



## Safeguarding and Child Protection Policy

<b>Approved by:</b>	Management Committee	Date:
<b>Reviewed by:</b>	Management Committee	Date:
<b>Next Review:</b>	January 2027	

Recognising and coping with a case of child abuse is a very stressful experience, but everyone should understand that their **first responsibility is to the child**. Safeguarding is everyone's responsibility; we have a duty by law to act if we suspect a child may be suffering from abuse. Everyone who encounters children and their families has a role to play in identifying concerns, sharing information and taking prompt action

**The aims:**

- i) To encourage all children towards a positive self-image.
- ii) To raise awareness of both early year's practitioners and other members of staff at Harmony the needs arising from safeguarding children's issues.
- iii) taking action to enable all children to have the best outcomes in line with the outcomes set out in the Children's Social Care National Framework [click here](#).
- iv) To highlight their responsibilities in identifying abuse and their duties in reporting possible cases of abuse.
- v) To devise a framework for monitoring and supporting children thought to be at risk
- vi) To establish a line of communication between fellow professionals, staff and outside agencies.
- vii) To teach strategies that children may use to enhance and foster their own security, confidence and independence.

**Objectives:**

- i) All staff will be vigilant to cases of suspected child abuse and be informed of the nursery's procedures in reporting and monitoring.
- ii) All staff, volunteers and work placement students will be vetted, and an enhanced Disclosure Barring (DBS) will be carried out before they are employed or left with the children.
- iii) All personal mobiles and cameras of staff should be kept in lockers provided and under no circumstances to be used inside the nursery.
- iv) All children will view themselves as part of a caring community where they may learn through example how to establish and sustain relationships with peers, adults, families and the outside world.

## Context and Statutory guidance

- The Children Act 1989 [click here](#) states that the child's welfare is paramount and that every child has a right to protection from abuse, neglect and exploitation.
- This policy seeks to promote effective multi-agency working in the light of the Children Act 2004 [click here](#) and Childcare 2006 [click here](#) is based on the statutory guidance provided in the Department for Education's 'Working together to safeguard children' (updated 2023 [click here](#), and 'Keeping children safe in education' (known as KCSIE, updated September 2025, [click here](#)). There are four main elements:
  - **Prevention** (e.g. positive, supportive, safe nursery/learning culture, curriculum opportunities for children/vulnerable learners, safer recruitment procedures).
  - **Protection** (by following the agreed procedures, ensuring all staff are trained and supported to respond appropriately and sensitively to safeguarding concerns).
  - **Support** (for all children, parents and staff, and where appropriate specific intervention for those who may be at risk of harm)
  - **Working with** parents/families and other agencies (to share information and ensure appropriate actions are undertaken).
- The Statutory Framework for the Early Years Foundation Stage 2025 [click here](#), sets out the Safeguarding and Welfare requirements for early years settings. We will ensure all staff member (including temporary/supply staff/volunteers/ /students) and committee members know the name of the Designated Safeguarding Lead.

This definition is taken from the statutory guidance, 'Working together to safeguard children' (DfE, 2023). As outlined in 'Keeping children safe in education' (DfE, 2025), 'children' refers to everyone under the age of 18.

It is important to remember that safeguarding and child protection are not the same. Safeguarding is what we do for all children and young people; a proactive endeavour to keep them safe whilst in our care. Child protection describes the interventions and procedures we will carry out for young people who are at risk of serious harm or have been seriously harmed. The term 'children' includes everyone under the age of 18.

## **Roles and responsibilities**

Safeguarding and child protection is **everyone's** responsibility. This policy applies to all staff, volunteers and governors in the school and is consistent with the procedures of the three safeguarding partners. Our policy and procedures also apply to extended school and off-site activities. The school plays a crucial role in preventative education. This is in the context of a whole-school approach to preparing pupils for life in modern Britain, and a culture of zero tolerance of sexism, misogyny/misandry, homophobia, biphobia, transphobia and sexual violence/harassment. This will be underpinned in our

- Positive Relationship and Behaviour policy
- Planned programme of relationships (PSHE) which is inclusive and delivered regularly, tackling issues such as
  - Stereotyping, prejudice and equality
  - Body confidence and self-esteem
  - How to recognise an abusive relationship (*including coercive and controlling behaviour*)

### **All Staff will be aware of:**

Our systems which support safeguarding, including this child protection and safeguarding policy, the staff code of conduct, the role and identity of the designated safeguarding lead (DSL) and deputies, the behaviour policy, online safety and the safeguarding response to children who go missing from education

