding, suffocating, and drowning. Giving children alcohol or inappropriate drugs would also constitute child abuse.

This category of abuse can also include when a parent/carer reports non-existent symptoms of illness or deliberately causes ill health in a child they are looking after.

In a sports or physical performing arts, physical abuse may occur when the nature and intensity of training disregard the capacity of the child's immature and growing body.

**Emotional Abuse:** the persistent emotional ill treatment of a child, likely to cause severe and lasting adverse effects on the child's emotional development. It may involve telling a child they are useless, worthless, unloved, and inadequate or valued in terms of only meeting the needs of another person. It may include not giving the child the opportunity to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature expectations of children that are not appropriate to their age or development. These may include interactions that are beyond the child's developmental capacity, as well as over-protection 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 a child to be frequently 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.

Emotional abuse in under-fives care may occur when a child is constantly criticised, given negative feedback, expected to perform at levels that are above their capability. Other forms of emotional abuse could take the form of name calling and bullying.

**Bullying** may come from another young person or an adult. Bullying is defined as deliberate hurtful behaviour, usually repeated over a period of time, where it is difficult for those bullied to defend themselves. There are three main types of bullying.

It may be **(a) physical** (e.g., hitting, kicking, slapping), verbal (e.g., racist or homophobic remarks, name calling, graffiti, threats, abusive text messages, e-bullying), **(b) emotional** (e.g., tormenting, ridiculing, humiliating, ignoring, isolating from the group), or **(c) sexual** (e.g., unwanted physical contact or abusive comments).

Bullying may also arise when a parent/carer, practitioner pushes the child too hard to succeed.

**Neglect** occurs when an adult fails to meet the child's basic physical and/or psychological needs, to an extent that is likely to result in 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 or shelter including exclusion from home or abandonment, failure to ensure adequate supervision including the use of inappropriate caretakers or the failure to ensure access to appropriate medical care treatment. It may also include neglect of, or unresponsiveness to a child's basic emotional needs.

Refusal to give love, affection and attention can also be a form of neglect.

Neglect in under-fives care could occur when staff do not keep the child safe, adequately supervised or exposing them to unnecessary risk of injury.

**Sexual Abuse** involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving high levels of violence, whether or not the child is aware of what's happening. The activities may involve physical contact including sexual assault by penetration (e.g., Rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing, and touching outside clothing. They may include noncontact activities, such as involving children in looking at, or in the production of sexual images, or watching



sexual activities, or encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet) sexual abuse is not purely committed by adult males. Women can also commit acts of sexual abuse, as can other children.

### **1.3 Indicators of Abuse**

Even for those experienced in working with child abuse, it is not always easy to recognise a situation where abuse may occur or has already taken place. Most people are not experts in such recognition, but indications that a child is being abused may include one or more of the following:

#### **Possible signs of physical abuse: -**

- unexplained or suspicious injuries such as bruising, cuts or burns, particularly if situated on a part of the body not normally prone to such injuries.
- any injury to a pre-mobile baby
- an injury for which an explanation seems inconsistent.
- the child describes what appears to be an abusive act involving them.
- refusal to discuss injuries or evading talking about them.
- different explanations given for injury by child and/or parent/carer.
- injuries not treated or attended to.
- admission of punishment that seems excessive or inappropriate.
- shrinking from physical contact or flinching.
- fear of going home or a parent/carer being contacted.
- fear of undressing, changing or being changed.
- fear of medical help.
- another child or adult expresses concern about the welfare of a child.
- unexplained changes in a child's behaviour with no explanations, e.g., becoming very upset, quiet, withdrawn, or displaying sudden outbursts of temper.
- over compliant behaviour or 'watchful attitude'.
- running away.
- deterioration in work.
- unexplained patterns of attendance.
- covering up i.e., wearing seasonally inappropriate clothing.
- signs of physical discomfort without explanations.
- female genital mutilation- partial or total removal of the external female genitalia or injury to the female genital organs.

#### **Possible signs of emotional abuse: -**

- continual self-deprecation, low self-esteem.
- fear of new situations, beyond what would be appropriate.
- inappropriate emotional responses to new, difficult, or painful situations.
- self-harm (this can be present in young children as well as older ones.)
- compulsive stealing, scrounging.
- obsessive behaviours such as rocking or thumb-sucking.
- detachment – do not care attitude.
- attention seeking beyond what would be age appropriate.
- depression, withdrawal.
- social isolation - difficulty in making friends.
- being prevented from socialising with others.
- displaying variations in eating patterns including overeating or loss of appetite.
- unable to concentrate.
- obsessive masturbation in public.
- acting out aggression between parents or talking about domestic violence at home.
- attaching inappropriately to strangers or people they do not know well.

