



WESTSIDE DAY NURSERY

Westside Day Nursery is part of a group of settings in the City of Hull.

This child protection policy was adopted by Westside Day Nursery Director

Author	Approved By	Authorised By	Revision No.	Valid From
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This document has been electronically approved; hence it contains no signature(s).

Westside Day Nursery has a responsibility to protect and safeguard the welfare of children and young people they encounter. The need for guidelines and procedures is important to ensure that this is done with understanding and clarity.

The person with lead responsibility for safeguarding within the setting is the Manager and Deputy Manager.

The lead for safeguarding has completed additional training to fulfil this role

- Safeguarding Children - A Shared Responsibility - Awareness, Recognition & Responses
- Safeguarding Thresholds Training
- Safeguarding Children - A Shared Responsibility - Working Together Effectively - Processes, Principles and Dilemmas

All staff and volunteers should be made aware of this policy and be able to demonstrate an understanding of their responsibilities for safeguarding and promoting the welfare of children, including how to respond to any child protection concerns and how to make a referral to local authority children's social care or the police if necessary. Staff and volunteers are made aware of this information by the following ways:

- Staff induction
- Regular supervision meetings
- Staff meetings
- Information / flow charts displayed in staff room
- Regular Safeguarding training by the LSCC
- Student handbook

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1. Safeguarding and promoting the welfare of children

Defined for the purposes of this guidance as:

- protecting children from maltreatment.
- preventing impairment of children's health or development.
- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and
- taking action to enable all children to have the best life chances.

2. Children

Anyone who has not yet reached their 18th birthday. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, does not change his/her status or entitlements to services or protection.

3. Early Help

Children and their families will experience a range of needs at different times in their lives. All children require access to high-quality universal services (such as schools, health visitors and nurseries), but some will also benefit from additional support. In Hull this support is called Early Help. All members of staff should use the threshold document to make a decision of what support is needed. This is available in each room and in the staff room. (See appendix 3)

Within the threshold, if it is deemed that the family need support from universal services (green) or additional support (yellow) then the Hull Early Help Requests for Additional Support Form will be completed. If further support is needed i.e., targeted early help support (orange) or specialist support (red) then the Ehash referral form will need to be completed.

"Providing early help is more effective in promoting the welfare of children than reacting later.

Early help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years. Early help can also prevent further problems arising; for example, if it is provided as part of a support plan where a child has returned home to their family from care, or in families where there are emerging parental mental health issues or drug and alcohol misuse." (Working Together to Safeguard Children 2018).

From the perspective of a child, it is clearly best to receive help before they have any, or have only minor, adverse experiences.

In Hull, Locality Early Help hubs offer a range of support for practitioners who need advice, guidance or a short intervention when working with children and families who need additional support.

All staff and volunteers should understand the importance of intervening early, before and problems become entrenched, and know how to access additional support for children, young people and families through the Early Help Hubs.

The consent of parents / carers (and children depending on their age and understanding) should always be sought before making a request for a service to the Early Help Hubs.

If at any time the concerns about the child become more serious, they should be referred to Ehash (See Section 7)

4. Child Protection

Part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

5. Definitions of harm

Abuse

A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g., via the internet). They may be abused by an adult or adults, or another child or children.

Physical abuse

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

Emotional abuse

The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including online bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Sexual abuse

Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation,

kissing, rubbing, and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Neglect

The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy because of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: provide adequate food, clothing, and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate caregivers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

This is not an exhaustive list, and it must be recognised that it is not the role of staff / volunteers to assess whether children or young people have suffered harm. Staff / volunteers / child protection co-ordinator do have a duty to report any concerns about harm in accordance with the Hull Safeguarding Children Board, Procedures and Practice Guidance.

Other specific sources of harm

Staff / volunteers also need to be aware of other specific sources of harm which may include [Female Genital Mutilation \(FGM\)](#), [Radicalisation](#), [Breast ironing](#) and [Child Sexual Exploitation \(CSE\)](#). For a more comprehensive list of specific sources of harm, please refer to the practice guidance in HSCB guidelines and procedures <http://hullscb.proceduresonline.com>

6. Recognition of harm

Everybody working with children and families must be alert to the needs of children and any risks of harm - including to unborn children, babies, older children, young carers, children who are disabled, those with special educational needs, are living away from home or are Looked After by the local authority. All staff and volunteers should be able to recognise, and know how to act upon, evidence that a child's health or development is being impaired or that the child is suffering or is likely to suffer significant harm.

The harm or potential harm to a child may come to your attention in a number of possible ways.

- Information given to you by the child, his/ her friends, a family member, or close associate.
- The child's behaviour may become different from the usual, be significantly different from the behaviour of their peers, be bizarre or unusual or may involve 'acting out' a harmful situation in play.
- An injury which arouses suspicion because.