- Of the expectations, applicable roles and responsibilities in relation to filtering and monitoring. To bring to the DSL's attention, if there is something which causes them concern
- The early help assessment process and their role in it, including identifying emerging problems, liaising with the DSL, and sharing information with other professionals to support early identification and assessment
- The process for making referrals to local authority children's social care and for statutory assessments that may follow a referral, including the role they might be expected to play

The signs of different types of abuse, neglect and exploitation, including domestic and sexual abuse (including controlling and coercive behaviour, as well as parental conflict that is frequent, intense, and unresolved), as well as specific safeguarding issues, such as child-on child abuse, grooming, child sexual exploitation (CSE), child criminal exploitation (CCE), indicators of being at risk from or involved with serious violent crime, FGM, radicalisation and serious violence (including that linked to county lines)

## WHAT IS CHILD IN NEED?

Children who are defined as being 'in need', under the Children Act 1989 [click here](#), are those whose vulnerability is such that they are unlikely to reach or maintain satisfactory level of health or development, or their health and development will be significantly impaired without the provision services (s17(10) of the Children Act 1989). The critical factors to be considered in deciding whether the child is in need under the Children Act 1989 are what will happen to a child's health or development **without services**, and the likely effect the services will have on the child's standards of health and development.

## WHAT IS A SIGNIFICANT HARM?

Some children are in need because they are suffering or likely to suffer significant harm. The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interest of the children. The local authority is under duty to make enquiries or cause enquiries to be made, where it has reasonable cause to suspect that a child is suffering, or likely to suffer, significant harm (S47 of the Children Act 1989).

## WHAT IS ABUSE AND NEGLECT?

A person may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm (Appendix 1). Children and young people may be abused in a family or in an institutional or community setting; by those known to them or, more rarely, by a stranger. Is persistent failure to meet a child's basic physical and or psychological needs, likely to result in serious impairment of the child's health or development, such as failing to provide adequate food, shelter and clothing, or neglect of or unresponsiveness to a child's basic emotional need.

## Key Personnel

The Designated Safeguarding Lead in this early year's setting is:

Name.....Jana Hassan.....

Job title...Nursery Manager.....

Contact details...0208 7432089.....

The manager in this early year's setting is:

Name.....Jana Hassan.....

Contact details.....0208 7432089 (manager@harmonynursery.co.uk) .....

The Deputy Designated Safeguarding Lead in this early year's setting is Name.....

Rosina Frempong.....

Job title..... Deputy Manager.....

Contact details.....0208 7432089.....

### **Local Authority Designated Officer (LADO)**

A referral to a Local Authority Designated Officer (LADO Service) can be made when there are allegations against a professional or volunteer working with a child(ren), aged 0 to 18.

A referral can be made by email to [LADO@lbhf.gov.uk](mailto:LADO@lbhf.gov.uk) (Mon to Fri, 9am to 5pm).

### **GUIDELINES FOR STAFF**

- Following a disclosure by a child, do not cross-examine; remain calm. Listen to and observe the child. Trust your own judgement. Whenever you are confronted with behaviour or development that is not within the normal range, and particularly if you suspect child abuse, share these concerns with the Designated Safeguarding Lead.
- Decide, with the Designated Safeguarding Lead, whether you need to keep an eye on the situation for the next few days or weeks, or to take immediate action. Record in writing everything that has been noticed or said, and any decisions/action taken as accurately as possible dated and signed. In case of suspected child abuse, Social Services have a duty to investigate.
- The Guidance to the Children Act 1989 recommends that in the case of suspected child abuse, the duty of the manager is to inform child's parents. Check with the parents to see if they have noticed any changes in behaviour and /or seek explanation for unexplained bruises or marks.
- All those involved must respect the confidentiality of information they possess about a child in the care of the nursery. However, promises of not to tell must not be made to a child for these promises cannot be kept where a child's safety may be at risk.
- The stress caused to staff handling the delicate issues of child abuse must be acknowledged within the caring ethos of the nursery. Support may be needed to help staff deal with their own feelings.

## **What staff should do if they have concerns about another member of staff /supply staff or volunteer?**

The nursery procedures are aligned to those set out in KCSIE part 4, for managing cases of allegations that might indicate a person will pose a risk of harm if they continue to work in regular or close contact with children in their present position, or in any capacity.

