Child Protection and Safeguarding

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Intention

The purpose of this policy is to ensure the nursery is a safe and nurturing environment for children and safe and welcoming environment for staff, families and visitors. This policy ensures that all staff members understand their roles and responsibilities in safeguarding children, fostering a culture of vigilance and openness and by adhering to this policy, the nursery demonstrates its commitment to protecting children from abuse and neglect. It also sets clear procedures for identifying, reporting, and responding to concerns about a child. It details the specific signs of abuse and neglect to ensure a proactive and vigilant environment where everyone is protected, whilst informing parents/carers about the types and signs of abuse staff are trained to recognise, fostering a culture of transparency and collaboration.

Legislative context

Legal guidelines and frameworks

- Early Years Foundation Stage Statutory Framework, 2025 (EYFS)
- Keeping Children Safe in Education, 2025 (KCSiE)
- Working Together to Safeguard Children, 2025 (WTSC)
- Counter-Terrorism and Security Act, 2015
- The Children Act, 1989
- The Childcare Act, 2006

Legal duties

Early years providers have a legal duty to comply with the welfare requirements of the EYFS, which is underpinned by the legislative guidance in WTSC. They must be alert to any issues of concern in a child's life and implement policies and procedures to safeguard children. These policies should detail the steps to take if there are safeguarding concerns about a child or allegations against a staff member. All staff must undergo safeguarding training to recognise signs of abuse and neglect and understand these policies. Additionally, a designated safeguarding lead must be appointed to oversee safeguarding efforts. This lead is responsible for coordinating with local child services and must complete specialised child protection training.

Acronyms used in this policy

This policy uses the following acronyms:

- LADO: Local Authority Designated Officer
- DSL: Designated Safeguarding Lead
- DSSL: Deputy Designated Safeguarding Lead
- BSL: Board Safeguarding Lead
- NSPCC: National Society for the Prevention of Cruelty to Children.
- KCSiE: Keeping Children Safe in Education, 2025
- WTSC: Working Together to Safeguard Children, 2023
- EYFS: Early Years Foundation Stage, 2025

Definitions of terms used in this policy

Abuse and neglect

Child abuse and neglect are forms of maltreatment, caused by either inflicting harm or failing to prevent it. This can occur within families, institutions, or communities, and perpetrators can be adults, children.

Child protection

Child protection is a subset of safeguarding. It deals with children who are *already* experiencing harm or are at high risk of significant harm. Child protection is often reactive, responding to existing or potential harm. This involves:

- Identifying children at risk
- Assessing the level of risk
- Taking action to protect the child (e.g., intervention, reporting)

Concern about a child

A concern about a child refers to any signs or indicators that suggest a child may be at risk of abuse, neglect, or harm. These concerns may arise from:

- The child's behaviour, appearance, or emotional state, such as sudden changes in mood, unexplained injuries, or signs of distress
- Direct disclosures made by the child about their experiences
- Concerning interactions or behaviours from a parent/carer or family member, including neglectful attitudes, aggressive behaviour, or inconsistent explanations for injuries
- Unexplained developmental delays in the child's physical, cognitive, or emotional development
- Frequent or unexplained absences from the setting
- Withdrawal from friends, family, or usual activities
- Age-inappropriate behaviours, such as sexualised behaviour or knowledge beyond their years
- Significant changes in eating or sleeping patterns

Concern about an individual working with children

A concern about an individual working with children refers to any behaviour, attitude, action, or conduct by someone working with children, such as a staff member, a Board member, external provider (e.g., football coach, language teacher, dance instructor), or a member of the council's early years team that raises doubts about their suitability to work with children. This would include:

- Inappropriate behaviour or language towards children, such as making suggestive comments, inappropriate physical contact, or demonstrating favouritism
- Breaches of professional boundaries, including developing overly familiar relationships with children or sharing personal information with them
- Failure to perform duties responsibly, such as consistently failing to supervise children, neglecting to report incidents or injuries, or not following safeguarding procedures

- Signs of substance abuse, such as being under the influence of alcohol or drugs whilst on duty
- Frequent or unexplained absences from work, which could impact the safety and supervision of children
- Concerns raised by colleagues, parents, or children about the individual's behaviour or conduct

Professional curiosity

Professional curiosity is the ability to question, explore, and seek a deeper understanding of a situation when working with children and families. It involves:

- Looking beyond the surface and not taking things at face value
- Having the confidence to pursue any niggles or concerns
- Seeking clarity by asking questions and gathering information from multiple sources.
- Challenging assumptions by reflecting on and re-evaluating judgements as new information emerges

Practitioners who demonstrate professional curiosity are proactive in identifying risks, analysing situations, and ensuring the best outcomes for children.

Safeguarding

Safeguarding is about ensuring the overall well-being of all children by proactively creating safe environments and supporting their positive development. It focuses on:

- Protection: shielding children from harm and maltreatment
- Prevention: stopping harm before it happens by ensuring safe and effective care
- Positive development: promoting healthy growth and development
- Best outcomes: helping children reach their full potential
- Professional curiosity: being able to identify, mitigate and manage risks to children wherever they come from

Significant harm

The Children Act 1989 in the UK establishes the significant harm threshold as the basis for initiating child protection proceedings under Section 47, which requires social services to investigate if they have reasonable cause to suspect a child is suffering or likely to suffer significant harm. Each local authority develops their own local safeguarding procedures which provide specific guidance on how to identify and respond to potential cases of significant harm, including indicators of abuse and the steps to take when concerns are raised. Significant harm can be a single event or a combination of events impacting a child's physical, intellectual, emotional, social, or behavioural development.

The LADO

A Local Authority Designated Officer (LADO) is an individual or a team within a local authority who assesses safeguarding allegations against people working with children and coordinates with relevant stakeholders to ensure the allegation is handled correctly.

The LADO's harm threshold

This is the standard used by all Local Safeguarding Partners, including local authorities, health providers, education providers, and the police when handling allegations. It is based on statutory guidance from Working Together to Safeguard Children (WTSC). In a nursery setting, the LADO must be contacted within one working day if any allegation meet's the harm threshold. The harm threshold is reached if it is alleged that a person who works with children has:

- Behaved in a way that has harmed a child, or may have harmed a child
- Possibly committed a criminal offence against or related to a child
- Behaved towards a child or children in a way that indicates they may pose a risk of harm to children
- Behaved or may have behaved in a way that indicates they may not be suitable to work with children

Low-level concerns about a child

Refers to an incident that does not on its own indicate a risk of significant harm. However, repeated occurrences of similar incidents may, when viewed collectively, form a pattern that could signal a more serious child protection concern. Examples of low-level concern about a child include:

1. A child arrives at nursery with a bruise that their parent/carer can't explain, or the explanation doesn't seem to match the type of bruise. While this could be from a simple accident at home or during play, it warrants observation in case further bruises appear without adequate explanation
2. A child who is usually outgoing and happy suddenly becomes withdrawn and quiet. This could be a temporary phase or a reaction to something happening at home, but it needs to be monitored for any escalation or patterns
3. A child who frequently arrives in soiled clothing, inappropriate attire for the weather (e.g., no coat in winter, ill-fitting shoes), or appears persistently unwashed
4. A child often complains of hunger, is observed taking food from other children, or eats food from the floor, raising concerns about possible neglect

Low-level concerns concerning individuals working with children

Refers to any behaviour, action, attitude or lack of action from someone who works with children that does not meet the LADO's harm threshold but still raises some concerns about their suitability to work with children. Examples include:

1. Using language that is not age-appropriate, could be misconstrued, or makes children feel uncomfortable
2. Disregard for policies: Repeatedly failing to follow established policies and procedures.
3. Disrespectful interactions with colleagues or parents
4. Overlooking risks in the environment or regularly failing to check for hazards, e.g., leaving cleaning materials accessible or not securing play equipment properly
5. Dismissing or invalidating children's emotions, e.g., consistently responding to a child's distress with comments like "You're fine, stop crying" instead of offering comfort and understanding

6. Lack of warmth or positive engagement, e.g., frequently showing disinterest, failing to interact positively with children, or not using encouraging language
7. Displaying frustration or impatience with children, e.g., sighing, rolling eyes, or speaking in a sharp or irritated tone when children make mistakes or require attention

