BOOKWORMS Nursery	**Safeguarding Policy**
Owner	Bookworms Nursery Manager
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Hampshire Children's Services

Public phone number: 0300 555 1384

Professionals should complete the online Interagency Referral Form for a child that lives in Hampshire. For children living in other Local Authorities, please refer to the contact list within the Child Protection Policy.

For immediate, significant concerns about a child, call the police on 999.

Any links to local or national advice and guidance can be accessed via the safeguarding in education webpages:
www.hants.gov.uk/educationandlearning/safeguardingchildren/guidance

Links to online specific advice and guidance can be found at
https://www.hants.gov.uk/socialcareandhealth/childrenandfamilies/safeguardingchildren/onlinesafety

Links to other pages from the local authority on safeguarding can be found at
https://www.hants.gov.uk/socialcareandhealth/childrenandfamilies/safeguardingchildren

The procedures of the Hampshire Safeguarding Children Partnership can be accessed at:
Procedures - Hampshire Safeguarding Children Partnership (hampshirescp.org.uk)

As a nursery, we review this policy at least annually in line with DfE, HSCP, HCC and any other relevant guidance.

Bookworms Nursery Safeguarding Policy

This policy should be read in conjunction with the nursery's Child Protection Policy.

Policy Statement

Safeguarding determines the actions that we take to keep children safe and protect them from harm in all aspects of their nursery life. As a nursery, we are committed to safeguarding and promoting the welfare of all our children.

The actions that we take to prevent harm; to promote wellbeing; to create safe environments; to educate on rights, respect and responsibilities; to respond to specific issues and vulnerabilities all form part of the safeguarding responsibilities of the nursery. As such, this overarching policy will link to other policies that will provide more information and detail.

Aims

- To provide staff with the framework to promote and safeguard the wellbeing of children and in so doing ensure they meet their statutory responsibilities.
- To ensure consistent good practice across the nursery.
- To demonstrate our commitment to protecting children.

Principles and Values

Safeguarding is everyone's responsibility. As such it does not rest solely with the Designated Safeguarding Lead (DSL) and their deputies to take a lead responsibility in all the areas covered within this policy. Some areas, such as Health and Safety, are a specialist area of safeguarding and a separate lead for this area is in place in Farnborough College of Technology.

Safeguarding processes are intended to put in place measures that minimise harm to children. There will be situations where gaps or deficiencies in the policies and processes we have in place will be highlighted. In these situations, a review will be carried out in order to identify learning and inform the policy, practice and culture of the nursery.

All children in our nursery are assigned a key person who will get to know the children and their families well; staff will use their knowledge of the children and families to be able to safeguard them. Staff will record concerns using 'MyConcern', these are shared with the Nursery safeguarding group, which includes the DSL for Farnborough College of Technology.

Areas of Safeguarding

Within the Early Years Foundation Stage Statutory Framework (EYFS) 2021, Keeping Children Safe in Education (2022) and the Ofsted inspection guidance (2019), there are a number of safeguarding areas directly highlighted or implied within the text. These areas of safeguarding have been separated into issues that are emerging or high-risk issues (part 1); those related to the child as an individual (part 2); other safeguarding issues affecting children (part 3); and those related to the running of the nursery (part 4).

Definitions

Within this document:

'***Safeguarding'*** is defined in the Children Act 2004 as protecting from maltreatment; preventing impairment of health and development; ensuring that children grow up with the provision of safe and effective care; and work in a way that gives the best life chances and transition to adult hood. Our safeguarding practice applies to every child.

The term ***Staff*** applies to all those working for or on behalf of the nursery, full time or part time, in either a paid or voluntary capacity.

Child refers to all young people who have not yet reached their 18th birthday. On the whole, this will apply to children of our nursery; however, the policy will also extend to visiting children.

Parent refers to birth parents and other adults in a parenting role for example adoptive parents, guardians, step parents and foster carers.

