

Safeguarding Children

The designated lead for safeguarding is **Hayley Davies**

The deputy safeguarding leads are **Abbie Morgan & Jenna Finch**

Our practitioners have a duty to protect and promote the welfare of children in our care. It is our intention to work with children, parents and families in our setting and community to ensure the safety of the children in our care and to provide opportunities to give them the best start in life. This includes sharing information with any relevant agencies such as local authority services for children's social care, health professionals or the police. All staff will work with other agencies in the best interest of the child, including as part of a multi-agency team, where needed.

To safeguard children and promote their welfare we will:

- Create an environment to encourage children to develop a positive self-image
- Provide positive role models and develop a safe culture where staff are confident to raise concerns about professional conduct
- Support staff to notice the signs of abuse and know what action to take in the event of a concern arising
- Provide a safe and secure environment for all children
- Always listen to children
- Provide an environment where practitioners are confident to identify where children and families may need intervention and seek the help they need
- Share information with other agencies as appropriate.
- Follow our safer recruitment policy to ensure suitable people are working with children

Designated Safeguarding Lead (DSL) Roles and Responsibilities

In the absence of the DSL, these fall to the deputy designated safeguarding officer (DDSL)

- Ensure all Safeguarding children/young person's policies and procedures are in place and that all staff are made aware of and understand them fully.
- Ensure safeguarding children/young person's policies and procedures are updated with correct legislation and guidance and link to Safeguarding Children and Young People in Herefordshire's policies and procedures.

- Organise and lead staff meetings and regular in-house training and promote these policies and procedures to all staff, volunteers, and students.
- Ensure all secure records containing protected details are stored correctly and only accessed on a 'need to know' basis with other professionals.
- Create Professional links with other agencies and local authority child protection services.
- To act as a source of knowledge and advice when staff, volunteers and students have concerns about a possible risk of harm to a child/young person.
- Liaise with other agencies, professionals and governing bodies helping to investigate any safeguarding matter.

Types of Abuse and Possible Signs

Child abuse can take many forms, but all instances can be broadly categorised under one of four headings: neglect, physical abuse, sexual abuse and emotional abuse. The following identifies some possible manifestations of child abuse; however, these lists are not exhaustive.

Physical Abuse

Physical signs may involve unexplained bruising in unlikely areas, facial bruising, hand/finger marks, bite marks, burns, lacerations, or abrasions. Staff may notice certain behavioural signs that also indicate physical abuse such as a child that shy's away from physical contact, is withdrawn or aggressive towards others or their behaviour changes suddenly.

Emotional Abuse

Physical signs of emotional abuse may include a general failure to thrive, not meeting expected developmental milestones and behaviourally a child may be attention seeking, tells lies, have an inability to have fun, low self-esteem, speech disorders, and be inappropriately affectionate towards others.

Sexual Abuse

Physical signs may include bruising consistent with being held firmly, discomfort in walking/sitting, pain or itching in the genital area, discharge or blood on or under clothes, or loss of appetite. Behavioural signs may include drawings or play showing indicators of sexual activity, sexually explicit language, knowledge of adult sexual behaviour, seductive behaviour towards others, poor self-esteem and a child who is withdrawn.

Neglect

This is the persistent failure to meet basic physical and psychological needs, which may result in the serious impairment of the child's health and development. For example, poor hygiene, untreated

Lake View Nursery Ltd

Last updated: 15th April 2025

By: Abbie Morgan (Manager)



medical problems, emaciation or undernourishment. Staff may notice behavioural signs such as a child who always seems to be hungry, is constantly tired or talks about being left alone.

Recognising Signs and Symptoms

ALL staff refresh their safeguarding training annually and management will regularly test this knowledge to ensure safeguarding is effective at Lake View. Staff are trained to recognise the signs and symptoms of abuse and will follow the below procedures in the event of any safeguarding concerns.

When identifying any potential instances of abuse, staff must always be aware that children may demonstrate individual, or combinations of the indicators detailed but may not be the subject of abuse. Individual or isolated incidents do not necessarily indicate abuse. However, staff should always remain vigilant and must not ignore warning signs. The Children's Help and Advice Team (CHAT) should be contacted at any stage for support. The Children's Help and Advice Team should be contacted unless it's felt the child is at risk of significant harm, in these circumstances, MASH will be contacted.

