SAFEGUARDING

AND

CHILD PROTECTION

POLICY AND PROCEDURES

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Nursery Designated Officers

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<td>Bridget Kyffin-Walton</td>
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1.1 PRINCIPLES

Our nursery is committed to safeguarding and promoting the welfare of children and expects all staff, contractors and volunteers to share in this commitment.

SAFEGUARDING STATEMENT

"We are committed to safeguarding and promoting the welfare of children and young people and expect all staff, contractors and volunteers to share this commitment." (Lewis Wood, Proprietor)

The protection and welfare of children and vulnerable adults is of paramount importance to the nursery. Children and parents have a right to expect the nursery to provide a safe and secure environment and the nursery has a general duty for children's welfare as part of our parent partnership role.

We support the children within our care, protect them from maltreatment and have robust procedures in place to prevent the impairment of children's health and development. Safeguarding is a much wider subject than the elements covered within this single child protection policy, therefore this document should be used in conjunction with the other nursery policies and procedures.

For those agencies whose job it is to protect children and vulnerable people, the harsh reality is that if a sufficiently devious person is determined to seek out opportunities to work their evil, no one can guarantee that they will be stopped. Our task is to make it as difficult as possible for them to succeed.

(Bichard Inquiry – June 2004)

Safeguarding is also enshrined in law under the Safeguarding Vulnerable Groups Act (2006). In addition there are comprehensive government guidelines laid down in the Working Together to Safeguard Children (Department of Education, March 2010), DFE Guidance Safeguarding Children and Safer Recruitment in Education (Jan 2007) and Dealing with Allegations of Abuse against Teachers and Other Staff (August 2011), What to do if you are worried a child is being abused (DFES 2007).

There is also comprehensive local guidance provided by the Brighton and Hove and East Sussex Advice Contact and Assessment Service. Each area has a Local Authority Designated Officer (LADO) to whom child protection issues can be referred.

This policy has been written in accordance with locally agreed inter-agency procedures and is available on the nursery website. It has also taken into consideration our obligations under the Early Years Foundation Stage. The key components of the policy are to:

- Ensure safe recruitment in checking the suitability of staff and volunteers to work with children.
- Raise awareness of child protection issues and equip children with the skills needed to keep them safe.
- Develop and then implement procedures for identifying and reporting cases, or suspected cases, of abuse.
- Establish a safe environment in which children can learn and develop.
- In accordance with his/her agreed child protection plan, supporting children who have been abused.

Our nursery will work with children, parents, external agencies and the community to ensure the welfare and safety of children and to give them the very best start in life. Children have the right to be treated with respect and to be safe from any abuse in whatever form. Safeguarding and promoting the welfare of children, for the sake of this policy is defined as:

- Protecting children from maltreatment
- Preventing the impairment of children’s health or development
• Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care.

*(Definition taken from the HM Government document 'Working together to safeguard children')*

A child or young person up to the age of eighteen years is considered to be abused or at risk of abuse by parents or carers, if the basic needs of the child are not being met through avoidable acts of commission or omission so as to have caused or to have placed the child at risk of harm.

Our policy has been written taking regard to the following principles:

• Every child has the right to be safe.
• Every child has the right to personal privacy.
• Every child has the right to be valued as an individual.
• Every child has the right to be treated with dignity and respect.
• Every child has the right to be involved and consulted in their own intimate care to the best of their abilities and where practicable.
• Every child has the right to express their views on their own intimate care and to have such views taken into account, where practicable.
• Every child has the right to have levels of intimate care that consistent.

Harm is defined by The Children Act 1989 as ill-treatment or the impairment of health or development. (Deciding if harm is significant, where it relates to health or development, for the purposes of obtaining emergency protection orders, care orders or supervision orders under the Act, will depend on a comparison of the child’s health or development with what could reasonably be expected of a similar child).

1.2 **AIMS**

Practitioners have a duty to protect and promote the welfare of children. Due to the many hours of care we are providing, staff will often be the first people to sense that there is a problem. They may well be the first people in whom children confide about abuse. The nursery has a duty to be aware that abuse does occur in our society.

This policy lays out the procedures that will be followed if we have any reason to believe that a child in our care is subject to welfare issues including physical, sexual, emotional abuse or neglect.

Our prime responsibility is the welfare and well-being of all children in our care. As such we believe we have a duty to the children, parents and staff to act quickly and responsibly in any instance that may come to our attention. All staff will work as part of a multi-agency team where needed in the best interests of the child. The nursery aims to:

• Ensure that children are never placed at risk while in the charge of nursery staff.
• Ensure that confidentiality is maintained at all times.
• Ensure safe recruitment practices are always followed.
• Ensure that all staff are alert to the signs of abuse, understand what is meant by child protection and are aware of the different ways in which children can be harmed including by other children i.e. bullying, discriminatory behaviour.
• Ensure that all fears or allegations of abuse are reported to the Designated Person in the nursery. Also, that reports be referred to LADO (Local Authority Designated Officer where necessary.
• Ensure that all staff are familiar and updated regularly with child protection issues and procedures.
• Develop effective links with relevant agencies and co-operate as required with their enquiries regarding child protection matters, including attending case conferences.
• Ensure parents are fully aware of child protection policies and procedures when they register with the nursery and are kept informed of all updates when they occur.
• Keep the child at the centre of all we do.
SAFEGUARDING POLICY AND PROCEDURES

- Keep written records of concerns about children, even where there is no need to refer the matter immediately, and ensure all records are kept securely in confidential files.
- Provide immunity from retribution or disciplinary action against staff for 'whistleblowing' in good faith.
- See that this policy, the nursery's procedures and the efficiency with which the related duties have been discharged, is reviewed at least annually by the management team in conjunction with the Local Authority.
- Have regard to the safeguarding procedures as outlined in the DFE Guidance Safeguarding Children and Safer Recruitment in Education (1 Jan 2007), Working Together to Safeguard Children (March 2010) and Dealing with Allegations of Abuse against Teachers and Other staff (August 2011)

Children will be supported by offering reassurance, comfort and sensitive interactions. Activities will be devised according to individual circumstances to enable children to develop confidence within their peer group.