Key Personnel

The **Designated Safeguarding Lead** (DSL) for the nursery is:

- Denise Harper-Smith, Interim Nursery Manager

The **Deputy Designated Safeguarding Lead** (DDSL) is:

- Alison Norman, Nursery Deputy Manager

The **DSL for Farnborough College of Technology** is:

- Rachael Jenkins, Vice Principal Teaching, Learning and Completion

Part 1 – High Risk and Emerging Safeguarding Issues

Contextual Safeguarding

In KCSiE 2022 the DfE refer to contextual safeguarding as a specific term that has come out of research from the University of Bedfordshire.

The definition of Contextual Safeguarding is "*an approach to understanding, and responding to, young people's experiences of significant harm beyond their families. It recognises that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse. Parents and carers have little influence over these contexts, and young people's experiences of extra-familial abuse can undermine parent-child relationships. Therefore, children's social care practitioners need to engage with individuals and sectors who do have influence over/within extra- familial contexts, and recognise that assessment of, and intervention with, these spaces are a critical part of safeguarding practices. Contextual Safeguarding, therefore, expands the objectives of child protection systems in recognition that young people are vulnerable to abuse in a range of social contexts.*"

For us as a nursery, we will consider the various factors that have an interplay with the life of any children about whom we have concerns within the nursery and the level of influence that these factors have on their ability to be protected and remain free from harm particularly when it comes to child exploitation or criminal activity. While this term applies to this specific definition, the notion of considering a child within a specific context is also important. What life is like for a child outside the nursery gates, within the home, within the family and within the community are key considerations when the DSL is looking at any concerns.

Preventing Radicalisation and Extremism

The prevent duty requires that all staff are aware of the signs that a child maybe vulnerable to radicalisation. The risks will need to be considered for political; environmental; animal rights; or faith-based extremism that may lead to a child becoming radicalised. All staff have undertaken e-learning in order that they can identify the signs of children being radicalised. As part of the preventative process resilience to radicalisation will be built through the promotion of fundamental British values through the curriculum. Any child who is considered vulnerable to radicalisation will be referred by the DSL to children's social care.

Gender based violence / Violence against women and girls

https://www.gov.uk/government/policies/violence-against-women-and-girls

The Government has a strategy looking at specific issues faced by women and girls. Within the context of this safeguarding policy the following sections are how we respond to violence against girls. Female genital mutilation falls under this strategy.

Female Genital Mutilation (FGM)

FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. It has no health benefits and harms girls and women in many ways. It involves removing and damaging healthy and normal female genital tissue, and hence interferes with the natural function of girls' and women's bodies.

The age at which girls undergo FGM varies enormously according to the community. **The procedure may be carried out when the girl is newborn, during childhood or adolescence, just before marriage or during the first pregnancy**. However, the majority of cases of FGM are thought to take place between the ages of 5 and 8 and therefore girls within that age bracket are at a higher risk. FGM is illegal in the UK.

On the 31 October 2015, it became mandatory for teachers to report known cases of FGM to the police. 'known' cases are those where either a girl informs the person that an act of FGM – however described – has been carried out on her, or where the person observes physical signs on a girl appearing to show that an act of FGM has been carried out and the person has no reason to believe that the act was, or was part of, a surgical operation within section 1(2)(a) or (b) of the FGM Act. In these situations, the DSL and/or head will be informed and that the member of teaching staff has called the police to report suspicion that FGM has happened. ***At no time will staff examine children to confirm this.***

For cases where it is believed that a girl may be vulnerable to FGM or there is a concern that she may be about to be genitally mutilated, the staff will inform the DSL who will report it as with any other child protection concern.

The Trigger Trio

The term 'Trigger Trio' has replaced the previous phrase 'Toxic Trio' which was used to describe the issues of domestic violence, mental ill-health and substance misuse which have been identified as common features of families where harm to women and children has occurred.

The above are viewed as indicators of increased risk of harm to children and young people. In an analysis of Serious Cases Reviews undertaken by Ofsted in 2011, they found that in nearly 75% of these cases two or more of the issues were present. These factors will have a contextual impact on the safeguarding of children and young people.

