

# Child Protection & Safeguarding Policy 2020



<b>PERSON RESPONSIBLE FOR THIS POLICY:</b>	Gina Garcha
<b>APPROVED:</b>	25 <sup>th</sup> August 2020
<b>SIGNED:</b>	
<b>TO BE REVIEWED:</b>	April 2021

At The Rectory Nursery School the named personnel with designated responsibility for safeguarding are:

<b>DESIGNATED SAFEGUARDING LEAD</b>	<b>DEPUTY DESIGNATED SAFEGUARDING LEAD</b>	<b>DEPUTY DESIGNATED SAFEGUARDING LEAD</b>
Gina Garcha	Rachel Wright	

The named personnel with Designated Responsibility regarding allegations against staff are:

<b>DESIGNATED SENIOR MANAGER</b>	<b>DEPUTY DESIGNATED SENIOR MANAGER</b>	<b>DEPUTY DESIGNATED SENIOR MANAGER</b>
Gina Garcha	Rachel Wright	

## CONTENTS

<b>1</b>	<b>INTRODUCTION</b>
<b>2</b>	<b>ROLE OF THE DESIGNATED SAFEGUARDING LEAD</b>
<b>3</b>	<b>WHAT TO DO IF YOU FEEL A CHILD HAS SUFFERED SIGNIFICANT HARM</b>
<b>4</b>	<b>WHAT TO DO IF A CHILD TELLS YOU HE/SHE HAS SUFFERED SIGNIFICANT HARM</b>
<b>5</b>	<b>WHAT TO DO IF YOU ARE CONCERNED THAT A CHILD HAS UNDERGONE OR IS AT RISK OF FGM</b>
<b>6</b>	<b>WHAT TO DO IF YOU ARE CONCERNED THAT A MEMBER OF STAFF/VOLUNTEER/STUDENT MAY HAVE CAUSED A CHILD SIGNIFICANT HARM</b>
<b>7</b>	<b>CONCERNS AROUND A PERSON IN A POSITION OF TRUST –</b> <i>what to do if you have a concern about a member of staff/volunteer/student doing or being involved in something that could cause a question as to their suitability of working with children</i>
<b>8</b>	<b>INFORMATION SHARING</b>
<b>9</b>	<b>RECRUITMENT, SELECTION &amp; INDUCTION OF STAFF</b>
<b>10</b>	<b>SUPERVISION &amp; MANAGEMENT OF STAFF</b>
<b>11</b>	<b>STAFF TRAINING</b>
<b>12</b>	<b>RECORDING</b>
<b>13</b>	<b>NOTIFICATION OF CHILD DEATH</b>
<b>14</b>	<b>WHISTLEBLOWING</b>
<b>Appendix A</b>	<b>DEFINITIONS OF ABUSE</b>
<b>Appendix B</b>	<b>FLOWCHARTS</b>
<b>Appendix C</b>	<b>OBSERVATION FORM</b>
<b>Appendix D</b>	<b>BODY MAPS</b>
<b>Appendix E</b>	<b>MANAGER’S ACTION PLAN</b>
<b>Appendix F</b>	<b>NOTIFICATION OF CHILD DEATH</b>
<b>Appendix G</b>	<b>FORM CR8 &amp; CR10</b>

## 1 INTRODUCTION

Safeguarding and promoting the welfare of children can be defined as:

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

Child protection is a part of safeguarding and promoting welfare. It refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

'Working Together to Safeguard Children 2018' sets out how organisations and individuals should work together to safeguard and promote the welfare of children and how practitioners should conduct the assessment of children.

Early years providers such as Rectory Nursery School, have a duty under section 40 of the Childcare Act 2006 to comply with the welfare requirements of the Early Years Foundation Stage to ensure that:

- staff complete safeguarding training that enables them to recognise signs of potential abuse and neglect; and
- They have a practitioner who is designated to take lead responsibility for safeguarding children and who should liaise with local statutory children's services agencies as appropriate. This lead should also complete child protection training.

Multi-agency working brings together practitioners from different sectors and professions to provide an integrated way of working to support children, young people and families. It is a way of working that ensures children and young people who need additional support have exactly the right professionals needed to support them.

Practitioners and volunteers recruited by the Rectory Nursery School will be responsible for ensuring the safety and welfare of all children in their care and under their supervision. "Everyone who works with children - including teachers, GPs, nurses, midwives, health visitors, early years professionals, youth workers, police, Accident and Emergency staff, paediatricians, voluntary and community workers and social workers - has a responsibility for keeping them safe" (Working Together to Safeguard Children 2018).

Harm to children can be perpetrated in various ways, e.g. physically, emotionally, sexual and through domestic violence. These can be recognised in different ways (definitions are provided in Appendix A).

Rectory Nursery School works in conjunction with Blossom Educational. The key fact to understand with regards to Blossom Educational's app is that it is a CLOSED SYSTEM. This means that no-one can access any of the sites content unless they have a login and password specific for that setting. Therefore, nothing is accessible by the general public. From the moment a photo or a video is taken it remains within the system. The only people who may be Blossom Educational Users are...

- Setting staff, including managers and practitioners, who have created logins authorized by the Nursery Manager.
- Blossom Educational staff, who have been DBS checked and carefully screened.
- Ofsted inspectors and other authorities specifically authorised by the Nursery Manager.
- Parents who are currently registered with the setting and who have been listed as a contact for that particular child.

Even then, individual parents can only access images related to their children.

Parents are entitled to opt their children out of the Blossom Educational process at any time, in which case their children's images will not be tagged or identified in any way.

Parents are also advised that any images that they want to save from the website should not be

displayed on the internet without some consideration of child security issues.  
Please refer to Blossom Educational's own Privacy Policy for further information.

## **2 ROLE OF THE DESIGNATED SAFEGUARDING LEAD**

The role of the DSL is to take lead responsibility for safeguarding children and managing child protection issues. This involves providing advice and support to other staff, making referrals to and liaising with the local authority, and working with other agencies. The DP takes responsibility for the nursery's safeguarding and child protection practice, policy, procedures and professional development.

Information relating to individual child protection cases is confidential, although some information can be shared with relevant staff where necessary. This should be done on a "need to know" basis. Further guidance can be found in "Working Together to Safeguard Children" (revised 2018).