The following procedures are to be used as a working document for staff members, parents/carers and children at The Wishing Tree Children’s Nursery. These procedures are to be followed when anyone has a concern regarding the health and safety of a child in the nursery, or if someone suspects that any form of child abuse is taking place including within the workplace. This could be in the form of Physical Abuse, Neglect, Sexual Abuse or Emotional Abuse. Our nursery follows procedures as outlined in

1.3 WHAT IS ABUSE?

Abuse and neglect are forms of maltreatment – a person may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children and young people may be abused in a family or in an institutional or community setting; by those known to them or, more rarely, by a stranger. They may be abused by an adult or adults, or another child or children. There are some behaviours that are commonly seen in children who are abused. These are intended to give an indication and cannot be used as a confirmation of abuse:

- Unexplained or suspicious injuries such as bruising, bites or burns, particularly if situated on a part of the body not normally prone to such injuries.
- The child says that she or he is being abused, or another person says they believe (or know) that abuse is occurring.
- The child has an injury for which the explanation seems inconsistent or which has not been adequately treated.
- The child’s behaviour changes, either over time or quite suddenly, and he or she becomes quiet and withdrawn, or alternately becomes aggressive.
- Refusal to remove clothing for normal activities or keeping covered up in warm weather.
- The child appears not to trust particular adults, a parent or coach with whom she or he would be expected to have, or once had, a close relationship.
- An inability to make close friends.
- Inappropriate sexual awareness or behaviour for the child’s age.

If what you see or hear makes you feel unsure, or worried, you should always do something about it. You should seek advice from the Designated Safeguarding Representatives for the Nursery.

1.4 PHYSICAL ABUSE

Action will be taken under this heading if staff members have reason to believe that there has been a physical injury to a child. This can involve hitting, shaking, squeezing, burning and biting. It also includes the excessive use of force when carrying out tasks like feeding or nappy changing.

Action needs to be taken if staff have reason to believe that there has been harm inflicted to a child, including deliberate poisoning; where there is definite knowledge, or reasonable suspicion that the injury was inflicted or knowingly not prevented. These symptoms may include bruising or injuries in an area that is not usual for a child, e.g. fleshy parts of the arms and legs, back, wrists, ankles and face.
Many children will have cuts and grazes from normal childhood injuries – these should also be logged and discussed with the nursery manager or room leader.

Children and babies may be abused physically through shaking or throwing. Other injuries may include burns or scalds. These are not usual childhood injuries and should always be logged and discussed with the nursery manager.

Examples which may indicate physical abuse include: (this is not designed to be used as a checklist)

- Patterns of bruising, including inconsistencies of stories as to how bruising or injuries occurred
- Finger, hand or nail marks, black eyes
- Bite marks
- Round burn marks, burns and scalds
- Lacerations, weals
- Fractures
- Bald patches
- Symptoms of poisoning
- Fear of going home or parents being contacted.
- Fear of medical help
- Inexplicable fear of adults or over compliance
- Violence or aggression towards others including bullying
- Isolates him/herself from peers

Procedure:

- All signs of marks/injuries to a child, when they come into nursery or occur during time at the nursery, will be recorded as soon as noticed by a staff member
- The incident will be discussed with the parent at the earliest opportunity
- Such discussions will be recorded and the parent will have access to such records
- If there appear to be any queries regarding the injury, ACAS in the local authority will be notified.

1.5 NEGLECT

Action will be taken under this heading if staff members have reason to believe that neglect has taken place. Neglect is described as a situation where parents or carers fail to meet the basic essential needs of children: like adequate food, clothes, warmth, and medical care, which may result in serious impairment of the child’s health and development. Leaving young children alone and unsupervised is another example of neglect. Some of the features of neglect are:

- During pregnancy as a result of maternal substance abuse
- If a parent or carer fails to provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- If a parent or carer fails to protect a child from physical and emotional harm or danger
- If a parent or carer fails to ensure adequate supervision (including the use of inadequate care-givers)
- If a parent of carer fails to ensure access to appropriate medical care or treatment
- As a result of unresponsiveness to a child’s basic emotional needs.

Action should be taken under this heading if the staff member has reason to believe that there has been persistent or severe neglect of a child (for example, by exposure to any kind of danger, including cold and starvation and failure to seek medical treatment when required on behalf of the child), which results in serious impairment of the child’s health or development, including failure to thrive.

Signs may include a child persistently arriving at nursery unwashed or unkempt, wearing clothes that are too small (especially shoes that may restrict the child’s growth or hurt them), arriving at nursery in
the same nappy they went home in or a child having an illness that is not being addressed by the parent. A child may also be persistently hungry if a parent is withholding food or not providing enough for a child’s needs.

Neglect may also be shown through emotional signs, e.g. a child may not be receiving the attention they need at home and may crave love and support at nursery. They may be clingy and emotional. In addition, neglect may occur through pregnancy as a result of maternal substance abuse.

Examples which may indicate neglect include: (this is not designed to be used as a checklist)

- Hunger
- Tiredness and listlessness
- Child dirty and unkempt
- Poorly or inappropriately clad for the weather
- Poor concentration
- Poor home conditions
- Affection or attention seeking behaviour
- Untreated illnesses/injuries
- Pallid complexion
- Stealing or scavenging compulsively
- Failure to achieve development milestones e.g. growth, weight
- Failure to develop socially
- Neurotic behaviour

Procedure:

- The concern will be discussed with the parent
- Such discussions will be recorded and the parent will have access to such records
- A CAF may need to be completed
- If there appear to be any queries regarding the circumstances the LSCB in the local authority will be notified.

1.6 SEXUAL ABUSE

Action will be taken under this heading if staff members have witnessed occasions where a child indicates sexual activity through words, play or drawing or if they have an excessive pre-occupation with sexual matters, or exhibit an inappropriate knowledge of adult sexual behaviour.

Action needs be taken under this heading if the staff member has witnessed occasion(s) where a child indicated sexual activity through words, play, drawing, had an excessive pre-occupation with sexual matters, or had an inappropriate knowledge of adult sexual behaviour or language.

This may include acting out sexual activity on dolls/toys or in the role play area with their peers, drawing pictures that are inappropriate for a child, talking about sexual activities or using sexual language or words. The child may become worried when their clothes are removed, e.g. for nappy changes.