This includes all members of staff, cover staff, and volunteers. This includes both:

- Allegations that may meet the harm threshold.
- Allegations/concerns that do not meet the harm threshold – referred to for the purposes of this policy as ‘low-level concerns’.
- Concerns that occur inside and outside of nursery, online as well as offline

### **Allegations that may meet the harm threshold**

This applies where it is alleged that anyone working in the nursery that provides care and education for children under 18 years of age, including supply staff and volunteers has:

- behaved in a way that has harmed a child, or may have harmed a child; and/or
- possibly committed a criminal offence against or related to a child; and/or
- behaved towards a child or children in a way that indicates he or she may pose a risk of
- Harm to children; and/or behaved or may have behaved in a way that indicates they may not be suitable to work with children.

If staff have safeguarding concerns, or an allegation is made about another member of staff (including volunteers and supply staff) posing a risk of harm to children, this should be referred to the Nursery manager. Where there are concerns/allegations about the Nursery manager, this should be referred to the management committee. Employees can also contact the NSPCC whistleblowing advice line on 0800 028 0285.

### **Low-level concerns**

This applies to concerns which do not meet the harm threshold, referred to as ‘low-level’ concerns. The nursery actively promotes an open and transparent culture in which all concerns about all adults (members of staff, supply cover and volunteers) are dealt with promptly and appropriately. This should enable early identification of inappropriate, problematic or concerning behaviour, minimise the risk of abuse, and ensure that adults working in the nursery are clear about professional boundaries and act within these boundaries, and in accordance with the values of the nursery.

A low-level concern is any concern – no matter how small, and even if no more than causing a sense of unease or a ‘nagging doubt’ - that an adult working in or on behalf of the nursery may have acted in a way that:

- is inconsistent with the staff code of conduct, including inappropriate conduct outside of work; and does not meet the harm threshold or is otherwise not serious enough to consider a referral to the LADO.

Examples of such behaviour could include, but are not limited to:

- being over friendly with children
- having favourites
- engaging with a child on a one-to-one basis in a secluded area or behind a closed door.

Low-level concerns may arise in several ways and from several sources. For example: suspicion; complaint; or disclosure made by a child, parent or other adult within or outside of the organisation; or because of vetting checks undertaken. Nursery will keep a log of any low-level concerns raised.

### **What staff should do if they have concerns about safeguarding practices?**

All staff and volunteers should feel able to raise concerns about poor or unsafe practice and potential failures in the school's safeguarding regime and know that such concerns will be taken seriously by the senior leadership team. Staff should be aware of the Whistleblowing Policy. Where a staff member feels unable to raise an issue with their employer, or feels that their genuine concerns are not being addressed, other whistleblowing channels may be open to them:

- General guidance on whistleblowing can be found via: Advice on Whistleblowing for employees [click here](#);
- The NSPCC whistleblowing helpline is available as an alternative route for staff who do not feel able to raise concerns regarding child protection failures internally or have concerns about the way a concern is being handled by their nursery. Staff can call 0800 028 0285 or email: [help@nspcc.org.uk](mailto:help@nspcc.org.uk)

### **PROCEDURES FOR SAFEGUARDING CHILDREN**

Commitment to safeguard children is the responsibility of all staff. Harmony Neighbourhood Nursery staff must always follow the inter-agency Child Protection Guidelines [click here](#), and the Local Safeguarding Children's Partnership (LSCP) Guidelines [click here](#). Also from 1 July 2015 all early years childcare providers and schools are subject to a duty under section 26 of the Counter-Terrorism and Security Act 2015 [click here](#) in the exercise of their functions, to have "due regard to the need to prevent people from being drawn into terrorism". This duty is known as the Prevent duty.

Furthermore, Staff should be aware of new reporting requirements with regards to known cases of female genital mutilation (FGM). The nursery procedures are to be used in conjunction with the above. They outline the process to be followed when there are concerns about a child and state the actions to be taken.

## **ACTION TO BE TAKEN**

When there is cause for concern:

- Treat the concern seriously and take all reasonable steps to protect the child.
- Talk to the child according to age, understanding, language preference and special needs
- Avoid leading questions and keep an open mind
- Do not interrupt; make assumptions or judgement, offer suggestions or alternative explanations, or attempt to investigate the concern.
- Reassure the child that information will only be passed on a 'need to know' basis; do not promise total confidentiality.
- Notify Designated Safeguarding Lead immediately (or next in line in her/his absence)
- Record all the details onto a Safeguarding Children Report (Appendix 3). Refer to Guidelines on Good Recording (Appendix 4) and pass the form to the Designated Safeguarding Lead (Manager).
- The Designated Safeguarding Lead will discuss the details with you and check the child's records before deciding whether to take further action, i.e. refer to the Safeguarding Team or speak with the parent.
- Name of Designated Safeguarding Lead – Jana Hassan, telephone 020 8743 2089 or 07583882159. In the absence of Jana, the Deputy Designated Safeguarding Lead, Rosina Frempong (telephone as above) is next in line; she will take responsibility in carrying out the procedure.
- If an injury that have occurred at home, we request for the parent to complete a form using the body map (Follow the flowchart: Appendix 5)