Using the Correct Terminology for Body Parts

As part of our commitment to safeguarding children and promoting their health, safety, and well-being, staff at Lake View, we use accurate and age-appropriate language when referring to body parts. This practice helps to:

- Promote body confidence and positive body image
- Reduce shame or confusion around body awareness
- Support children in understanding their bodies
- Help protect children from abuse by giving them the correct language to use if they ever need to report something

We **do not** use nicknames, slang, or pet names such as "*foo*," "*fairy*," or similar. Instead, we use the correct anatomical terms in a calm, confident, and appropriate manner during care routines, health discussions, and body safety conversations.

Below is the list of terms we use:

Body Area	Term Used
-----------	-----------

Private area (female)	Vulva
-----------------------	-------

Body Area	Term Used
Private area (male)	Penis
Bottom	Bottom
Chest (female)	Chest / Breasts
Mouth	Mouth
Eyes	Eyes
Ears	Ears
Nose	Nose
Hands	Hands
Legs	Legs
Tummy	Tummy

We are sensitive to each child's developmental stage and cultural background and will work with families to ensure that our approach is consistent, respectful, and supportive.

What to do if you Suspect a Child is at Risk of Abuse:

A person may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Staff in the nursery recognise that child abuse can and does happen in all types of families. The different social and cultural backgrounds of the children do not constitute barriers to child abuse and in most cases, children are abused by individuals known to them, rather than strangers.

Our procedure Step by Step

1. Safeguarding concerns of any nature must be brought to the attention of the DSL/DDSL and documented on a Safeguarding Report Form. If this is a repeated concern, an Action Timeline can be used following the completion of at least one Safeguarding Report Form. These forms must be filled out, signed by a manager, and scanned in to be stored in the child's folder. The physical copy of the report will then be stored in the room's safeguarding folder. This concern will be discussed with the parent/carer at the earliest opportunity – providing that this does not put the child at risk of significant harm – and the

conversation will be documented on this form. If this concern includes an injury to the child, a Child Arrival with an Injury Form must also be completed.

2. Staff will discuss with the DSL or DDSL what the best course of action to take should be. On some occasions, the best course of action will be to continue to monitor the situation. Other occasions may lead to the nursery contacting outside agencies, as below.

3. If staff feel that additional support/advice is necessary, they can call the Children's Help and Advice Team (CHAT). CHAT can then signpost the nursery to other agencies, such as local charities, health visitors, or any other forms of support. Staff will then follow the guidance given by CHAT.

4. If staff feel that the Level of Need is 3 or 4 (following the Right Help, Right Time guidance), they can then call the Multi-Agency Safeguarding Hub (MASH). From here, a Multi-Agency Referral Form (MARF) will be completed. If staff fear that there is a significant risk to the child, this can be done without informing parents. Otherwise, parents will be informed of a MARF being completed or a phone call to MASH being made.

When safeguarding issues have been discussed with parents/carers, they are free to request to see copies of Safeguarding Report Forms at any time in line with our GDPR policy, providing that staff do not feel that this puts the child at risk of harm.