The physical symptoms may include genital trauma, discharge, and bruises between the legs or signs of a sexually transmitted disease (STD). Emotional symptoms could include a distinct change in a child’s behaviour. They may be withdrawn or overly extroverted and outgoing. They may withdraw away from a particular adult and become distressed if they reach out for them, but they may also be particularly clingy to a potential abuser so all symptoms and signs should be looked at together and assessed as a whole.

Recognition can be difficult, unless the child discloses and is believed. There may be no physical signs and indications are likely to be emotional or behavioural.

Examples of behaviour which may indicate sexual abuse (this is not designed to be used as a checklist)
SAFEGUARDING POLICY AND PROCEDURES

- Sexually explicit play or behaviour or age inappropriate knowledge
- Anal or vaginal discharge, soreness or scratching
- The presence of sexually transmissible infections
- Inability to concentrate, tiredness
- Refusal to communicate, selective mutism
- Thrush or other throat infections
- Persistent complaints of stomach disorders or pain
- Eating disorders
- Attention seeking behaviour
- Aggressive behaviour
- Unusually compliant
- Regressive behaviour
- Enuresis, soiling
- Touching others inappropriately
- Depression, withdrawal, isolation from peer group
- Bruises, scratches etc. in genital area
- Does not trust familiar or particular adult

If a child starts to talk openly to an adult about abuse they may be experiencing; the procedure stated later in this document under ‘recording abuse suspicions’ will be followed.

Procedure:

- The adult should reassure the child and listen without interrupting if the child wishes to talk
- The observed instances will be detailed in a confidential report
- The observed instances will be reported to the nursery manager
- The matter will be referred to ACAS in the local authority.

1.7 EMOTIONAL ABUSE

Action will be taken under this heading if staff members have reason to believe that there is a severe, adverse effect on the behaviour and emotional development of a child, caused by persistent or severe ill-treatment or rejection. Abuse can range from rejecting a child, refusing to show a child love or affection, or deliberately making a child unhappy by continually belittling him/her or verbally abusing him/her.

Action should be taken under this heading if the staff member has reason to believe that there is a severe, adverse effect on the behaviour and emotional development of a child, caused by persistent or severe ill treatment or rejection.

The main features of emotional abuse are:

- Conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.
- Age or developmentally inappropriate expectations being imposed on children
- Interactions that are beyond the child’s developmental capability, as well as overprotection and limitation of exploration and learning
- Preventing the child participating in normal social interaction
- Seeing or hearing the ill treatment of another – this is particularly relevant in respect of domestic violence.
- Serious bullying, causing children frequently to feel frightened or in danger
- The exploitation or corruption of children

This may include extremes of discipline where a child is shouted at or put down on a consistent basis, lack of emotional attachment by a parent, or it may include parents or carers placing inappropriate age or developmental expectations upon them.
The child is likely to show extremes of emotion with this type of abuse. Emotional abuse may be difficult to recognise, as the symptoms are usually behavioural rather than physical. The indicators of emotional abuse are often also associated with other forms of abuse.

Examples of behaviour which may indicate emotional abuse include: (this is not designed to be used as a checklist)

- Over-reaction to mistakes
- Delayed physical/mental/emotional development
- Sudden speech disorders, elective mute/deaf
- Inappropriate emotional responses, fantasies
- Neurotic behaviour, rocking, banging head, regression, tics and twitches
- Fear of parents being contacted
- Running away, compulsive stealing
- Appetite disorders
- Soiling, smearing faeces, enuresis
- A child scapegoated within the family
- Frozen watchfulness, particularly in pre-school children
- Lack of confidence
- Withdrawn or seen as a ‘loner’ – difficulty relating to others

Procedure:

- The concern should be discussed with the manager
- The concern will be discussed with the parent
- Such discussions will be recorded and the parent will have access to such records
- A Common Assessment Framework (CAF) may need to be completed (England only)
- If there appear to be any queries regarding the circumstances, the matter will be referred to the ACAS in the local authority.

1.8 Fabricated Illness

This is also a type of physical abuse. This is where a child is presented with an illness that is fabricated by the adult carer. The carer may seek out unnecessary medical treatment or investigation. The signs may include a carer exaggerating a real illness or symptoms, complete fabrication of symptoms or inducing physical illness e.g. through poisoning, starvation, inappropriate diet. This may also be presented through false allegations of abuse or encouraging the child to appear disabled or ill to obtain unnecessary treatment or specialist support.

1.9 Response from Parents

Research and experience indicates that the following responses from parents may suggest a cause for concern across all four categories of abuse:

- An unexpected delay in seeking treatment that is obviously needed
- An unawareness or denial of any injury, pain or loss of function (for example, a fractured limb)
- Incompatible explanations offered, several different explanations or the child is said to have acted in a way that is inappropriate to his/her age and development
- Reluctance to give information or failure to mention other known relevant injuries
- Frequent presentation of minor injuries
- Unrealistic expectations or constant complaints about the child
- Alcohol misuse or other drug/substance misuse
- Parents request removal of the child from home
- Violence between adults in the household
1.10 RECORDING SUSPICIONS OF ABUSE AND DISCLOSURES

Staff should make an objective record (supported by the nursery manager or Designated Safeguarding Co-ordinator (DSCO)) of any observation or disclosure and include:

- Child's name
- Child's address
- Age of the child and date of birth
- Date and time of the observation or the disclosure
- Exact words spoken by the child
- Exact position and type of injuries or marks seen
- Exact observation of an incident including any other witnesses
- 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.
- Any discussion held with the parent(s) (where deemed appropriate).

These records should be signed by the person reporting this and the *manager/*DSCO/*supervisor, dated and kept in a separate confidential file.

If a child starts to talk to an adult about potential abuse it is important not to promise the child complete confidentiality. This promise cannot be kept. It is vital that the child is allowed to talk openly and disclosure is not forced or words put into the child's mouth. As soon as possible after the disclosure it is vital details are logged down accurately.