### **Possible signs of neglect: -**

- losing weight for no apparent reason.
- poor personal hygiene – in babies or young children this might present as always having nappy rash or regularly being left in dirty/soiled clothes/underwear.
- constant or frequent hunger.
- small stature in growth or, in babies or young children not meeting milestones with no medical explanation.
- frequently being sent to pre-school or youth club when ill.
- inappropriate clothing (too large or small, clothes for the opposite gender).
- frequent lateness or non-attendance.
- medical needs not met or sought.
- low self-esteem, sense of unworthiness.
- poor social and peer relationships.
- constant tiredness.
- compulsive stealing/scrounging.
- constant lack of response or interest from parent/carer.
- under-achieving.
- high or unusual levels of anxiety or being preoccupied.

### **Possible signs of sexual abuse:**

- age-inappropriate sexual awareness, may be evident in play, drawings, vocabulary, writing or behaviour towards other children or adults.
- engaging in sexually explicit behaviour i.e., frequent, or obsessive masturbation.
- distrust of adults, particularly those whom a close relationship would normally be expected.
- bruise, bite marks on the body.
- scratches, abrasions, or persistent infections in anal or genital regions.
- attempts to teach or coerce other children into sexual games, activities, or behaviour.
- refusal to stay with certain people or to go to certain places.
- aggression, anger, anxiety, or tearfulness.
- complaining of frequent non-specific illness.
- pain when sitting down.
- Odour.
- self-injury, self-destructive behaviour, suicide attempts
- eating disorders.
- tiredness, lethargy, listlessness.
- over-complaint behaviour
- unexplained gifts of money
- depression
- changes in behaviour

### **Signs of bullying include:**

- behavioural changes such as reduced concentration and/or becoming withdrawn, clingy, depressed, tearful, emotionally up and down, reluctance to go to training or competitions.
- an unexplained drop off in performance.
- physical signs such as stomach aches, headaches, difficulty in sleeping, bed wetting, scratching, and bruising, damaged clothes, bingeing e.g., on food, alcohol, or cigarettes.
- a shortage of money or frequent loss of possessions.

It must be recognised that the above list is not exhaustive, but also that the presence of one or more of the indications is not proof that abuse is taking place.

It is **NOT** the responsibility of staff working at Aberdeen Park Nursery to decide that child abuse is occurring. **It is their responsibility to act on any concerns.**

## **Signs to be aware of**

### Signs of low self-esteem

- Repeated talk of failure.
- Seeking failure.
- Destruction or denial of anything good.
- Rejecting praise.
- Pleasure in criticism.
- Lying, exaggerating.
- Self-blame.
- Verbal signs of distress.
- Self-denigration – worthlessness.
- Pessimism – hopelessness.
- Morbid thinking – suicidal thoughts.
- Pathological thinking – self-blame.
- Non-verbal signs of distress.
- Loss of interest and withdrawing.
- Irritability and tearfulness.
- Tiredness.
- Change in weight.
- Poor concentration, deterioration in work.
- Morbid artwork and writing

Staff who work with children will have a sense of which behaviours are age appropriate and 'normal' and will know which behaviours are concerning.

For example, it is not unusual for Early Years children to be curious about each other's bodies and to be interested in 'having a look'. Staff will know when this moves beyond what is age appropriate.

Similarly with role-play there will be times when practitioners are clear that a child is acting out things which they should not have knowledge of or have a degree of understanding of sexual matters which is age inappropriate.

Any injury to a pre-mobile baby should be reported to the designated member of staff/early years/CSC immediately for further consideration.

## **Appendix 2. Aberdeen Park Nursery Safeguarding and Child Protection Staff Practice Guidelines**

### **Daily practice**

During their normal contact with children, staff should be aware of any change in behaviour or other signs of anxiety (**See appendix 1, Signs and Symptoms**). Good practice creates an atmosphere in which even very young children feel safe and know that they are listened to and are trusted. Through the close relationships built with the child staff create the best possible circumstances to work with child protection issues should they arise.

In all cases bruises and other marks must be questioned. The member of staff on door duty has an important part to play here.

Careful recording of any accident in the nursery and outside the nursery reassures parents and avoids confusion.

Children need to be encouraged to tell adults if they are hurt. Sometimes they are too busy or are reluctant to stop play for treatment. Dealing sensitively but realistically with accidents will help children learn to protect themselves by sharing important information with the adults who care for them.