At Rectory Nursery School, Gina Garcha is the Designated Safeguarding Lead (DSL) with overall responsibility for standards of Safeguarding and Child Protection practice. All child protection concerns will be brought to the attention of the Designated Safeguarding Leads who will ensure that this policy is followed.

The DSL will ensure that Rectory Nursery School keeps up to date on safeguarding and child protection matters will be responsible for standards of practice and ensuring training for new staff and a rolling programme of professional development training for existing staff.

## **3 WHAT TO DO IF YOU FEEL A CHILD HAS SUFFERED SIGNIFICANT HARM**

- Speak to the DSL immediately
- Record concern on a 'observation form' and mark on the body map form if appropriate
- DSL to contact MASH team 0300 126 1000 and take advice (emergency duty line for out of hours 01604 - 626938)
- Email the MASH team at [MASH@northamptonshire.gcsx.gov.uk](mailto:MASH@northamptonshire.gcsx.gov.uk)
- DSL to complete online referral form: [https://northamptonshire-self.achieveservice.com/service/make\\_a\\_children\\_s\\_safeguarding\\_referral\\_to\\_MASH](https://northamptonshire-self.achieveservice.com/service/make_a_children_s_safeguarding_referral_to_MASH)
- Call OFSTED on 0300 123 1231

If the DSL decides not to refer and you disagree, you may follow the points above.

## **4 WHAT TO DO IF A CHILD TELLS YOU HE/SHE HAS SUFFERED SIGNIFICANT HARM**

- Speak to the DSL immediately
- Record concern on a 'observation form' and mark on the body map form if appropriate
- DSL to contact and take advice MASH Team 0300 126 1000 (emergency duty line for out of hours 01604 - 626938 )
- DSL to complete online referral form: [https://northamptonshire-self.achieveservice.com/service/make\\_a\\_children\\_s\\_safeguarding\\_referral\\_to\\_MASH](https://northamptonshire-self.achieveservice.com/service/make_a_children_s_safeguarding_referral_to_MASH)
- DSL to contact MASH Team: 0300 126 1000 to ensure form has been received
- Call OFSTED on 0300 123 1231
- If the DSL decides not to refer and you disagree, you may follow the points above.

If the DSL decides not to refer and you disagree, you may follow the points above.

## **5 WHAT TO DO IF YOU ARE CONCERNED THAT A CHILD HAS UNDERGONE OR IS AT RISK OF FGM**

Female Genital Mutilation (FGM) is illegal in England and Wales under the FGM Act 2003 ("the 2003 Act"). It is a form of child abuse and violence against women. FGM comprises all procedures involving partial or total removal of the external female genitalia for non-medical reasons.

At Rectory Nursery School, we have a robust and rigorous safeguarding procedure and protecting children in our care is paramount. The safeguarding officer and all members of staff are responsible to adhere and follow these policies.

We endeavor to adhere to the following:

- The safety and welfare of the child is paramount
- All agencies involved act in the interest of the rights of the child as stated in the UN convention 1989 and the Children's act 1989.
- All professionals are made aware of the possibility of a girl being at risk of FGM as a result of religious beliefs, nationality and other unusual events that could lead to FGM e.g. a child being taken out of the setting for six weeks or more by parents or relatives.
- All staff will have received online training regarding FGM.
- If a member of staff had concerns over a child, they would report it to the safeguarding officer in the setting who would then decide whether a referral was needed to the **MASH team (multi agency safeguarding hub) 03001261000 0800 028 3550** FGM helpline.

## 6 WHAT TO DO IF YOU ARE CONCERNED THAT A MEMBER OF STAFF/VOLUNTEER/STUDENT MAY HAVE CAUSED A CHILD SIGNIFICANT HARM

- Speak to the DSL immediately
- Record concern on a 'observation form' and mark on the body map form if appropriate
- DSL to contact and take advice from the MASH Team 0300 126 1000 (emergency duty line for out of hours 01604 - 626938) or the Local DO. DO details are as follows:  
DO Andy Smith - 01604367862 - andysmith@childrenfirstnorthamptonshire.co.uk  
DO Christine York - 01604362333 - cyork@childrenfirstnorthamptonshire.co.uk  
DO Administrator - 01604364031
- DSL to fill out an interagency referral from: [www.lscbnorthamptonshire.org.uk/professionals.html](http://www.lscbnorthamptonshire.org.uk/professionals.html)
- Complete the online referral found on: [www.northamptonshirescb.org.uk/schools/referrals-eha-designated-officer/](http://www.northamptonshirescb.org.uk/schools/referrals-eha-designated-officer/)
- DSL to contact MASH Team: 0300 126 1000 to ensure form has been received
- Call OFSTED on 0300 123 1231

If the DSL decides not to refer and you disagree, you may follow the points above.

## 7 CONCERNS AROUND A PERSON IN A POSITION OF TRUST –

*What to do if you have a concern about a member of staff/volunteer/student doing or being involved in something that could cause a question as to their suitability of working with children*

In this section a person in a Position of Trust refers to anyone who carries out work, paid or unpaid, who has access to children and/or to privileged information about children as part of their work.

The guidance in this section is relevant to any situation in which the behaviour of a person in a Position of Trust raises a query as to their suitability to work with children, whether that behaviour occurs at work or outside it.

When there is a concern relating to a person in a Position of Trust the following actions set out must be completed within one working day.

When a member of staff has concerns about a person in a Position of Trust, they should:

- Write down the reasons for their concern;
- If an allegation has been made, note the details without questioning the person making it; It is acceptable to clarify information by asking who, what, where, and when, but no member of staff should conduct any in-depth interviews; And
- Discuss the issue with the DSL (Gina Garcha); If consultation would cause undue delay, the staff member must immediately make direct contact with DO (Designated Officer) to obtain guidance and advice by calling 01604 367862
- DSL to contact DO team on 01604 367862 and take advice (emergency duty line for out of hours 01604 626938)
- Record concern on a 'observation form' and mark on the body map form if appropriate
- Ring MASH team to advise on 0300126100

If the DSL decides not to refer and you disagree, you may follow the points above.