Guiding principles

Safeguarding is one of the four pillars upon which our company values are built. Our goal is always to create an environment where everyone in the nursery community – whether children, families or staff – feel valued and protected irrespective of their age, background, or circumstance. We hold ourselves accountable to the highest standards of safeguarding with a commitment to create a culture of openness, trust and transparency. The following principles guide our approach:

- Child-first mentality: the safety, welfare, and best interests of the child come first
- Child-centred: children's voices are heard and valued. They are involved and informed in decisions where possible[1]
- Adaptability: remain flexible and responsive to the evolving needs and circumstances of children, their families and our staff
- Professional curiosity: actively seek out and explore information to better understand situations, events and circumstances that impact a child, and to question assumptions to safeguard children
- Proactively manage risk: remain vigilant to situations that may impact children's safety and well-being
- Empower staff: train staff to be able to identify and act on safeguarding concerns
- Openness and trust: ensure staff, families, and children feel safe to raise concerns
- Work in partnership with our children, their parents/carers, and other agencies
- Timely action: act promptly and efficiently, prioritising the safety and well-being of all children
- Professional bravery: act with courage and integrity in the face of challenges and confrontation, advocating for the best interests of the child
- Proportionality: handle concerns proportionally and confidentially wherever possible
- Support: provide emotional and practical support for all those involved in a concern
- Confidentiality: share information only on a need-to-know basis to protect the child
- Transparency and trust: maintain open communication wherever possible
- Escalation: if in doubt, overreport rather than underreport concerns
- Robust procedures: maintain clear policies and procedures for safeguarding
- Continuous improvement: seek ways to enhance our safeguarding systems, procedures and approach through regular reviews, learning from our experiences and continuing to focus on the changing child protection and safeguarding landscape
- Zero tolerance: We have zero tolerance for the abuse, neglect, or exploitation of children. We will always challenge or raise concerns about words or actions that downplay, justify, or promote such harm. This applies to everyone connected to our setting

Roles and responsibilities

[1] We use alternative communication methods, such as visual aids, to ensure non-verbal children are also included and understood.

Designated Safeguarding Lead (DSL)

The DSL is responsible for all safeguarding matters in the nursery, ensuring effective child protection measures. Key responsibilities include:

- Serve as the central point of contact for safeguarding concerns, internally and externally
- Ensure all safeguarding and child protection measures are effectively implemented
- Act as the primary contact for all safeguarding concerns
- Maintain up-to-date safeguarding policies and procedures
- Monitor patterns and trends using safeguarding data
- Work closely with staff, parents/carers, and professionals to ensure a coordinated approach to safeguarding
- Make decisions on confidentiality and information sharing
- Ensure all staff receive appropriate safeguarding training and understand their responsibilities as outlined in Annex C of the EYFS
- Raise awareness by sharing safeguarding updates and best practices
- Provide support and guidance to staff on all safeguarding matters

Deputy Designated Safeguarding Lead (DDSL)

The DDSL supports the DSL in their responsibilities, acting in their absence and sharing the workload to ensure comprehensive safeguarding measures are in place at all times.

Senior Management Team

The Senior Management Team (comprising the Senior Manager and Manager) serve as an alternative escalation point for safeguarding concerns in the event:

- There is a conflict of interest involving the DSL and DDSL
- Both the DSL and DDSL are unavailable
- Provide an escalation point in event it is felt a concern has not been dealt with adequately

Directors

Nursery Directors provide support in complex safeguarding cases and ensure that learning opportunities are shared across the organisation to continuously improve policies, procedures, and staff preparedness. Key responsibilities include:

- Assist in drafting referrals to ensure information is clear, structured, and coherent
- Offer guidance on handling sensitive or challenging safeguarding cases
- Review cases to identify learning opportunities that could enhance safeguarding practices across the organisation
- Share key insights across the organisation to enhance staff knowledge and preparedness
- Provide an escalation point in event it is felt a concern has not been dealt with adequately

Board Safeguarding Lead

The Board Safeguarding Lead provides an additional level of oversight, accountability and support in safeguarding and child protection matters. Their role is to:

- Provide an alternative escalation point, for example when concerns involve senior members of staff or when an impartial perspective is needed
- Provide support and direction in complex safeguarding cases
- Enable staff to raise safeguarding concerns internally without the need for formal whistleblowing. Please refer to the Whistleblowing Policy for more information on when it is appropriate to raise matters externally

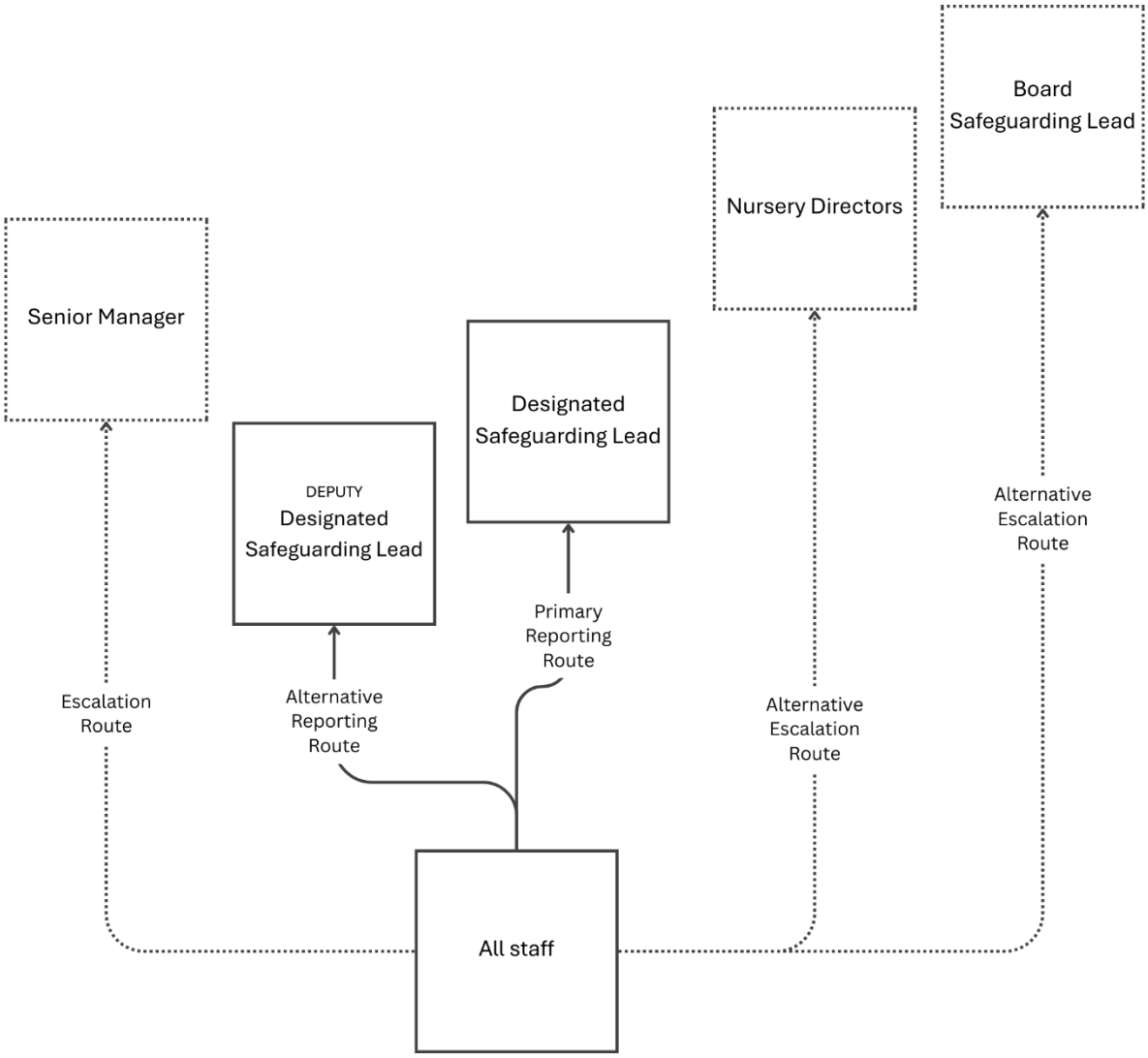
All staff (including students and volunteers)