Domestic Abuse

Domestic abuse is any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse:

- Psychological
- Physical
- Sexual
- Financial
- Emotional.

Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour. Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

Research indicates that living within a home where domestic abuse takes place is harmful to children and can have a serious impact on their behaviour, wellbeing and understanding of what constitutes a normal relationship. Children witnessing domestic abuse is recognised as 'significant harm' in law. These children may become aggressive; display anti-social behaviours; suffer from depression or anxiety; or fail to reach their educational potential.

Indicators that a child is living within a relationship with domestic abuse may include:

- being withdrawn
- suddenly behaving differently
- anxiety
- being clingy
- depression
- aggression
- problems sleeping
- eating disorders
- bed wetting
- soiling clothes
- excessive risk taking
- missing nursery
- changes in eating habits
- obsessive behaviour
- experiencing nightmares
- self-harm

These behaviours themselves do not indicate that a child is living with domestic abuse but should be considered as indicators that this may be the case. If staff believe that a child is living with domestic abuse, this will be reported to the Designated Safeguarding Lead for referral to be considered to children's social care.

Parental Mental Health

The term 'mental ill health' is used to cover a wide range of conditions, from eating disorders, mild depression and anxiety to psychotic illnesses such as schizophrenia or bipolar disorder. Parental mental illness does not necessarily have an adverse impact on a child's developmental needs, but it is essential to always assess its

implications for each child in the family. It is essential that the diagnosis of a parent/carer's mental health is not seen as defining the level of risk. Similarly, the absence of a diagnosis does not equate to there being little or no risk.

For children the impact of parental mental health can include:

- The parent / carer's needs or illnesses taking precedence over the child's needs
- Child's physical and emotional needs neglected
- A child acting as a young carer for a parent or a sibling
- Child having restricted social and recreational activities
- Child finds it difficult to concentrate- impacting on educational achievement
- A child missing nursery regularly as (s)he is being kept home as a companion for a parent / carer
- A child adopt paranoid or suspicious behaviour as they believe their parent's delusions.
- Witnessing self-harming behaviour and suicide attempts (including attempts that involve the child)
- Obsessional compulsive behaviours involving the child

If staff become aware of any of the above indicators, or others that suggest a child is suffering due to parental mental health, the information will be shared with the DSL to consider a referral to children's social care.

Parental Substance Misuse

Substance misuse applies to the misuse of alcohol as well as 'problem drug use', defined by the Advisory Council on the Misuse of Drugs as drug use which has: 'serious negative consequences of a physical, psychological, social and interpersonal, financial or legal nature for users and those around them. Parental substance misuse of drugs or alcohol becomes relevant to child protection when substance misuse and personal circumstances indicate that their parenting capacity is likely to be seriously impaired or that undue caring responsibilities are likely to be falling on a child in the family.

For children the impact of parental substance misuse can include:

- Inadequate food, heat and clothing for children (family finances used to fund adult's dependency)
- Lack of engagement or interest from parents in their development, education or wellbeing
- Behavioural difficulties- inappropriate display of sexual and/or aggressive behaviour
- Bullying (including due to poor physical appearance)
- Isolation – finding it hard to socialise, make friends or invite them home
- Tiredness or lack of concentration
- Child talking of drugs or related paraphernalia
- Injuries /accidents (due to inadequate adult supervision)
- Taking on a caring role

- Continued poor academic performance including difficulties completing homework on time
- Poor attendance or late arrival.

These behaviours themselves do not indicate that a child's parent is misusing substances but should be considered as indicators that this may be the case. If staff believe that a child is living with parental substance misuse, this will be reported to the Designated Safeguarding Lead for referral to be considered for children's social care.

Baby Bruising Protocol

The bruising protocol tells staff what to do if they identify a bruise on a young baby, especially a baby who is not yet rolling or crawling. Bruising is the commonest sign of physical abuse. A bruise on any young child can be a sign of abuse but bruising in non-mobile babies is unusual and can be associated with life threatening injuries.