## 8 INFORMATION SHARING

Rectory Nursery School has a responsibility under “Working Together, Government Guidance on Interagency Child Protection Work” to work with other agencies and professionals to safeguard children. We are also guided by “What to do if you are worried a Child is being abused 2015” and Northamptonshire county council’s local safeguarding board. We must share information with other agencies and professionals who have a need to know about child protection concerns in order to safeguard children. The sort of information we share will include serious concerns about a child’s health or development, serious concerns about a parent’s ability to provide adequate care and protection and concerns about others who have contact with a child, for example, a person convicted of an offence against a child.

Effective sharing of information between staff and local agencies is essential for effective identification, assessment and service provision. Early sharing of information is the key to providing effective early help where there are emerging problems.

To ensure effective safeguarding arrangements:

- Rectory Nursery School share relevant information on a need to know basis between staff, other professionals and with the Local Safeguarding Children’s Partnership; and
- No professional will 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 will share the information with local authority children’s social care.

Information Sharing: Guidance for practitioners and managers (2008) supports frontline practitioners, working in child or adult services, who have to make decisions about sharing personal information on a case by case basis. The guidance will be used to supplement local guidance and encourage good practice in information sharing.

## **9 RECRUITMENT, SELECTION & INDUCTION OF STAFF**

Recruitment and selection procedures for staff and volunteers will ensure that all appropriate application and appointment procedures are carried out; this includes seeking satisfactory references and a clear enhanced disclosure from the Disclosure and Barring Service (DBS) (It is a criminal offence for individuals barred by the DBS to work or apply to work with children).

New staff and volunteers or trainees will complete induction programmes that ensure they read the Policy for Safeguarding and Protecting Children and some may undertake child protection training.

For detailed information please see Rectory Nursery School ‘Staffing and Employment Policy’ and ‘Student and Volunteer placement’ policy.

## **10 SUPERVISION & MANAGEMENT OF STAFF**

The safety and wellbeing of children is the paramount principle which guides supervision and management of staff.

Staff will receive regular supervision from the nursery manager which will cover issues such as concerns about a child’s welfare, what kind of intervention is being used to safeguard the child, how staff are working together with agencies such as Social Care on stated plans of intervention etc. Staff will receive guidance from their managers about responding to concerns, and the extent of their role and responsibility. Concerns about children should be discussed between planned supervision sessions as necessary. While the welfare of the child is paramount, confidentiality should be maintained

Supervision sessions will be recorded by the nursery manager for future reference. Discussions about concerns which occur outside supervision sessions will also be recorded by the nursery manager and Staff member.

Staff should talk to the nursery manager if they have any concerns about their own or their colleagues’ levels of knowledge or quality of practice in relation to children and families they are working with.

Staff should also raise any concerns they have for staff safety with the nursery manager.

If there is concern about a staff member's ability to work with children and families where there are child protection concerns, this should be addressed in a timely and supportive way by the nursery manager. This may include provision of additional supervision, training, change of duties or other appropriate measures.

## **11 STAFF TRAINING**

All members of staff and volunteers should have a level of awareness of child protection issues appropriate to their role.

The Rectory Nursery School management team will ensure that all members of staff attend Safeguarding and Child Protection training.

The Rectory Nursery School Manager and Deputy Manager will also undergo the 2 day Designated Persons for child protection Safeguarding training.

All members of staff will be required to attend refresher training and the management team to repeat their training every 2 years.

## **12 RECORDING**

Our staff will record observations on children's files and make clear what further work is planned with a family and why. This will help us to focus our work appropriately, provide a documented account of activity, enhance inter-agency working and help nursery manager to monitor and support practice.

Staff working with children within the setting should record their concerns in writing using the observations form (Appendix E) and/or body maps (Appendix F) on the same day and discuss them with the nursery manager. Records will include what is said, seen or heard and any Action Plans. All records will be kept in the child's file and in the Safeguarding folder.

The nursery manager is to complete a Manager's Action Plan (Appendix G) and maintain a Concern's file

All records will be dated and signed in full by the person making the record. The record will then be read and signed by the nursery manager (Designated Person).

In the event of a child death the designated person is to inform OFSTED and Social Care. A telephone referral must be made initially and be followed up in writing on the form which can be faxed and posted.

## **13 NOTIFICATION OF CHILD DEATH**

In the event of all child deaths at a setting or any other place that you become aware of, you must report to the Northamptonshire's Local Safeguarding Children's Board and Ofsted (0300 123 1231)

To report to the LSCB you must complete the form; Notification of Child death: All available details should be forwarded to the Integrated Business Office within 48 hours of the child's death. Please email the completed form to [lscbn@northamptonshire.gcsx.gov.uk](mailto:lscbn@northamptonshire.gcsx.gov.uk)

- A child may die in a childcare setting because of one of the following reasons:
  - cot death, illness or fatal accident
  - Negligence leading to fatal illness or accident.
- In either case, the Nursery Manager will call the emergency services - Ambulance and Police.
- Emergency resuscitation will be given to the child by the qualified First Aider until the ambulance arrives.
- The Nursery Manager will also call the parents and ask them to come to the setting immediately as there has been an incident involving their child. *The Nursery Manager will not tell the parents over the phone that their child has died.*
- The Nursery Manager makes sure the children are kept away from where the child has died and will ask staff not to discuss it in front of them.

- One member of staff is delegated to phone all the other parents to ask them to collect their child. The reason given must be agreed by the Nursery Manager and be the same given to each parent.
- The Nursery Manager will decide how long the nursery will remain closed for.
- When the children have gone home, staff remain at the setting and are available for police questioning and go home when the police have agreed.
- All staff co-operate fully with any investigation that takes place.
- A critical incident report is written up and a RIDDOR report is sent to the Health and Safety Executive, the Nursery Manager is responsible for this.
- The Chief Executive will decide how the death is investigated within the organisation.
- The Nursery Manager is aware of the effects of such a death and that some levels of grief that staff may feel may be overwhelming. Bereavement Counselling is made available where necessary.
- Nursery Manager will agree with senior staff how parents will be informed of what has happened
- MASH Team and OFSTED will be contacted.