All staff must understand their safeguarding responsibilities outlined in KCSiE and actively contribute to a safe and supportive nursery culture. Key responsibilities include:

- Know and follow the nursery's safeguarding policies and procedures
- Complete all required safeguarding training and stay updated on best practices
- Understand how to respond appropriately to disclosures or safeguarding concerns.
- Be able to recognise signs of abuse, neglect, or harm
- Stay vigilant and observant to potential safeguarding risks
- Report concerns without delay following established procedures; staff are required to immediately follow the procedures in this policy if they observe signs of abuse or have any concerns, no matter how low-level they may seem
    - Ensure that you are satisfied with the outcome of your raised concern, confirming that the safeguarding risk has been addressed and reduced as much as reasonably possible
    - If you are dissatisfied with how your concern was handled ensure it is escalated appropriately in line with the procedures outlined in this policy.
- If a child is in immediate danger; staff must take action to keep the child, others, and themselves safe which may include contacting emergency services if someone is in immediate danger (999)
- Support any investigations or interventions as required
- Always prioritise the child's best interests and safety

Supervisory chain for child protection and safeguarding matters

It is important for staff and parents/carers to know that the supervisory chain for child protection and safeguarding is separate and distinct from the nursery's daily operations due to specialised training requirements. Refer to the safeguarding organogram below for a visual representation of the supervisory chain for safeguarding matters.



All staff must understand their individual safeguarding responsibilities, ensuring that ego or rank does not interfere with this process. Although senior staff may be informed about developments in safeguarding and child protection matters, they should not be the first to receive such information if they do not hold one of the designated safeguarding roles.

Managing and coordinating safeguarding matters that go beyond the DSL's responsibilities

When safeguarding and child protection issues require expertise or support beyond the Designated Safeguarding Lead's (DSL) typical responsibilities, the DSL continues to act as the central coordinator. For examples, for low-level concerns related to an adult's conduct, the DSL

orchestrates the safeguarding response but may delegate specific tasks like disciplinary actions or creating performance improvement plans to the manager.

Working in partnership

We work in partnership with children, parents/carers and external agencies to promote safeguarding effectively.

The voice of the child

We promote a culture of openness and safety for the children at the nursery, where they feel valued and listened too. Through age-appropriate discussions and learning opportunities we provide children with a platform where they can express their feelings and any worries they may have. Staff are trained to respond sensitively to children and ensure they are treated with respect and dignity.

Parents/carers and other family members

We recognise the importance of working together with and supporting parents/carers and other family members to safeguard and promote the welfare of their children and so encourage open communication regarding any concerns that may arise. This includes:

- Encouraging parents/carers and family members to share and report worries and concerns about the safety and welfare of their child(ren) or any other children
- Providing parents/carers and family members with regular information and guidance and through newsletter and Famly updates, signposting to external support available, offering drop-in support sessions and scheduling private meetings with parents

The multi-agency approach

The multi-agency approach to safeguarding involves different agencies and professionals working together to protect children. This involves information sharing and collaborative working with professionals from various sectors, such as health, education, social care, and police to address a child's needs. This collaboration is essential for identifying and responding to the needs of children and families, providing holistic support and protection for children, ensuring that they receive the right help at the right time.

Confidentiality and information sharing

Balancing privacy with child protection

While we prioritise keeping information confidential, a child's safety is our absolute priority. If there's a suspicion of harm, we may need to share information with others to protect the child. We will always try our best to maintain confidentiality for everyone involved in an investigation. This includes not discussing the case with people outside of the investigation, either publicly or privately, as this could compromise the investigation and potentially harm those involved.

Your right to know what happens after you have raised a concern

Individuals who have raised concerns will be kept in the loop and updated on the case where possible, but only to the extent that it does not infringe on other people's right to privacy or potentially impact the safety and well-being of others.

Raising concerns anonymously

When raising a safeguarding concern, it's crucial to understand that if the disclosure remains anonymous, our ability to act on the information might be limited. Anonymous sources carry less weight in formal proceedings such as disciplinary actions and may limit our ability to act on concerns.

Informing parents/carers about a safeguarding concern that involves their child

Where possible. parents/carers are informed about a safeguarding concern that involves their child. This is because they are the primary caregivers and are best placed to support their child. Informing them also allows for open communication and collaboration to ensure the child's safety. However, there are specific circumstances where parents/carers may not be informed, such as if doing so would:

- Place the child at increased risk of significant harm
- Place any other person at risk of injury
- Obstruct or interfere with other ongoing investigations

In these situations, the DSL will make a decision based on what is in the best interests of the child, and they will inform the parents/carers at a later stage if and when it is safe to do so.

Sharing information with external parties

If a parent/carer is asked for their consent but does not give it, the setting reserves the right to pass on relevant information if doing so is deemed necessary for the purpose of keeping a child safe and promoting their welfare. This includes to future schools or other nursery settings.

Sharing information with future schools or other nursery settings

When a child transitions to a new education setting, the DSL will transfer their safeguarding and child protection files, along with any relevant information that can aid the new setting in safeguarding and promoting the child's well-being.

If the child leaves our nursery without transitioning to a new educational setting, we will transfer their safeguarding and child protection files (and any necessary additional information) to the Local Authority.

The nursery will retain a copy of safeguarding and child protection files for our own records in line with our Privacy Policy.

Record keeping

The DSL is required to maintain detailed written records of all safeguarding concerns, discussions, and decisions made, including the rationale behind those decisions. This documentation encompasses all instances, whether or not referrals were made to external agencies.

We have data protection processes in place to ensure that we keep and process personal information about children, their families, staff and others safely and lawfully. This includes:

- Securely manage electronically held information

- Manage requests for access to personal information we hold

Further details of our processes and how to request access to personal information we hold are outlined in our Privacy Notice.

Key safeguarding indicators we monitor and track

Attendance

Repeated or prolonged absences from education can be a warning sign of potential safeguarding concerns. To ensure children's safety and well-being, we actively monitor attendance patterns for any signs of concern. Below are the key areas we track:

- Frequency of absences
- Inconsistent attendance
- Unexplained absences
- Prolonged absences
- Absences that occur after time spent with different caregivers
- Changes in a child's behaviour following an absence

Parents/carers are responsible for informing the nursery in advance of any planned holidays and as soon as possible for any unplanned absences. At the very latest, they must notify the nursery before their child is due to attend to ensure their absence is accounted for.

Accidents and incidents

The type, cause, severity, location, and context of accidents and incidents can sometimes indicate potential safeguarding concerns. To protect children's safety and well-being, we closely monitor all accidents and incidents, identifying any patterns that may require further attention. This also helps us proactively reduce risks and prevent future incidents. Below are the key areas we track:

- Frequency of accidents within the nursery
- Frequency of accidents occurring at home
- Cause of the accident to identify potential hazards
- Location of the accident to assess environmental risks
- Severity of the accident
- Context of the accident to understand contributing factors

For more information refer to our Accidents and Incidents Policy.

Concerns about a child

Staff are trained to identify and respond to concerns swiftly and appropriately, following the procedures outlined in this policy. Any signs that a child may be at risk of harm, neglect, or distress are recorded in a safeguarding log. The log is regularly monitored to identify patterns that may indicate a risk of significant harm. Individual incidents that indicate a child is at risk of significant harm are escalated in line with our "Raising a concern about a child" procedure, which can be found at the end of this policy.

Concerns about an individual working with children

We are committed to ensuring that everyone who works with or interacts with children is suitable, trustworthy, and upholds the highest safeguarding standards. Any concerns about a staff member, volunteer, or other individual working with children are taken extremely seriously. We actively monitor and track concerns about an individual's suitability and take immediate action where necessary. If there is a perceived risk to a child's safety, the individual will be suspended while further investigations take places.

Ongoing suitability of staff

As well as having strict recruitment procedures in place to deter, prevent, and identify individuals who are unsuitable to work with children, we also maintain ongoing safeguards to ensure that all staff continue to meet suitability requirements throughout their employment. For more details, please refer to our Safer Recruitment Policy.