## **The regular child reviews.**

Systems are in place through the frequent child development team meetings and child reviews to ensure that all children are monitored by the whole team and concerns are shared and tracked in a thorough productive way which considers the well-being of the whole child.

Good teamwork ensures that an all-round view of the child will be considered and allows staff to share expertise and develop in depth knowledge about all the children. This helps to avoid stereotypical judgments being made and ensures that small but significant changes in behaviour are noted. Keeping a close relationship with parents helps staff understand the families they work with. Sometimes we can anticipate and organize the support a family need.

## **Appendix 3. Aide Memoire Safeguarding and Child protection Staff.**

### **Practice Guidelines**

The nursery undertakes Safeguarding training every year. Whilst this has provided very valuable background knowledge staff have felt increasingly that the volume of information could diminish the emphasis on the day-to-day practice with children and families.

As a result, this *aide memoire* has been created by staff to enable those in daily contact with the children to focus on the essential elements of their role in safeguarding.

#### **Staff in daily contact with children need to:**

- Be sensitive and aware of the children's needs so that they can give children the time and atmosphere they need to tell their story.
- Listen carefully to what the child is saying.
- Take care not to take control by asking leading questions or embellish what the child is saying.
- Use phrases such as "so you are saying...." repeating back what the child has said and very simple questions such as "What did you do?"
- Take careful account of the child's age and maturity. Most young children have little appreciation of time although this may be of interest in any investigation.
- Make sure the child feels reassured.
- Report any clear disclosure or injury to the designated officer immediately.
- React quickly so that colleagues can write down their account of any disclosure as soon as practical.
- Provide a factual, accurate account of exactly what was said, by whom and briefly describe the context.
- Always act on the side of caution, share an incident if you are concerned even if it seems trivial.
- Remember it is not your job to investigate and decide on thresholds, your job is to provide accurate information about any disclosure or reason for concern.
- Expect to know the outcomes of your concern, if you are still concerned about the action taken contact numbers Appendix 6 for advice and support.
- Read their policy and practice notes every term.

### **Methodology**

We safeguard the children in our care and promote their welfare by

- Having clear practice guidelines for staff with clear lines of responsibility.
- Ensuring that staff receive regular training in safeguarding practice.
- Ensuring that all staff are aware of the issues involved in child protection practice and are alert to both the obvious signs and to the more subtle indicators of abuse.
- Ensuring that child protection is embedded in the daily practice as part of the ongoing nursery reviews including the daily, and weekly team meetings and the termly child reviews.
- Supporting staff in making accurate, objective and well documented observations.
- Supporting staff to manage disclosures carefully and sensitively.

- Ensuring that in all cases prompt and effective action is taken, this may range from action that can be taken in school to full investigations undertaken by Islington Children’s Social Care.
- Ensuring that systems are in place to track concerns that may be inconclusive initially.
- Ensure that procedures are in place to follow up observations where necessary.
- Promoting good teamwork and communication.
- Ensuring that children are only collected by their parents or adults authorised by their parents.
- Ensuring that the nursery site is safe and that no unauthorised adults have access to the children’s spaces.
- Ensuring that all staff have enhanced DBS checks renewed every three years.

### **When child protection concerns arise**

All staff must act on the side of caution with the priority being to safeguard the child.

### **When a concern is raised** (See flowchart attached)

Where a child makes comments to a member of staff that gives cause for concern (**disclosure**), observes signs or signals that gives cause for concern, such as significant changes in behaviour; deterioration in general well-being; unexplained bruising, marks or signs of possible abuse or neglect that member of staff:

- listens to the child, offers reassurance, and gives assurance that she or he will take action.
- does not question the child.
- makes a written record – that forms an objective account of the observation or disclosure **that includes:**
  - *the date and time of the observation or the disclosure.*
  - *the exact words spoken by the child as far as possible.*
  - *the name of the person to whom the concern was reported, with date and time; and*
  - *the names of any other person present at the time.*
  - *These records are signed and dated and kept in the child's personal file which is kept securely and confidentially.*
- If it is considered that there are justifiable grounds for concern or that abuse has occurred, then the matter must be reported to the appropriate Social Services Department which covers the area where the child lives. This should be done as soon as possible (see contact details on back page of policy).
- The DSL will make the call and will need to make a written record of the call including the names, date, and time along with the action agreed and send this to social services using the Children’s Social Care Referral Form within 24 hours of the telephone referral. (CSC referral form in safeguarding and CP file in office). A copy of the Children’s Social Care Referral Form is also sent to the Deputy Head of Early Years and to the Education Welfare Service at London Borough of Islington. Ofsted will be informed by telephone at the same time as a referral is made to Social Services. Any detailed information should be readily available to give to the social worker upon their arrival.