### **Steps taken when concerns are raised:**

- When/how parents informed about concerns – how managed:
- All information to be recorded fully about the child, at first point of contact, including name, address, gender, date of birth, name (s) of person (s) with parental responsibility (for consent purpose) and primary carer, if different.
- Record all concerns, discussions about the child, decisions made, and the reasons for those decisions.

### ***Physical abuse:***

1. Approach parents ask about marks
2. Document incident in the incident book (In manager's office)
3. Inform key worker and other staff to observe for any other suspicious marks/bruises

### ***Sexual Abuse:***

1. Notify Designated Safeguarding Lead
2. Manager or in the absence of manager, deputy, to approach parent – discuss issues, give reasons for your concerns
3. Explain our responsibility toward the child and our duties under the Children Act
4. Keep records of all contact with parent and observations of child's Behaviour
5. Offer support and help to parent – if necessary and put parent in touch with other relevant agencies.
6. If concerns remain child protection team will be notified

### ***Emotional Abuse:***

1. Approach Designated Safeguarding Lead
2. Who then decide on course of action, following appropriate discussions and seek advice if necessary
3. After advice Inform Safeguarding Children's team immediately - ICAT

Meet daily with key worker to check progress/discuss behavioural observations. If concerns remain child protection team to be notified

Training is carried out; therefore, all staff aware of confidentiality and appropriate procedures /steps to take.

### **Female Genital Mutilation (FGM)**

Female Genital Mutilation (FGM) comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs. It is illegal in the UK and a form of child abuse with long-lasting harmful consequences.

All members of staff need to be alert to the possibility of a girl being at risk of FGM or already having suffered FGM.

1. Approach Designated Safeguarding Lead
2. Who then decide on course of action, following appropriate discussions and seek advice if necessary
3. After advice Inform Safeguarding Children's team immediately

## REFERRING CHILD PROTECTION CONCERNS

- Following notification of a Safeguarding Children concern, the Designated Safeguarding Lead, or deputy must verbally report the matter to the Local Safeguarding Children's Partnership (LSCP), telephone 020 8753 3914
- If the duty worker is engaged do not hang up, ask to speak to another person who can help you
- Be ready to give the following information:
- The child's name(s), date of birth, ethnicity, address
- Information about the concern. Including date(s), time(s), location(s)
- Details of sibling(s) if appropriate
- Details of parent(s) or carer including contact numbers
- Details of any discussion with the parent(s) or carer
- LSCP will then pursue the matter in consultation with other agencies as appropriate

## Emergency Telephone Numbers in the London Borough of Hammersmith & Fulham (LBHF) and email address as well as OFSTED

- Anna Carpenter – LBHF Head of Safeguarding 0208 753 5124:  
[Anna.Carpenter@lbhf.gov.uk](mailto:Anna.Carpenter@lbhf.gov.uk)
- Megan Brown – Safer Organisations ((LADO) and Safeguarding in Education Manager [megan.brown@lbhf.gov.uk](mailto:megan.brown@lbhf.gov.uk) 07776 673020
- Duty Admin: 020 8753 5125 / **LADO** Referrals: [LADO@lbhf.gov.uk](mailto:LADO@lbhf.gov.uk)
- Local Safeguarding Children Board: 020 8753 3914
- NSPCC Safeguarding Children Help Line: 0808 800 5000
- Safeguarding Children Referrers: 0208 753 6610
- **OFSTED**: 03001233155 ([whistleblowing@ofsted.gov.uk](mailto:whistleblowing@ofsted.gov.uk))

## **SAFER RECRUITMENT**

Harmony Neighbourhood Nursery will comply with all applicable employment legislation, including the Sex Discrimination Act 1986, the Disability Discrimination Act 1995 and the Equality Act 2010.

The procedure set out below will apply to the exit and recruitment of all staff.

### **1. Exit Procedure**

- Under their contract of employment, a staff member must give one month's written notice of resignation to the Nursery Manager.
- A copy of the resignation letter (including the date of termination of employment) will be given to the Management Committee.
- The Nursery Manager will conduct an exit interview. Information obtained will be shared with the Management Committee and used to inform future planning.