Children potentially at greater risk of harm

We recognise that while all children must be protected there are certain groups of children, as well as those experiencing particular circumstances, who may be at greater risk of harm. Children may be more vulnerable, for example, when:

- They have persistent or frequent absence
- They have had sessions reduced or suspended due to behavioural challenges
- They have Special Educational Needs, a disability, or other health conditions
- They require support for mental health needs
- They were born with a low birth weight
- They are experiencing, or have previously experienced, domestic abuse
- They are refugees or asylum seekers
- They are currently in care, or have been previously looked after
- They have a social worker involved in their life
- They live in households affected by substance misuse
- They live in households affected by parental or carer mental health difficulties
- They experience poverty, homelessness, or insecure housing
- They attend more than one nursery setting

Recognising signs of abuse or concern

It is vital to understand that any child, regardless of their family background, could potentially become a victim of abuse, neglect, or exploitation. Staff must maintain a vigilant approach, recognising that abuse can occur anywhere, including within our setting. Particular attention should be given to children who may be at a higher risk of harm. Staff must actively observe children for any signs or indicators that could suggest a child is being or could be abused. The Appendix to this policy provides a detailed breakdown of different types of abuse and the potential signs associated with each.

The table below outlines some general red flags that may indicate a child is experiencing or at risk of experiencing abuse. It's important to remember that these signs don't necessarily mean abuse is

happening. Other factors, such as changes within the family (like a new sibling or separation), could also be a reason for these indicators.

Potential indicators of abuse
▪ Failure to thrive and meet developmental milestones ▪ Fearful or withdrawn tendencies ▪ Unexplained injuries to a child or conflicting reports from parents or staff ▪ Repeated injuries ▪ Unaddressed illnesses or injuries ▪ Significant changes to behaviour patterns ▪ Aggressive, oppositional behaviour ▪ Habitual body rocking ▪ Indiscriminate contact or affection seeking ▪ Over-friendliness to strangers ▪ Excessive clinginess ▪ Persistently resorting to gaining attention ▪ Demonstrating excessively 'good' behaviour to prevent parental or carer disapproval ▪ Failing to seek or accept appropriate comfort when significantly distressed ▪ Coercive controlling behaviour towards parents or carers ▪ Lack of ability to understand and recognise emotions ▪ Regression in developmental milestones ▪ Frequent or prolonged absences ▪ Taken out of nursery without a valid reason ▪ Children who are significantly overweight or underweight

When to report concerns

Concerns should be raised through the appropriate procedures as outlined within this policy and the Whistleblowing policy as soon as reasonably possible. Delays in raising concerns, including low level concerns, could result in an increased risk of harm or loss of evidence and therefore must be avoided wherever possible. Staff are trained to identify early indicators of abuse, neglect and concern as well as their role in reporting these and are supported in recording any updates at the earliest opportunity by the DSL and management team.

Concerns about a child

<u>Guidance on the types of concern that should be logged</u>

When deciding whether to log a concern about a child, practitioners should always err on the side of caution. Even minor or isolated concerns could form part of a broader pattern of harm or neglect over time. The purpose of logging concerns is to build a clear and accurate picture of a child's well-being, helping to identify when intervention may be needed. Recording a concern does not imply abuse or neglect; it is simply a safeguarding measure to ensure no signs of risk go unnoticed. What may seem harmless on its own could contribute to a larger pattern when viewed alongside other concerns. Examples of concerns that should be logged:

- Changes in a child's behaviour or emotional state, such as increased anxiety, withdrawal, fearfulness, or aggression
- A child consistently arriving hungry, tired, or with hygiene issues (e.g., arriving with a nappy that needs changing)
- Inconsistencies in injury explanations, where a parent/carer's account does not match the observed injury
- Concerns about interactions with parents/carers, including manipulative, deceptive, or hostile behaviour

Guidance for DSLs on the type of concern that should be referred

Several types of concerns about a child necessitate a referral to the appropriate authorities, particularly when a child is at risk of harm or is not having their needs met. These concerns can be broadly categorised as follows:

1. Any indication a child is at risk of significant harm
2. Failure to meet a child's basic needs
3. Injuries or bruising on children who are not yet mobile
4. Injuries with clear patterns resembling marks commonly associated with physical abuse, such as those from a belt buckle or cigarette burn
5. A pattern of low-level concerns that, when viewed together, indicate a risk of significant harm

Guidance for sharing information when children attend multiple settings

When children attend more than one setting, it is vital that all providers work together to ensure the child's safety and well-being. Concerns about a child's welfare must not be seen in isolation, as patterns or risks may only become clear when information is shared between settings. The decision to share information should recognise that children and families have a right to privacy, unless sharing the information is in the best interests of the child and necessary to ensure their safety and well-being.

When appropriate, DSLs from different settings should maintain regular communication to monitor concerns, agree consistent support strategies, and provide a joined-up approach.

If there are concerns that another setting is not responding appropriately to shared information, the DSL must escalate the matter by making a referral.

Concerns related to female genital mutilation (FGM)

Concerns about FGM require a different response than other safeguarding issues. In some situations, the person who first notices the concern may need to directly contact external agencies. Here's what you need to do:

- Immediate Danger: if someone appears to have been recently subjected to FGM or you believe they are in immediate danger, you must act right away. This may include calling 999 (emergency services)
- Evidence of FGM: if someone tells you they have undergone FGM or you observe signs of it, call 101 (non-emergency police) to report it

- Disclosure or risk of FGM: if someone (e.g., a parent/carer) discloses that another individual has had FGM or you believe a girl is at risk, follow the 'Raising a concern about a child procedure' outlined in this policy

If you have questions about FGM you can also call the NSPCC Support Line for advice and guidance. Please see the Policy Directory for more details.

Concerns related to extremism and radicalisation

Concerns about radicalisation and extremism should be raised to the Prevent team at the Local Authority to ensure that the appropriate authorities are informed and can take necessary action. Please refer to the Policy Directory for more details.

The Prevent Duty

The Prevent Duty is a statutory requirement which places a duty on early years providers and schools to help prevent children from being radicalised or drawn into extremism or terrorism. This involves:

- Promoting the British Values (refer to the British Values Policy for more details)
- Identifying and responding to concerns where a child may be vulnerable to radicalisation
- Training staff to recognise the signs of extremist influences
- Working in partnership with local safeguarding teams and external agencies if concerns arise

The Prevent Duty is not about monitoring children's beliefs but about safeguarding them from harm and ensuring they grow up in a safe, supportive, and inclusive environment.

How to raise a concern about a child

To raise a concern about a child you must complete a Child Concern Form (CCF). This form should be completed by the person who is raising the concern. The DSL/DDSL or another individual with Advanced Safeguarding Training can assist if required. However, staff members should write any statements independently, without managerial input, to avoid any perceptions of external influence. When you complete a Concern Form, you will be asked to provide the following information:

- Date and time of the incident or observation
- Location where the incident took place
- Detailed account of what was observed, including what was seen, heard, or said
- Names of all individuals involved, including any witnesses
- Actions taken following the incident or observation
- Any relevant information that provides insight into the child's perspective or experience

Concerns about an individual working with children

Guidance on the type of concern that should be logged

Concerns about an individual working with children relate to any behaviour, action, or conduct that raises doubts about their suitability to work with children. This could involve a staff member,

volunteer, external provider (e.g., a football coach or dance instructor), or a member of the council's early years team. Examples of concerns include:

- Inappropriate behaviour towards children, such as rough handling, intimidation, or inappropriate physical contact
- Failure to follow safeguarding procedures, such as not reporting concerns or disregarding safety policies
- Use of inappropriate language or conduct, including discriminatory, harmful, or concerning remarks
- Concerns about a person's personal circumstances that may impact their ability to work safely with children, such as criminal activity, substance misuse, or undisclosed conflicts of interest

Raising a concern about an individual working with children is not the same as raising a personal grievance, workplace dispute or issues related to employment conditions. If you are unsure whether your concern falls under safeguarding or grievance procedures, seek guidance from the DSL.