#### 14 **WHISTLEBLOWING**

If a member of staff or volunteer has concerns about the conduct of a colleague or that a colleague has

- behaved in a way that has harmed, or may have harmed a child in any way or form;
- possibly committed a criminal offence against, or related to a child;
- behaved towards a child or children in a way that indicates s/he is unsuitable to work with children; or
- witnessed any form of bad practice through work

They will in the first instance discuss their concerns with the DSL for child protection who is Gina Garcha. Where the member of staff has concerns about the conduct of the nursery manager in relation to the above they will contact the Local safeguarding children board (0300 126 100), the DO's and inform OFSTED (0300 123 1231). If a child has been involved, then the MASH Team will also be called.

#### **OFSTED Whistleblower hotline**

- Call us on 0300 123 1231 (Monday to Friday from 8.00am to 6.00pm).
- Email [whistleblowing@ofsted.gov.uk](mailto:whistleblowing@ofsted.gov.uk).

#### **Address:**

WBHL  
Ofsted  
Piccadilly Gate  
Store Street  
Manchester M1 2WD

#### **Interagency referral Form: [www.lscbnorthamptonshire.org.uk](http://www.lscbnorthamptonshire.org.uk)**

NSPCC: 0808 800 5000  
Disclosure and Barring Service (DBS)  
[customerservices@db.s.gsi.gov.uk](mailto:customerservices@db.s.gsi.gov.uk)  
Telephone: 0870 909 0811  
Appendix A

**Abuse may be described as:**

*“An act, or failure to act, by the person responsible for the care of the child. It may involve cruelty,*



*exploitation or neglect.”*

## **DEFINITIONS OF ABUSE**

## **APPENDIX A**

### **1. Physical Abuse**

Physical abuse 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 partner or carer feigns the symptoms of, or deliberately causes ill-health to a child whom they are looking after. This situation is commonly described using terms such as ‘factitious illness by proxy’ or ‘Munchausen syndrome by proxy’.

Physical abuse can lead directly to neurological damage, physical injuries, disability, or at the extreme, death. Harm may be caused to children both by the abuse itself and by the abuse taking place in a wider family or institutional context of conflict and aggression. Physical abuse has been linked to aggressive behavior in children, emotional and behavioral problems, and emotional difficulties.

### **Signs and indicators of Possible Physical abuse.**

In a child under one:

- Small circular bruises to the facial area
- Injuries to the mouth, including inside.
- Bruises to cheeks, ears, and forehead.
- Finger-shaped bruising around a limb.
- Many bruises at different stages of healing
- Special attention should be paid to burns and scalds.
- Bites including animal bites
- Swelling and unusual use of limbs
- Any serious injury with no explanation or confliction explanations.
- Fractures
- Brain injury

In addition to the above, be alert to changes in behaviour for children aged one to eight:

- Hyper-vigilance and watchfulness
- Flinching when approached or touched
- Withdrawn behaviour
- Depression
- Running away
- Fear of going home
- Fear of parents being contacted
- Reluctance to get changed
- Aggressive behaviour or unusually severe temper outbursts

Physical abuse may be the result of sudden, uncontrolled or pre-meditated assault of exposure

to physical harm and may include:

- Injury
- Digestion or exposure to poisonous or harmful substance
- Domestic violence
- Infanticide
- Munchausen's syndrome by proxy

In general terms, accidental bruising is usually on the front of the body as children generally tend to fall forwards.

**The following situations should cause concern and precipitate action being taken:**

- Non-accidental bruising may be faint or severe and they may be a pattern to the timing of the bruising e.g. after the weekend.
- Where the explanation is not consistent with the injury, or with the stage of development of the child.
- Where there are changes of explanation, no explanation or an excessively plausible explanation of injuries observed.
- Where there has been an unreasonable delay in seeking medical advice that is obviously required.
- Where there is a history of frequently repeated injury, even though the explanation for each individual occurrence appears adequate.
- Constant complaints about a child (realistic or unrealistic)
- Over-hasty or violent reaction to a child's naughty or annoying behaviour.
- Unrealistic expectations of a child's performance

In children with disabilities, it may also include force-feeding and inappropriate restraint.

## **2. Emotional Abuse**

Emotional abuse is the persistent ill treatment of a child which may cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless and unloved, inadequate, or valued only insofar as they meet the needs of another person. It may involve 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 ill-treatment of a child, though it may occur alone.

Emotional abuse can often be difficult to measure, and often children who appear physically well cared for may be emotionally abused by being taunted and belittled or by receiving little or no love, affection, or attention. Domestic violence, adult mental health problems, and parental substance misuse may be features in families where children are exposed to such abuse. Emotional abuse has an important impact on a developing child's mental health, behaviour, and self-esteem.

### **Signs and indicators of Possible Emotional Abuse.**

Under one year old:

- Frozen watchfulness- where children become still and withdraw but stay 'on guard' from a fear of violence, reprimand or punishment.
- Failure to thrive or grow
- Slow responses to stimulation- may be evidence of a developmental delay
- Poor interaction with main parent/carer
- Self stimulation- such as head banging or rocking

- Babies who are shouted at may cry when picked up, preferring to be left alone
- An anxious baby may not feed and sleep well.

One to five years:

- Indifference to parent, or over-affectionate.
- Temper tantrums or prolonged crying
- Behaviour to attract attention, or indiscriminate affection towards adults
- Extreme sulking - not responding to positive attention
- Self stimulation - rocking, hair twisting
- Being unable to play
- lack of curiosity and natural exploratory behaviour
- Being unable to make friends
- Fearful, distressed, withdrawn, or emotionally flat.
- Self-harm
- Constantly seeking to please
- Poor language development, memory, and intelligence.

### **3. Neglect**

Neglect is 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. It may involve a parent or carer failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Neglect is a difficult form of abuse to recognise but can have some of the most lasting and damaging effects on children. It can also result in death in extreme cases. The key features of serious neglect are persistent, accumulative and occur over a period of time with little change.