- All non-mobile babies with a bruise should be fully assessed and referred immediately to children's services.
- Nursery staff will give parents a copy of the leaflet 'Bruising in young babies- information for parents and carers'
- The baby should receive a full paediatric assessment within four hours.

ICON. Abusive head trauma

I= Infant crying is normal
C= Comforting methods can help
O= OK to walk away
N= Never, ever shake a baby

ICON is a preventative programme which reinforces a simple message to parents and teaches them how to cope with a crying baby. The nursery has access to the ICON toolkit which contains documents to support the delivery of the message to parents to help prevent abusive head trauma's occurring.

Missing, Exploited and Trafficked Children (MET)

Within Hampshire, the acronym MET is used to identify all children who are missing; believed to be at risk of or being exploited; or who are at risk of or are being trafficked. Given the close links between all of these issues, there has been a considered response to join all these issues, so that cross over of risk is not missed.

Children Missing from Education

Patterns of children missing education can be an indicator of either abuse or safeguarding risks. A relatively short length of time a child is missing does not

reduce risk of harm to that child, and all absence or non-attendance should be considered with other known factors or concerns.

DSL's and staff should consider:

Single missing days:

- Is there a pattern in the day missed?
- Is it before or after the weekend suggesting the child is away from the area?
- Is the parent informing the nursery of the absence on the day?

Continuous missing days:

- Has the nursery been able to contact the parent?
- Is medical evidence being provided?
- Have we had any concerns about physical or sexual abuse?
- Does the parent have any known medical needs? Is the child safe?

The nursery will view absence as a safeguarding issue. The nursery may take steps that could result in a referral to children's social care.

Child Abduction

Child abduction is the unauthorised removal or retention of a minor from a parent or anyone with legal responsibility for the child. Child abduction can be committed by parents or other family members; by people known but not related to the victim (such as neighbours, friends and acquaintances); and by strangers. Further information is available at: www.actionagainstabduction.org

When we consider who is abducted and who abducts:

- Nearly three-quarters of children abducted abroad by a parent are aged between 0 and 6 years-old
- Roughly equal numbers are boys and girls
- Two-thirds of children are from minority ethnic groups.
- 70% of abductors are mothers. The vast majority have primary care or joint primary care for the child abducted.
- Many abductions occur during school holidays when a child is not returned following a visit to the parent's home country (so-called 'wrongful retentions')

If the nursery becomes aware of an abduction we will follow the HIPS procedure and contact the police and childrens social care (if they are not already aware). If we are made aware of a potential risk of abduction we will seek advice and support from police and children's social care to confirm that they are aware and seek clarity on what actions we are able to take.

Technologies

Technological hardware and software is developing continuously with an increase in functionality of devices that people use. The majority of children have access to technology. Access to the Internet and other tools that technology provides is an invaluable way of finding, sharing and communicating information. While technology itself is not harmful, it can be used by others to make children vulnerable and to abuse them. All technology used in the nursery by the children is supervised by an adult and has passwords in place to stop the children being able to access the internet without this. The touch table has "safe search" technology. Mobile phone use is not allowed within the nursery setting.

Online Safety and Social Media

With the current speed of on-line change, some parents and carers have only a limited understanding of online risks and issues. Parents may underestimate how often their children come across potentially harmful and inappropriate material on the internet and may be unsure about how to respond.

Some of the risks could be:

- unwanted contact
- grooming
- online bullying including sexting
- digital footprint

Part 2 – Safeguarding Issues Relating to Individual Children's Needs

Homelessness

As a nursery we recognise that being homeless or being at risk of becoming homeless presents a real risk to a child's welfare. The impact of losing a place of safety and security can affect a child's behaviour and attachments.

In line with the Homelessness Reduction Act 2017 this nursery will promote links into the Local Housing Authority for the parent or care giver in order to raise/progress concerns at the earliest opportunity.

We recognise that whilst referrals and/or discussion with the Local Housing Authority should be progressed as appropriate, this does not, and should not, replace a referral into children's social care where a child has been harmed or is at risk of harm.