It may be thought necessary that through discussion with all concerned the matter needs to be raised with ACAS and *Ofsted/*CSSIW, and/or a CAF needs to be initiated. Staff involved may be asked to supply details of any information/concerns they have with regard to a child. The nursery expects all members of staff to co-operate with ACAS and *Ofsted/*CSSIW in any way necessary to ensure the safety of the children. Staff must not make any comments either publicly or in private about a parent's or staff's supposed or actual behaviour.

1.11 INFORMING PARENTS

Parents are normally the first point of contact. If a suspicion of abuse is recorded, parents are informed at the same time as the report is made, except where the guidance of the LSCB does not allow this. This will usually be the case where the parent or family member is the likely abuser, or where a child may be endangered by this disclosure. In these cases the investigating officers will inform parents.

All staff members must remember that we are committed to working in close partnership with parent's/carers and therefore it is our policy to inform them first of any concerns we may have, unless the child will be put at risk. It is important to remember that the child’s welfare is paramount. This will be done by contacting the Local Safeguarding Children's Board.

This must always be done in a tactful and confidential manner and in no circumstances should staff make any judgement or accusation towards that parent/carer. Always concentrate on the facts and give clear reasons as to why there is a concern.

1.12 CONFIDENTIALITY

All suspicions, enquiries and external investigations are kept confidential and shared only with those who need to know. Any information is shared under the guidance of the LSCB (Local Safeguarding Children’s Board).

1.13 SUPPORT TO FAMILIES

The nursery takes every step in its power to build up trusting and supportive relations among families, staff and volunteers within the nursery.
The nursery continues to welcome the child and the family whilst enquiries are being made in relation to abuse in the home situation. Parents and families will be treated with respect in a non-judgmental manner whilst any external investigations are carried out in the best interests of the child.

Confidential records kept on a child are shared with the child's parents or those who have parental responsibility for the child, only if appropriate under the guidance of the LSCB with the proviso that the care and safety of the child is paramount. We will do all in our power to support and work with the child's family.

1.14 Referral Procedures and Contacts

It is the responsibility of the Nursery or Deputising Managers, once a concern has been reported, to assess the potential risk the child may be facing, and the action that needs to be taken e.g. immediate referral or monitoring and recording.

Where a member of staff or manager/deputy is sufficiently concerned, they must contact the local Advice Contact and Assessment Service. See section 10.20.

1.15 Staff Recruitment and Deployment

Head teachers, managers and school governors should receive training on how to ensure that interviews to appoint staff reflect the importance of safeguarding children. From a date to be agreed, no interview panel to appoint staff working in schools (nurseries) should be convened without at least one member being properly trained. The relevant inspection bodies should, as part of their inspection, review the existence and effectiveness of a school’s / childcarer's selection and recruitment arrangements.

Bichard Inquiry – June 2004

It is the policy of the nursery to provide a secure and safe environment for all children. The nursery will therefore not allow an adult to be left alone with a child who has not received their enhanced CRB disclosure clearance.

All staff will attend child protection training within their first six months of employment, and receive initial basic training during their induction period. This will include the procedures for spotting signs and behaviours of abuse and abusers, recording and reporting concerns and creating a safe and secure environment for the children in the nursery.

We have named officers within the nursery that co-ordinates child protection and welfare issues. The nursery DSCO’s undertake specific training and accesses regular updates to developments within this field. The Designated Safeguarding Co-ordinators (DSCO) at the nursery are Bridget Kyffin-Walton and Kirsty Weeks.

- We provide adequate and appropriate staffing resources to meet the needs of children
- Applicants for posts within the nursery are clearly informed that the positions are exempt from the Rehabilitation of Offenders Act 1974. Candidates are informed of the need to carry out checks before posts can be confirmed. Where applications are rejected because of information that has been disclosed, applicants have the right to know and to challenge incorrect information
- All enhanced CRB disclosures checks will be updated on a regular basis to ensure the suitability of the adults caring for the children
- We will ensure that we have comprehensive information of any member of staff who has regular contact with a person convicted of a criminal offence or who has an unsafe CRB or who is registered on the Sex Offenders Register.
- We abide by *Ofsted/*CSSIW requirements in respect of references and suitability checks for staff and volunteers, to ensure that no disqualified person or unfit person works at the nursery or has access to the children.
• We ensure we receive at least two written references BEFORE a new member of staff commences employment with us.
• All students will have enhanced CRB disclosures conducted on them before their placement starts.
• We will ensure that staff complete a status check each year which will validate information held about them to include criminal convictions, cautions, warnings or other activities since the CRB was conducted at the induction stage.
• Volunteers, including students, do not work unsupervised.
• We abide by the Safeguarding Vulnerable Groups Act (2006) requirements in respect of any person who is dismissed from our employment, or resigns in circumstances that would otherwise have led to dismissal for reasons of child protection concern.
• We have procedures for recording the details of visitors to the nursery and take security steps to ensure that we have control over who comes into the nursery, so that no unauthorised person has unsupervised access to the children.
• All contractors/external workers will be enhanced CRB checked and the manager will request this before allowing them access to the nursery. All visitors/contractors will still be accompanied whilst on the premises, especially when in the areas the children use.
• All staff have access to a whistleblowing policy which will enable them to share any concerns that may arise about their colleagues in an appropriate manner.
• All staff will receive regular supervision meetings where opportunities will be made available to discuss child protection training and any needs for further support.
• The deployment of staff within the nursery allows for constant supervision and support. Where children need to spend time away from the rest of the group, the door will be left ajar or other safeguards will be placed into action to ensure the safety of the child and the adult.

When recruiting staff and volunteers, we will ask specific questions in their application form about the following:
• Any criminal record which is followed up with a CRB check.
• If the candidate has or is having regular contact with someone who has a criminal record or is or has been placed on the Sex Offenders Register.
• Whether they are known to social services for any reason to say they cannot work with children.
• The names and address of two people, not relatives, who will provide references that comment on the applicant’s previous work with other children.

Staff have an on-going obligation to keep the nursery informed of any changes to their suitability to work with children throughout their employment. Every 12 months the nursery will conduct a status check of every employee and contractor in the nursery to ensure that any changes to circumstances have been considered.