### **2. Recruitment Procedure**

- The Manager will notify any vacancy to the Chair of the Management Committee, who will set up a recruitment panel and liaise with the Management Committee.
- At least one member of the Management Committee must be included in the recruitment panel and participate in the recruitment process. The Management Committee member will be responsible for reporting back to the Management Committee on the recruitment process.
- The Manager will advertise the vacancy and distribute application packs, with the assistance of the Administration Officer. Advertising will aim to reach as many potential candidates as possible, reflecting the diversity of the local community and staff body.
- Applicants will be sent an application pack including:
  - Application form.
  - Job description.
  - Personal specifications.
  - Equal opportunity statement.
  - Rehabilitation of Offenders Act form.
  - Information about the nursery setting; and
  - Covering letter.

- All applicants must complete an application form - CVs will not be accepted.
- The Nursery Manager will ensure that two references are obtained and verified, and copies of the application, references, criminal offences and health forms are retained.
- The recruitment panel will meet at least two weeks before the proposed interview date and draw up a shortlist of candidates for interview. However, current practice indicates that there are rarely sufficient applications to shortlist and all applicants will be called to interview if they meet the required criteria for the role.
- Candidates not included in the shortlist will be notified in writing or by telephone.
- Shortlisted candidates will be informed of their interview date and time.
- The recruitment panel will meet to set questions and decide the interview format and will then conduct the interviews.
- Following the interviews, the recruitment panel will meet to identify the best candidate. If the members of the panel are unable to agree, the matter will be decided by majority vote (with the member of the Management Committee having a casting vote in the event of a tie).

### **3. Post-Interview Procedure**

- Once a successful candidate has been identified, the Nursery Manager will ensure that:
  - a contract of employment is issued within two months of the candidate commencing work.
  - Disclosure Barring Service (DBS) enhanced checks are carried out and necessary information obtained (new staff will not have unsupervised contact with children until DBS clearance has been obtained).
  - an induction procedure is implemented.
  - OFSTED is notified of the changes where applicable.
  - the probationary period is monitored and reviewed (and successful completion of the probationary period is confirmed in writing by the line manager where appropriate).
  - a system is in place for regular supervision; and
  - a personnel file is opened and maintained, containing all appropriate records.

### **DEFINITION OF ABUSE**

#### **PHYSICAL ABUSE**

May involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child, including by fabricating, the symptoms of or deliberately causing, ill health to a child.

There can never be a definitive list of indicators of physical abuse, but we can safely say that the following are causes for concern. The indicators can be divided into physical and behavioural indicators:

Physical indicator:

- Bruises in places that are not usually harmed in normal play, e.g. on the face below the eye-line and around the ears, on the abdomen, in the groin area, in the small of the back and on the back of the legs
- Bruises or marks consistent with either straps or slaps or reflecting shape of article used, e.g. belt, buckle, electrical flex

Unexplained Burns:

- Cigar, cigarette burns especially on soles, buttocks, palms or back
- Burns of all kinds that do not have an explanation consistent with the marks
- Patterned like electrical burner, iron, etc

Unexplained Fractures:

- To skull, nose, facial structure
- In various stages of healing
- Multiple or spinal fractures

Behavioural indicators:

- Wary of adult contacts
- Difficult to comfort
- Apprehension when other children cry
- Crying / irritability
- Fearful watchfulness
- Undue fear of adults, shown by ducking when approached
- Afraid to go home
- Behavioural extremes, aggressiveness, withdrawal, impulsiveness
- Failure to thrive

- Poor peer relationship
- Panic in response to pain

## **SEXUAL ABUSE**

Involves forcing or enticing a child or young person to take part in sexual activity, whether a child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape or buggery) or non-penetrative acts. They may include involving children in looking at, or in the production of, pornographic material, or encouraging children to behave in sexually inappropriate ways.

The signs of sexual abuse are very varied and can often be linked with other forms of abuse. The following list is, as always, only a guide and cannot be relied on as the only indicators. They too can be sub-divided into two groups:

Physical indicators:

- Difficulty in walking, sitting down
- Stained or bloody underclothing
- Pain or itching in genital area
- Bruising, bleeding, injury in the genital area
- Pain on urination
- Vaginal discharge
- Bed-wetting
- Excessive crying
- Sickness

Behavioural indicators:

- Sexual knowledge inappropriate for a pre-school child
- Sudden changes in behaviour
- Wary of adults
- Making sexual advances to adults or other children
- Wariness of being approached by anyone, possibly combined with a dazed look
- Eating problems

Reminder to staff:

- Look for a cluster of signs and symptoms. Many of the indicators above may be caused by other problems but should nevertheless be brought to the attention of the parent.
- Write down and date all observations of worrying marks/behaviour and any explanations that may have been given. Keep these observations safe; they are confidential material, as well as possible evidence.
- Seek advice about what you see and hear.