- It does not make sense when compared with the explanation given.
- The explanations differ depending on who is giving them (e.g., differing explanations from the parent / carer and child).
- The child appears anxious and evasive when asked about the injury.
- They are a pre-mobile baby with bruising.
- Suspicion being raised when several factors occur over time, for example, the child fails to progress and thrive in contrast to his/her peers.
- A young person having contact with an individual or individuals who have been identified as presenting a risk or potential risk of harm to children.
- The parent's behaviour before the birth of a child may indicate the likelihood of significant harm to an unborn child, for example substance misuse, or previous children removed from their careers.

Young carers

Children and young people under 18 who provide or intend to provide care assistance or support to another family member are called young carers. They carry out on a regular basis, significant or substantial caring tasks and assume a level of responsibility, which would usually be associated with an adult. The person receiving care is often a parent but can also be a sibling, grandparent or other relative who is disabled, has some chronic illness, mental health problem or other condition connected with a need for care support or supervision. Young carers can be particularly vulnerable and, under the Children and Families Act (2014) are entitled to an assessment of their own needs by the local authority.

7. Acting on concerns

No professional should assume that someone else will pass on information which they think may be critical to keeping a child safe. If a professional has concerns about a child's welfare and believes they are suffering or likely to suffer harm, then they have a responsibility to share the information with local authority children's social care. (Working Together to Safeguard Children 2018) (For more information about information sharing and effective communication see appendices 1 and 2)

Seeking Medical Attention

If a child has a physical injury, and there are concerns about abuse, medical attention should be sought immediately by telephoning for an ambulance, attending the Emergency Department or Minor Injury Unit (depending on the severity of the injury). The procedures for referring a child to EHASH should then be followed.

Any safeguarding concerns should be shared with the Ambulance staff / Medical and Nursing staff in order that they can appropriately assess and treat the child and share relevant information.

Contacting emergency services for urgent medical treatment must not be delayed for any reason. A copy of the procedure for contacting the emergency services is displayed on the wall next to the telephone.

Managing a disclosure

- Listen to what the child has to say with an open mind.
- Do not ask probing or leading questions designed to get the child to reveal more.
- Never stop a child who is freely recalling significant events.
- Make note of the discussion, taking care to record the timing, setting and people present, as well as what was said.
- Do not ask children to write a statement.
- Never promise the child that what they have told you can be kept secret. Explain that you have responsibility to report what the child has said to someone else.
- The designated lead for child protection within your organisation must be informed immediately.

8. Referring concerns about a child

The designated safeguarding lead will act on behalf of **Westside Day Nursery** in referring concerns or allegations of harm to Local Authority Access and Assessment Team or the Protecting Vulnerable People Unit. In the case of it being out of hours the Immediate Help Team should be contacted.

If the designated safeguarding lead is in any doubt about making a referral it is important to remember that advice can be sought from the Ehash Team. The name of the child and family should be kept confidential at this stage and will be requested if the enquiry proceeds to a referral.

It is not the role of the designated safeguarding lead to undertake an investigation into the concerns or allegation of harm. It is the role of the designated safeguarding lead to collate and clarify details of the concern or allegation and to provide this information to the Ehash team, or Locality Team if Children's Social Care is already involved, whose duty it is to make enquiries in accordance with Section 47 of the Children Act 1989.

Consent

Issues of consent should always be considered.

Before making a referral, parents/carers must be informed that you are contacting Ehash/Early Help - including the reasons for you doing this - and be asked to give consent to the referral being made. This includes protecting a child from Significant Harm.

There are circumstances when it may appropriate to dispense with the requirement to obtain consent to share information; this includes when:

- Discussion with the parents/ carers could place the child or other family members at risk.
- The child is in immediate danger (e.g., requires medical attention)
- Discussion with parents / carers may place you or another member of staff at risk

It should be noted that when parents, carers or child may not agree to information being shared, but this does not prevent professionals from being able to make a referral where child protection concerns persist. When sharing information without consent it is important to record why any such decision has been made.

Preparing to Discuss Concerns about a Child with Children's Social Care

Try to sort out in your mind the why you are worried, is it based on:

- What you have seen.
- What you have heard from others.
- What has been said to you directly.

Try to be as clear as you can about why you are worried and what you need to do next:

- This is what I have done.
- What more do I need to do?
- Are there any other children in the family?
- Is the child in immediate danger?

In the conversation that takes place the duty Social Worker will seek to clarify:

- The nature of the concerns.
- How and why, they have arisen.
- What appear to be the needs of the child and family; and
- What involvement they are having or have had with the child and / or family.