**Good Staffing Practice**

• We will ensure that staff are not left alone with children for any length of time.
• Children will be under supervision of more than one adult.
• Staff who have not been police checked (CRB), and we have not received their CRB disclosure form, will not be left alone with the children. They will not be able to take the children to the toilet, change a child’s nappy, or to open the door to any parents or visitors.
• Staff will be given constant support about any concerns they may have. Training opportunities for all staff involved in the setting, including an induction procedure.
• Staff will discuss with all children that they have the right to say no, and that they must always say “no” to strangers.
• Outside agencies will be brought in regularly to talk to children about being safe.
1.16 ALLEGATIONS AGAINST STAFF AND OTHERS

Nursery staff, because of their daily contact with children are particularly vulnerable to accusations of abuse. Their relationships with children may lead to allegations being made against them by children, colleagues or adults with parental responsibilities.

What is an 'allegation'? An 'allegation' refers to any information or concern which suggests an adult who works with children has:

- Behaved in a way that has harmed, or may have harmed, a child;
- Possibly committed a criminal offence against, or related to, a child: or
- Behaved in a way that indicates s/he is unsuitable to work with children.

An allegation can arise in connection with your work, your own children or other children living outside the family, and can relate to a current or historical concern. An allegation can be made in a number of ways:

- Directly by the child in person;
- Indirectly, for example by friend/s of the child;
- Complaint from a parent/carer to a Manager, Children’s Social Care or the Police;
- Report from a colleague or another agency;
- Anonymously.

What happens when an allegation is made? All allegations are taken seriously and acted upon. The management of allegations sits within an effective cycle of good practice which exists both to protect children and those who work with them. When an allegation is made the Manager will refer to the Local Authority Designated Officer* (LADO), who has overall responsibility for the management of allegations. Together they will consider the nature, content and context of the allegation and agree the course of action to be taken.

Local Authorities are required to designate officers to be involved in the management and oversight of individual cases – this person is known as the ‘Local Authority Designated Officer’ (LADO). The LADO provides advice and guidance, liaises with the Police, Social Care Teams, regulatory bodies such as Ofsted and other organisations as needed and ensures a consistent, fair and thorough process for both child and adult.

Any allegation that meets the threshold for ‘harm’ or ‘risk of harm’ will be reported to police and social care for investigation. Investigations may have three related, but independent, strands:

- Enquiries and assessment by children’s social care regarding whether a child is in need of protection or in need of services;
- A police investigation into a possible criminal offence;
- Consideration by the employer of whether disciplinary action is necessary.

These three strands need to be thoroughly assessed and a definite conclusion reached on each of them. To ensure this happens, a ‘Strategy Meeting’ will take place to plan any enquiries, allocate tasks and set timescales. The meeting’s primary focus is on safeguarding and promoting the welfare of the child, but it’s also about ensuring a fair process for you, as the adult. It will consider not only the children directly involved in the allegation but also any other children who could have suffered, or are at risk of suffering, harm. This could include your own children.

Procedure for dealing with the allegation

The procedures to be followed, including when the alleged abuser is a volunteer or student, are as follows:
Always stop and listen straight away to someone who wants to tell you about incidents or suspicions of abuse. If the time and place is inappropriate arrange a suitable time and place as soon as possible.

If you can, write brief notes of what they are telling you while they are speaking (these may help later if you have to remember exactly what was said); keep your original notes, however rough.

Never make a promise that you will keep what is said confidential or secret. If you are told about abuse you have a responsibility to report it so that action can be taken. Give reassurance that only those who need to know will be told.

Do not ask leading questions that might give your own ideas of what might have happened (e.g. “Did he do X to you?” - just ask, “What do you want to tell me?” or “Is there anything else that you want to say?”

Immediately tell the Designated Safeguarding Representative – A member of staff must make a detailed written note of allegations of abuse, and pass this directly to the Designated Person as quickly as possible and certainly within twenty-four hours, since any reports to the LADO will be required by then. The Designated Person will consult with other colleagues as appropriate and a course of action will be decided upon.

If an allegation is made against the Designated Safeguarding Representative, or a member of the Management Team then the Proprietor must be informed immediately. If an allegation is made against the Proprietor, the Nursery Manager must be informed immediately.

Discuss with the Designated Safeguarding Representative whether any steps need to be taken to protect the person who has told you about the abuse.

Never attempt to carry out an investigation of suspected or alleged abuse by interviewing people etc. Social services and police staff are the people trained to do this. You could cause more damage and spoil possible criminal proceedings.

If the complaint is considered to be sufficiently serious, i.e. the allegation is that a member of staff or volunteer has
(a) behaved in a way that has harmed a child, or may have harmed a child;
(b) possibly committed a criminal offence against or related to a child; or
(c) behaved towards a child or children in a way that indicates he or she would pose a risk of harm if they worked regularly or closely with children (e.g. sexual or physical abuse, criminal acts or gross misconduct) then the Designated Safeguarding Representative must refer the matter to LADO as soon as possible (and certainly within 24 hours) and their guidance is followed next.

Suspension of the staff member in question should not be a default response to an allegation; it should be used only if there is no reasonable alternative. Suspension may be appropriate where:

- A child or children are at risk
- Allegations are so serious that dismissal for gross misconduct is considered
- Suspension will allow the investigation to proceed unimpeded

Allegations found to be malicious should be removed from personnel records. Records of all others must be kept but any that are not substantiated, are unfounded or malicious should not be referred to in employer references.

1.17 When a Child Makes an Allegation

When a child makes an allegation it is important for the staff not to be judgmental in any way. Our guidelines for dealing with the situation are:

- Reassure the child, telling them that you are glad they have told you about this.
- Believe the child. Telling them you will do your best to protect them, but do not promise that you can keep them safe or keep their secret.
- Remember the child is not to blame. It is important that you make the child understand this.
- Do a lot of listening. Don’t ask leading questions.
- Report your conversations with the child to the Nursery Manager/Deputy.
- Record the information in the child protection incident book or on a referral form. These are kept confidential in the office for the manager to complete.
SAFEGUARDING POLICY AND PROCEDURES

Depending on the severity of the case we would either, discuss with parents/carers or contact the local Advice Contact and Assessment Service. The disclosure would be monitored and assessed. Inform Ofsted.