#### **Signs and symptoms of possible neglect**

In a child under one:

- Loss of weight or being constantly under weight. Being significantly overweight
- Arriving at nursery wearing a nappy that does not appear to have been changed overnight.
- Untreated nappy rash
- A baby who is constantly dirty or 'smelly'
- Dehydration- a baby cannot help themselves to a drink. A quiet or unemotional baby.
- Poor skin and hair tone

One to eight years (as above and :)

- Constant hunger - may steal food
- Being tired all the time
- Obsessive or anxious behaviour
- Destructive tendencies
- Lack of confidence
- Not seeking or expecting comfort or attention
- Inappropriate clothing
- Constant failure to attend medical appointments.

**THE LISTS OF POSSIBLE SIGNS AND SYMPTOMS ARE EXHAUSTIVE - ALWAYS CONSIDER THE**

## **BIGGER PICTURE AND FOLLOW THE CHILD PROTECTION PROCEDURE AT ALL TIMES**

### **4. Sexual Abuse**

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape and buggery) or non-penetrative acts. They may include non-contact activities, such as involving children in looking at or in the production of pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

Sexual abuse is the involvement of developmentally immature children with adults in sexual activities they do not truly comprehend, to which they are unable to give informed consent, or which are illegal, or which violate the social taboos of family life. The severity of impact on a child is believed to increase the longer the abuse continues, the more extensive the abuse and the older the child. The abuse is often kept secret by a variety of methods and may carry on for considerable periods of time before it is brought to anyone's attention.

#### **Signs and indicators of possible sexual abuse**

In a child under one:

- Injury, pain or itching in the genital area
- Bruising or bleeding near the genital area \*
- Sexually transmitted disease- oral or vaginal.\*. Vaginal discharge or infection
- Unusual fear during particular situations e.g. nappy changing.

In a child aged one to five:

- Sexual knowledge beyond their age, including descriptions or observations.
- Sexual drawings or language
- Sexual play with peers or toys
- Genital injury lacerations or bruising\*
- Vaginal discharge, bleeding, itching, or soreness. . Discomfort when walking or sitting down
- Sexually transmitted disease - oral or vaginal\*
- Physical harm associated with sexual abuse- bruises bite marks or burns in the genital or lower abdominal area.
- Sudden or unexplained changes in behaviour
- Pain on passing urine, recurrent urinary tract infections. Disclosure of abuse\*
- Inappropriate behaviour of a sexual nature towards adults

Those indicators marked with \* should be taken as very serious indicators.

Staff understand that it is not our job to investigate an allegation. We take record of what is said or seen and follow the procedure of referral. (See flowchart - Appendix B).

### **5. Domestic Abuse**

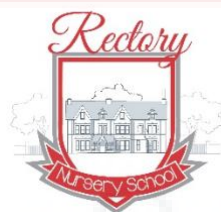
It is impossible to prevent children witnessing domestic violence. They may see or hear the abusive episode, be used or even involved in the violence (e.g. the child may be in his mother's arms when she is hit), will experience the aftermath, and sense the tension in the build-up to the abuse. Even when the parents believe the children were unaware of what was happening, the children can often give detailed accounts of the events.

Children are affected not only by directly witnessing abuse, but also by living in an environment where usually the main caregiver - is being repeatedly victimised.

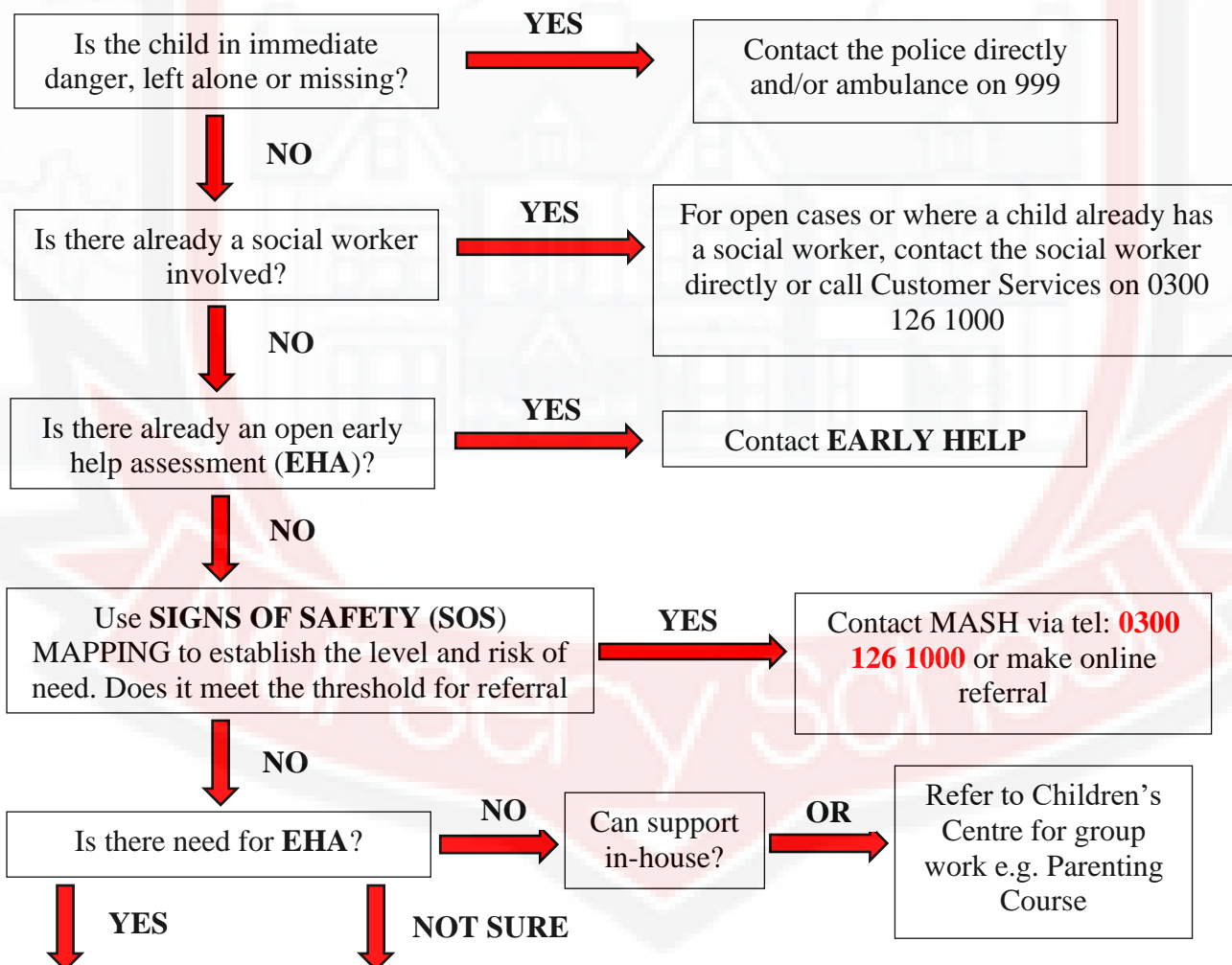
- children can suffer from witnessing abuse
- children can be harmed as a result of trying to break up a fight or ward off an attack by the abuser
- children can pick up on the fear, anxiety and trauma of the person being abused and can also pick up on the aggressive vibes from the perpetrator of violence
- children living in a home with domestic violence are at a far greater risk of suffering child abuse directly (the NSPCC recently reported that in one third of the child abuse cases they were made aware of, domestic violence in the home was a factor)
- children can be used to manipulate one partner against the other, both while still living together and once the victim of abuse has left
- children are frequently used to threaten the victim to ensure they stay or submit to further abuse (threats such as the abuser will harm or kill the children, report the mother to Social Services, or gain custody of the children are all very common)