## **EMOTIONAL ABUSE**

Is the persistent emotional ill treatment of the child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person, age or developmentally inappropriate expectations being imposed on children, causing children frequently to feel frightened, or the exploitation or corruption of children.

The signs of emotional abuse are probably the hardest to link to actual abuse as there may be other factors affecting the child's behaviour or physical development. However, we have compiled a list of the main indicators:

Physical indicators:

- Failure to thrive
- Delays in physical development or progress

Behavioural indicators:

- Sucking, biting, rocking
- Anti-social, destructive
- Sleep disorders, inhibition of play
- Compliant, passive, aggressive, demanding
- Inappropriately adult or infant
- Impairment of intellectual, emotional, social or behavioural development
- Overly withdrawn
- Overly aggressive
- Fearful watchfulness
- Undue fear of adults, shown by ducking when approached

Indicators of neglect:

- Constant hunger
- Poor standard of hygiene
- Untreated illnesses
- Inadequate / inappropriate clothing
- Exposure to danger; lack of supervision
- Abandonment

## **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, such

as failing to provide adequate food, shelter and clothing, or neglect of, or unresponsiveness to, a child's basic emotional needs.

While some forms of abuse are a result of someone carrying out an action that harms the child, other forms of abuse are a result of neglect, of failing to take steps that keep children safe and well.

Neglect is also a very difficult form of child abuse to recognise. It is often seen as less serious than other forms of abuse, but its effects can be very damaging. Children who are neglected often develop more slowly than others and find it hard to make friends and 'fit in' with their peer group.

Children can suffer from neglect when:

- Any of their basic needs are not being met. This could include having an inadequate diet, being denied proper health care or being inadequately dressed
- They are left unsupervised in situations which represent possible dangers, whether at home or elsewhere
- They are left alone at an age when it is inappropriate for their physical or emotional development.

A child suffering from neglect may show any of the following signs.

Physical indicators:

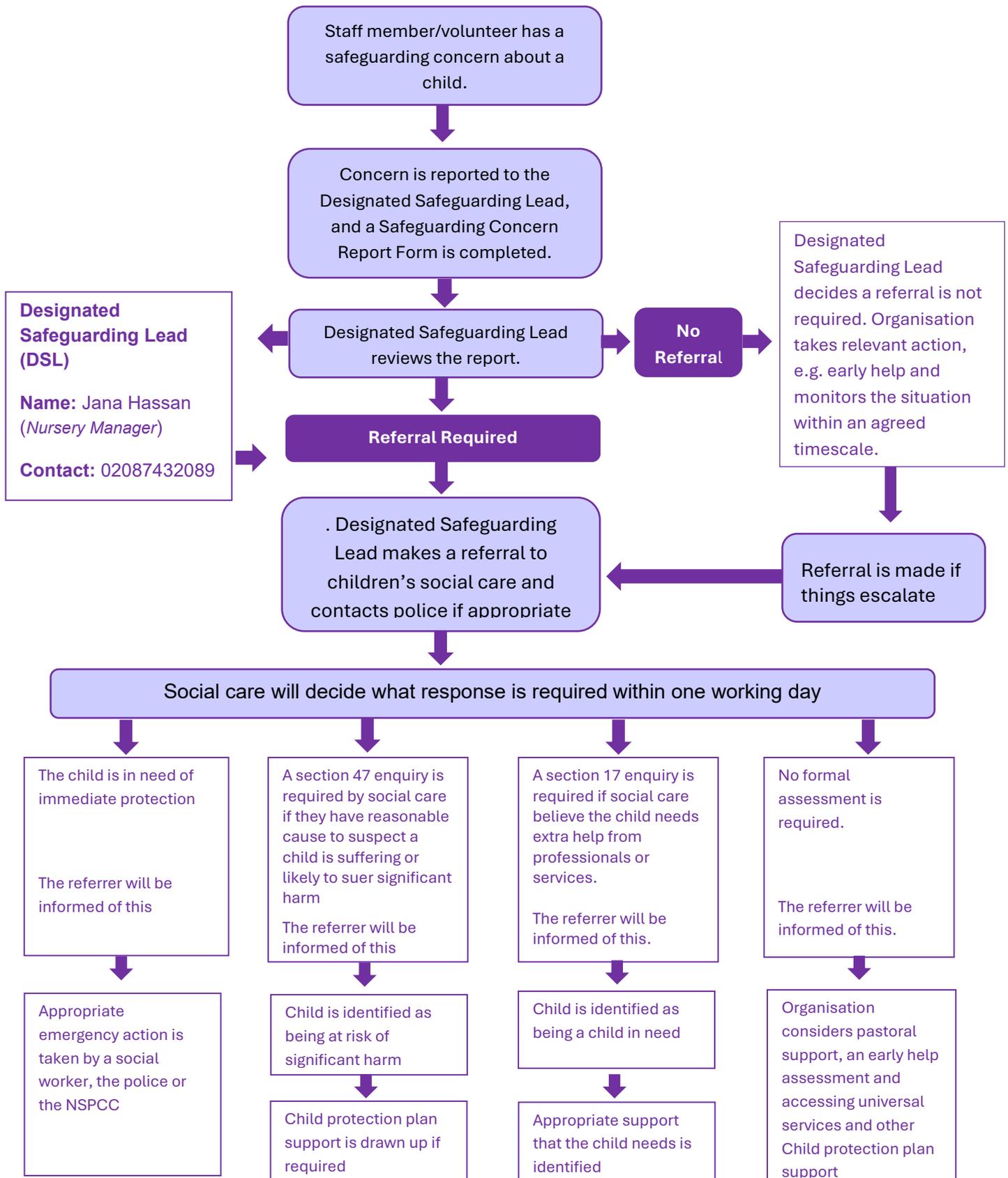
- Being constantly hungry and sometimes stealing food from others
- Being in an unkempt state; frequently dirty or smelly
- Loss of weight or being constantly underweight
- Being dressed inappropriately for the weather conditions
- Untreated medical conditions-not being taken for medical treatment for illness or injuries