Guidance on the type of concern that should be referred

Certain concerns about an individual working with children must be referred to the LADO. These can be classified into two main categories:

- Any single incident of behaviour or conduct that meets the LADO's harm threshold
- A pattern of low-level concerns that, when considered together, reach the LADO's harm threshold

If there is uncertainty about whether an incident or pattern of concerns requires a referral, the LADO should be consulted for guidance, see Policy Directory. When doing so, it must be made clear that this is a consultation, not a formal referral, to determine the most appropriate course of action.

How to raise a concern about an individual working with children

To raise a concern about a child you must complete a Adult Concern Form (ACF). This form should be completed by the person who is raising the concern. The DSL/DDSL or another individual with Advanced Safeguarding Training can assist if required. However, staff members should write any statements independently, without managerial input, to avoid any perceptions of external influence. When you complete a Concern Form, you will be asked to provide the following information:

- Date and time of the incident or observation.
- Location where the incident took place.
- Detailed account of what was observed, including what was seen, heard, or said.
- Names of all individuals involved, including any witnesses.
- Actions taken following the incident or observation.

Adding contextual information that may be relevant for a safeguarding concern

There may be times when it is important to record contextual or background information that, while not a safeguarding concern in itself, could provide valuable insight into a child's situation or an adult's circumstances. This type of information helps the Designated Safeguarding Lead (DSL) and wider team to understand the bigger picture and may support decision-making if concerns arise later.

If you believe such information would be useful for others to know, particularly the DSL, please record it using the Child Concern Form or the Adult Concern Form, depending on whether the information relates to a child or to an adult working with children.

Examples may include:

- The child's parents are going through a divorce
- The child's parents have both recently lost their jobs
- A family is moving house
- A relative has recently been released from prison

Steps to take if you think your safeguarding concern was not handled correctly

It is the responsibility of the person who raised the concern to ensure they are satisfied with the outcome of the raised concern, confirming that the safeguarding risk has been addressed and reduced as much as reasonably possible. If this is not the case, the person who raised the concern must:

- Escalate the matter internally by completing an Escalation Safeguarding Form. These forms can be raised for the attention of specific individuals within the company including the setting's Senior Manager, the Nursery Directors or the Board Safeguarding Lead. These individuals serve as an additional escalation point if a concern has not been handled adequately. Alternatively, they can be reached using the contact details found on the Policy Directory
- Whistleblow by following the procedures in the Whistleblowing Policy. External whistleblowing procedures should be followed when all internal avenues have been exhausted or when staff members do not feel internal measures are suitable for their concern

Guidance for DSLs on differentiating low-level concerns from concerns requiring referral

It can be difficult to know if a concern should be treated as low-level. Answering "yes" to one or more of the below questions does not automatically disqualify the concern from being low-level. However, it does indicate a higher likelihood that the concern is not low-level and may require further escalation. These questions are designed to provide a framework for assessing concerns, but it is ultimately the professional judgment of the DSL that will determine the appropriate classification.

- Has this type of incident happened before?
- Is there a pattern of similar concerns emerging?
- Is there a history of concerns related to the individual(s) involved?
- Is there any reason to believe a child is at risk of immediate harm?

- Did the incident result in actual harm to a child?
- Does the incident give you reason to think a child is at risk of imminent harm?
- Did the incident involve a child who is particularly vulnerable?
- Is the incident a safeguarding issue, rather than a quality-of-care issue?

Online safety

The nursery plays an essential role in helping young children learn the foundations of safe online behaviour. Even at a young age, children are increasingly exposed to the online world, making early education essential; an Ofcom study in 2018 found that 52% of 3-4-year-olds go online for an average of nearly 9 hours a week. For more information please refer to our Technology and Online Safety Policy.

Fact-finding and investigations

In the context of safeguarding children, an investigation is defined as a formal, multi-agency process led by the local authority, rather than something that the nursery would conduct on its own. Investigations require a multi-agency approach that includes professionals such as social workers, police officers and health practitioners. The nursery's role is to report the concern to initiate the process, not to conduct the investigation.

However, to report a concern effectively with evidence, some initial information gathering is necessary. This may include speaking with witnesses or reviewing relevant documentation. For clarity, this policy refers to these preliminary activities as 'fact-finding.'

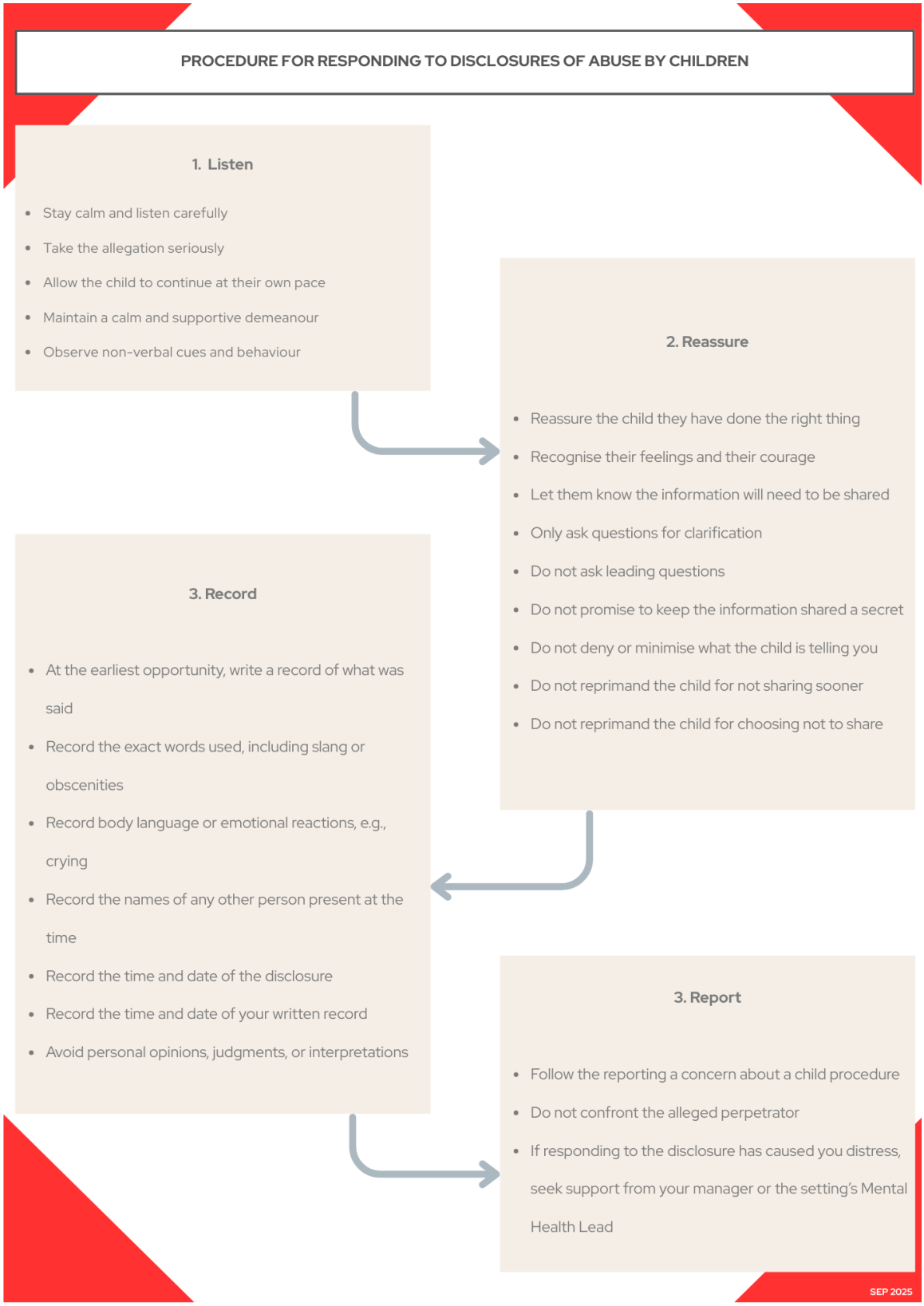
In some instances where a concern does not meet threshold for multi-agency interventions, internal fact-finding may be undertaken to review, monitor or address a concern raised.