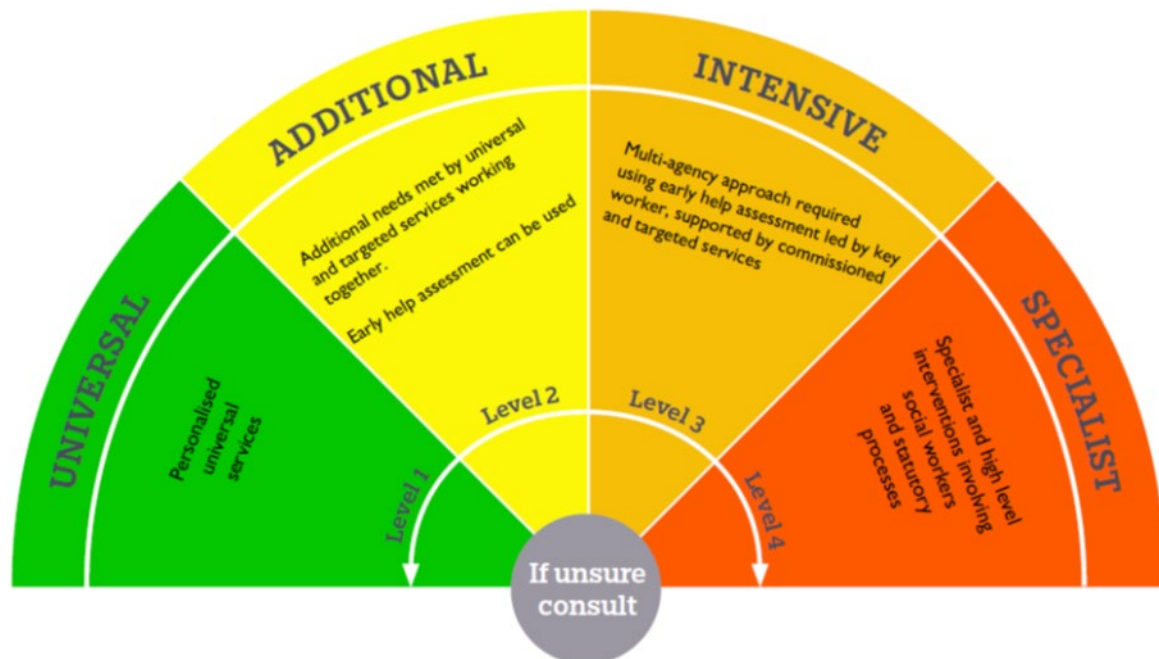
What must be included in a Safeguarding Report Form:

- Child's name.
- Date of report.
- Reasons for the concern. This could be the exact words spoken by the child, a description of injuries or marks seen, or a description of any other instance or behaviour noticed by staff.
- Name of the person who is writing the report, as well as the names of anybody else present at the time of the incident.
- Whether or not the concern was discussed with the parent/carer, and if so, what was said.
- The outcome of this report.

Right Help, Right Time

When deciding the appropriate action to take, safeguarding leads will use Herefordshire's guidance framework called 'Right Help, Right Time Levels of Need' and is based on providing the right intervention to meet the assessed needs of the child or young person at the point at which they need it. The diagram below sets out the 4 levels of need that services

and professionals will use to ensure the right help is provided at the right time to the right children and families.



Level 1. Universal

Children and young people making good overall progress in all areas of their development and receiving appropriate universal services such as health and education.

Level 2. Additional

Children, young people and their families are experiencing emerging problems, or have additional needs that require some targeted support. They are likely to require early help for a time-limited period, to help them move back to Universal (level 1) and reduce the likelihood of needing level 3 more intensive support.

Level 3. Intensive

Children, young people and families with identified vulnerabilities who are experiencing multiple and complex needs and are likely to need an intensive multi-agency co-ordinated approach. They are likely to require longer-term help.

Level 4. Specialist

Children, young people and their families who are experiencing very serious or complex needs that are having a major impact on their expected outcomes or there is a serious concern for their safety.

This may be as children in need - CIN (Section 17 of the Children Act 1989) or as children in need of protection- CP (under section 47 of the Children Act 1989). Children, young people and families receiving intervention at level 4 need are supported, where possible, to reduce the seriousness and complexity of need and are then enabled to step down to Early Help support or Universal services as appropriate.

Professional Challenge

We are entitled to challenge other agencies decisions- if we aren't happy or don't agree with the outcome or decisions, we are within our rights to challenge it. You must challenge within 1-3 working days of the decision.

Please refer to 'Working together to safeguard children'- page 56.

Relevant Framework Supporting this Policy

This policy has been drawn up on the basis of legislation, policy and guidance that seeks to protect children in England. Please see a list of legal frameworks that underpins this policy below:

- Children's Act 1989/2004
- Working together to safeguard children 2023
- Children and Social Work Act 2017
- Safeguarding vulnerable groups act 2006
- Right Help, Right Time Levels of Need 2020
- Keeping Children Safe in Education 2022
- Domestic Abuse Act 2021

In addition to the above, this policy links to all Safeguarding Children and Young People in Herefordshire and West Midlands Safeguarding Children Procedures.