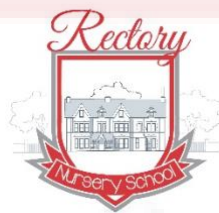
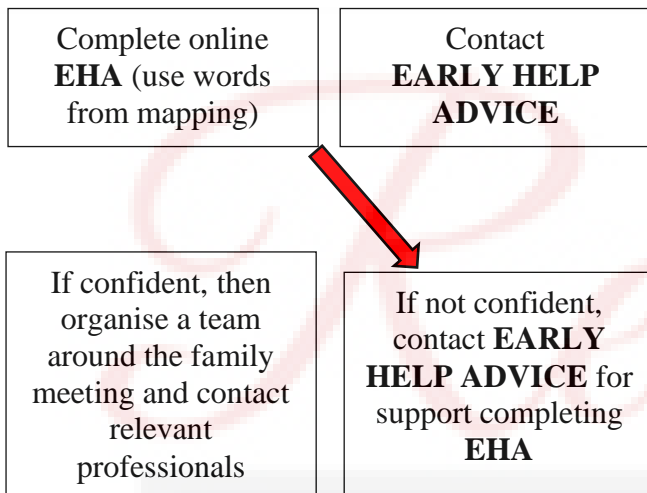
#### Signs and Indicators of possible domestic abuse

- Indifference to parent, or over-affectionate.
- Temper tantrums or prolonged crying
- Behaviour to attract attention, or indiscriminate affection towards adults
- Extreme sulking - not responding to positive attention
- Self-stimulation - rocking, hair twisting
- Being unable to play
- lack of curiosity and natural exploratory behaviour
- Being unable to make friends
- Fearful, distressed, withdrawn, or emotionally flat.
- Self-harm
- Constantly seeking to please
- Poor language development, memory, and intelligence.

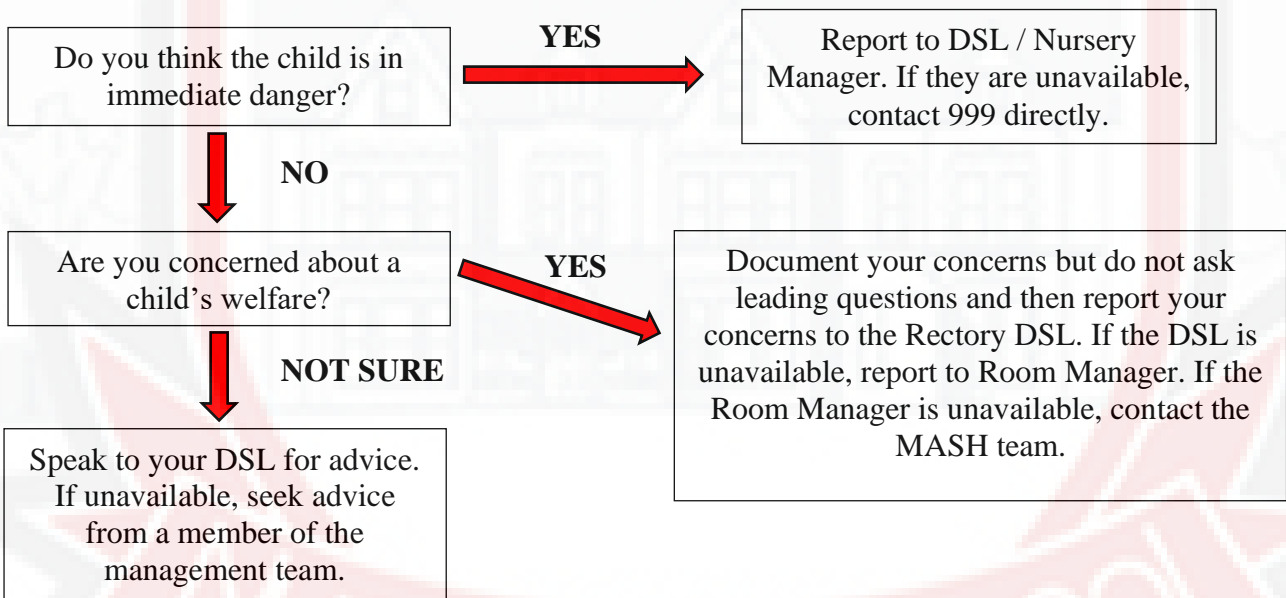


## **Safeguarding Flowchart for Rectory DSL Staff**





### Safeguarding Flowchart for Rectory Staff



#### IMPORTANT CONTACT DETAILS

- MASH –** Tel: 0300 126 1000 (option 1)  
Email: [MASH@northamptonshire.gcsx.gov.uk](mailto:MASH@northamptonshire.gcsx.gov.uk)
- EHA -** Tel: 0300 126 1000 (option 1, then option 2)  
Email: [earlyhelpsupport@northamptonshire.co.uk](mailto:earlyhelpsupport@northamptonshire.co.uk)  
Email: [Earlyhelpadvice@childrenfirstnorthamptonshire.co.uk](mailto:Earlyhelpadvice@childrenfirstnorthamptonshire.co.uk)
- DO -** Administrator – 01604 364 031  
Andy Smith – 01604 367 862  
Christine York – 01604 362 633

# Rectory

## APPENDIX C

### **Observations Form**

Childs Name: .....