If an allegation were to be made against a member of staff, we will ensure that the following procedures are put in place:

- Interviews would be conducted with the person making the complaint, the staff member in question and other staff members.
- If such allegations were made against a member of staff, this is reported to the Manager who will decide the necessary actions, which may include the suspension of the staff member during the investigation. This is not an indication that the alleged incident has taken place, but is to protect staff as well as children and families throughout the process.
- Any action would depend on the findings of the investigation. If the complaint is found to be invalid, the staff member would be reinstated. If it is found to be valid, the staff member would be dismissed and OFSTED and the Local Safeguarding Children’s Board would be immediately informed of the matter. Full co-operation will be given by any investigations carried out by social services.

1.18 UNEXPLAINED ABSENCES OF CHILDREN ON THE CHILD PROTECTION REGISTER

The Designated Person must notify LADO if there is an unexplained absence of more than two days of a pupil who is on the child protection register. In such a case, where the child is not in the nursery as expected, contact is made as soon as possible to find out what explanation is given for absence. Depending on the response received, a referral will be made more urgently.

When an allegation is made against a member of staff the Local Authority Designated Officer, LADO, should be the first point of contact and then Ofsted. Brighton and Hove have recruited a new full time LADO, Darrel Clews, who can now be contacted on 01273 295643 or darrel.clews@brighton-hove.gov.uk. We will keep you informed of any further changes.

Contact Details

Advice, Contact & Assessment Service
Whitehawk Community Hub and Library
179A Whitehawk Road
Brighton
BN2 5FL.

Telephone 295920
Fax 295910
e-mail ACAS@brighton-hove.gcsx.gov.uk

This new Service combines roles and functions that were previously discharged by the Children’s Social Care Referrals & Assessment Team in each of the Area Teams.

Emergency out of hours number: 01273 335906/05

Sussex Child Protection and Safeguarding Procedures
www.proceduresonline.com/pansussexls cb

To book on the FREE LSCB Working Together to Safeguard Children

Part 1: Developing a Core Understanding
Part 2: Assessment, Referral and Investigation
Part 3: Child Protection Conference and core Groups

Go to www.brightonandhovelscb.org.uk/proftraining.html or email keara.nazar@brighton-hove.gov.uk
1.19 **STAFF RESPONSIBILITIES**

All staff at The Wishing Tree are responsible for:

- Recognising and responding to any signs of abuse.
- Responding to any child allegations.
- Acting on concerns about the conduct of colleagues/volunteers.
- Acting on any suspicions of abuse.

On being alerted to any suspicions:

- Record your findings and information accurately.
- Report your concerns to Bridget and Vicky without delay.
- If the manager/deputy manager supervisor Bridget or Vicky are under any suspicion of any abuse, staff need to contact the Local Safeguarding Children’s Board for advice.

All staff will attend child protection training; this will be updated every two years to allow us to update our policy.

1.20 **COLLECTION PROCEDURES:**

The nursery has a duty of care to ensure that children are only handed over to authorised collectors such as parents/carers, friends and relatives. At collection time the nursery reserves the right not to hand over the child if we believe that the person collecting is not in a fit state to safely take charge of the child. Circumstances where this may occur include collectors who are under the influence of alcohol or drugs, displaying violent behaviour or where the nursery believes that the child is at risk.

The procedure to follow when questioning a parent’s right to collect:

- Staff should not let the child go with the parent/carer.
- Staff need to contact the manager/deputy manager.
- The manager/deputy manager must assess the situation.
- Talk to the parent/carer about the situation, explain why you are not happy.
- Call emergency contacts if necessary.
- If emergency contacts can’t be reached then call the Local Safeguarding Children’s Board for advice, while staying with the child at all times.

1.21 **INTIMATE CARE GUIDELINES**

The nursery’s Intimate Care Guidelines have been developed to safeguard children and staff and they apply to everyone involved in the intimate care of children.

- Every child has the right to personal privacy.
- Every child has the right to be treated with dignity and respect.
- Every child has the right to be involved and consulted in their own intimate care to the best of their abilities.
Every child has the right to express their views on their own intimate care and to have such views taken into account.

Every child has the right to have levels of intimate care that are as consistent as possible.

Disabled children can be especially vulnerable. Staff involved with their intimate care need to be sensitive to their individual needs. Nursery staff need to be aware that, albeit in exceptionally rare circumstances, some adults may use intimate care as an opportunity to abuse or behave inappropriately with children. It is important to bear in mind that some care tasks/treatments can be open to misinterpretation. Adhering to these guidelines of good practice will safeguard children and staff. The policy applies to all personnel (including bank and agency staff) who are involved in the direct care of children.

The understanding of what is intimate care may vary within diverse cultures, so staff members need to be aware of any cultural specifics that might impact upon the care that we normally provide. The nursery practitioner can clarify this with the parents in the first instance, and to answer further queries the practitioner should seek advice from the Nursery or Deputising Managers. Intimate care can include:

- Feeding
- Oral care
- Washing
- Dressing/undressing
- Toileting and nappy changing
- Supervision of a child involved in intimate self-care.
- Applying/renewing dressings to intimate parts of the body

Parents have a responsibility to advise staff of the intimate care needs of their child, which must be documented in the child’s individual care plan.

### 1.22 Working with Children of the Opposite Sex

There is a positive value in both male and female staff being involved with children and the nursery has produced the following guidelines to assist staff in understanding the principles:

Ideally, every parent/carer/child should be involved in the choice of Practitioner for all their intimate care.

The individual child’s safety, dignity and privacy are of paramount importance.