### ***Where the evidence is clear:***

It is always important to ask a parent if a child has a bruise or obvious injury on arrival. All instances of this nature should be reported immediately to the key person who will inform DSL

Where clear cut obvious concerns arise during the sessions such as injuries discovered when changing a child or a child making a disclosure to an individual member of staff are responsible for responding appropriately to the child (**See appendix 2, “Managing a disclosure”**) and then notifying the DSL **immediately**.

### ***Where the evidence is less clear:***

When unsure of the significance of an observation staff must still share information with either the key person or manager promptly. Uncertainty cannot be allowed to interfere with good practice. The DSL on duty at the time should be informed. Research shows that tentative concerns, well managed, can lead to good preventative work and in some cases result in establishing the evidence needed to protect children. It is important not to dismiss concerns but to record and review concerns as they may be part of a pattern which will only become evident later.

When staff reports a concern, the DSL is responsible for assessing the situation, deciding whether thresholds have been met and taking proportionate action within the school and borough policy. This will involve ensuring that the details of the incident/observation are recorded appropriately and followed through. This may involve seeking advice from the safeguarding team at social care. On occasion it may involve continued observation under the guidance of the social care team. The DSL is responsible for tracking concerns and referrals.

### **Appendix 4. Contextual safeguarding – renamed – “assessment of risk outside home.”**

Contextual safeguarding is an approach to safeguarding young people from harm they experience in extra-familial contexts. Assessments of children should consider whether wider environmental factors are present in a child’s life that are of threat to their safety and/or welfare.

### **Grooming**

#### **What is grooming?**

Grooming is when someone builds an emotional connection with a child to gain their trust for the purposes of sexual abuse, sexual exploitation, or trafficking.

Children and young people can be groomed online or face-to-face, by a stranger or by someone they know – for example a family member, friend or professional.

Groomers may be male or female and of any age. Many children and young people do not understand that they have been groomed or that what has happened is abuse.

Groomers sometimes spend a long time gaining a child’s trust and that of their family, so they can spend time alone with the child. Sometimes people who work with children may use the same approach with colleagues in the workplace.

#### **Groomers may gain trust by:**

- Pretending to be someone they are not, for example saying they are the same age online
- Offering advice to the child
- Displaying a level of understanding to the child
- Buying gifts for the child
- Giving the child attention
- Using their professional position or reputation
- Taking the child on trips, outings, or holidays

#### **They may also use:**

- Secrets and intimidation to control a child to make them feel ashamed or guilty
- Online social networks with older children

## **Signs, symptoms, and Indicators of Grooming**

It can be difficult to identify if a young child is being groomed. The general signs, symptoms and indicators of abuse are perhaps the best indicator. Groomers often go to great lengths not to be identified.

### **If an older child is being groomed, they may:**

- Be very secretive, especially with regards to what they are doing online
- Have older boyfriends or girlfriends
- Go to unusual places to meet friends
- Acquire new things such as clothes or mobile phones that they can't or won't explain
- Have access to drugs and alcohol

## **Child Trafficking.**

### **What is child trafficking and modern slavery?**

Child trafficking and modern slavery are child abuse; children are recruited, moved, or transported and then exploited, forced to work, or sold. Many children are trafficked into the UK from abroad, but children can also be trafficked from one part of the United Kingdom to another.

### **Children are trafficked for:**

- Child sexual exploitation (CSE) is a type of sexual abuse. Children in exploitative situations and relationships may receive “something” such as gifts, money, or affection as a result of performing sexual activities or others performing sexual activities on them.

### **Sings, Symptoms and indicators of Child trafficking and Modern Slavery.**

It can be difficult to spot a trafficked child, however they may show the following signs:

- Reluctant to talk to you or may have a prepared story to explain their life as taught by the traffickers.
- They do not understand that they are victims.
- Find it too hard to talk about their experiences – often children may suffer from post-traumatic stress disorder.
- Feel guilty and confused by the abuse they have suffered.

If you think any children, older siblings or young parents are at risk of any of the above, or feel they have already been affected, then please make your DSL - Sarah Taylor - aware.

## **County Lines.**

### **What are County Lines?**

There is currently no legal definition, but County Lines is basically a form of exploitation, including child exploitation.