Questions Children's Social Care may ask at Initial Contact

- Agency (i.e., school, etc) address and contact details of referrer.
- Has consent to make the referral been gained? Information regarding parents' knowledge and views on the referral.
- Where consent has not been sought prior to making a referral you will be asked to explain what informed your decision making.
- Where consent has been sought but refused and child protection concerns persist you will be asked what informed your decision making.

- Full names, dates of birth and gender of children.
- Family address and, where relevant, school/nursery attended.
- Previous addresses.
- Identity of those with Parental Responsibility.
- Names and dates of birth of all members of the household.
- Ethnicity, first language and religion of children and parents.
- Any special needs of the children or of the parents and carers.
- Any significant recent or past events.
- Cause for concern including details of allegations, their sources, timing and location.
- The child's' current location and emotional and physical condition.
- Whether the child needs immediate protection.
- Details of any alleged perpetrator (name, date of birth, address, contact with other children);
- Referrer's relationship with and knowledge of the child and his or her family.
- Known involvement of other agencies.
- Details of any significant others.
- Gain consent for further information sharing / seeking.
- The referrer should be asked specifically if they hold any information about difficulties being experienced by the family/household due to domestic violence, mental illness, substance misuse and/or learning difficulties.

Other information may be relevant, and some information may not be available at the time of making contact. REMEMBER - the collation of additional information should not result in a delay in making a referral.

The Hull Multi Agency Contact and Referral form (Ehash) (orange and red section of threshold document)

All telephone referrals made by professionals should be followed, within 24 hours by a written referral giving specific and detailed information. **A template Contact and Referral Form and Early Help Request for Additional support links has been developed for this purpose below.**

[Hull Multi Agency Contact & Referral Form \(Ehash\)](#)

If you have secure email the form should be sent to The Ehash Team EHASHqc@hullcc.gcsx.gov.uk

Early Help Requests (green and yellow section of the threshold)

Hull Early Help Requests for Additional Support Form

Early help requests for support should be sent to the Early Help Hubs: Early.Help@hullcc.gcsx.gov.uk

Ehash Action following a Referral

Children's Social Care should acknowledge a written referral within one working day of receiving it. If the referrer has not received an acknowledgement within 3 working days, they should contact Children's Social Care again.

9. Allegations against staff members / volunteers

If any member of staff or volunteer has concerns about the behaviour or conduct of another individual working within the group or organisation such as:

- 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 towards a child or children in a way that indicates s/he is unsuitable to work with children. This could include children within the employee's workplace or outside of it, including their own children.

The nature of the allegation or concern should be reported to the Designated Officer for dealing with allegations within the organisation immediately.

Designated Officer Vicky Gray

Position Quality Assurance Manager

The member of staff who has a concern or to whom an allegation or concern is reported should not question the child or investigate the matter further.

The Designated Officer for your organisation will report the matter to the Local Authority Designated Officer (LADO). And to Ofsted and local authority

Allegations against staff in their personal lives or which occur in the community.

If an allegation or concern arises about a member of staff, outside of their work with children, and this may present a risk of harm to child/ren for whom the member of staff is responsible, the general principles outlined in this policy will still apply.

If the member of staff lives in a different authority area to that which covers their workplace, liaison should take place between the relevant agencies in both areas and a joint Strategy Meeting / Discussion or Professional's Meeting should be held.

In some cases, an allegation of abuse against someone closely associated with a member of staff (e.g. partner, member of the family or other household member) may present a risk of harm to child/ren for whom the member of staff is responsible. In these circumstances, a Strategy or Professional's Meeting / Discussion should be held to consider:

- The ability and/or willingness of the member of staff to adequately protect the child/ren.
- Whether measures need to be put in place to ensure their protection.
- Whether the employment role of the member of staff is compromised.

10. Recruitment and selection

When recruiting paid staff and volunteers it is important to always follow the processes set out in the organisation's safer recruitment policy. This will ensure potential staff and volunteers are screened for their suitability to work with children and young people.

See separate recruitment and employment policy.

The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups, including children.