The intimate care of boys/girls can be carried out by a member of staff of either sex with the following provisions:

- Where a parent or carer has specifically requested that certain activities only be provided by a particular Practitioner or gender of staff, these wishes will be detailed in the Care Plan and posted in the relevant room with a file copy kept in the office.
- Where a recognised agency has specifically intervened and stipulated that a child must be looked after by a particular practitioner or gender of staff, these wishes will be detailed in the Care Plan and posted in the relevant room with a file copy kept in the office.
- When intimate care is being carried out, all children have the right to dignity and privacy i.e. they should be appropriately covered, the door closed or screens put in place.
- If the child appears distressed or uncomfortable when personal care tasks are being carried out, the care should stop immediately. Try to ascertain why the child is distressed and provide reassurance.
- When intimate personal care has been required and a member of staff of the same gender has been requested and is not available, this must be brought to the attention of the person in charge as soon as possible. Parents and carers must be informed before the intimate care activity has taken place, where practicable.
SAFEGUARDING POLICY AND PROCEDURES

- Where immediate care has to be provided that does not conform to the parents’ wishes as detailed in the Care Plan, this must be recorded in the child’s records stating date; time; care given; why the care had to be given and why a member of the chosen gender was not available. The parents will be informed of such an instance.

In instances where a parent or carer has requested that a particular member of staff or gender of staff perform certain activities, other members of staff will be informed and a full explanation given. Naturally, any confidentiality will be observed. Furthermore, the nursery will ensure that practitioners’ employment rights are not infringed.

1.23 PHOTOGRAPHS OF CHILDREN

The use of photographic images of pupils in publications and on the nursery website is covered under the Data Protection Policy.

The nursery will not publish photographs of individual children with their names without the express agreement of the appropriate individual. Permission is sought and gained from parents when their child(ren) enters the nursery in the form of a consent form.

1.24 STAFF RECOGNISED AS UNSUITABLE TO WORK WITH CHILDREN

Any person who is released from the nursery’s services because he or she has been deemed unsuitable to work with children must be reported to the Independent Safeguarding Authority(ISA). Reports must be made within one month of the person’s leaving the nursery and provide as much detailed evidence of the case as possible. Reports could be made in (but are not limited to) the following cases: dismissal; non-renewal of a fixed-term contract; refusal to employ or discontinued use of a member of staff employed by a contractor, a supply practitioner from an employment agency, or a volunteer; placement termination of a student or other trainee; or resignation (and voluntary withdrawal).

Independent Safeguarding Authority
PO Box 181
Darlington DL1 9FA
(0300 123 1111)

1.25 LINKS WITH OTHER POLICIES

Child Safeguarding and Protection issues overlap with procedures addressed in other policies such as

- Behaviour Management
- Phone, Camera and Media Policy
- Nappy Changing and Toilet Procedures
- Arrivals and Departures.
- Separated Family
- Special Education Needs
- Sleeping Children
- Code of Conduct
- Confidentiality
- Whistleblowing
- Recruitment of Staff
- Recruitment and Induction
- Keyperson
- Health and Safety
- Allegations Against Staff
- Equal Opportunities and Diversity
- Special Needs
- Medicine
- Complaints and Concerns
• Late Collection
• Missing Child
• Emergency Evacuation
• Nappy Changing
• Admissions
• Observation, Assessment and Planning
• Care Plan
• Partnership with Parents
• Risk Assessments
• Accidents and Incidents
• Transition
• CEYC Safeguarding Audit

1.26 ADVICE CONTACT AND ASSESSMENT SERVICE

The new ‘front door’ to services - what is it?

From Monday 26 September 20II, the new Advice, Contact and Assessment Service will provide a new route for members of the public and professionals to obtain advice and information about services from children and young people who are vulnerable and at risk. Contact details can be found at the end of this document.

It will help Social Work practitioners to deliver the right help to the right children and young people at the right time and maintain the development and implementation of integrated working arrangements across Brighton and Hove partner agencies. This is the Supporting Families Pathway.

What's different?

This new Service combines roles and functions that were previously discharged by the Children's Social Care Referrals & Assessment Team in each of the Area Teams. There will be one phone number and one team responding to all incoming enquiries regardless of the age of the child or the nature of the concern.

What does the new service do?

As a children's services practitioner, if you have a concern about a child or young person, you will be able to use the new ‘front door’ to:

• Receive advice and information about tier 2 services that might assist;
• Receive advice and support with making best use of local integrated working arrangements, including the use of the Common Assessment Framework (CAF) and undertaking the Lead Practitioner role;
• Discuss concerns about a child or young person and work out which service might be best placed to address those concerns in a timely and proportionate way;
• Assist with brokering help and support for vulnerable children at tier 2.
• If you have concerns that a child or young person is at risk of significant harm:
• If you are concerned that a child is at risk of significant harm, you should contact the new ‘front door’ service.

The ‘front door’ service will:

• Deliver a fast track response to child protection concerns - undertaking child protection investigations under s.47 C&YP Act 1989, including the completion of core assessments; and taking immediate protective action, as necessary;
• Undertake initial and/or core assessments of need in more complex cases. Following assessment and planning it will transfer appropriate cases to the Children in Need Team.
Any safeguarding issues should be reported through the ACAS helpline.

1.27 LOCAL CHILD SAFEGUARDING BOARD – BRIGHTON AND HOVE

The Children Act 2004 places a duty on every local authority to establish a Local Safeguarding Children Board (LSCB). The core objectives of the LSCB are to:

- coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area of the authority
- ensure the effectiveness of what is done by each such person or body for that purpose

Brighton & Hove’s LSCB consists of senior representatives from statutory and voluntary sector agencies in accordance with Working Together 2010 as follows:

- Brighton and Hove City Council
- Children and Young People's Trust
- Adult Social Services
- Education Services
- Youth Offending Services
- Sussex Police
- Surrey & Sussex Probation Trust
- South East Coast Strategic Health Authority
- NHS Brighton and Hove
- Brighton & Sussex University Hospitals NHS Trust
- South Downs Health NHS Trust
- Sussex Partnership NHS Foundation Trust
- South East Coast Ambulance
- Community and Voluntary Sector Forum
- CAFCASS
- NSPCC

The LSCB has a comprehensive web site which provides information on a wide range of safeguarding issues at http://www.brightonandhovelscb.org.uk/index.html.

Any safeguarding issues should be reported through the ACAS helpline.
1.28 **THE ROLE OF THE LADO (LOCAL AUTHORITY DESIGNATED OFFICER)**

A total number of 12,086 of allegations of abuse were referred to LADOS across the 116 LAs responding to our survey between 1 April 2009 and 31 March 2010. This compares with a weighted total of approximately 8,000 allegations emerging from the previous 2007 DCSF survey.

