



Child Protection Policy

Statement of Intent:

Our setting will work with children, parents, and the community to ensure the rights and safety of children and to give them the very best start in life.

The key commitments of the Child Protection Policy are: -

- The setting is committed to building a 'culture of safety' in which children are protected from abuse, neglect, and harm in all areas of its service delivery.
- The setting is committed to responding promptly and appropriately to all incidents or concerns of abuse that may occur and to work with statutory agencies.
- The setting is committed to promoting awareness of child abuse issues throughout its training and learning programmes for adults. It is also committed to empowering young children, through its early childhood curriculum, promoting their right to be strong, resilient, and listened to.

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|---|-----------------------------------|
| Designated Safeguarding Lead – Registered Provider | Setting Director, Molly Blackburn |
| Designated Safeguarding Lead - in the setting | Setting Manger, Holly Butler |
| Deputy Designated Safeguarding Lead - in the setting | Dahna Anderson |

The Designated Safeguarding Lead renew their training regularly and are always available, during nursery opening hours, should staff wish to discuss concerns.

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Introduction

‘All children deserve the care and support they need to have the best start in life.

Children learn and develop at a faster rate from birth to five years old than at any other time in their lives, so their experiences in early years have a major impact on their future life chances. A secure, safe, and happy childhood is important in its own right. Good parenting and high-quality early learning provide the foundation children need to fulfil their potential.’

[EYFS statutory framework for group and school-based providers](#) (Department for Education, 2025)

Purpose

The setting is committed to building a 'culture of safety' in which children are protected from abuse and harm in all areas of its service delivery. It provides a framework for safeguarding and promoting the welfare of the children who attend our setting.

Ethos

We recognise that child protection is everyone’s responsibility and provide a welcoming, safe, and stimulating environment, where all children can enjoy learning and grow in confidence. There are various ways in which we fulfil our safeguarding responsibility, for example through our environment, curriculum, and clear policies and procedures.

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We will take all necessary steps to keep our children safe and well and ensure they are protected from harm. If we have concerns about children's safety or welfare, we will notify agencies with statutory responsibilities without delay. This means Essex Social Care and, in emergencies, the police.

Our aims are to carry out this policy by:

- Promoting children's right to be strong, resilient, and listened to
- Creating an environment in our setting that encourages children to develop a positive self-image, which includes their heritage arising from their colour and ethnicity, their languages spoken at home, their religious beliefs, cultural traditions, and home background.
- Encouraging children to develop a sense of autonomy and independence.
- Enabling children to have the self-confidence and the vocabulary to resist inappropriate approaches.
- Encourage children to challenge discriminatory behaviour, which can include bullying, racism and other forms of discrimination by promoting respect for each other.
- Helping children to establish and sustain satisfying relationships within their families, with peers, and with other adults.
- Working with parents to build their understanding of and commitment to the principles of safeguarding all our children.

Safeguarding is not just about protecting children, learners and vulnerable adults from deliberate harm, neglect, and failure to act. It relates to broader aspects of care and education, including:

- Children's and learner's health and safety and well-being, including their mental health.
- Meeting the needs of children who have special educational needs and/or disabilities.
- Promotion of positive behaviour of the children within the setting and the use of effective behaviour strategies for individual children
- Meeting the needs of children and learners with medical conditions
- Providing first aid
- Educational visits
- Intimate care and emotional wellbeing
- Online safety and associated issues
- Physical environment for babies, children and learners is safe and secure and protects them from harm or the risk of harm.

Statutory Framework

There is government guidance set out in [Working Together to Safeguard Children](#) (2026) on how agencies must work in partnership to keep children safe. This guidance places a shared and

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equal duty on three Safeguarding Partners (the Local Authority, Police and Health) to work together to safeguard and promote the welfare of all children in their area under multi-agency safeguarding arrangements. The statutory partners in Essex are Essex County Council, Essex Police and five of the seven Clinical Commissioning Groups covering the county and the partnership arrangements sit under the [Essex Safeguarding Children Board](#) (ESCB).

Early years providers have a duty under section 40 of the Childcare Act 2006 to comply with the safeguarding and welfare requirements of the Early Years Foundation Stage, under which providers are required to take necessary steps to safeguard and promote the welfare of young children.

Staffing arrangements set out in [EYFS statutory framework for group and school-based providers](#) must meet the needs of all children to ensure their safety. Ratio and qualification requirements applies to all staff working directly with children. These ratios are:

- 1 adult to 3 children for those under 2 years of age.
- 1 adult to 5 children for children who are 2.
- 1 adult to 8 children for children who are 3 and older.
- 1 adult to 13 children for children who are 3 and older if the staff member holds a Qualified Teacher Status or alternative level 6 qualification.

Everyone working in early years services should know how to recognise and respond to signs of possible abuse or harm (see Appendix C).

This policy should be read in conjunction with other statutory and local guidance:

- [Children Act](#) (HMG, 1989)
- [Children Act](#) (HMG, 2004)
- [Home - Essex Effective Support](#) (ESCB)
- [Information sharing advice for safeguarding practitioners](#)
- [Inspecting safeguarding in early years, education and skills settings](#)
- [Protecting children from radicalisation: the prevent duty](#)
- [SET Procedures](#) (ESCB, 2025)
- [EYFS statutory framework for group and school-based providers](#) (DfE, 2025)
- [Understanding and Supporting Behaviour - safe practice for schools and educational settings](#) (ESCB, 2025)
- [What to do if you're worried a child is being abused](#) (HMG, 2015)
- [Working together to safeguard children](#) (2026)

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- [Keeping children safe in education 2025](#) (DfE, 2025)

The policy also complements our Behaviour Management Policy, which includes information on positive handling, and our Staff Code of Conduct.

Our setting works to the requirements of the Statutory framework for the early years foundation stage. As suggested within the Statutory framework, we follow the principles in [Keeping children safe in education 2025](#) (DfE, 2025), the statutory safeguarding guidance for schools and colleges.

Our setting also works in accordance with statutory and local guidance where there are concerns about radicalisation and extremism and child protection procedures will be followed.

Roles and Responsibilities

The Leadership Team has oversight of our safeguarding arrangements and ensures that they operate effectively, that there are appropriate policies in place, and that staff receive the right training to keep children safe.

Our setting is required to have a Designated Lead Practitioner to take leadership responsibility for safeguarding children and a Designated Deputy Practitioner in the setting. Their names are on the front page of this policy.

Our Setting Lead Practitioner is responsible for liaison with local statutory children's services agencies, including Essex Social Care and other agencies as required. The Setting Lead Practitioner provides support, advice, and guidance to staff on an ongoing basis, and on any specific safeguarding issues as required. Our Lead Practitioner and Deputy Lead Practitioner attend a child protection training course to enable them to identify, understand and respond appropriately to signs of possible abuse and neglect.

They also ensure that everyone in our setting (including temporary staff, volunteers, visitors, and contractors) is aware of our child protection procedures and that they are always followed.

Everyone in our setting has a responsibility to provide a safe environment in which our children can learn. Any child may benefit from early help and Staff members are aware of the Essex [Effective support resources](#) procedures and our role in it. They are aware of signs of abuse and neglect so they can identify children who may need help or protection.

Staff members are aware of and follow our procedures (as set out in this policy) and are aware of how to make a request for support to Essex Social Care if there is a need to do so. If staff have any concerns about a child's welfare, they must act on them immediately and speak with the Safeguarding Lead Practitioner– they do not assume that others have acted.

Duty to co-operate and refer

Local authorities, under section 10 of the Children Act 2004, have a responsibility to promote inter-agency co-operation to improve the welfare of all children. All professionals in agencies with contact with children and members of their families must make a referral to local authority children's social care if there are signs that a child or an unborn baby:

- Is suffering significant harm through abuse or neglect
- Is likely to suffer significant harm in the future.

The timing of referrals should reflect the level of perceived risk of harm, not longer than within one working day of identification or disclosure of harm or risk of harm.

Early Years staff are particularly important, as they can identify concerns early, provide help for children, promote children's welfare, and prevent concerns from escalating.

If early help is appropriate, the designated safeguarding lead (or deputy) will generally lead on liaising with other agencies and setting up an inter-agency assessment as appropriate.

Staff may be required to support other agencies and professionals in an early help assessment, in some cases acting as the lead practitioner. Any such cases should be kept under constant review and consideration given to a referral to local authority children's social care for assessment for statutory services if the child's situation does not appear to be improving or is getting worse.

Training

The Director, Manager and Deputy Designated Safeguarding Lead undertake Level 3 Child Protection training at least every two years.

It is compulsory for every staff member to complete a Child Protection training course and to renew that training annually. This training is inclusive of Level 2 online or face to face safeguarding training, as well as in house training delivered by senior and/or lead child protection practitioners.

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This ensures that staff can recognise the signs and symptoms of possible physical abuse, emotional abuse, sexual abuse, and neglect and so that they are aware of the local authority guidelines for raising concerns to the Designated Safeguarding Lead and the process of making referrals.