<https://www.gov.uk/government/organisations/disclosure-and-barring-service/about>

*A person who is barred from working with children or vulnerable adults will be breaking the law if they work or volunteer or try to work or volunteer with those groups. If **Westside Day Nursery** knowingly employs someone who is barred to work with those groups, they will also be breaking the law. If there is an incident where a member of staff or volunteer must be dismissed because they have harmed a child or vulnerable adult, or would have been if they had not left, **Westside Day Nursery** will notify the DBS.*

11. Contacts

Hull

Early Help and Safeguarding Hub (EHASH) (01482) 448879

Emergency Duty Team (01482) 300 304

Local Authority Designated Officer (01482) 613515

Protecting Vulnerable People Unit 101

Hull Safeguarding Children Board (01482) 379090

www.hullsafeguardingchildren.co.uk

East Riding of Yorkshire

East Riding Ehash (01482) 395500

Emergency Duty Team (out of office hours) (01377) 241273

Local Authority Designated Officer (01482) 396999

Police Public Protection Team 101

East Riding Safeguarding Children Board (01482) 396999

www.erscb.org.uk

Seven Golden rules of information sharing

Information sharing- Advice for practitioners providing safeguarding services to children, young people, parents and carers (Department for Education, March 2015) has been produced to support practitioners in the decisions they take when sharing information to reduce the risk of harm to children and young people.

Below are the 7 golden rules of information sharing that this guidance recommends.

1. Remember that the Data Protection Act 1998 and human rights law are not barriers to justified information sharing but provide a framework to ensure that personal information about living individuals is shared appropriately.

2. Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.

3. Seek advice from other practitioners if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.

4. Share with informed consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, there is good reason to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be certain of the basis upon which you are doing so. Where you have consent, be mindful that an individual might not expect information to be shared.

5. Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.

6. Necessary, proportionate, relevant, adequate, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up to date, is shared in a timely fashion, and is shared securely (see principles).

7. Keep a record of your decision and the reasons for it - whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose

Appendix 2 - Considerations when Contacting another Agency/Service

1) Effective Communication between Agencies

Effective communication requires a culture of listening to and engaging in, dialogue within and across agencies. It is essential that all communication is as accurate and complete as possible and clearly recorded.

Accuracy is key; without it effective decisions cannot be made. Equally, inaccurate accounts can lead to children remaining unsafe, or to the possibility of wrongful actions being taken that affect children and adults

Before speaking to another agency, first always remember to have a information sharing flow chart to hand, also think about why you are doing it, is it to:

- **Share Information**

To share information is the term used to describe the situation where practitioners use their professional judgement and experience on a case-by-case basis to decide whether and what personal information to share with other practitioners to meet the needs of a child or young person.

Decisions to request and share information must be considered in terms of whether they are necessary and proportionate.

- **Signpost to Another Service**

The definition to signpost is to indicate direction towards. It is an informal process whereby a professional or a family is shown in the direction of a service.

If someone is signposted to a service it is because accessing the service may enhance the family's quality of life, but there would be no increased risk to the child or young person should the service not be accessed.

No agency is responsible for the monitoring or recording of signposting.

- **Seek Advice and Guidance**

Seeking advice and guidance at any time, making a general query or perhaps consulting with a specialist colleague within your own organisation (or from another agency) may enhance the work that you are doing with a child, young person or family at any stage. It could be that you want further information about services available or that you want some specialist advice or perhaps need to consult about a particular issue or query for instance to ask if making a referral is appropriate.

The name of the child and family should be anonymised at this stage unless agreement to share the information has already been obtained.

It is vital that you record that you have sought information and advice in your own records. The agency you are contacting may not record this information, particularly if the case is not open or active with them. It should be agreed between agencies in this situation as to who records what information.

At the end of the conversation both parties must be clear about the next course of action.

- **Facilitate Access to a Service**

If you think that a family may benefit from a service then directing, signposting, or facilitating is appropriate. For example, a family approaches your service and asks for some advice about leisure activities in the local area. You give them the information and directions to the nearest open access leisure centre.

- **Refer a Child or Family**

If you think that by not accessing a particular service, a child's situation could deteriorate then a referral is appropriate. However, a referral is only the start of the process. You as the referrer have a responsibility to monitor that the service has been taken up and the child's situation has improved.

Sometimes you may need to draw on other support services, for example when an intervention has not achieved the desired outcomes and the child/young person requires more specialist or sustained support.

A specific gap in services to meet a need or any level of concern warrants follow up and monitoring to ensure there is no risk to children.

At the end of the conversation both parties must be clear about the outcome and the next course of action.

2) Professional Differences

Where there are any professional differences about a particular decision, course of action or lack of action you should consult with a Senior Manager within your own organisation about next steps. [Resolving Interagency Disagreements Guidance](#)

3) Recording

Well-kept records about work with a child and his or her family provide an essential underpinning to good professional practice. Records should be clear, accessible and comprehensive, with judgements made and decisions and interventions carefully recorded. Where decisions have been taken jointly across agencies, or endorsed by a manager, this should be made clear.

You should record your decision and the reasons for it, whether or not you decide to share information. If the decision is to share, you should record what information was shared and with whom.

You should work within your agency's arrangements for recording information and within any local information sharing procedures in place. These arrangements and procedures must be in accordance with the Data Protection Act 2018.

Appendix 3