County Line gangs use children and other vulnerable people to move drugs and money to and across areas using traditional gang culture as well as targeted and specific grooming of individuals including children. Once caught up in county lines, both adults and children are at risk of extreme physical and/or sexual violence, gang recriminations and trafficking.

Families and individuals including children are being taken advantage of due to their naivety, inexperience, and desire to belong or earn money and can easily be groomed into selling and transporting drugs.

### **How are children being exploited?**

Criminals are deliberately targeting vulnerable children. Gangs groom children into trafficking their drugs for them with promises of money, phones, friendship and belonging. Children are being controlled using threats, violence, and sexual abuse. The effects of this are that they live in fear and continue being exploited as they feel that they have no way to leave and live a different life- so they must keep doing what the gang wants. They themselves are then considered criminals, when in fact they have been groomed and exploited to carry out such criminal behaviour when they do not have the age or understanding that they have been exploited.

### **What are the signs of criminal exploitation and county lines?**

- Returning home late, staying out all night or going missing.
- Being found in areas away from home.
- Increasing drug use or being found to have large amounts of drugs on them.
- Being secretive about who they are talking to and where they are going.
- Unexplained absences from school, college, training, or work.
- Unexplained money, phone(s), clothes, or jewellery
- Increasingly disruptive or aggressive behaviour
- Using sexual, drug-related, or violent language you would not expect them to know.
- Coming home with injuries or looking particularly dishevelled.

### **What are the likely outcomes for those involved in County Lines?**

The risk to a child, young person, and their family and friends, as a result of experiencing criminal exploitation can include but is not limited to:

- Physical injuries: risk of serious violence and death.
- Emotional and psychological trauma.
- Sexual violence: sexual assault, rape, indecent images being taken and shared as part of initiation/revenge/punishment, internally inserting drugs.
- Debt bondage- young person and families being 'in debt' to the exploiters, which is used to control the young person.
- Neglect and basic needs not being met.
- Living in unclean, dangerous and/or unhygienic environments.
- Tiredness and sleep deprivation: child is expected to carry out criminal activities over long periods and through the night.
- Poor attendance and/or attainment at school/ college/university.
- Tragically the young people exploited through 'county lines' can often be treated as criminals themselves and the grooming and exploitation they have been subjected to is missed. If you feel someone is being exploited or associated with county lines you should.
- Call the local police on 101 or in an emergency 999.
- If you would rather remain anonymous, you can contact the independent charity Crimestoppers on 0800 555 111.
- If you notice something linked to the railways, you can report concerns to the British Transport Police by texting 61016 from your mobile. In an emergency dial 999.

This mandatory reporting is in addition to the usual reporting of safeguarding as per the flowcharts.



**Appendix 6. All child protection issues in the nursery include allegations against staff.**  
**KEY CONTACT INFORMATION**

**1.-To make a referral to Islington's Children's Services Contact Team (CSCT).**

**222 Upper Street, N1 1XR**

**Team:** 020 7527 7400

Switchboard: 020 7527 7000

Fax: 020 7527 7000

[csctreferrals@islington.gov.uk](mailto:csctreferrals@islington.gov.uk)

**For urgent enquiries out of hours contact the Emergency Duty Team on 020 7527 0992**

**Note:** Send a copy of the referral to:

**Gwen Fitzpatrick.** Lead for Bright Start and Safeguarding.

Tel: 0207 7527 5629

Fax: 020 7527 5651

[Gwen.fitzpatrick@islington.gov.uk](mailto:Gwen.fitzpatrick@islington.gov.uk)

**3.-Allegations against staff/volunteers: (Flowchart in all rooms).**

Islington's LADO:

**Timur Djavit**, Service Manager Child Protection and **Laura Eden**, Head of Service, Safeguarding and Quality Assurance.

**LADO can be contacted at:**

**Tel. 0207538102**

[lado@islington.gov.uk](mailto:lado@islington.gov.uk)

**E-mail:** [laura.eden@islington.gov.uk](mailto:laura.eden@islington.gov.uk)

**LADO** must be informed within one working date.

**4.-To inform the Access and Engagement Service (over fives):**

First Floor, 222 Upper Street, N1 1XR

[pupilservices@islington.gov.uk](mailto:pupilservices@islington.gov.uk)

Tel: 02075273747

**5.-For ongoing support contact.** (To seek advice if unsure).

**Amanda Joy.** Early Years and Childcare Safeguarding Officer.  
Laycock Street Centre, Laycock Street, London N1 1TH

Tel: 020 7527 3154

**OFSTED must be informed within 24 hours of any allegations concerning a member of staff.** (See Flowchart: Allegations made against a member of staff).

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