(York Consulting LLP – 2012)

The LADO is appointed by the Brighton and Hove LCSB and should be referred to in all cases where it is alleged that a person who works with children or young people has:

- Behaved in a way that has harmed a child or may have harmed a child
- Possibly committed a criminal offence against, or related to, a child; or
- Behaved towards a child or children in a way that indicates s/he is unsuitable to work with children

Initial contact should be made through the ACAS help desk.

The LADO key responsibilities include:

- Management and oversight of individual cases from all partner agencies of the Brighton and Hove Safeguarding Children Board if the allegation meets the thresholds laid out in the guidance
- Providing advice and guidance to senior managers
- Monitoring the progress of cases to ensure they are dealt with within agreed timescales
- Ensuring a consistent and thorough process for all adults working with children and young people against whom allegations are made
- Liaising with police and the Crown Prosecution Service
- Discussing with senior managers the possibility of referral to the Protection of Children Act list or to the appropriate regulatory body

The LADO assigned to our nursery as of October 2012 is:

Darrel Clews  
Local Authority Designated Officer  
Safeguarding Team, Children’s Services  
Room 310A, 3rd Floor, Kings House  
Grand Ave  
Hove  
BN3 2SL  
01273295643  
07795335879  
Darrel.Clews@brighton-hove.gov.uk

1.29 **THE INDEPENDENT SAFEGUARDING AUTHORITY**

The Independent Safeguarding Authority’s (ISA) role is to help prevent unsuitable people from working with vulnerable groups including children.

Referrals are made to the ISA when an employer or an organisation, for example, a regulatory body, has concerns that a person has caused harm or poses a future risk of harm to vulnerable groups including children. In these circumstances the employer or regulatory body must make a referral to the ISA. The range of organisations who are able to make referrals include:

- Regulated activity providers;
- Personnel suppliers;
• Local authorities;
• Education and Library Boards;
• Health and Social Care (HSC) bodies;
• Keepers of Registers named in the legislation; and
• Supervisory authorities named in the legislation.

Additionally the ISA can take referrals from members of the public. However as we do not have investigatory powers we will always advise any individual considering making such a referral to first contact the police and/or the relevant local authority’s children and adults safeguarding team or social services within a Health and Social Care Trust in Northern Ireland. The police and/or local authority will conduct an investigation. Following an assessment of the evidence, the information may then be sent as a referral to the ISA for consideration.

The ISA can be contacted through its website [www.isa.homeoffice.gov.uk](http://www.isa.homeoffice.gov.uk/).

### 1.30 The Common Assessment Framework

The CAF is a shared assessment tool for use across all children’s services and all local areas in England. It aims to help early identification of need and promote co-ordinated service provision.

**What does the Common Assessment Framework consist of?**

- A simple pre-assessment checklist to help practitioners decide who would benefit from a common assessment.
- A three-step process (prepare, discuss, deliver) for undertaking a common assessment, to help practitioners gather and understand information about the needs and strengths of the child, based on discussions with the child, their family and other practitioners as appropriate.
- A standard form to help practitioners record, and, where appropriate, share with others, the findings from the assessment in terms that are helpful in working with the family to find a response to unmet needs.

**Why do we need common assessments?**

- To give all practitioners working with children and young people a holistic tool for identifying a child’s needs before they reach crisis point and a shared language for discussing and addressing them.
- To ensure important needs are not overlooked and reduce the scale of assessments that some children and young people undergo.
- To provide a common structure to record information and facilitate information sharing between practitioners.
- To provide evidence to facilitate requests to involve other agencies, reducing unnecessary referrals and enabling specialist services to focus their resources where they are most needed.

**What are the levels of children’s need?**

**Level 1 – Low to vulnerable need**

Children with low level additional needs that are likely to be short-term and that may be known but will not be met unless additional support e.g. a team around the Family (TAF) is provided.

**Level 2 – Vulnerable to complex need**

Children with moderate to high level additional/unmet needs likely to require a Team around the Family (TAF) or longer term intervention from statutory/specialist services.

**Level 3 – Complex to acute need**

Children with Complex additional unmet needs and/or acute urgent situations of concern or risk.

**Which agencies provide support?**
- Integrated youth support services
- Child Development and Disability Service
- SEN services
- Specialist health or disability services
- Youth offending service/provision of targeted drug and alcohol work
- Specialist and community CAMHS
- Children’s centres, Presens, Speech and language services and Nursery providers
- Educational psychologists, educational welfare and School nurses
- Voluntary and community services
- Triple P level 4 - group and individual

Concerned about a child?

If you have a concern about a child you should first approach the Manager or the Safeguarding Representative within the Nursery. We will work with the LADO on deciding how to proceed. Together we will need to identify whether what we have seen or heard represents a risk of:

- significant impairment to health and development of the child - a section 17 referral
- or a risk of significant harm to the child – a section 47 referral.

If a common assessment is in place in conjunction with the LADO, we will contact the Lead Professional and share our concerns. Concerns will become a part of the Common Assessment Framework (CAF) process. Staff could be asked to support the multi-agency team around the child in delivering the plan that will support the needs of, and improve outcomes for, the child and family.

If a common assessment is not in place in conjunction with the LADO, we will contact the Common Assessment team and identify our concerns. The CA team will name an Integrated Processes Co-ordinator (IPC) who will advise us on the next steps. We may be asked to support the initiation of a CAF or initiate a CAF ourselves.

Initial contact should be made through the ACAS helpline.

1.31 Accident or Existing Injury Record

See over
The Wishing Tree Nursery, 14 Carden Avenue, Brighton, BN1 8NA  (t) 01273 551515

Accident or existing injury record:

<table>
<thead>
<tr>
<th>Child's name:</th>
<th>.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of accident/incident:</td>
<td>Date reported:</td>
</tr>
<tr>
<td>Key Person:</td>
<td>Key Person informed: YES / NO</td>
</tr>
<tr>
<td>What happened?</td>
<td></td>
</tr>
<tr>
<td>Treatment?</td>
<td></td>
</tr>
</tbody>
</table>

Name of adult making record:

Staff signature:

Witness signature (if applicable):

Parent’s / Carer’s signature