Important Contacts

- Multi Agency Safeguarding Hub (MASH) (01432) 260800
www.herefordshire.gov.uk/MASH
- Early Help Hub (01432) 260 261 www.herefordshire.gov.uk/MASH
- Police: 999 (in an emergency)*
- Child Protection Police: 0300 123 4455*
- Emergency Duty Team (01905) 768020 (out of hours number for when MASH are unavailable)
- Child Line 0800 1111*

- NSPCC 0808 800 5000*

* These numbers are free to call

Child absences

Children being absent from early years settings repeatedly, or for prolonged periods of time, may be a vital warning sign for a range of safeguarding issues. There have been incidents where serious harm to a child may have been prevented if an absence from their early years setting had been reported to social services and/or the police.

At Lake View Nursery we follow up on absences in a timely manner. If a child is absent for a prolonged period of time, or if a child is absent without notification from the parent or carer, attempts will be made to contact the child's parents and/or carers and alternative emergency contacts. Patterns and trends in a child's attendance will be monitored and absences and their personal circumstances along with our professional judgement will be used when considering if their absence is considered as prolonged. Consideration will be given to the child's vulnerability, parent's and/or carer's vulnerability and their home life.

Any concerns will be referred to local children's social care services, and/or a police welfare check will be requested.

Safer Recruitment

Please refer to our separate 'Safer Recruitment' policy.

Safe Sleeping

Please refer to our separate 'Safe Sleeping' policy.

Whistleblowing

(Please refer to our separate 'Whistleblowing policy'.)

Safer Eating (Please also refer to our 'Weaning Infants' policy)

Mealtimes and snack times for babies and children can be a high-risk environment for choking incidents and allergic reactions. Knowing how to prepare food appropriately for each child, working with parents when a baby is being introduced to solid food (or weaning) and how to supervise children whilst they are eating are all important safety issues. Children must be within sight and hearing of a member of staff when eating and at least one staff member who is paediatric first aid trained must be in the room while the children are eating.

- Whilst children are eating there should always be a member of staff in the room with a valid paediatric first aid certificate.
- Before a child is admitted to the setting, practitioners must obtain information about any special dietary requirements, preferences, food allergies and intolerances that the child has, and any special health requirements. This information will then be shared by us with all staff involved in the preparing and handling of food. At each mealtime and snack time, we must be clear about who is responsible for checking that the food being provided meets all the requirements for each child.
- Practitioners must have ongoing discussions with parents and/or carers and, where appropriate, health professionals to develop allergy plans for managing any known allergies and intolerances. This information must be kept up to date by us and shared with all staff including the kitchen staff.
- At Lake View Nursery we ensure that all staff are aware of the symptoms and treatments for allergies and anaphylaxis, the differences between allergies and intolerances and that children can develop allergies at any time, especially during the introduction of solid foods (sometimes called complementary feeding or weaning), through completing and regularly updating their paediatric First Aid Training every 3 years.
- Practitioners will have ongoing discussions with parents and/or carers about the stage their child is at in regard to introducing solid foods, including to understand the textures the child is familiar with. Assumptions must not be made based on age. Staff will prepare food in a suitable way for each child's individual developmental needs, working with parents and/or carers to help children move on to the next stage at a pace right for the child.
- Lake View Nursery must prepare food in a way to prevent choking.
- Babies and young children should be seated safely in a highchair or appropriately sized low chair while eating. Where possible there should be a designated eating space where distractions are minimised.

- Children must always be within sight and hearing of a member of staff whilst eating. Choking can be completely silent therefore it is important for practitioners to be alert to when a child may be starting to choke.
- Where possible, practitioners will sit facing children whilst they eat so they can make sure children are eating in a way to prevent choking and so they can prevent food sharing and be aware of any unexpected allergic reactions.
- When a child experiences a choking incident that requires intervention, the details of where and how the child choked must be recorded and parents and/or carers made aware. The records should be reviewed periodically to identify if there are trends or common features of incidents that could be addressed to reduce the risk of choking. Appropriate action should be taken to address any identified concerns.

Toilet and intimate hygiene

Children's safeguarding needs are to be balanced with their privacy. When children are having their nappies changed, or are learning to use the toilet, a member of staff has to be present. However, consideration needs to be given to who else is present and what can be seen. It is important to respect children's privacy wherever this is possible, without compromising on safeguarding.

At Lake View Nursery, Children's privacy is considered and balanced with safeguarding and support needs when changing nappies and toileting.