Safeguarding procedures

This policy outlines 3 procedures, each one is shown on a separate page for clarity. These procedures should be displayed in each nursery room and the setting staff room.

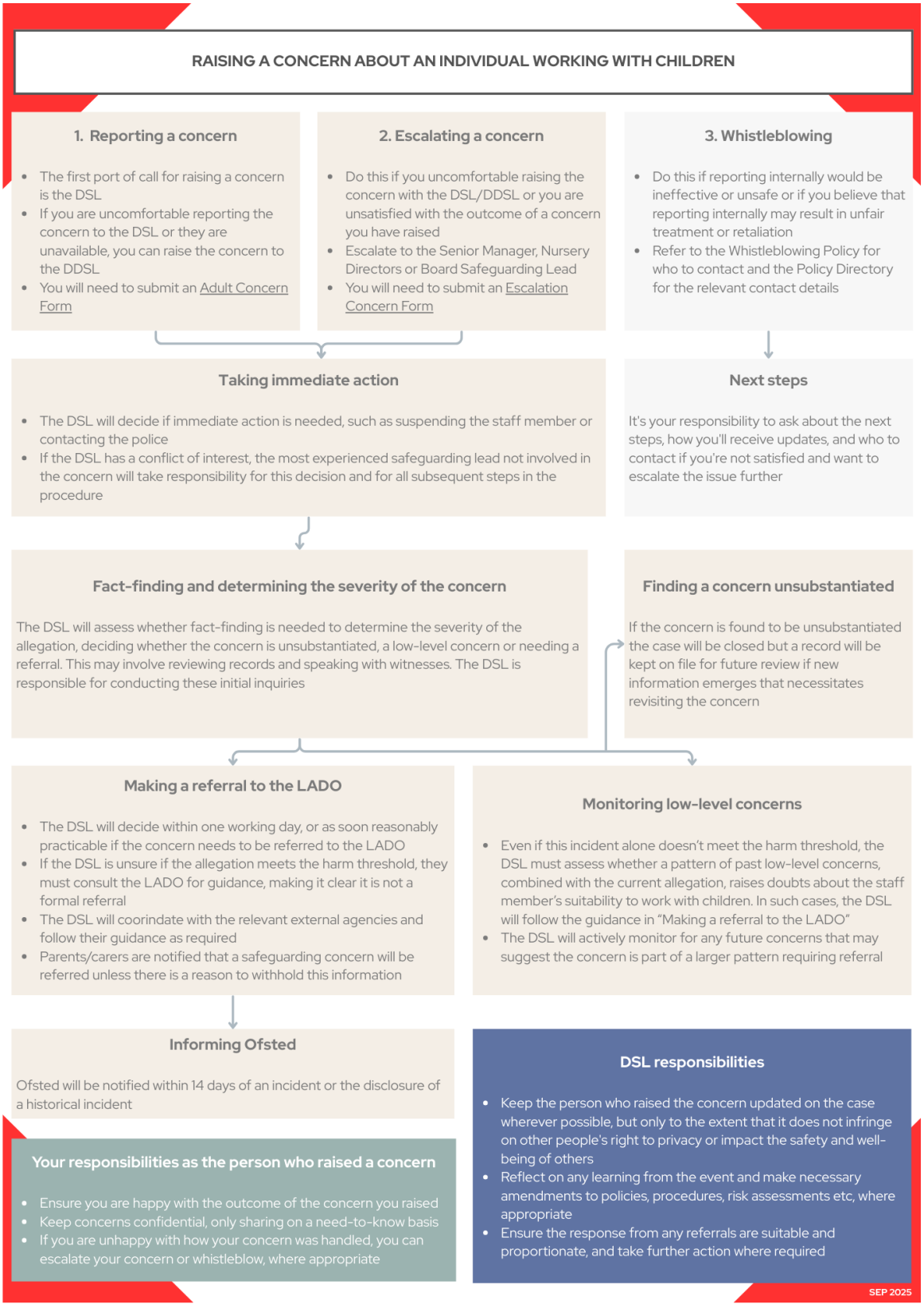
For procedures relating to whistleblowing safeguarding concerns, please refer to the Whistleblowing Policy.

Responding to disclosures of abuse by children procedure



Raising a concern about a child procedure

Raising a concern about an individual working with children



Essential knowledge for staff from this policy

Key learning	Level
Explain what is meant by the term safeguarding	L1
Explain who are the setting's DSL and DDSL	L1
Explain the red flags that may indicate a child is experiencing abuse	L1
Explain what you should do if you have a concern about a child	L1
Explain what you should do if you have a concern about an individual who works with children	L1
Explain the options for escalating a concern internally if you are not satisfied with how a concern has been handled, or if you feel unable to raise it with the DSL or DDSL.	L1
Explain what LADO stands for, what the LADO does and where to find their contact details	L1
Explain which agency in the Local Authority handles safeguarding concerns about children and where to find their contact details	L1
Explain how to respond to a child's disclosure	L1
Explain Female Genital Mutilation (FGM), detail the indicators for recognising its occurrence or risk, and specify the response steps if it is detected or suspected	L1
Explain the Prevent Duty	L1
Explain the concept of Professional Curiosity	L1
Explain what the key safeguarding issues are in the local area	L1
Explain the difference between a low-level concern about a child and a concern that would require referral	L2, DSL

Explain the difference between a low-level concern about an individual working with children and a concern that would require referral	L2, DSL
Explain what is meant by the LADO's harm threshold	L2, DSL
Explain what is meant by significant harm in the context of safeguarding	L2, DSL
Explain which children, or what circumstances, might indicate that a child is at greater risk of harm	L2, DSL
Explain how to differentiate between a low-level concern and a concern that requires a referral	L2, DSL

Training requirements

Training name	⌛	Provider	L1	L2	DSL
Keeping children safe in education (Part 1 and Annex A)	3 yrs	Read only	✓		
Safeguarding – L2	Induction	Flick	✓	✓	
Prevent Duty	3 yrs	Gov.uk	✓	✓	
Female Genital Mutilation	3 yrs	Flick	✓	✓	
In person safeguarding training covering all items in Annex C of the EYFS	2 yr	An accredited external provider[2]	✓	✓	
Keeping children safe in education (full document)	3 yrs	Read only		✓	✓
DSL Training	2 yrs	An LSP or LA endorsed provider		✓	✓
Safeguarding – L3	2 yrs	Flick		✓	✓

[2] Must issue a certificate to all participants

Face-to-face safeguarding training

This training must be given by an accredited external covering all items listed within Annex C of the EYFS, as well as local insights on trends and emerging risks, updates to procedures and statutory guidance, and a recap of essential safeguarding knowledge.

If any staff member misses this training then they must repeat the Flick Safeguarding - L2 training.

More frequent safeguarding training can be delivered within settings to further support staff knowledge where appropriate.

Monitoring and review

- Check the 3 safeguarding procedures are displayed in each nursery room
- Confirm the Policy Directory is displayed at the nursery and is on the website, containing the contact details for the DSL, DDSL, the LADO, the Local Authority's Child Social Services team, the NSPCC, the NSPCC Female Genital Mutilation (FGM) Support Line, the Police Prevent Advice Line and the Local Authority's Prevent Team
- Verify that CCF, ACF and ECF forms are being used properly and the poster with the QR codes to access the forms is displayed

Further reading

Name	Summary of content	Source	Link
Working together to safeguard children	Statutory guidance on multi-agency working to help, support and protect children	Gov.uk	Link
Keeping children safe in education	Statutory guidance for schools and colleges on safeguarding children and safer recruitment	Gov.uk	Link
What to do if you're worried a child is being abused. Advice for practitioners	Non-statutory advice to help practitioners identify child abuse and neglect and take appropriate action in response	Gov.uk	Link
Information sharing advice for safeguarding practitioners	Guidance on information sharing for people who provide safeguarding services to children, young people, parents and carers	Gov.uk	Link

Appendix

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Intention

The appendix provides detailed information on the types of abuse that may be encountered in early years settings, defining each type and listing potential indicators. These indicators, while not definitive proof of abuse, suggest a potential problem, especially when multiple signs are present or any are particularly pronounced. When assessing behavioural or emotional indicators, it's important to consider whether the child's behaviour or emotional state is atypical for their age and developmental stage, or if it cannot be explained by medical conditions, neurodevelopmental disorders, or other stressful situations unrelated to child abuse (such as bereavement or parental separation).