Date of incident..... Time of observation.....

Concern/Observation

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Summary of Discussion /Action Points

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Other Agencies e.g. social worker

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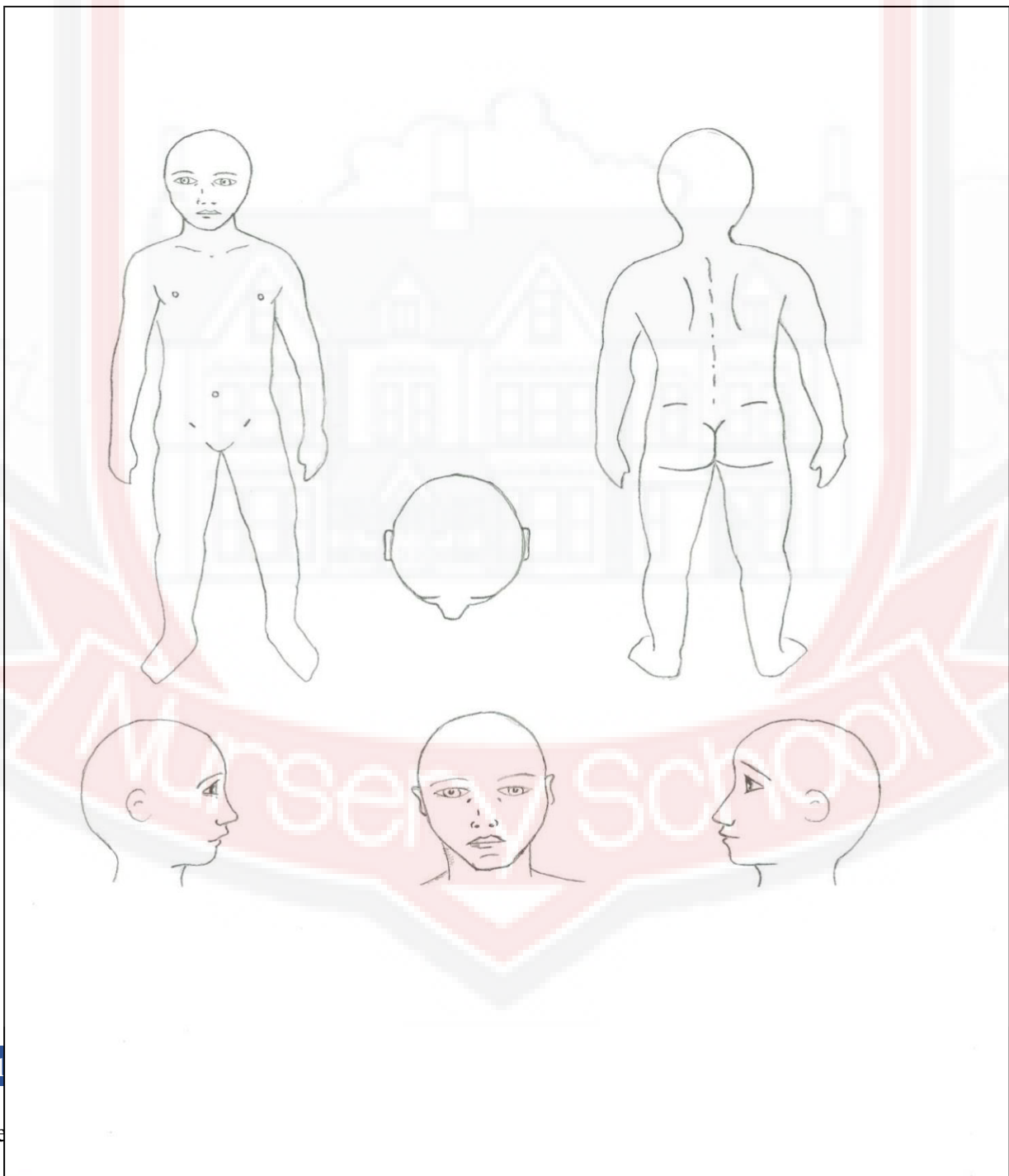
Staff Name (Print) ..... Date .....

Sign .....

Staff in Charge Name (print) ..... Date .....

Sign .....

**APP**  
**END**  
**IX D**  
**Bod**  
**y**  
**Map**



# Rectory

Make a mark on the diagram where you notice injury/ies and attach to referral form.  
Keep a copy on file.

Name of child..... Date .....

APPENDIX E

## **CONFIDENTIAL Child Protection/Child Concern DP Action Plan**

**Child's Name:**

**Name of staff that made concern:**

**Date:**

Nature of concern

Nursery School

Action(s) agreed	Completed By	Manager Name, Sign and Date

**APPENDIX F**

**FORM A - NOTIFICATION OF CHILD DEATH**

CDOP Identifier (Unique identifying number) .....

Notification to be reported to CDOP Manager at: email

Tel: Fax:

The security of any system for transferring the information on these forms must be clarified and agreed with the Caldicott guardian.

If there are a number of agencies involved, liaison should take place to agree which agency will submit the Notification.

**Child's Details**

Full Name of Child		
Any aliases		
DOB	/ /	NHS No.