Staff will receive regular update training; to provide them with relevant skills and knowledge to safeguard children effectively. They receive regular update information via staff meetings, emails, bulletins, and publication updates. Records of all child protection training undertaken are kept for staff.

Child Protection Procedures

The setting is committed to responding promptly and appropriately to all incidents or concerns of abuse that may occur and to work with statutory agencies in accordance with the procedures that are set down in ['What to do if you are worried a child is being abused'](#).

The setting works with local statutory services and within the Multi Agency Safeguarding Partnership/Board guidelines, to promote the welfare of children and protect them from harm. This includes providing a co-ordinated offer of Early Help when additional needs of children are identified and contributing to inter-agency plans which provide additional support, for example Child in Need or Child Protection plans. We have procedures for contacting the local authority on child protection issues, including maintaining a list of names, addresses and telephone numbers of social workers, to ensure that it is easy, in any emergency, for the setting and social services to work well together.

Where there is risk of immediate harm, the setting will telephone the Essex Social Care Children & Families Hub and / or the police. Less urgent concerns or requests for support will be sent to the Children and Families Hub via the [Essex Effective Support](#). We may also seek advice from Essex Social Care or another appropriate agency about a child protection concern if we are unsure how to respond to it.

Wherever possible, we will share any safeguarding concerns, or an intention to make a request for support to Essex Social Care, with parents / carers. However, we will not do so where it is felt that it could place the child at greater risk of harm or impede a criminal investigation. On occasions, it may be necessary to consult with the Children and Families Hub and / or Essex Police for advice on when to share information with parents / carers.

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When new staff, volunteers or visitors join our setting they are informed of the safeguarding arrangements in place, the name of the Setting Lead Practitioner, and how to share concerns with them.

Staff members have a duty to identify and respond to suspected / actual abuse or disclosures of abuse. Any member of staff, volunteer or visitor to the setting who receives a disclosure or allegation of abuse, or suspects that abuse may have occurred, **must** report it immediately to the Setting Lead Practitioner. We have a copy of ['What to do if you are worried a child is being abused'](#) for parents and staff and staff understand what to do if they have concerns.

If a member of staff continues to have concerns about a child and feels the situation is not being addressed or does not appear to be improving, the staff member concerned should press for re-consideration of the case with the Setting Lead Practitioner.

If, for any reason, the Setting Lead Practitioner is not available, this will not delay appropriate action being taken. Safeguarding contact details are displayed in the setting to ensure that staff members have unfettered access to safeguarding support, should it be required. Any individual may request support from Essex Social Care where it is suspected that a child has been harmed, or where there is a risk of harm to a child.

We notify the registration authority (Ofsted) of any incident or accident and any changes in our arrangements which may affect the wellbeing of children or where an allegation of abuse is made against a member of staff (whether the allegations relate to harm or abuse committed on our premises or elsewhere). Notifications to Ofsted are made as soon as is reasonably practicable, but at the latest within 14 days of the allegations being made.

Early help assessment

Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years.

Early help can also prevent further problems arising; for example, if it is provided as part of a support plan where a child has returned home to their family from care, or in families where there are emerging parental mental health issues or drug and alcohol misuse.

Effective early help relies upon local organisations and agencies working together to:

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- identify children and families who would benefit from early help
- undertake an assessment of the need for early help
- provide targeted early help services to address the assessed needs of a child and their family which focuses on activity to improve the outcomes for the child

All staff should be aware of their local early help process and understand their role in it.

Any child may benefit from early help, but all staff should be particularly alert to the potential need for early help for a child who:

- is disabled or has certain health conditions and has specific additional needs.
- has special educational needs (whether they have a statutory Education, Health and Care Plan)
- has a mental health need.
- is a young carer.
- is showing signs of being drawn in to anti-social or criminal behaviour, including gang involvement and association with organised crime groups or county lines.
- is frequently missing/goes missing from care or from home.
- is at risk of modern slavery, trafficking, sexual or criminal exploitation.
- is at risk of being radicalised or exploited.
- has a family member in prison or is affected by parental offending.
- is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse.
- is misusing drugs or alcohol themselves.
- has returned home to their family from care.
- is at risk of 'honour'-based abuse such as Female Genital Mutilation or Forced Marriage.
- is a privately fostered child; and
- is persistently absent from education, including persistent absences for part of the school day.

Responding to suspicions of abuse

Staff working with children are advised to maintain an attitude of **'it could happen here'** where safeguarding is concerned. When concerned about the welfare of a child, staff should always act in the best interests of the child.

- If staff have any concerns about a child's welfare, they should act on them immediately. See flow chart, Appendix D, setting out the process for staff when they have concerns about a child.
- If staff have a concern, they should follow the setting Child Protection Policy and speak to the Designated Safeguarding Lead (or deputy).

Options will then include:

- managing any support for the child
- undertaking an early help assessment
- making a referral to statutory services, for example as the child might be in need, is in need or suffering, or is likely to suffer harm.
- The designated safeguarding lead or a deputy should always be available to discuss safeguarding concerns. If in exceptional circumstances, the designated safeguarding lead (or deputy) is not available, this should not delay appropriate action being taken. Staff should consider speaking to a member of the senior leadership team and/or take advice from local authority children's social care. In these circumstances, any action taken should be shared with the designated safeguarding lead (or deputy) as soon as is practically possible.
- Staff should not assume a colleague, or another professional will take action and share information that might be critical in keeping children safe. They should be mindful that early information sharing is vital for the effective identification, assessment, and allocation of appropriate service provision, whether this is when problems first emerge, or where a child is already known to local authority children's social care (such as a child in need or a child with a protection plan).
- Information Sharing: Advice for Practitioners Providing Safeguarding Services to Children, Young People, Parents and Carers supports staff who have to make decisions about sharing information. This advice includes the seven golden rules for sharing information and considerations with regard to the Data Protection Act 2018 (DPA) and UK General Data Protection Regulation (UK GDPR). 57. DPA and UK GDPR do not prevent the sharing of information for the purposes of keeping children safe and promoting their welfare. If in any doubt about sharing information, staff should speak to the designated safeguarding lead or a deputy. Fears about sharing information must not be allowed to stand in the way of the need to safeguard and promote the welfare of children.

Types of Abuse and Harm

- We acknowledge that abuse of children can take different forms - physical, emotional, and sexual, as well as neglect.
- When children are suffering from physical, sexual, or emotional abuse, or may be experiencing neglect, this may be demonstrated through:
 - Significant changes in their behaviour.
 - Deterioration in their general wellbeing.
 - Their comments which may give cause for concern, or the things they say (direct or indirect disclosure)

changes in their appearance, their behaviour, or their play.

- Unexplained bruising, marks or signs of possible abuse or neglect: and
 - Any reason to suspect neglect or abuse outside the setting.
-
- We consider factors affecting parental capacity, such as social exclusion, domestic violence, parent's drug or alcohol abuse, mental or physical illness or parent's learning disability.
 - We are aware of other factors that affect children's vulnerability such as, poor parenting, abuse of disabled children; fabricated or induced illness; child abuse linked to beliefs in spirit possession; sexual exploitation of children, such as through internet abuse; and Female Genital Mutilation; that may affect, or may have affected, children and young people using our provision.
 - We also make ourselves aware that some children and young people are affected by gang activity, by complex, multiple or organised abuse, through forced marriage or honour-based violence or may be victims of child trafficking, racist, disability and homophobic or transphobic abuse. While this may be less to young children in our care, we may become aware of any of these factors affecting older children and young people who we may encounter.
 - Where we believe that a child in our care or that is known to us may be affected by any of these factors, we follow the procedures below for reporting child protection concerns.
 - Where such evidence is apparent, the child's key person makes a dated record of the details of the concern and discusses what to do with the Designated Safeguarding Lead. The information is stored in a separate child protection folder, filed in a locked drawer or cabinet.
 - We refer concerns to the local authority children's social care department and co-operate fully in any subsequent investigation.
 - Staff in the setting take care not to influence the outcome either through the way they speak to children or by asking questions of children.
 - We take account of the need to protect young people aged 16-19 as defined by the Children Act 1989. This may include students or school children on work placement, young employees, or young parents. Where abuse is suspected we follow the procedure for reporting any other child protection concerns. The views of the young person will always be considered, but the setting may override the young person's refusal to consent to share information if it feels that it is necessary to prevent a crime from being committed or intervene where one may have been, or to prevent harm to a child or adult. Sharing confidential information without consent is done only where not sharing it could be worse than the outcome of having shared it.