The four types of abuse

KCSiE identifies four main areas of abuse:

1. Physical abuse.
2. Emotional abuse.
3. Sexual abuse.
4. Neglect.

Physical abuse

A form of abuse that may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child.

Potential indictors of physical abuse
▪ Fear of physical contact. ▪ Bruises, welts, cuts, burns, or fractures that don't have a plausible explanation. ▪ Unusual locations for accidental injuries such as ear bruising.

Emotional abuse

The persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child’s emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may also occur alone.

Potential indicators of emotional abuse
▪ Delay in physical, mental and/or emotional development. ▪ Sudden speech disorders. ▪ Overreaction to mistakes ▪ Extreme fear of any new situation. ▪ Neurotic behaviour (rocking, hair twisting, self-mutilation). ▪ Extremes of passivity or aggression.

- Appearing to lack confidence or self-assurance.

Sexual abuse

Sexual abuse involves forcing, or enticing, a child to take part in sexual activities. Sexual abuse does not necessarily involve a high level of violence and includes whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online and technology can be used to facilitate offline abuse. Adult males are not the sole perpetrators of sexual abuse; women also commit acts of sexual abuse, as do other children. This policy applies to all children up to the age of 18 years.

Action must be taken if staff witness symptoms of sexual abuse including a child indicating sexual activity through words, play or drawing, having an excessive preoccupation with sexual matters or having an inappropriate knowledge of adult sexual behaviour, or language, for their developmental age. This may include acting out sexual activity on dolls or toys or in the role-play area with their peers, drawing pictures that are inappropriate for a child, talking about sexual activities or using sexual language or words.

Potential indicators of sexual abuse
▪ Displaying sexual behaviour or knowledge inappropriate for the child's age. ▪ Lack of trust or fear of someone they know well. ▪ Becoming worried about clothing being removed. ▪ Bleeding, discharge, pains or soreness in their genital or anal area. ▪ Sexually transmitted infections. ▪ Pregnancy.

Neglect

Child neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in serious harm. It can occur during pregnancy or after birth, and involves failing to provide adequate food, clothing, shelter, protection, supervision, medical care, or emotional support. Neglect is the most common form of child abuse in the UK, affecting one in ten children. It is a concern for half of the children on child protection plans, with younger children being more likely to be identified as neglected, although research suggests that the neglect of older children is more likely to go overlooked.

Potential indicators of neglect
▪ Persistent poor hygiene or unkempt appearance.

- Ill-fitting clothes, especially shoes.
- Same nappy worn for extended periods.
- Unmet medical or special educational needs.
- Persistent hunger.
- Craving attention from adults.

Breast ironing or breast flattening

Breast ironing, also known as breast flattening, is a process where young girls' breasts are ironed, massaged and/or pounded down through the use of hard or heated objects in order for the breasts to disappear or to delay the development of the breasts entirely. It is believed that by carrying out this act, young girls will be protected from harassment, rape, abduction and early forced marriage. These actions can cause serious health issues such as abscesses, cysts, itching, tissue damage, infection, discharge of milk, dissymmetry of the breasts, severe fever.

Potential indicators of breast ironing
▪ Unexplained bruising, swelling, or redness on the chest. ▪ Unusual sensitivity or pain in the chest. ▪ Burns or scars on the chest. ▪ Family members talking about the need to suppress breast development in girls.

Child Abuse Linked to Faith or Belief (CALFB)

Child Abuse Linked to Faith or Belief (CALFB) is a form of child abuse where harm is inflicted on a child due to beliefs or practices associated with a faith or belief system. This can include:

- Physical abuse: harm inflicted on a child's body, such as beating, burning, or cutting, as a form of punishment or ritual.
- Emotional abuse: instilling fear, humiliation, or rejection in a child due to their perceived spiritual weakness or possession by evil spirits.
- Sexual abuse: using religious or spiritual beliefs to justify sexual acts with a child, or as part of a ritual or ceremony.
- Neglect: denying a child necessary medical care or basic needs due to religious or spiritual beliefs.

CALFB can occur within various religious or spiritual contexts and is not limited to any specific faith.

Potential indicators of CALFB
▪ Unexplained markings on the child's body, or the presence of objects like charms, amulets, or substances believed to have spiritual significance. ▪ Using words or phrases associated with specific beliefs or practices, such as "kindoki," "juju," "voodoo," or "evil eye."

▪ Attributing the child's behaviour or injuries to supernatural causes or spiritual punishments. ▪ Refusing medical treatment for the child due to religious or spiritual beliefs. ▪ Subjecting the child to harsh or unusual punishments based on religious or spiritual beliefs.

Child Criminal Exploitation (CCE)

CCE is a serious form of abuse where individuals or groups trick children into committing crimes. This could involve threats, violence, or promises of rewards. Even if the child seems to agree, it's still abuse. CCE can happen in person or online.

Potential indicators of CSE
▪ Unexplained money or gifts. ▪ Sudden appearance changes. ▪ Drug or alcohol involvement, especially with older individuals. ▪ Age-inappropriate language. ▪ Secrecy about phone or computer use. ▪ Talk of a new, older friend, boyfriend, or girlfriend.

Child sexual exploitation (CSE)

CSE is where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child into sexual activity. The victim may have been sexually exploited even if the sexual activity appears consensual. CSE does not always involve physical contact; it can also occur through the use of technology and may be without the child's immediate knowledge such as through others copying videos or images they have created and posted on social media.

Potential indicators of CSE
▪ Unexplained money or gifts. ▪ Sudden appearance changes. ▪ Drug or alcohol involvement, especially with older individuals. ▪ Age-inappropriate sexual language. ▪ Secrecy about phone or computer use. ▪ Talk of a new, older friend, boyfriend, or girlfriend. ▪ Contracting sexually transmitted diseases.

Child trafficking and modern slavery

Child trafficking and modern slavery involve the recruitment, movement, and exploitation of children. To be considered trafficking, these elements must be present:

- Action: recruiting, transporting, transferring, harbouring, or receiving a child.

- Purpose: the child is exploited through sexual abuse, forced labour, slavery, financial schemes, illegal adoption, or organ removal.

Modern slavery encompasses slavery, servitude, forced labour, and child trafficking. Victims often endure other forms of abuse, such as physical, sexual, and emotional harm.

Potential indicators of child trafficking and modern slavery
▪ Being under control and reluctant to interact with others. ▪ Having few personal belongings, such as wearing the same clothes every day. ▪ Being unable to move around freely.

Child-on-child abuse

Child-on-child abuse, also known as peer-on-peer abuse, includes bullying, physical violence, emotional abuse, or sexual abuse between children. Our policies recognise that children can be both victims and perpetrators of abuse. When child-on-child abuse occurs, we follow the same reporting procedures as with adult-child abuse, seeking additional support from relevant agencies to address the needs of both the victim and the perpetrator. We understand that children who engage in harmful behaviours may themselves be experiencing abuse or neglect, and we prioritize their well-being in our response.

Potential indicators of child-on-child abuse
▪ Expressing fear or anxiety about being near a particular child. ▪ Avoiding areas where they might encounter another child. ▪ Becoming upset or distressed after spending time with another child, without a clear reason.

County lines

County Lines is a term used to describe a specific type of drug trafficking operation. Here's how it works:

- Criminal gangs in big cities establish a drug dealing network in smaller towns.
- Dedicated phone lines are used to take orders and arrange deliveries.
- Young people (often children) are recruited to transport the drugs and collect money. This is because they are seen as less likely to be suspected by police.
- Violence and intimidation are often used to control these young drug runners.
- Recruitment happens in schools, care homes, and other places where young people are vulnerable.

In simple terms, County Lines is a way for city gangs to expand their drug dealing business into rural areas, using children to do their dirty work.