<b>Address</b>	
<b>Postcode</b>	
<b>School/nursery etc</b>	
<b>Date &amp; time of death</b>	/ / <b>Time</b>
<b>Address of death</b>	

### Referral details

<b>Date of referral</b>	/ /
<b>Name of referrer</b>	
<b>Agency</b>	
<b>Address</b>	
<b>Tel Number</b>	
<b>Email</b>	

### Child's Details

<b>Sex</b>	<input type="checkbox"/> <b>Male</b> <input type="checkbox"/> <b>Female</b>		
<b>Age (yy/mm/dd)</b>	/ /	Indicate if estimated	<input type="checkbox"/> <b>Estimated</b> <input type="checkbox"/> <b>Confirmed</b>
<b>Ethnic group</b>	<input type="checkbox"/> <b>White</b>	<input type="checkbox"/> <b>British</b> <input type="checkbox"/> <b>Irish</b> <input type="checkbox"/> <b>Any Other White background</b> <input type="checkbox"/> <b>Traveller of Irish Heritage</b> <input type="checkbox"/> <b>Gypsy/Roma</b>	

	<input type="checkbox"/>	<b>Mixed</b>	<input type="checkbox"/>	<b>White &amp; Black Caribbean</b>
			<input type="checkbox"/>	<b>White &amp; Black African</b>
			<input type="checkbox"/>	<b>White &amp; Asian</b>
			<input type="checkbox"/>	<b>Any other mixed</b>
	<input type="checkbox"/>	<b>Asian or Asian British</b>	<input type="checkbox"/>	<b>Indian</b>
			<input type="checkbox"/>	<b>Pakistani</b>
			<input type="checkbox"/>	<b>Bangladeshi</b>
			<input type="checkbox"/>	<b>Any other Asian</b>
	<input type="checkbox"/>	<b>Black or Black British</b>	<input type="checkbox"/>	<b>Caribbean</b>
			<input type="checkbox"/>	<b>African</b>
			<input type="checkbox"/>	<b>Any other black background</b>
	<input type="checkbox"/>	<b>Chinese or other ethnic group</b>	<input type="checkbox"/>	<b>Chinese</b>
			<input type="checkbox"/>	<b>Any other, specify</b>
	<input type="checkbox"/>	<b>Not known/ not stated</b>		
		<b>Was consanguinity a factor (please indicate yes or no)?</b>		
		<b>Was the child subject to a Child Protection Plan or any other statutory order (please indicate yes or no)?</b>		
Immigration Status	<input type="checkbox"/>	<b>Asylum seeker</b>		
	<input type="checkbox"/>	<b>Refugee status</b>		
	<input type="checkbox"/>	<b>Exceptional leave to remain</b>		

**Notification Details:**

Please outline circumstances leading to notification. Also include if any other review is being undertaken e.g. internal agency review; any action being taken as a result of this death.



**Other Significant Family & Household Members**

Full Name	DOB	Relationship	Full Address
	/ /		
	/ /		
	/ /		
	/ /		
	/ /		
	/ /		

**Details of Agency Contacts**

Agency	Name, Address & Tel No.	Agency Report	
		Requested (date)	Received (date)
GP		/ /	/ /

Midwife/ / / / /  
 Health Visitor/  
 School nurse

Paediatrician / / / /

Police / / / /

Children's / / / /  
 Social Care

School/ nursery / / / /  
 etc

Others (list all / / / /  
 agencies / / / /  
 known to be / / / /  
 involved) / / / /

Details of the death:

**Location and Department of death or fatal event \***

<b>Death certificate issued?</b>	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>
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For neonatal deaths  Any known cause of death as specified on the death certificate?	<b>a. Main diseases or conditions in infant</b>  <b>b. Other diseases or conditions in infant</b>  <b>c. Main maternal diseases or conditions affecting infant</b>  <b>d. Other maternal diseases or conditions affecting infant</b>  <b>e. Other relevant conditions</b>		
For deaths of children aged over 28 days  Any known cause of death as specified on the death certificate?	<b>Ia</b>  <b>Ib</b>  <b>Ic</b>  <b>II</b>		
<b>Death expected?</b>	<input type="checkbox"/>	<b>Expected</b>	<input type="checkbox"/> <b>Unexpected</b>
<b>Reported to Coroner</b>	<input type="checkbox"/>	<b>Yes</b>	<b>Date:</b> /    /
	<input type="checkbox"/>	<b>No</b>	<b>Name:</b>
<b>Reported to Registrar</b>	<input type="checkbox"/>	<b>Yes</b>	<b>Date:</b> /    /
	<input type="checkbox"/>	<b>No</b>	<b>Name:</b>
<b>Post mortem examination:</b>	<input type="checkbox"/>	<b>Yes</b>	<b>Date:</b> /    /
	<input type="checkbox"/>	<b>No</b>	<b>Venue:</b>

\* place where the child is believed to have died, or where the event directly leading to death occurred. For example, if a child is involved in a road traffic accident, and is resuscitated but subsequently dies, the location of death should be recorded as the site of the collision, rather than the hospital where the child's death was confirmed



<b>Level of review</b>	<input type="checkbox"/> <b>Notification only</b> <input type="checkbox"/> <b>General review</b> <input type="checkbox"/> <b>In depth review</b> <input type="checkbox"/> <b>Serious Case Review</b> <input type="checkbox"/> <b>Perinatal Review</b> <input type="checkbox"/> <b>Other</b>
<b>Date of local case discussion</b>	/ /
<b>Date discussed at panel</b>	/ /

*Rectory*





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# Rectory

## CR10 Contact Sheet

Child's Name:  D.O.B.  Page:



<b>Date</b> Type of contact With who Refer to	<b>Purpose/Action/Outcome</b>   Worker	<b>To Follow Up</b>
<b>Date</b> Type of contact With who Refer to	<b>Purpose/Action/Outcome</b>   Worker	<b>To Follow Up</b>
<b>Date</b> Type of contact With who Refer to	<b>Purpose/Action/Outcome</b>   Worker	<b>To Follow Up</b>
<b>Date</b> Type of contact With who Refer to	<b>Purpose/Action/Outcome</b>   Worker	<b>To Follow Up</b>
<b>Date</b> Type of contact With who Refer to	<b>Purpose/Action/Outcome</b>   Worker	<b>To Follow Up</b>
<b>Date</b> Type of contact With who Refer to	<b>Purpose/Action/Outcome</b>   Worker	<b>To Follow Up</b>
<b>Date</b> Type of contact With who Refer to	<b>Purpose/Action/Outcome</b>   Worker	<b>To Follow Up</b>
<b>Date</b> Type of contact With who Refer to	<b>Purpose/Action/Outcome</b>   Worker	<b>To Follow Up</b>