Recording suspicions of abuse and disclosures

- Where a child makes comments to a member of staff, that give cause for concern, such as significant changes in behaviour, deterioration in general wellbeing, unexplained bruises, marks or signs of possible abuse or neglect, that member of staff:
 - offers reassurance to the child
 - listens to the child

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- gives reassurance that she or he will act
 - does not question the child.
- makes a written record that forms an objective record of observation or disclosure that includes:
 - the child's name
 - the age of the child
 - the date and time of the observation or the disclosure
 - an objective record of the observation or disclosure
 - the exact words spoken by the child as far as possible
 - the name of the person to whom the concern was reported, with date and time
 - the names of any other person present at the time
 - information on the child's developmental needs and how they are being met.
 - These records are signed and dated and kept in the child's personal file, which is kept securely and confidentially.
 - The member of staff acting as the 'designated person' is informed of the issue at the earliest opportunity.
 - Where the Multi Agency Safeguarding Partnership/Board stipulates the process for recording and sharing concerns, we include those procedures alongside these procedures and the follow the steps set down by the Multi Agency Safeguarding Partnership/Board.

Informing parents

- Parents are normally the first point of contact. We discuss concerns with parents to gain their view of events, unless we feel this may put the child in greater danger.
- We inform parents when we make a record of concerns in their child's file and that we also make a note of any discussion we have with them regarding a concern.
- If a suspicion of abuse is recorded, parents are informed at the same time as the report is made, except where the guidance of the Multi Agency Safeguarding Partnership/Board does not allow this, for example where it believed that the child may be placed in greater danger.
- This will usually be the case where the parent is the likely abuser. In these cases, the investigating social workers will inform parents.

Supporting parents

- We believe in building trusting and supportive relationships with families, staff, and volunteers in the group.
- We make clear to parents their role and responsibilities in relation to Child Protection, such as for the reporting of concerns, providing information, monitoring of the child, and always liaising with the local social services team.

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- We continue to welcome the child and the family whilst investigations are being made in relation to any alleged abuse.
- We follow the guidance from Essex Social Care, Essex Safeguarding Children Board and the child's social worker, in relation to the setting's designated role and tasks in supporting the child and the family, subsequent to any investigation.
- Confidential records kept on a child are shared with the child's parents or those who have parental responsibility for the child in accordance with the Confidentiality and Client Access to Records procedure and only if appropriate under the guidance of Essex Social Care and Essex Safeguarding Children Board.

Professional confidentiality

Confidentiality is an issue which needs to be discussed and fully understood by all those working with children, particularly in the context of child protection.

A member of staff must never guarantee confidentiality to anyone about a safeguarding concern (including children and parents / carers) or promise to keep a secret.

In accordance with statutory requirements, where there is a child protection concern, this must be reported to the Setting Lead Practitioner and may require further referral to and subsequent investigation by appropriate authorities. All suspicions and investigations are kept confidential and shared only with those who need to know. Any information is shared under the guidance of the Local Safeguarding Children Board (ESCB)

Information on individual child protection cases may be shared by the Setting Lead Practitioner with other relevant staff members. This will be on a 'need to know' basis only and where it is in the child's best interests to do so.

Records and Information Sharing

Well-kept records are essential to good child protection practice. Our setting is clear about the need to record any concern held about a child or children within our setting and when these records should be shared with other agencies.

Where there are concerns about the safety of a child, the sharing of information in a timely and effective manner between organisations can reduce the risk of harm. Whilst the Data Protection Act 2018 places duties on organisations and individuals to process personal information fairly

and lawfully, it is not a barrier to sharing information where the failure to do so would result in a child or vulnerable adult being placed at risk of harm.

Any member of staff receiving a disclosure of abuse or noticing signs or indicators of abuse, will record it as soon as possible, noting what was said or seen (if appropriate, using a body map to record), giving the date, time, and location. All records will be dated and signed and will include the action taken. This is presented to the Lead Practitioner who will decide on appropriate action and record this accordingly.

Any records relating to child protection are kept on an individual child protection file for that child (which is separate to any other child file). All child protection records are stored securely and confidentially until the child transfers to another educational setting.

Where a child transfers from our setting to another educational setting, their child protection records will be forwarded to the new educational setting. These will be marked 'Confidential' and for the attention of the Lead Practitioner (or in the case of a school, the Designated Safeguarding Lead) at the new educational setting, with a return address on the envelope so it can be returned to us if it goes astray. We will obtain evidence that the paperwork has been received by the new setting, and then destroy any copies held in our setting. Where appropriate, the Lead Practitioner may also contact the new educational setting in advance of the child's move there, to enable planning so appropriate support is in place when the child arrives.

Where a child joins our setting, we will request child protection records from the previous educational setting (if applicable, and if none are received).

Interagency working

It is the responsibility of the Lead Practitioner to ensure that the setting is represented at, and that a report is submitted to, any Child Protection Conference called for children registered with us or previously known to us. Where possible and appropriate, any report will be shared in advance with parents / carers. The member of staff attending the meeting will be fully briefed on any issues or concerns the setting has and be prepared to contribute to the discussions at the conference.

If a child is subject to a Child Protection or a Child in Need plan, the Lead Practitioner will ensure the child is monitored regarding their attendance, emotional wellbeing, developmental progress, welfare and presentation. If the setting is part of the Core Group (interagency forum for achieving the outcomes of a Child Protection plan), the Lead Practitioner will ensure the setting is represented, provides appropriate information, and contributes to the plan at these meetings. Any concerns about the Child Protection plan and / or the child's welfare will be discussed and recorded at the Core Group meeting, unless to do so would place the child at

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further risk of significant harm. In this case the Lead Practitioner will inform the child's key worker immediately and then record that they have done so, and the actions agreed.

Professional Conflict Resolution

Professionals providing services to children and their families should work co-operatively across all agencies, using their skills and experience to make a robust contribution to safeguarding children and promoting their welfare within the framework of discussions, meetings, conferences, and case management.

Concern or disagreement may arise over another professional's decisions, actions or lack of actions in relation to a referral, an assessment or an enquiry or when a child in need or child protection plan is not progressing. Professionals should attempt to resolve differences through discussion and/or meeting within a working week or a timescale that protects the child from harm (whichever is less).

If the professionals are unable to resolve differences within the timescale, their disagreement must be addressed by more experienced/more senior staff at ESCB.

Recruitment

Applicants for posts within the setting are clearly informed that the positions are exempt from the Rehabilitation of Offenders Act 1974.

We abide by Ofsted requirements in respect of references and Disclosure and Barring Service checks for staff and volunteers, to ensure that no disqualified person or unsuitable person works at the setting or has access to the children. Candidates are informed of the need to carry out 'enhanced disclosure' checks with the Disclosure and Barring Service before posts can be confirmed.

If an individual has signed up to the Update Service, then they will need to supply the original DBS certificate as the update service will only indicate whether there have been any changes since the original certificate was issued. For further information go to the [Disclosure and Barring Service](#). Where applications are rejected because of information that has been disclosed, applicants have the right to know and to challenge any incorrect information.

We abide by the Safeguarding Vulnerable Groups Act (2006) and the Disclosure and Barring Service requirements in respect of any person who is dismissed from our employment or

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resigns in circumstances that would otherwise have led to dismissal for reasons of child protection concern.

We record information about staff qualifications, and identity checks and vetting processes that have been completed including:

- DBS records disclosure reference number
- the date the disclosure was obtained.
- details of who obtained it

We inform staff that they are expected to disclose any convictions, cautions, court orders or reprimands and warnings that may affect their suitability to work with children (whether received before or during their employment with us).

Staff Code of Conduct

Staff are made aware of the boundaries of appropriate behaviour and conduct. These matters form part of staff induction and are outlined in our Staff Code of Conduct which staff agree to adhere to.

Our Staff code of conduct and relevant setting policies ensure that:

- there are clear expectations about what appropriate behaviour is
- that staff are confident in distinguishing expected and appropriate behaviour from concerning, problematic or inappropriate behaviour, in themselves and others
- empower staff to share any low-level safeguarding concerns
- address unprofessional behaviour and support the individual to correct it at an early stage
- provide a responsive, sensitive, and proportionate handling of such concerns when they are raised
- help identify any weakness in safeguarding systems.

Our setting promotes a culture in which all concerns about adults are shared responsibly and with the right person. Examples of such behaviour can include, but are not limited to:

- Being over friendly with children
- Having favourites
- Taking photographs of children on their mobile phone
- Engaging with a child on a one-to-one basis in a secluded area or behind a closed door
- Using inappropriate sexualised, intimidating, or offensive language

All concerns are reported and recorded in writing by the setting manager.

The record of the concern will include the following:

- details of the concern,
- the context in which the concern arose, and action taken.

Records held by the setting will be reviewed regularly so that potential patterns of concerning, problematic or inappropriate behaviour can be identified. Where a pattern of such behaviour is identified, the setting will decide on a course of action, either through its disciplinary procedures or where a pattern of behaviour moves from a concern to meeting the harm threshold, in which case it will be referred to the Local Authority Designated Officer (LADO).

Allegations about members of the workforce

The setting works in accordance with statutory guidance and the [SET Procedures](#) (ESCB) in relation to allegations against an adult working with children (in a paid or voluntary capacity). Section 7 of the current [SET Procedures](#) (ESCB) provides detailed information on this. Please see **Appendix E** for allegations process and procedure flowchart.

We have processes in place for reporting any concerns about a member of staff (or any adult working with children). Any concerns about the conduct of a member of staff will be referred to the Manager (or the Deputy in their absence). Staffing matters are confidential, and the setting operates within statutory guidance around Data Protection.

Where the concern involves the Manager, it will be reported direct to the Director.

The [SET Procedures](#) (ESCB) require that, where an allegation against a member of staff is received, the Manager (or Director) will inform the duty Local Authority Designated Officer (LADO) in the Children's Workforce Allegations Management Team on **03330 139 797** or lado@essex.gov.uk within one working day. However, wherever possible, contact with the LADO will be made immediately, as they will then advise on how to proceed, whether the matter requires police involvement and the referral process – referral forms can be accessed via the [Essex Safeguarding Children Board website](#)

This will include advice on speaking to children and parents / carers and Human Resources. The setting does not carry out any investigation before speaking to the LADO.

In accordance with the [EYFS statutory framework for group and school-based providers](#) (DfE, 2025), we will also inform Ofsted of any allegations of serious harm or abuse by any person living, working, or looking after children at the premises (whether the allegations relate to harm

or abuse committed on the premises or elsewhere). We will also notify Ofsted of the action taken in respect of the allegations. We will make these notifications as soon as reasonably practicable, but within 14 days of the allegations being made. We are aware that not complying with these requirements without reasonable excuse is committing an offence.

*Ofsted telephone number 0300 123 4666, email CIE@ofsted.gov.uk, or see their [website](#).

We co-operate entirely with any investigation carried out by children's social care in conjunction with the police.

Where the Setting Director and children's social care agree it is appropriate in the circumstances, our policy is to suspend the member of staff on full pay for the duration of the investigation. This is not an indication of admission that the alleged incident has taken place but is to protect the staff as well as children and families throughout the process.

We ensure that all parents know how to complain about the behaviour or actions of staff or volunteers within the setting, or anyone living or working on the premises occupied by the setting, which may include an allegation of abuse.

Disciplinary action

Where a member of staff or a volunteer is dismissed from the setting or internally disciplined because of misconduct relating to a child, we have a legal duty to notify the Disclosure and Barring Service so that individuals who pose a threat to children and vulnerable groups can be barred from the Regulated Activity List and placed on the Debarred List.

Whistleblowing

All members of staff and the wider setting community should be able to raise concerns about poor or unsafe practice and feel confident any concern will be taken seriously by the leadership team. We have 'whistleblowing' procedures in place, and these are available in our Whistleblowing Policy. However, for any member of staff who feels unable to raise concerns internally, or where they feel their concerns have not been addressed, they may contact the [NSPCC whistleblowing helpline](#) on: 0800 028 0285 (line is available from 8:00 AM to 8:00 PM, Monday to Friday) or by email at: help@nspcc.org.uk.

Parents / carers or others in the wider setting community with concerns can contact the NSPCC general helpline on 0808 800 5000 (24-hour helpline) or email: help@nspcc.org.uk.

Online Safety

Technology forms part of the Statutory framework for the Early Years Foundation Stage (EYFS 2025)

We ensure that there are effective procedures in place to protect children, young people, and vulnerable adults from the unacceptable use of technology, including mobile phones, cameras, and iPad in the setting. The Designated Lead oversees the use of safe technology and age-appropriate apps or websites that the children have access to and the content of those and staff are responsible for ensuring that children use technology safely and appropriately.

The Designated Lead and E-safety Lead are responsible for managing and filtering systems, reviewing filtering systems and having an effective monitoring strategy in place to safeguarding children as set out in [Keeping children safe in education - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/keeping-children-safe-in-education) (DfE, 2025) Staff are trained on how to filter and manage online systems to ensure no inappropriate or harmful content is accessible.

We help our children to begin to learn how to use technology safely, and to be safe online as we recognise computer skills are key to accessing learning. We help children to gain an effective understanding of when they might be at risk, including when using the internet, digital technology and social media and where to get support if they need it.

We will engage with our parents / carers about online safety to support them in keeping their children safe at home when using technology.

[Safeguarding children and protecting professionals in early years settings: online safety considerations - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/safeguarding-children-and-protecting-professionals-in-early-years-settings-online-safety-considerations)

Wearable technology e.g. smart watches

- These must **NOT** be Bluetooth activated whilst in working in the setting

Mobile Phones

- Personal mobile phones belonging to staff are not used or stored in the classroom.
- At the beginning of everyone's shift, personal mobile phones are stored in personal cubby holes in the staffroom.
- In the event of an emergency, personal mobile phones may be used in the privacy of the office, with permission from the setting manager.
- Staff should ensure that the setting telephone number is known to immediate family and other people who may need to contact them in an emergency.
- If staff take their own mobile phones on outings, for use in case of an emergency, they must not make or receive personal calls as this will distract them from supervising the children.

- Members of staff will not use their personal mobile phones for taking photographs of children on outings.
- Parents and Visitors are not allowed to use their mobile phones whilst on the premises. In an emergency, visitors will be advised of a quiet space where they can use their mobile phones, where there are no children present.

Cameras, Photography, iPad and Videos

Most people who take or view photographs or videos of children do so for acceptable reasons. However, due to cases of abuse to children through taking or using images, we must ensure that we have safeguards in place.

To keep our children safe, we will:

- obtain parents' / carers' consent for photographs to be taken, used, or published (for example, on our website or displays)
- ensure only the setting's designated cameras are used when photographing our children.
- ensure that children are appropriately dressed.
- ensure that children's names are not used.
- ensure that all images are stored securely and in accordance with statutory guidance; and
- ensure where professional photographers are used that the appropriate checks such as those with the Disclosure and Barring Service, references and parental consent are obtained prior to photographs being taken.
- Photographs and recordings of children are only taken for valid reasons e.g., to record their learning and development, or for displays within the setting.
- Where parents request permission to photograph or record their own children at special events, permission will first be gained from all parents for their children to be included. (see individual child enrolment form)
- Photographs and recordings of children are only taken if there is written permission to do so (see individual child enrolment form).

Staff should NOT take photos of children on any personal devices.

Online Children's Record Keeping System

- Children's observational and developmental records are held on a secure system that individual staff have access to record observations for their key children. Staff are responsible for ensuring that photos taken by them, within the setting, for child observations should be deleted at the end of the session and not stored on the iPad camera roll.
- Each member of staff has their own pin access code that should remain private and confidential to them and should not be shared with others. Only permanent members of staff will have access to the online record keeping system, all volunteers and cover staff may be granted individual access.
- If a member of staff is absent from work for an extended period of time for long term sickness, maternity leave or disciplinary reasons then their access to the online system will be temporarily suspended until their return to work.
- In the event of a termination of employment from either staff or Bardfield Montessori Day Nursery Ltd, access to the online system will be terminated with immediate effect.

Staff Code of Conduct for ICT and Social Networking Sites

Staff are required to adhere to their professional responsibilities when using information systems and social network sites. Staff should read the school's E-safety policy, ICT and Social Networking policy for further information and clarification.

Staff should be clear about the purpose of any activity, which involves photography or video of children and must not take, display, or distribute images of children, unless they have consent to do so. Staff should not post any visual images, recordings or comments that relate to Setting life, including those of children or parents, on to any Social Networking sites.

Intruder Procedure

We take security steps to ensure that we have control over who comes into the setting so that no unauthorised person has unsupervised access to the children. Staff must be aware that it is their priority to maintain the safety of the child/ren in their care as well as their own safety and to protect the setting's environment. We have procedures for recording the details of visitors to the setting.

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Staff and parent/carers must be aware of the procedures to take in the event of an intruder being identified on the premises. Staff and parents/carers are aware to close the nursery door upon entering and leaving the building and must not let the next parent in without the staff's consent.

Other Policies and Procedures

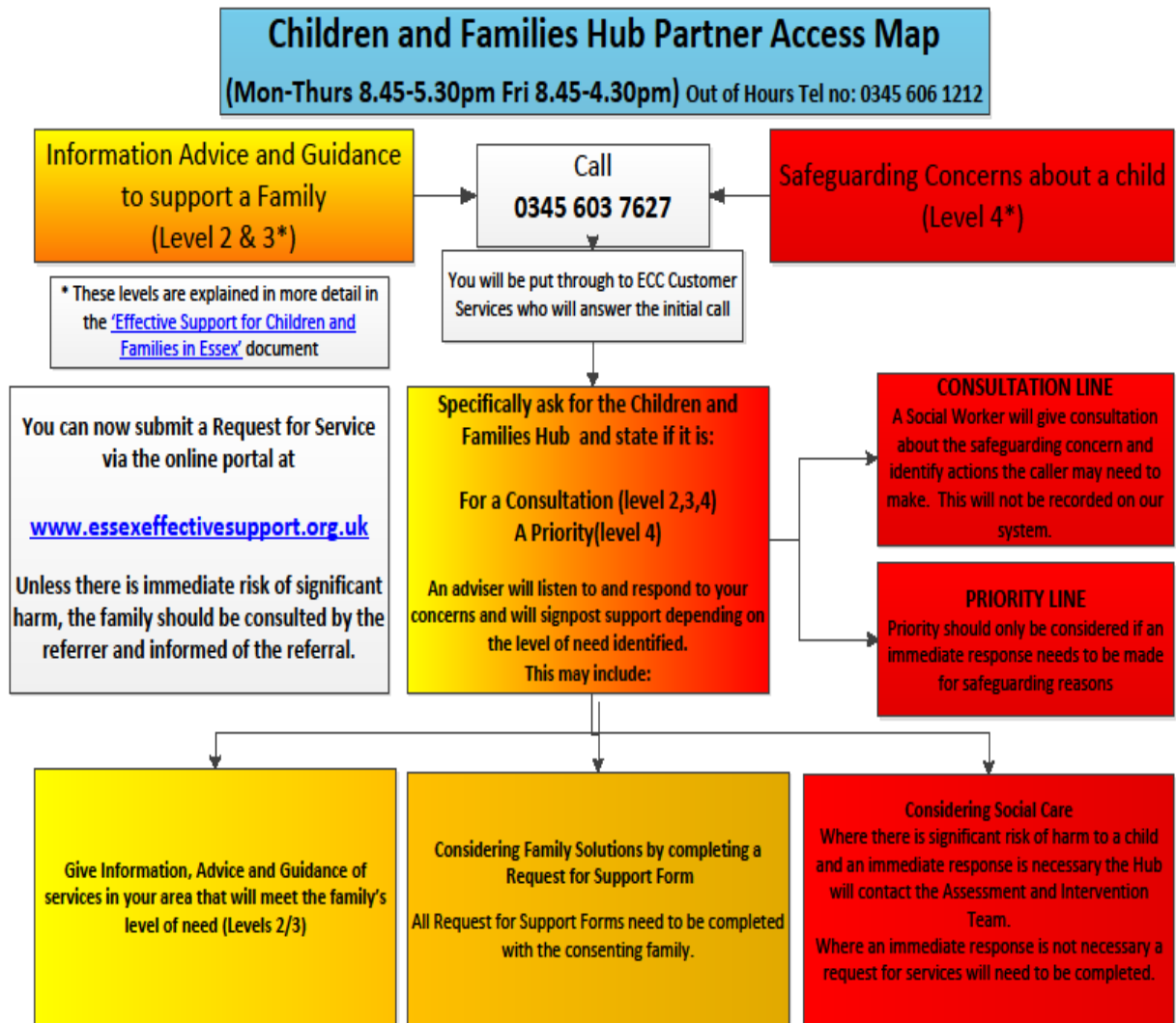
The following setting policies and procedures in relation to this policy are:

- Behaviour Management
- Child going missing
- Health & Safety
- Risk Assessment
- Staff Code of Conduct
- Visitor and Intruder Policy
- Whistleblowing
- E-safety policy

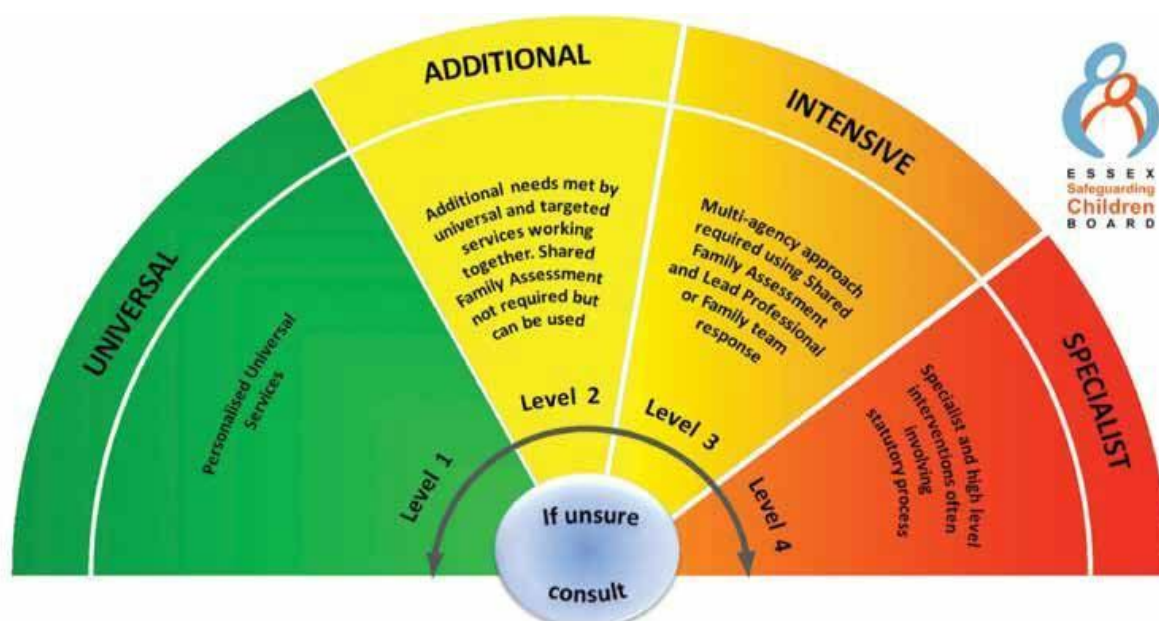
Appendix A: Children and Families Hub Flow Chart

Appendix A: Children and Families Hub flow chart

Please note: these procedures are also set out on the [Effective Support for Children and Families in Essex](#) website.



Appendix B: Essex Windscreen of Need and levels of intervention



All partners working with children, young people and their families will offer support as soon as we are aware of any additional needs. We will always seek to work together to provide support to children, young people and their families at the lowest level possible in accordance with their needs

Children with **Additional** needs are best supported by those who already work with them, such as Family Hubs or schools and other educational settings, organising additional support with local partners as needed. When an agency is supporting these children, an Early Help Plan and a Lead Professional are helpful to share information and co-ordinate work alongside the child and family.

For children whose needs are **Intensive**, a coordinated multi-disciplinary approach is usually best, involving either an Early Help Plan or a Shared Family Assessment (SFA), with a Lead Professional to work closely with the child and family to ensure they receive all the support they require. Examples of intensive services are children’s mental health services and Family Solutions.

Specialist services are where the needs of the child are so great that statutory and/or specialist intervention is required to keep them safe or to ensure their continued development. Examples of specialist services are Essex Social Care or Youth Offending Service. By working together effectively with children that have additional needs and by providing coordinated multi-disciplinary/agency support and services for those with intensive needs, we seek to prevent more children and young people requiring statutory interventions and reactive specialist services.

Appendix C – Types of Abuse and Harm

Types of abuse:

There are four main types of abuse of children.

- **Physical abuse** - physical harm or injury
- **Sexual abuse** - forcing or enticing participation in sexual activities (regardless of whether the child or young person is aware of what is happening)
- **Neglect** - persistent failure to meet basic physical and/or psychological needs, likely to result in serious impairment of health or development
- **Emotional abuse** - persistent emotional maltreatment to cause severe and persistent adverse effects on emotional development.

Some of the following signs might be indicators of abuse or neglect:

- Children whose behaviour changes – they may become aggressive, challenging, disruptive, withdrawn, or clingy, or they might have difficulty sleeping or start wetting the bed.
- Children with clothes which are ill-fitting and/or dirty.
- Children with consistently poor hygiene.
- Children who make strong efforts to avoid specific family members or friends, without an obvious reason.
- Children who do not want to change clothes in front of others or participate in physical activities.
- Children who are having problems at school, for example, a sudden lack of concentration and learning or they appear to be tired and hungry.
- Children who talk about being left home alone, with inappropriate carers or with strangers.
- Children who reach developmental milestones, such as learning to speak or walk, late, with no medical reason;
- Children who are regularly missing from school or education.
- Children who are reluctant to go home after school.
- Children with poor school attendance and punctuality, or who are consistently late being picked up
- Parents who are dismissive and non-responsive to practitioners' concerns.
- Parents who collect their children from school when drunk, or under the influence of drugs.
- Children who drink alcohol regularly from an early age.
- Children who are concerned for younger siblings without explaining why.
- Children who talk about running away.
- Children who shy away from being touched or flinch at sudden movements.

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Child Criminal Exploitation (CCE)

- CCE is where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child into any criminal activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial or other advantage of the perpetrator or facilitator and/or (c) through violence or the threat of violence.
- The victim may have been criminally exploited even if the activity appears consensual. CCE does not always involve physical contact; it can also occur using technology.
- CCE can include children being forced to work in cannabis factories, being coerced into moving drugs or money across the country or forced to shoplift or pickpocket, or to threaten other young people.

Child Sexual Exploitation (CSE)

- CSE is illegal activity by people who have some form of power and control over children and use it to sexually abuse them.
- It involves forcing or enticing a child (under the age of 18) to take part in sexual activities whether the child is aware of what is happening, including exploitative situations, contexts and relationships where children (or a third person or persons) receive 'something' (e.g., food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of performing, and/or others performing on them, sexual activities.
- CSE can be a form of organised or complex abuse, involving several abusers and/or several children.
- CSE can occur through use of technology without the child's immediate recognition, for example the persuasion to post sexual images on the internet/mobile phones with no immediate payment or gain.
- In all cases those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources.

Professionals raising concerns around child exploitation should evaluate and record their concerns using the [SET Partnership CE Pathway \(escb.co.uk\)](https://www.escb.co.uk). Having identified the risk indicators and vulnerabilities professionals will be able to ascertain the level of need which then directs them to the pathway they should follow to safeguard the child.

Child on Child Abuse

All staff should be aware that children can abuse other children (often referred to as child-on-child abuse), and that it can happen both inside and outside of the setting.

All staff should be clear as to the setting policy and procedures regarding child-on-child abuse and the important role they have to play in preventing it and responding where they believe a child may be at risk from it.

All staff should understand that even if there are no reports in the pre-school it does not mean it is not happening, it may be the case that it is just not being reported. As such it is important if

staff have any concerns regarding child-on-child abuse they should speak to their designated safeguarding lead (or deputy).

It is essential that all staff understand the importance of challenging inappropriate behaviours between children, many of which are listed below, that are abusive in nature. Downplaying certain behaviours, for example dismissing sexual harassment as “just banter”, “just having a laugh”, “part of growing up” or “boys being boys” can lead to a culture of unacceptable behaviours, an unsafe environment for children and in worst case scenarios a culture that normalises abuse leading to children accepting it as normal and not coming forward to report it.

Child-on-child abuse is most likely to include, but may not be limited to:

- bullying (including cyberbullying, prejudice-based and discriminatory bullying)
- abuse in intimate personal relationships between children (sometimes known as ‘teenage relationship abuse’)
- physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm
- sexual violence, such as rape, assault by penetration and sexual assault; (this may include an online element which facilitates, threatens and/or encourages sexual violence)
- sexual harassment, such as sexual comments, remarks, jokes, and online sexual harassment, which may be standalone or part of a broader pattern of abuse
- causing someone to engage in sexual activity without consent, such as forcing someone to strip, touch themselves sexually, or to engage in sexual activity with a third party
- consensual and non-consensual sharing of nude and semi-nude images and/or videos (also known as sexting or youth produced sexual imagery)
- up skirting, which typically involves taking a picture under a person’s clothing without their permission, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress, or alarm, and
- initiation/hazing type violence and rituals (this could include activities involving harassment, abuse or humiliation used as a way of initiating a person into a group and may also include an online element).

Children not attending

Our setting recognises that not attending is a potential indicator of abuse or neglect. It is also recognised that, when not in the setting, children may be vulnerable to or exposed to other risks, so we work with parents / carers and other partners where appropriate to keep children in the setting whenever possible. As part of the setting daily routine, we hold attendance registers and note reasons for children’s absences, as well as asking families to let us know by their child’s start time if they will not be attending and why. If we have concerns about a child’s absence regarding child protection issues, then we would follow our procedures for recording and reporting. If a child is absent for a prolonged period, or if a child is absent without notification from the parent or carer, attempts must be made to contact the child’s parents and/or carers and alternative emergency contacts. Providers must consider patterns and trends in a child’s absences and their personal circumstances and use their professional judgement when deciding if the child’s absence should be considered as prolonged. Consideration must be given to the child’s vulnerability, parent’s and/or carer’s vulnerability

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and their home life. Any concerns must be referred to local children's social care services and/or a police welfare check requested.

Children with special educational needs and disabilities

Our setting understands that children with special educational needs (SEN) and disabilities can face additional safeguarding challenges. Barriers can exist when recognising abuse and neglect in this group of children. This can include:

- assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability, without further exploration
- that they may be more prone to peer group isolation than others the potential to be disproportionately impacted by things like bullying, without outwardly showing signs
- communication difficulties in overcoming these barriers

County Lines

- County lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs (primarily crack cocaine and heroin) into one or more importing areas [within the UK], using dedicated mobile phone lines or other form of "deal line".
- Exploitation is an integral part of the county lines offending model with children and vulnerable adults exploited to move [and store] drugs and money.
- Offenders will often use coercion, intimidation, violence (including sexual violence) and weapons to ensure compliance of victims.
- Children can be targeted and recruited into county lines in several locations including schools, further and higher educational institutions, pupil referral units, special educational needs schools, children's homes and care homes.
- Children are often recruited to move drugs and money between locations and are known to be exposed to techniques such as 'plugging', where drugs are concealed internally to avoid detection.
- Children can easily become trapped by this type of exploitation as county lines gangs create drug debts and can threaten serious violence and kidnap towards victims (and their families) if they attempt to leave the county lines network.

Domestic Abuse

Domestic abuse is any type of controlling, bullying, threatening or violent behaviour between people in a relationship.

- But it is not just physical violence – domestic abuse includes emotional, physical, sexual, financial, or psychological abuse.
- It can happen in any relationship, and even after the relationship has ended. Both men and women can be abused or abusers.

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- Domestic abuse can seriously harm children and young people.
- Witnessing domestic abuse is child abuse, and teenagers can suffer domestic abuse in their relationships.

Impact of Domestic Abuse

Included in the four categories of child abuse and neglect are several factors relating to the behaviour of the parents and carers which have significant impact on children, such as domestic abuse.

Research analysing serious case reviews has demonstrated a significant prevalence of domestic abuse in the history of families with children who are subject of child protection plans.

Children can be affected by seeing, hearing, and living with domestic violence and abuse as well as being caught up in any incidents directly, whether to protect someone or as a target.

The Domestic Abuse Act 2021, explicitly states that children are victims of domestic abuse if they see, hear, or experience the effects of the abuse and the child is related to either the victim or the abuser.

- 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.

Honour Based Abuse (HBA), including Female Genital Mutilation (FGM) Breast Ironing, and Forced Marriage

- Honour Based Abuse (HBA) is violence and abuse in the name of honour, covering a variety of behaviours (including crimes), mainly but not exclusively against females, where the person is being punished by their family and/or community for a perceived transgression against the 'honour' of the family or community or is required to undergo certain activities or procedures in 'honour' of the family.

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- Female Genital Mutilation (FGM) is a collective term for illegal procedures which include the removal of part/all external female genitalia for cultural or other nontherapeutic reasons. The practice is not required by any religion. It is painful, medically unnecessary and has serious health consequences at the time it is carried out and in later life. The procedure is typically performed on girls of any age but is also performed on new-born girls and on young women before marriage/pregnancy. Several girls die as a direct result of the procedure, from blood loss or infection. FGM may be practised illegally by doctors or traditional health workers in the UK, or girls may be taken abroad for the operation.
- Breast Ironing or breast flattening is the process during which young pubescent girls' breasts are ironed, massaged, flattened and/or pounded down over a period of time (sometimes years) in order for the breasts to disappear or delay the development of the breasts entirely. It should also be acknowledged that some adolescent girls and boys may bind their breast using constrictive material due to gender transformation or identity, and this may also cause health problems. Breast flattening can happen anywhere in the world. Although there is no specific law in the UK around breast flattening or breast ironing, it is a form of physical abuse and normal safeguarding procedures should be followed.
- A Forced Marriage (FM) "is a marriage conducted without the valid consent of both parties, where duress is a factor" ('A Choice by Right' HM Government 2000).

Accurate record keeping in all cases of violence/abuse in the name of honour is important. Records should:

- Be accurate, detailed, clear and include the date
- Use the person's own words in quotation marks
- Document any injuries – include photographs, body maps or pictures of their injuries
- Only be available to those directly involved in the person's case.

The minimum response from all agencies should also involve, wherever possible, the following first steps:

- See the child immediately in a secure and private place where the conversation cannot be overheard
- See them on their own – even if they attend with others
- Recognise and respect their wishes
- Perform a risk assessment
- Reassure them about confidentiality i.e., professionals will not inform their family
- Establish a way of contacting them discreetly in the future
- Obtain full details to pass on to local authority social care and the police
- Consider the need for immediate protection and placement away from the family.

Under no circumstances should the professional:

- Send them away
- Underestimate or minimise what the victim is telling them

- Approach members of their family or the community unless they expressly ask you to do so
- Share information with anyone without their express consent
- Breach confidentiality
- Assume it is a 'cultural' issue: it is an abuse of human rights
- Attempt to be a mediator.

Abuse linked to faith or belief

Abuse linked to faith or belief is where concerns for a child's welfare have been identified, and could be caused by, a belief in witchcraft, spirit or demonic possession, ritual, or satanic abuse features; or when practices linked to faith or belief are harmful to a child.

Any abuse that takes place against those who are branded (or labelled) either as a witch or as having been possessed by an evil spirit is unacceptable. Significant harm (including murder) can occur because of concerted efforts to 'excise' or 'deliver' evil from a child (or vulnerable adult).

Spotting the signs that this abuse exists can prevent escalation from 'subtle' harms that may often go unnoticed by many, to 'extreme' situations where there is loss of life. Witchcraft beliefs are used to blame a person (rather than circumstances) for misfortune that happens in life.

It can take place for some of the following reasons

- abuse because of a child being accused of being a 'witch'
- abuse because of a child being accused of being possessed by 'evil spirits'
- ritualistic abuse which is prolonged sexual, physical, and psychological abuse
- satanic abuse which is carried out in the name of 'Satan' and may have links to cults
- any other harmful practice linked to a belief or faith

The forms of abuse that can occur fall into the four main categories below.

- **Physical abuse** - This can involve ritualistic beating, burning, cutting, stabbing, semi-strangulating, tying up the child, or rubbing chilli peppers or other substances on the child's genitals or eyes.
- **Emotional abuse** - Emotional abuse can occur in the form of isolation. A child may not be allowed near or to share a room with family members and threatened with abandonment. The child may also be convinced that they are possessed.
- **Neglect** - In situations of neglect, the child's family and community may have failed to ensure appropriate medical care, supervision, education, good hygiene, nourishment, clothing, or warmth.

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- **Sexual abuse** - Children who have been singled out in this way can be particularly vulnerable to sexual abusers within the family, community, or faith organisation. These people exploit the belief as a form of control or threat.

Where does it happen?

Child abuse linked to faith or belief is not confined to one faith, nationality, or ethnic community. Examples have been recorded worldwide across various religions including Christians, Muslims, and Hindus. The number of known cases suggests that only a small minority of people who believe in witchcraft or spirit possession go on to abuse children and adults. Abuse may happen anywhere, but it most commonly occurs within the child's home.

Common factors and causes

A range of factors can contribute to the abuse of a child for reasons of faith or belief. Some of the most common ones are below.

- **Belief in evil spirits** - Belief in evil spirits that can 'possess' children is often accompanied by a belief that a possessed child can 'infect' others with the condition. This could be through contact with shared food or simply being in the presence of the child.
- **Scapegoating** - A child could be singled out as the cause of misfortune within the home, such as financial difficulties, divorce, infidelity, illness, or death.
- **Bad behaviour** - Sometimes bad or abnormal behaviour is attributed to spiritual forces. Examples include a child being disobedient, rebellious, overly independent, wetting the bed, having nightmares, or falling ill.
- **Physical and emotional differences** - A child could be singled out for having a physical difference or disability. Documented cases included children with learning disabilities, mental health issues, epilepsy, autism, stammers, deafness, and LGBTQ+.
- **Gifts and uncommon characteristics** - If a child has a particular skill or talent, this can sometimes be rationalised as the result of possession or witchcraft. This can also be the case if the child is from a multiple or difficult pregnancy.
- **Complex family structure** - Research suggests that a child living with extended family, non-biological parents, or foster parents is more at risk. In these situations, they are more likely to have been subject to trafficking and made to work in servitude.

What to look out for

Indicators of child abuse linked to faith or belief include the following:

- physical injuries, such as bruises or burns (including historical injuries/scaring)
- a child reporting that they are or have been accused of being 'evil', and/or that they are having the 'devil beaten out of them'

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- the child or family may use words such as ‘kindoki’, ‘djin’, ‘juju’ or ‘voodoo’ - all of which refer to spiritual beliefs
- a child becoming noticeably confused, withdrawn, disorientated or isolated and appearing alone amongst other children
- a child’s personal care deteriorating (e.g., rapid loss of weight, being hungry, turning up to school without food or lunch money, being unkempt with dirty clothes)
- it may be evident that the child’s parent or carer does not have a close bond with the child
- a child’s attendance at school or college becomes irregular or there is a deterioration in a child’s performance
- a child is taken out of a school altogether without another school place having been arranged
- Wearing unusual jewellery/items or in possession of strange ornaments/scripts.

Mental health and wellbeing

- Our staff are aware that mental health and wellbeing problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation. We understand that, where children have suffered abuse or other potentially traumatic adverse childhood experiences, this can have a lasting impact throughout childhood, adolescence and into adulthood. Where we have concerns that this may impact on mental health, we will seek advice and work with other agencies as appropriate to support a child and ensure they receive the help they need.
- Positive mental health is the concern of the whole community, and we recognise that educational settings play a key part in this. Our setting aims to develop the emotional wellbeing and resilience of all children and staff, as well as provide specific support for those with additional needs. We understand that there are risk factors which increase someone’s vulnerability, and protective factors that can promote or strengthen resiliency. The more risk factors present in an individual’s life, the more protective factors or supportive interventions are required to counterbalance and promote further growth of resilience.

Online Abuse

Online based forms of child physical, sexual, and emotional abuse can include bullying via mobile telephones or online (internet/social media) with verbal and visual messages. Information Communication Technology can be used to facilitate a wide range of abuse and exploitation

Perplexing Presentations, (PP) Fabricated or Induced Illness (FII) and Medically Unexplained Symptoms (MUS)

There is often uncertainty about the criteria for suspecting or confirming Perplexing Presentations/Fabricated or Induced Illness and the threshold at which safeguarding procedures should be invoked. In the UK, there has been a shift towards earlier recognition of possible Fabricated or Induced illness (which may not amount to likely or actual significant harm), and intervention without the need for proof of deliberate deception.

For further information please refer to Chapter 19, [ECSB SET](#)

Children and young people with **perplexing presentations** often have a degree of underlying illness, and exaggeration of symptoms is difficult to prove and even harder for health professionals to manage and treat appropriately. In the absence of clear evidence about risk of immediate serious harm to the child's health or life, the early recognition of possible

Fabricated or Induced Illness (not amounting to likely or actual significant harm) is better termed Perplexing Presentations, requiring an active approach by paediatricians and others involved in the care of the child and an early collaborative approach with children and their parents/carers. Whilst recognising that an underlying medical condition may be present, children should not be subject to unnecessary investigations or medical interventions. Consideration should be given that verified illness and fabrication may both be present.

Fabricated or Induced Illness by carers (FII) can cause significant harm to children. FII involves a well child presented by a carer as ill or disabled, or an ill or disabled child being presented with a more significant problem than he or she has and suffering harm consequently.

There are three main ways of the carer fabricating or inducing 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.

Medically Unexplained Symptoms (MUS) A child's symptoms, of which the child complains, and which are presumed to be genuinely experienced, are not fully explained by any known pathology. The symptoms are likely based on underlying factors in the child (usually of a psychosocial nature), and this is acknowledged by both clinicians and parents/carers. Medically Unexplained Symptoms can also be described as 'functional disorders' and are abnormal bodily sensations which cause pain and disability by affecting the normal functioning of the body. The health professionals and parents/carers work collaboratively to achieve evidence-based therapeutic work in the best interests of the child or young person.

Radicalisation & Terrorism

We are committed to promoting children's personal, social and emotional development, ensuring that children learn right from wrong, mix and share with other children and value other's views, know about similarities and differences between themselves and others, and challenge negative attitudes and stereotypes.

- We teach a broad and balanced curriculum which promotes the spiritual, moral, cultural, mental, and physical development of pupils and prepares them for the opportunities, responsibilities, and experiences of life, ensuring that we promote community cohesion and fundamental British Values as part of everyday life at the preschool.
- Protecting children from the risk of radicalisation should be seen as part of the preschools' wider safeguarding duties and is similar in nature to protecting children from other forms of harm and abuse.
- Staff will have training that gives them the knowledge and confidence to identify children at risk of being drawn into terrorism, and to challenge extremist ideas which can be used to legitimise terrorism and are shared by terrorist groups. Prevent awareness training will be a key part of this.
- During the process of radicalisation, it is possible to intervene to prevent vulnerable people being radicalised. Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism. There is no single way of identifying an individual who is likely to be susceptible to an extremist ideology.
- Extremism is vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. Also include in our definition of extremism; calls for the death of members of our armed forces, whether in this country or overseas.
- Specific background factors may contribute to vulnerability which are often combined with specific influences such as family, friends or online, and with specific needs for which an extremist or terrorist group may appear to provide an answer. The internet and the use of social media has become a major factor in the radicalisation of young people. As with managing other safeguarding risks, staff should be alert to changes in children's behaviour which could indicate that they may need help or protection.
- Staff should use their professional judgement in identifying children who might be at risk of radicalisation and consult with the Designated Safeguarding Lead if they have any worries or concerns.
- The Designated Safeguarding Lead should make a referral to the ESCB who will make a referral to the Channel programme if there are concerns that a child or the child's family are at risk of radicalisation.

Preventing extremism in schools and children's services

Email counter.extremism@education.gov.uk

Updated: Sep 22, Jan 23, Sept 24, August 25, January 26, March 26

Next review: August 2026

Telephone 020 7340 7264

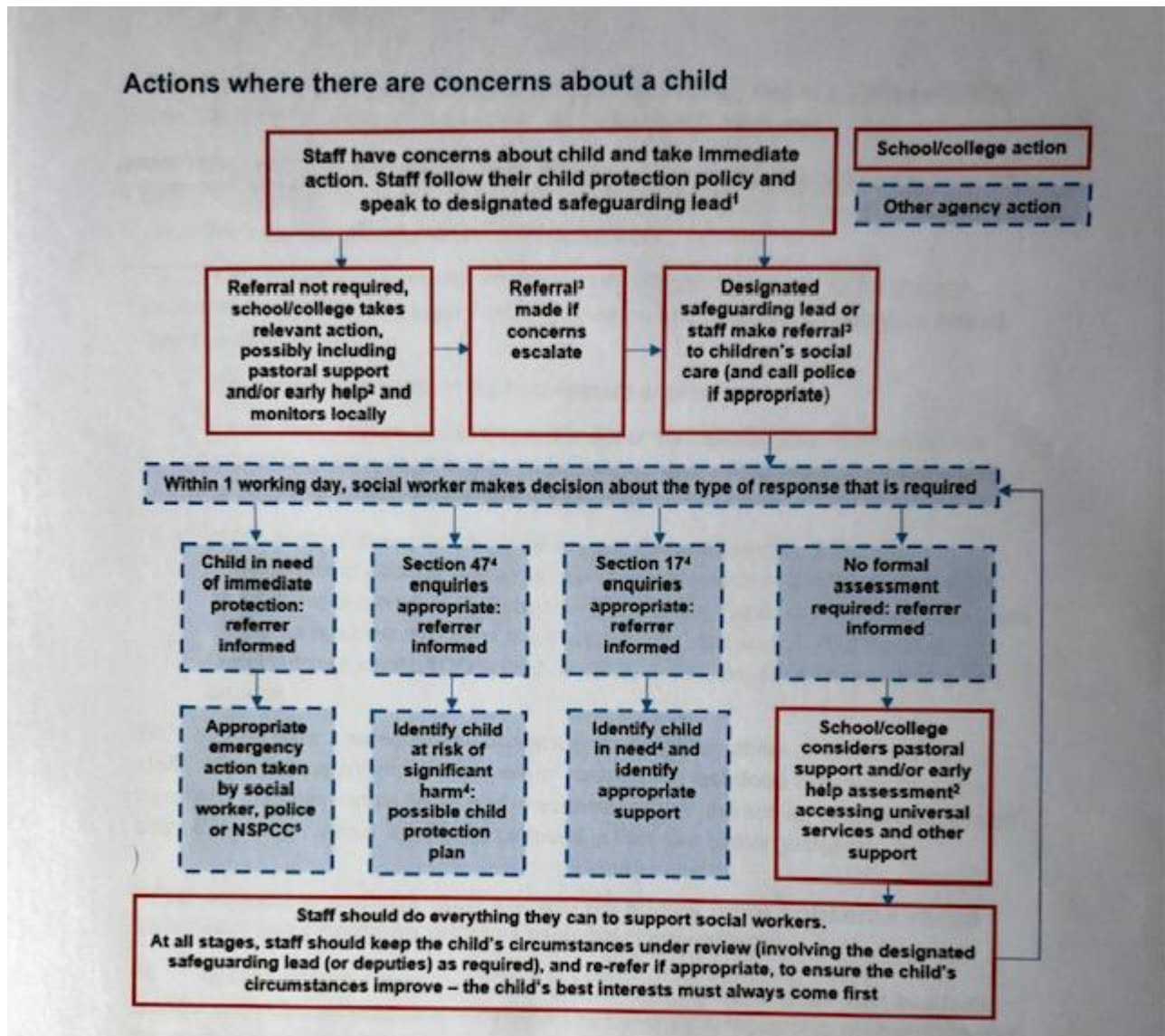
If you are concerned about extremism in a school or organisation that works with children, or if you think a child might be at risk of extremism, contact our helpline.

Open Monday to Friday from 9am to 6pm (excluding bank holidays).

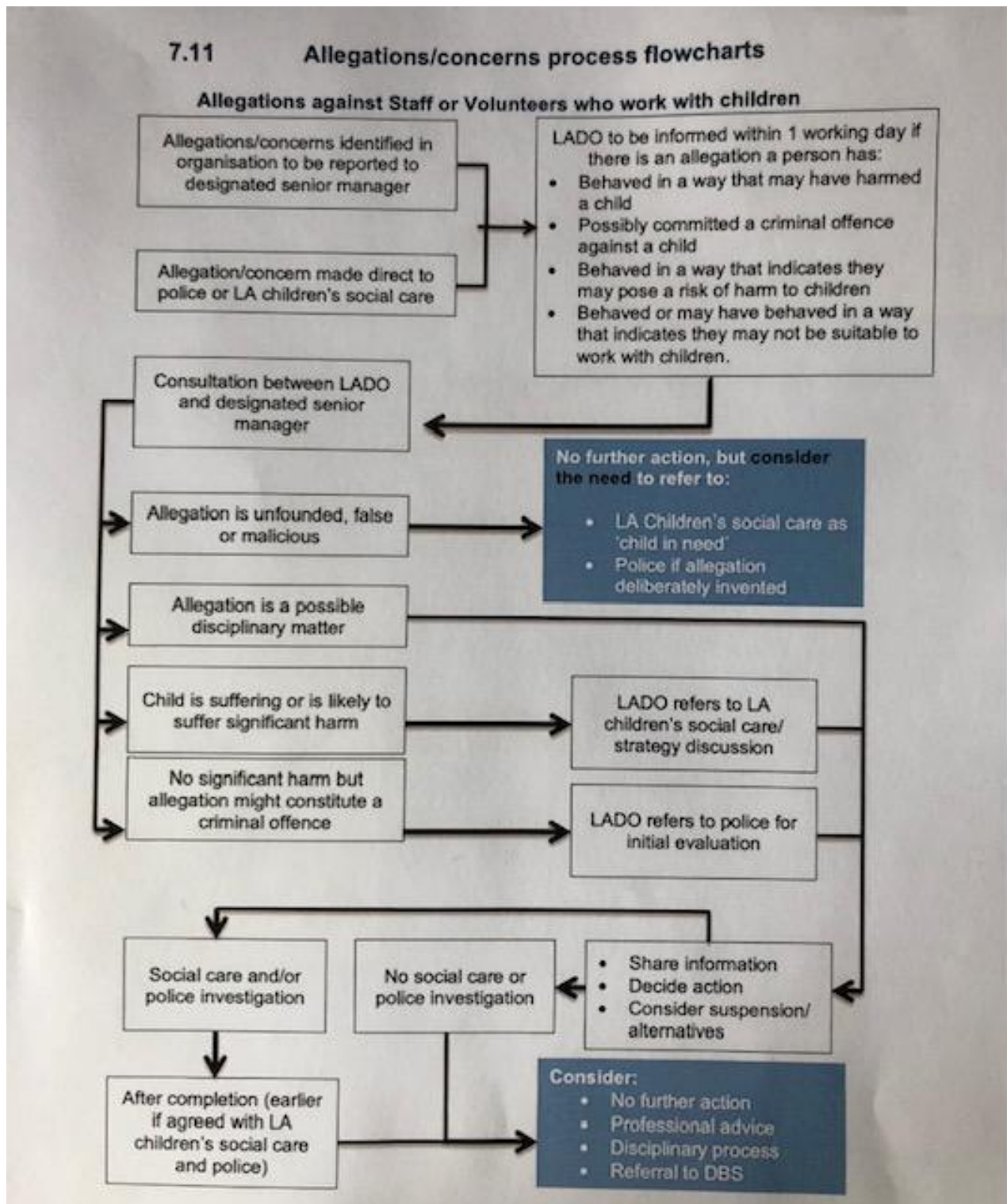
Risk from Outside of the Home/Contextual Safeguarding

As well as threats to the welfare of children from within their families, children may be vulnerable to abuse or exploitation from outside their families. These extra-familial threats might arise at education settings, from within peer groups, or more from within the wider community and/or online. These threats can take a variety of different forms and children can be vulnerable to multiple threats, including exploitation by criminal gangs and organised crime groups such as county lines, trafficking, online abuse, teenage relationship abuse, sexual exploitation and the influences of extremism leading to radicalisation.

Appendix D: Actions where there are concerns about a child



Appendix E: Allegations/Concerns process flowcharts



Updated: Sep 22, Jan 23, Sept 24, August 25, January 26, March 26
 Next review: August 2026