Even though children at a nursery are too young to be directly involved in county lines drug dealing, the presence of dedicated phone lines can still pose a risk in several ways:

- Compromising nursery security: If anyone connected to the nursery, like parents, caregivers, or staff, are involved in county lines, it could jeopardize the safety of the nursery itself. This could include unauthorized access to the building or exposing the children to dangerous individuals.
- Direct risk to children: Involvement of any member of the nursery community in county lines could directly expose the children to illegal activities, violence, and other forms of abuse, including neglect. This could happen through witnessing drug deals, overhearing conversations, or even being used to transport drugs or money.

<table>
<tr><th colspan="2">Potential indicators of county lines</th></tr>
<tr><td>Child's presentation</td><td>Adult behaviour</td></tr>
<tr><td>▪ Possessing unexplained amounts of money or new clothes.
▪ Frequent unexplained absences</td><td>▪ Unexplained, unaffordable new things (clothes, jewellery, cars etc.)
▪ Secretive phone calls and texts</td></tr>
<tr><th colspan="2">Environmental</th></tr>
<tr><td colspan="2">▪ Unusual amounts of vehicle traffic or unfamiliar vehicles parked near the nursery.
▪ Unidentified individuals loitering near the nursery.
▪ Discarded drug paraphernalia or packaging found near the nursery.</td></tr>
</table>

Cuckooing

Cuckooing is a form of county lines crime. In this instance, the drug dealers take over the home of a vulnerable person in order to criminally exploit them by using their home as a base for drug dealing, often in multi-occupancy or social housing properties.

Potential indicators of cuckooing
▪ An increase in unfamiliar people entering or leaving a home, or new residents appearing suddenly. ▪ Windows covered or curtains drawn for extended periods. ▪ Increased noise, disturbances, or other disruptive actions. ▪ An increase in cars or bikes outside a home

Domestic abuse

'The Domestic Abuse Act 2021' makes it clear that domestic abuse may be a single incident or a course of conduct which can encompass a wide range of abusive behaviours, including:

- Physical or sexual abuse

- Violent or threatening behaviour.
- Controlling or coercive behaviour.
- Economic abuse.
- Psychological, emotional, or other abuse.

Under the statutory definition, both the person who is carrying out the behaviour and the person to whom the behaviour is directed towards must be aged 16 or over and they must be personally connected. The definition ensures that different types of relationships are captured, including ex-partners and family members. All children can experience and be adversely affected by domestic abuse in the context of their home life where domestic abuse occurs between family members, including where those being abusive do not live with the child. Experiencing domestic abuse can have a significant impact on children. 'The Domestic Abuse Act 2021' recognises the impact of domestic abuse on children (0 to 18), as victims in their own right, if they see, hear or experience the effects of abuse.

Where incidents of domestic abuse are shared by our own staff, students, volunteers or parents/carers in the nursery community, we will respect confidentiality at all times and not share information without their permission. However, we will share this information, without permission, in cases of child protection or where we believe there is an immediate risk of serious harm to the person involved.

Potential indicators of domestic abuse
▪ Persistent poor hygiene or unkempt appearance. ▪ Ill-fitting clothes, especially shoes. ▪ Same nappy worn for extended periods. ▪ Unmet medical or special educational needs. ▪ Persistent hunger. ▪ Craving attention from adults.

Extremism and radicalisation

Extremism involves supporting ideas far outside the mainstream, often violent or hateful, while radicalisation is the process of adopting such views, potentially leading to terrorist involvement. This is often a gradual process and can occur through online or in-person grooming, exploitation (including sexual), psychological manipulation, and exposure to harmful material. It's a form of harm with severe consequences, including physical harm or death, and those affected may not even realise it's happening.

Potential indicators of extremism and radicalisation
▪ Frequent talk or play focused on violence, weapons, or harm. ▪ Expressing negative views about certain groups based on race, religion, or other characteristics. ▪ Depicting violence or symbols associated with extremist groups in artwork or play.

▪ A shift in clothing preferences to clothes affiliated with a particular group or ideology.

Fabricated or induced illness (FII)

Fabricated or induced illness is a form of physical child abuse where a parent/carer falsely claims a child is ill, exaggerates existing symptoms, or deliberately causes illness. This can involve seeking unnecessary medical treatment, poisoning the child, or interfering with medical care. The perpetrator may also make false allegations of abuse or coach the child to appear ill to obtain unnecessary support. Parents may fabricate or induce illness in a child due to various reasons, including attention-seeking, Munchausen syndrome by proxy, a need for control, financial gain, mental health issues, unresolved trauma, or misguided beliefs. However, the exact motivations can differ in each case.

Potential indicators of FII	
Child's presentation	Parent/carer behaviour
▪ Unexplained medical issues that don't respond to treatment. ▪ Reported symptoms that don't match medical findings. ▪ New symptoms appearing after previous ones resolve. ▪ Rare or unusual conditions with no clear family history. ▪ Symptoms only occurring in the caregiver's presence.	▪ Demanding excessive tests or medical treatments. ▪ Insistence on specific diagnoses or resisting second opinions. ▪ Reluctance to leave the child alone with medical professionals. ▪ Exaggeration or fabrication of the child's symptoms or medical history. ▪ Hostility towards medical staff who question the child's illness.

Female genital mutilation (FGM)

Female genital mutilation (FGM) is the intentional cutting or removal of female external genitalia for non-medical reasons. Typically performed on young girls, FGM is a harmful practice with immediate and long-term consequences. Immediate risks include severe pain, excessive bleeding, infection, and shock. Long-term effects can include chronic pain, psychological trauma, complications during childbirth, and increased risk of death for both mother and baby.

Potential indicators of FGM
▪ Visual changes to genital organs. ▪ Pain in the genital area/difficulties passing urine. ▪ Piercing to genital areas. ▪ Extended periods away from the nursery.

If you discover FGM has occurred the professional who initially identified the FGM calls 101 (police) to make a report.

Forced marriage

A forced marriage is one where at least one person involved is pressured or threatened into getting married against their will. This pressure can be physical, emotional, financial, or even sexual. It's a violation of human rights and a form of abuse. If someone tells us about a forced marriage, we will keep their information confidential. We won't share it without their permission, unless:

- Child Protection: If the forced marriage involves a child, we are legally obligated to report it to protect the child's safety.
- Serious Harm: If we believe the person involved is in immediate danger of serious harm, we will share information to prevent that harm.

Potential indicators of forced marriage
▪ They announce a sudden engagement or wedding without any prior indication. ▪ They talk about family pressure to marry a particular person.

Honour based abuse (HBA)

Honor-Based Abuse (HBA) refers to acts of violence or abuse, including harmful practices like Female Genital Mutilation (FGM), forced marriage, and breast ironing, committed to uphold the perceived honour of a family or community. It is often triggered when someone is perceived to have broken their cultural or religious "honour code" through behaviours like refusing an arranged marriage, seeking a divorce, or having a relationship outside of one's community. HBA is a serious violation of human rights and can manifest as domestic abuse (violence or controlling behaviour within the family), emotional abuse (threats, intimidation, or manipulation), or sexual abuse (rape or other forms of sexual violence). It often involves multiple perpetrators, including family members and community leaders, who may pressure or coerce the victim into complying with their demands.

Potential indicators of HBA
▪ Changes in how the child dresses or acts, such as not ‘western’ clothing or make-up. ▪ Restrictions on friends or attending events.

Invisible or unseen children

Unseen or invisible children are those who are not noticed by professionals or the wider community, often due to a lack of contact with services or because their needs are overlooked. This can happen for various reasons, including:

- Isolation within their immediate family, especially for very young children, including newborns, who have little or no interaction with others.
- Lack of attendance at childcare settings or early years services, meaning professionals do not have the opportunity to observe their well-being.

Early years practitioners play a crucial role in identifying unseen children who may be at risk. They can do this by monitoring attendance, using their professional curiosity and being alert to potential indicators of abuse.

Up-skirting/down-blousing

Up-skirting refers to the act of taking unauthorised photographs or videos under a person's clothing without their knowledge or consent. Down-blousing involves taking unauthorised photographs or videos down a person's top without their knowledge or consent. Up-skirting and down-blousing are criminal offenses. The intent behind these actions can be for sexual gratification or to humiliate or distress the individual.