Children & the Court System

Because of the age of children attending nursery it is unlikely that they would be called to court as a witness. However, their feelings may be interpreted and given by an adult on their behalf.

Children with Family Members in Prison

Children who have a family member in prison are at greater risk of poor outcomes including poverty, stigma, isolation and poor mental health.

This nursery aims to: -

- Understand and Respect the Child's Wishes
  We will respect the child's wishes about sharing information. If other children become aware the nursery will be vigilante to potential bullying or harassment.

- Keep as Much Contact as Possible with the Parent and Caregiver
  We will maintain good links with the remaining caregiver in order to foresee and manage any developing problems

- Provide Extra Support
  We recognise that having a parent in prison can attach a real stigma to a child, particularly if the crime is known and particularly serious.

Alongside pastoral care the nursery will use the resources provided by the National Information Centre on Children of Offender in order to support and mentor children in these circumstances.

Children with Medical Conditions (in nursery)

There is a separate policy outlining the nursery's position on this.

- As a nursery we will make sure that sufficient staff are trained to support any children with a medical condition.
- All relevant staff will be made aware of the condition to support the child and be aware of medical needs and risks to the child.
- An individual healthcare plan may be put in place to support the child and their medical needs.

Special Educational Needs and Disabilities

Children who have special educational needs and/or disabilities can have additional vulnerabilities when recognising abuse and neglect.

These can include:

- Assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration
- The potential for children with SEN and disabilities being disproportionally impacted by behaviours such as bullying, without outwardly showing any signs
- Communication barriers and difficulties in overcoming these barriers
- Have fewer outside contacts than other children
- Receive intimate care from a considerable number of carers, which may increase the risk of exposure to abusive behaviour and make it more difficult to set and maintain physical boundaries
- Have an impaired capacity to resist or avoid abuse
- Have communication difficulties that may make it difficult to tell others what is happening
- Be inhibited about complaining for fear of losing services
- Be especially vulnerable to bullying and intimidation
- Be more vulnerable than other children to abuse by their peers.

As a nursery we will respond to this by:

- Making it common practice to enable disabled children to make their wishes and feelings known in respect of their care and treatment
- Making sure that all disabled children know how to raise concerns and give them access to a range of adults with whom they can communicate. This could mean using interpreters and facilitators who are skilled in using the child's preferred method of communication
- Recognising and utilising key sources of support including staff in nurseries, friends and family members where appropriate
- Developing the safe support services that families want, and a culture of openness and joint working with parents and carers on the part of services
- Ensuring that guidance on good practice is in place and being followed.

Intimate and personal care

'Intimate Care' can be defined as care tasks of an intimate nature, associated with bodily functions, bodily products and personal hygiene, which demand direct or indirect contact with, or exposure of, the sexual parts of the body. The Intimate Care tasks specifically identified as relevant include:

- Dressing and undressing after a toileting accident
- Helping someone use the toilet
- Changing nappies

'Personal Care' involves touching another person, although the nature of this touching is more socially acceptable. These tasks do not invade conventional personal, private or social space to the same extent as Intimate Care. Those Personal Care tasks specifically identified as relevant here include:

- Skin care/applying external medication
- Feeding
- Administering oral medication
- Dressing and undressing (clothing)
- Washing non-intimate body parts
- Prompting to go to the toilet.

Personal Care encompasses those areas of physical and medical care that most people carry out for themselves but which some are unable to do because of disability or medical need. Children and young people may require help with eating, drinking, washing, dressing and toileting.

Where Intimate Care is required, we will follow the following principles:

1. **Involve the child in the intimate care**

   Try to encourage a child's independence as far as possible in his or her intimate care. Where a situation renders a child fully dependent, talk about what is going to be done and give choices where possible. Check your practice by asking the child or parent about any preferences while carrying out the intimate care.

2. **Treat every child with dignity and respect and ensure privacy appropriate to the child's age and situation.**

   Staff can administer intimate care alone however we will be aware of the potential safeguarding issues for the child and member of staff. Care should be taken to ensure adequate supervision primarily to safeguard the child but also to protect the staff member from potential risk.

3. **Be aware of your own limitations**

   Only carry out activities you understand and with which you feel competent. If

in doubt, ASK. Some procedures must only be carried out by members of staff who have been formally trained and assessed.

4. **Promote positive self-esteem and body image**

   Confident, self-assured children who feel their body belongs to them are less vulnerable to sexual abuse. The approach you take to intimate care can convey lots of messages to a child about their body worth. Your attitude to a child's intimate care is important. Keeping in mind the child's age, routine care can be both efficient and relaxed.

5. **If you have any concerns you must report them.**

   If you observe any unusual markings, discolouration or swelling, report it immediately to the designated practitioner for child protection.

   If a child is accidentally hurt during the intimate care or misunderstands or misinterprets something, reassure the child, ensure their safety and report the incident immediately to the DSL. Report and record any unusual emotional or behavioural response by the child. A written record of concerns must be made available to parents and kept in the child's child protection record.

6. **Helping through communication**

   There is careful communication with each child who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc.) to discuss the child's needs and preferences. The child is aware of each procedure that is carried out and the reasons for it.

7. **Support to achieve the highest level of autonomy**

   As a basic principle, children will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for themselves as they can. This may mean, for example, giving the child responsibility for washing themselves.

Perplexing Presentations or Fabricated Induced Illness

There are three main ways that a carer could fabricate or induce illness in a child. These are not mutually exclusive and include:

- Fabrication of signs and symptoms. This may include fabrication of past medical history.
- Fabrication of signs and symptoms and falsification of hospital charts and records, and specimens of bodily fluids. This may also include falsification of letters and documents
- Induction of illness by a variety of means.

If we are concerned that a child may be suffering from fabricated or induced illness, we will inform children's social care.

Mental Health

Nursery staff see their key children day in, day out. They know them well and are well placed to spot changes in behaviour that might indicate an emerging problem with the mental health and emotional wellbeing of children. The balance between the risk and protective factors are most likely to be disrupted when difficult events happen in Childrens' lives.

These include:

- **loss or separation** – resulting from death, parental separation, divorce, hospitalisation, loss of friendships (especially in adolescence), family conflict or breakdown that results in the child having to live elsewhere, being taken into care or adopted.
- **life changes** – such as the birth of a sibling, moving house or changing nurseries.
- **traumatic events** such as abuse, domestic violence, bullying, violence, accidents, injuries or natural disaster.

When concerns are identified, nursery staff will provide opportunities for the child to talk or receive support within the nursery environment. Parents will be informed of the concerns and a shared way to support the child will be discussed.

Where the needs require additional professional support referrals will be made to the appropriate team or service with the parent's agreement or child's if they are considered to be competent.

Part 3 – Other safeguarding issues that may impact on children

Faith Abuse

The number of known cases of child abuse linked to accusations of 'possession' or 'witchcraft' is small, but children involved can suffer damage to their physical and mental health, their capacity to learn, their ability to form relationships and to their self-esteem. Such abuse generally occurs when a carer views a child as being 'different', attributes this difference to the child being 'possessed' or involved in 'witchcraft' and attempts to exorcise him or her.

A child could be viewed as 'different' for a variety of reasons such as, disobedience; independence; bed-wetting; nightmares; illness; or disability. There is often a weak bond of attachment between the carer and the child. There are various social reasons that make a child more vulnerable to an accusation of 'possession' or 'witchcraft'. These include family stress and/or a change in the family structure.

The attempt to 'exorcise' may involve severe beating, burning, starvation, cutting or stabbing and isolation, and usually occurs in the household where the child lives.

If the nursery becomes aware of a child who is being abused in this context, the DSL will follow the normal referral route into children's social care.

Private Fostering

Private fostering is an arrangement by a child's parents for their child (under 16 or 18 if disabled) to be cared for by another adult who is not closely related and is not a legal guardian with parental responsibility for 28 days or more. It is not private fostering if the carer is a close relative to the child such as grandparent, brother, sister, uncle or aunt.

The Law requires that the carers and parents must notify the Children's Services Department of any private fostering arrangement.

If the nursery becomes aware that a child is being privately fostered we will inform the Children's Services Department and inform both the parents and carers that we have done so.

Parenting

All parents will struggle with the behaviour of their children at some point. This does not make them poor parents or generate safeguarding concerns. Rather it makes them human and provides them with opportunities to learn and develop new skills and approaches to deal with their children. Some children have medical conditions and/or needs, or a condition associated with autism or ADHD that have a direct impact on

behaviour and can cause challenges for parents in dealing with behaviours. This does not highlight poor parenting either.

Parenting becomes a safeguarding concern when the repeated lack of supervision, boundaries, basic care or medical treatment places the children in situations of risk or harm.

In situations where parents struggle with tasks such as setting boundaries and providing appropriate supervision, timely interventions can make drastic changes to the wellbeing and life experiences of the children without the requirement for a social work assessment or plan being in place.

As a nursery we will support parents in understanding the parenting role and provide them with strategies to make a difference by:

- Providing details of community-based parenting courses http://www3.hants.gov.uk/childrens-services/familyinformationdirectory.htm
- Discussing the issue with the parent and supporting them in making their own plans of how to respond differently (using evidence-based parenting programmes)
- Considering appropriate early help services http://www3.hants.gov.uk/childrens-services/childrens-trust/earlyhelp.htm

Part 4 –Safeguarding Processes

Safer Recruitment

The HR department at Farnborough College of Technology is responsible for all nursery recruitment processes. The manager will be part of the interview panel. On all recruitment panels, there is at least one member who has undertaken safer recruitment training. The recruitment process checks the identity, criminal record (enhanced DBS), mental and physical capacity, right to work in the U.K., professional qualification and seeks confirmation of the applicant's experience and history through references.

Staff Induction

The DSL or their deputy will provide all new staff with training to enable them to both fulfil their role and also to understand the child protection policy, the safeguarding policy, the staff behaviour policy/code of conduct, and part one of Keeping Children Safe in Education. This induction may be covered within the annual training if this falls at the same time; otherwise it will be carried out separately during the initial starting period.

Health and Safety

The site, the equipment and the activities carried out as part of the curriculum are all required to comply with the Health and Safety at Work act 1974 and regulations made under the act.

All risks are required to be assessed and recorded plans of how to manage the risk are in place. The plans should always take a common sense and proportionate approach to allow activities to be safe rather than preventing them from taking place. The nursery has a Health and Safety policy which details the actions that we take in more detail.

Site Security

We aim to provide a secure site but recognise that the site is only as secure as the people who use it. Therefore, all people on the site have to adhere to the rules which govern it. These are:

- Visitors and volunteers enter at the reception and must sign in.
- Visitors and volunteers are identified by ID.
- Children are only allowed to leave the nursery day with adults/carers with parental responsibility or with another adult if written permission being given.
- All children are signed in and out by staff each day.

First Aid

There is a separate First Aid policy

Taking and the use and Storage of Images

As a nursery we will seek consent from the parent of a child and from nursery staff before taking and publishing photographs or videos that contain images that are sufficiently detailed to identify the individual in nursery publications, printed media or on electronic publications.

Photographs will only be taken on nursery owned equipment and stored on site. No images of children will be taken or stored on privately owned equipment by staff members.

Disqualification Under the Childcare Act

The Childcare Act of 2006 was put in place to prevent adults who have been cautioned or convicted of a number of specific offences from working within childcare. Previously this disqualification also extended to risk by association of anyone living within the same household and required us to carry out a self-disclosure process with staff.

The risk by association element of the Act has now been refocused by the DfE and no longer applies to nursery staff.

We will continue to check for disqualification under the Childcare Act as part of our safer recruitment processes for any offences committed by staff members or volunteers.