Behavioural indicators:

- Being tired all the time
- Frequently missing school or being late
- Failing to keep hospital or medical appointments
- Having few friends
- Being left alone or unsupervised on a regular basis
- Compulsive stealing or scavenging, especially of food

## APPENDIX 2

### FLOWCHART OF PROCEDURES FOR RESPONDING TO SAFEGUARDING CONCERNS



**SAFEGUARDING CHILDREN' S REPORT**

**Date:**

**Time of Incident:**

**Location:**

**Person/s involved:**

**Description of incident:**

**(What did you see, what was said, were there any other witnesses e.g. child/adult)**

**State action taken:**

**(I.e. Contacted duty officer, line manager, parents etc.)**

**Is further action necessary, if so please state**

**Outcome**

**Name of person reporting incident:**

\_\_\_\_\_

**Signature:** \_\_\_\_\_

**Signature of Manager / Deputy:** \_\_\_\_\_

**GUIDELINES ON GOOD RECORDING**

- Make your record at the time of the event or as soon after
- Make the record as clear as possible – other people may need to read it
- Accuracy is very important
- Try to make the notes as full as possible, and include all relevant information
- If you are not sure whether it is relevant, put it in
- If you have not got time to make full notes immediately, make brief notes, and write them up fully sooner after (please keep the brief notes on file)
- Try to remember the exact speech, and put it in
- If more than one person is present, each should record their notes
- If you are asked to hand the notes to police or Social Services, keep a copy
- When you are giving facts, be clear. If you are giving opinion, be able to back them up
- Sign, date and time the notes
- Remember, these are your notes, and you may have to use these notes for giving evidence to a court a year or more later. Are they good enough?
- This is good practice in all recording

**Existing Injuries Record**

**To be completed by the parent/carer and the childcare practitioner in instances where a child arrives at nursery with an existing injury.**

Day: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Name of Child:

Name of person reporting the existing injury:

Relationship to the child:

Name of childcare practitioner supporting the completion of this form:

Was this existing injury notified to practitioners at the start of the session: YES / NO

Was this existing injury notified to practitioners at during the session (i.e. by telephone): YES / NO

Did practitioners notice this existing injury during the session? YES / NO (If yes, please describe how the injury was found, and the reason it is believed it is in fact an existing injury and it has not occurred at nursery during the session.)

Description of how the injuries occurred – i.e. where, when and how it happened:

Persons present when the injury occurred (including witnesses):

Description of the injuries sustained:

**Please identify the injuries sustained on the body map overleaf**

Was Medical Treatment or Advice Sought YES / NO (If yes, please describe below:)

Further Notes or Information:

I \_\_\_\_\_ the named person who has reported the identified existing injuries, declare that the details described in this report is a true account.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Signature of the childcare practitioner who supported the completion of the existing injuries record:

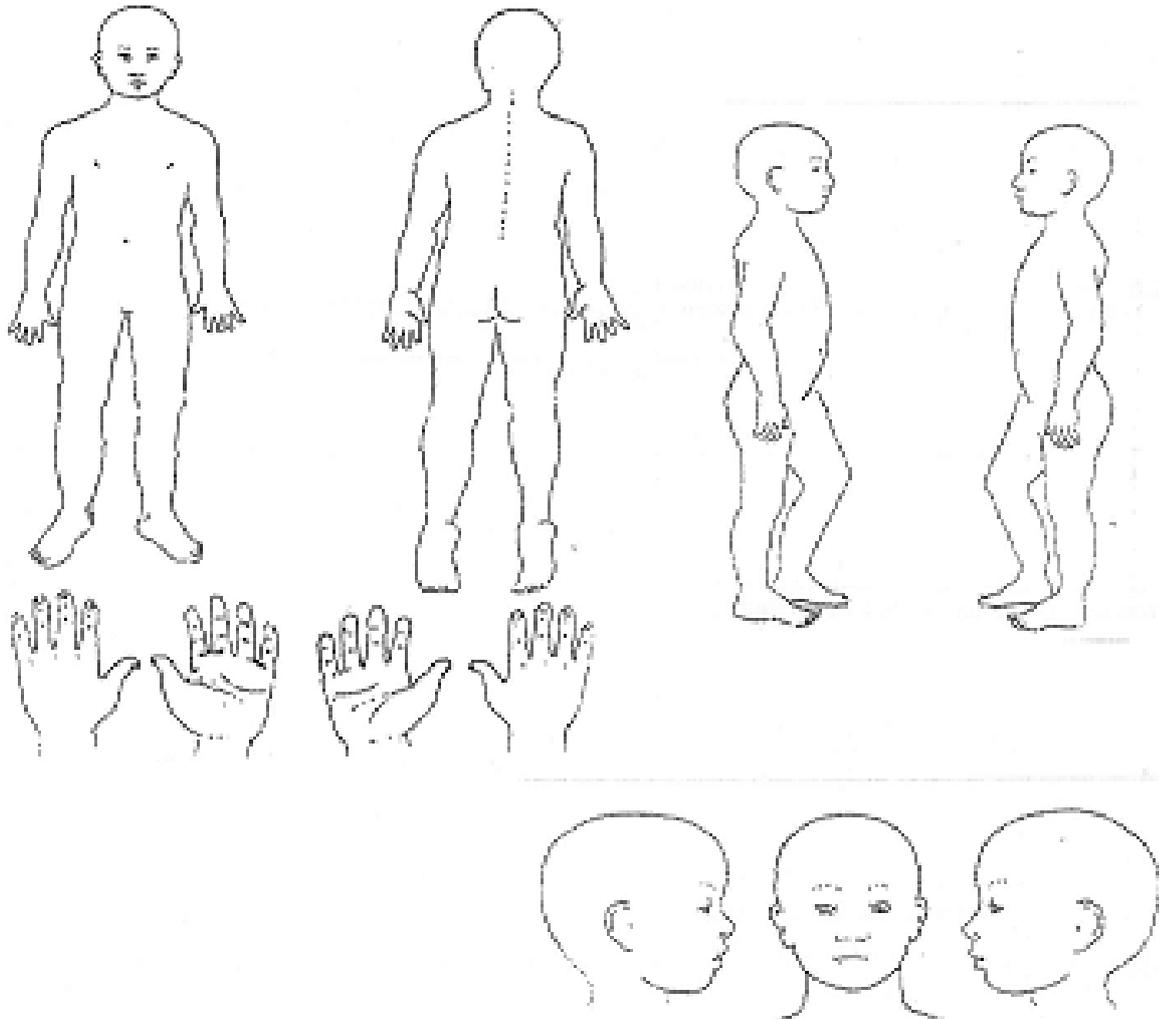
Signature:

Date:

Time:

### Body Map

(Please note that the child must not be examined in order to complete the body maps)



### OFFICE USE ONLY – RISK ASSESSMENT DETAILS OF THE EXISTING INJURY

Member of staff:

Date:

Position at nursery:

Time:

Are there any issues for concern with regards to the existing injury

YES

/

NO

If yes, please describe the action taken: