



## **NEW STEPPING STONES - SAFEGUARDING AND CHILD PROTECTION POLICY**

*Safeguarding children is the responsibility of everyone*

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### **1. Policy Purpose**

The purpose of this policy is to:

- Effectively safeguard children and promote their rights and welfare.
- Provide all staff and volunteers with clear rules to follow.
- Make all staff and volunteers aware of what is expected of them in terms of their approach, behaviour and actions.
- Evidence to New Stepping Stones users, parents and carers, the local community, the Local Authority and funding and commissioning bodies that New Stepping Stones is committed to safeguarding.

This policy applies to all New Stepping Stones staff and volunteers, including trustees, sessional workers, students on work placements and anyone working on behalf of New Stepping Stones.

This policy works alongside our Online Safety and Acceptable Use Policy and Whistleblowing Policy.

### **2. Definitions**

**Safeguarding and promoting the welfare of children** is the process of:

- Protecting children from maltreatment.
- Preventing impairment of children's health including oral health or development.
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care.
- Taking action to enable all children to have the best life chances.

**Child protection** refers to the processes undertaken to protect children who have been identified as suffering or being at risk of suffering significant harm.

**Staff** refers to all those working for or on behalf of New Stepping Stones, full time or part time, temporary or permanent, in either a paid or voluntary capacity.

**Child** includes everyone under the age of 18.

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

### 3. Legislative framework

At New Stepping Stones we recognise and fulfill our legal responsibility to safeguard children and promote their welfare. We therefore act in accordance with the following statutory legislation and guidance:

- The Children Act 1989 and The Children Act 2004
- Working Together to Safeguard Children 2018
- What to do if you're Worried a Child is Being Abused 2015
- Safeguarding children and protecting professionals in early years settings: online safety considerations 2019
- Prevent Duty 2023
- Statutory Framework for the Early Years Sept 2023
- AFC - KRCSF Child Protection Guidance Sept 2022
- Keeping Children Safe in Education Sept 2023
- London Safeguarding Children Procedures and Practice Guidance Sept 2023
- Safeguarding Vulnerable Groups Act 200

### 4. Roles and Responsibilities

At New Stepping Stones, we are aware that abuse does occur in our society and we are vigilant in identifying signs of abuse and reporting concerns. All staff have a duty to protect and promote the welfare and well being of children and families in our care and to act quickly and responsibly in any instances that come to our attention.

At New Stepping Stones we will endeavor to safeguard children by:

- Keeping the child at the centre of all we do by actively listening to each child and providing sensitive interactions that builds children's well-being, confidence, resilience and positive self image. We will support children to develop an awareness of how to keep themselves safe, healthy and develop positive relationships and develop a sense of independence and autonomy in a way that is appropriate to their age and stage of development.
- Recruiting staff and volunteers safely, ensuring that all necessary checks are made, and safer recruitment guidelines are followed and all staff and volunteers adhere to the code of conduct at all times.
- Provide positive role models and develop a safe culture where staff are confident to raise concerns about professional conduct and ensure procedures are in place so that children are never placed at risk at New Stepping Stones.
- Providing effective management to all staff and volunteers through support, supervision and training.
- Staff are trained from induction and training is regularly reviewed so this policy and statutory and non statutory guidance underpins our daily practice.
- All staff are alert to identify possible signs of abuse and understand what is meant by child protection and are aware of the different ways in which children can be harmed.
- Promote tolerance and acceptance of different beliefs, cultures and communities challenging discrimination and promoting the right to equal protection regardless of race, ethnicity, culture,

religion, faith, gender, sexual orientation, disability, social or immigration status or any other element of diversity.

- Help children to understand how they can influence and participate in decision making and how to promote British values through play, discussion and role modeling.
- Be aware of the increased vulnerability of children with Special Educational Needs and Disabilities (SEND), isolated families and vulnerabilities in families; including the impact of toxic trio on children and Adverse Childhood Experiences (ACE's).
- Provide an environment where practitioners are confident to identify where children and families may need intervention and seek the help they need and share information with other agencies as appropriate.
- Ensure all staff are supported and confident to act in the best interests of the child by identifying the signs and indicators of abuse and know what action to take.
- In cases of doubt, questions or need for guidance, always seeking advice by calling the Single Point of Access SPA(for both Kingston & Richmond : 020 8547 5008), or, in cases involving staff/volunteers, the Local Authority Designated Officer (LADO) via Single Point of Access (SPA)
- Respond and report to any child protection concern immediately.
- Make any child protection referrals in a timely way, sharing relevant information as necessary in line with procedures set out by the Achieving for Children
- Ensure that information is shared **only** with those people who need to know in order to protect the child and act in their best interest on a need to know basis
- Keep the setting safe online using appropriate filters, checks and safeguards, monitoring access at all times and maintaining safeguards around the use of technology by staff, parents and visitors in the setting.
- Take any appropriate action relating to allegations of serious harm or abuse against any person working with children on the nursery premises including reporting such allegations to OFSTED and other relevant authorities including the local authority.
- Work in partnership with children, their parents and carers and ensure parents are fully aware of child protection policies and procedures when they register with the nursery and are kept informed of all updates when they occur.

## **Board of Trustees**

The Board of Trustees understands and fulfills its responsibilities, namely to ensure that:

1. There is a Safeguarding and Child Protection policy which is consistent with KRSCP and statutory requirements and the policy is publicly available.
2. New Stepping Stones has procedures for dealing with allegations of abuse against staff (including the manager), volunteers and against other children and that a referral is made to the DBS if a person in regulated activity has been dismissed or removed due to safeguarding concerns, or would have been had they not resigned.
3. The trustee board has at least one nominated trustee responsible for safeguarding who has undertaken appropriate training for the role and is responsible in the event of an allegation of abuse made against the manager.
4. At least one member of the Trustee Board has completed safer recruitment training to be repeated every five years.
5. Enhanced Disclosure and Barring Service (DBS) checks (without barred list checks, unless the trustee is also a volunteer) are in place for all trustees.

## **Manager will ensure that:**

1. The safeguarding and child protection policy and related policies and procedures are implemented and followed by all staff.
2. Sufficient time, training, support, resources is allocated to the DSL and deputy to carry out their roles effectively.
3. All staff and volunteers feel able to raise concerns about poor or unsafe practice and that such concerns are handled sensitively and in accordance with the whistleblowing procedures.

4. There are recruitment and managing allegations procedures in place which are consistent with KRSCP and statutory requirements which are reviewed annually or when needed.
5. All staff, including temporary staff and volunteers sign to say they have read, understood and agree to work within New Stepping Stones Safeguarding and Child Protection Policy and Code of Conduct.
6. Systems are in place for children to express their views and give feedback, which operate with the best interests of the child at heart.
7. Children are provided with opportunities throughout the curriculum to learn about keeping themselves safe including online in an age appropriate way.

### **Designated Safeguarding Lead (DSL)**

1. Refer suspected abuse or neglect of children and young people to SPA.
2. Report allegations made against members of staff to the Local Authority Designated Officer (LADO) either directly or through SPA (this is known as the duty to refer).
3. Develop and update child protection and other safeguarding policies.
4. Ensure staff have read and understood the safeguarding policies and procedures and are aware of their responsibilities.
5. Ensure all staff, volunteers, parents and carers are familiar with how to raise a concern.
6. Ensure that confidential records are kept of any concerns about a child or young person and of any conversation or referrals to statutory agencies.
7. Provide support, guidance, and advice to any staff member, volunteer or parent/carer with a safeguarding or child protection concern.
8. Ensure safeguarding training is up-to-date and cascaded following the Kingston and Richmond Safeguarding Children Partnership (KRSCP) recommended training requirements.
9. Ensure all staff have access to 'Working Together to Safeguard Children' 2023 and 'What to do if you are worried about a child being abused' 2015.
10. Ensure the annual KRSCP safeguarding audit is completed.
11. Will undertake multi-agency level 3 safeguarding training which is updated every two years.

This list is not exhaustive.



### **Deputy Designated Safeguarding Lead**

Is trained to the same standard as the designated safeguarding lead and, in the absence of the DSL, carries out those functions necessary to ensure the ongoing safety and protection of children. In the event of the long-term absence of the DSL the deputy will assume all of the functions above.

### **All Staff**

1. Understand that it is everyone's responsibility to safeguard and promote the welfare of children and that they have a role to play in identifying concerns, sharing information and taking prompt action.
2. Undertake safeguarding and health and safety training appropriate to their role and are familiar with the suite of safeguarding policies including the Safeguarding and Child Protection policy, Staff Code of Conduct and statutory framework.
3. Consider at all times what is in the best interests of the child.
4. Know how to respond to a child who discloses abuse.
5. Refer any safeguarding or child protection concerns to the DSL or if necessary, where the child is at immediate risk, to the police or Single Point of Access (SPA), or if a child lives out of borough, to the relevant local authority.
6. Will provide a safe environment in which children can learn and play.
7. Will undertake multi-agency level 1 safeguarding training (as a minimum) which is updated every two years.

## **5. Details of the Designated Safeguarding lead and their Deputy**

	
<p>Designated Safeguarding Lead and SENDco K Smith <a href="mailto:safeguarding@newsteppingstones.co.uk">safeguarding@newsteppingstones.co.uk</a> Contact tel: 020 8878 7029</p>	<p>Deputy Designated Safeguarding Lead and Deputy Manager Sue Olyer <a href="mailto:safeguarding@newsteppingstones.co.uk">safeguarding@newsteppingstones.co.uk</a> Contact tel: 020 8878 7029</p>

## 6. Categories and Indicators of Abuse

### Recognising Abuse

To ensure that children in our care are protected from harm, we need to understand what types of behavior constitutes abuse and neglect. Abuse and neglect are forms of maltreatment. Somebody may abuse or neglect a child by inflicting harm, for example by hitting them, or by failing to act to prevent harm, for example by leaving a small child home alone, or leaving knives or matches within reach of an unattended child. Children may be abused in a family or in an institutional or community setting by those known to them and this can happen online. Abuse may be committed by adult men or women and by other children and young people.

### Indicators of Abuse

Indicators could take a number of forms, and individual indicators will rarely, in isolation, provide conclusive evidence of abuse. They will be viewed as part of the picture, and each piece of information will help the safeguarding lead decide how to proceed. Physical signs define some types of abuse, for example bruising, bleeding or broken bones resulting from physical or sexual abuse, or injuries sustained while a child has been inadequately supervised.

The identification of physical signs is complicated, as children may go to great lengths to hide injuries, often because they are ashamed or embarrassed, or their abuser has threatened further violence or trauma if they 'tell'. It is also quite difficult for anyone without medical training to categorise injuries into accidental or deliberate with any degree of certainty. For those reasons it is vital that staff are also aware of the range of behavioural indicators of abuse and report any concerns to the designated safeguarding lead. It is the responsibility of staff to report their concerns.

New Stepping Stones does not need absolute proof that the child is at risk to act and it is our duty to report if we have any doubt. It is not our responsibility to investigate or decide whether a child has been abused.

### Definitions and Indicators of Abuse and Neglect

#### Physical Abuse

Physical abuse is a form of abuse that may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child (this used to be called Munchausen's Syndrome by Proxy, but is now more usually referred to as fabricated or induced illness). Physical abuse is possibly a more obvious form of abuse as injuries can often be seen, but

not always. All children acquire bumps and bruises, cuts and grazes from time to time but sometimes the injuries can be found in unusual places which may be cause for concern.

### **Indicators that may suggest Physical Abuse:**

- unexplained bruising, marks or injuries on any part of the body
- bruising to a non-mobile child with disabilities
- fingertip bruising to the chest, back, arms or legs
- multiple bruising in clusters, often on the upper arm, outside of the thigh
- injuries on parts of the body where accidental injury is unlikely, such as bruises on the cheeks, ears, palms, arms, chest, thighs and feet
- bruising which looks like it has been caused by fingers, a hand or an object
- bruising of different colours indicating repeated injuries
- untreated injuries or injuries that have been treated inadequately
- human bite marks
- scalds or burns of any shape or size, particularly to the backs of hands, feet, legs, genitals or buttocks
- fractures in children under 18 months
- aggressive behaviour
- flinching when approached or touched

### **Emotional Abuse**

Emotional abuse is the persistent emotional maltreatment of a child that causes severe and persistent 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. It may include not giving the child opportunities to express their views, deliberately silencing them or making fun of what they say or how they communicate.

It may feature age or developmentally inappropriate expectations being imposed, including interactions that are beyond a child's capability, as well as overprotection and limitation of exploration and learning, or preventing normal social interaction. It may involve seeing or hearing the ill-treatment of another such as domestic abuse. It may involve serious bullying, causing children to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

### **Indicators that may suggest Emotional Abuse**

- stress related illnesses (e.g. eating disorders)
- being overly affectionate towards strangers or people they haven't known for long
- being unable to play
- fear of or over reaction to making mistakes
- sudden speech disorders
- excessive lack of confidence, low self esteem
- self-harm
- not appearing to have a close relationship with their parent
- fear of parent being approached regarding their behaviour
- a failure to grow or thrive
- developmental delay
- neurotic behaviour, for example hair twisting, rocking

### **Neglect**

Neglect is the persistent failure to meet a child's basic physical and psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Neglect is the most common type of child abuse. It often happens at the same time as other types of abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- protect a child from physical and emotional harm or danger
- ensure adequate supervision and keeping them safe from harm (including the use of inadequate care-givers)
- ensure access to appropriate medical and dental care or treatment
- respond to a child's basic emotional needs

#### **Indicators that may suggest Neglect:**

- constant hunger
- lack of energy and feeling tired
- continually dirty, smelly or unkempt
- loss of weight or being constantly underweight
- being overweight or obese
- inappropriately dressed for the conditions
- frequent injuries
- medical assistance not sought when necessary
- living in an unsuitable home environment
- mentioning being left alone or unsupervised
- poor attendance at nursery
- poor language, communication or social skills for their stage of development

#### **Sexual Abuse**

Sexual abuse or child sexual abuse (CSA) involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration 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 (including online). Abusers may threaten the young person's friends and family unless they take part in other sexual activity. Sexual abuse is not solely perpetrated by adult males, women and other children can also commit sexual abuse.

#### **Indicators that may suggest Sexual Abuse:**

- pain, bruising or bleeding in the genital or anal areas
- an unusual discharge or infection
- sexually transmitted infections (STI)
- discomfort when walking or sitting down
- stomach pains
- sudden or unexplained changes in behaviour
- fear of being left with a specific person or group of people
- sexual knowledge beyond their developmental level
- sexual drawings or language
- eating problems
- self-harm
- acting in a sexually explicit way towards adults
- unexplained money, gifts or treats

#### **Child Sexual Exploitation (CSE)**

Child sexual exploitation is a form of sexual abuse. It can affect any child and occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity in exchange for something the victim needs or wants. Child sexual

exploitation does not always involve physical contact; it can also occur through the use of technology and may not include any form of contact. It may occur without the child's or young person's immediate knowledge and can be perpetrated by individuals or groups, males or females, and children or adults. The abuse can be a one-off occurrence or a series of incidents over time, and range from opportunistic to complex organised abuse.

### **Indicators**

- Pain, bruising or bleeding in the genital area
- Vaginal discharge or infection
- Stomach pains
- Changes in behaviour
- Fear of being left with a specific person or group of people
- Sexual knowledge beyond their developmental level
- Sexual drawings or language
- Eating problems
- Self-harm
- Acting in a sexually explicit way towards adult

### **Harmful Sexual Behaviour**

Harmful sexual behaviour (HSB) is developmentally inappropriate sexual behaviour which is displayed by children which may be harmful or abusive. It may also be referred to as sexually harmful behaviour or sexualised behaviour. HSB encompasses a range of behaviour, which can be displayed towards younger children, peers, older children or adults. HSB can include:

- using sexually explicit words and phrases
- inappropriate touching
- using sexual violence or threats
- sexual activity with other children or adults

Problematic sexual behaviour (PSB) is developmentally inappropriate or socially unexpected sexualised behaviour which doesn't have an overt element of victimisation or abuse. It is normal for children to show signs of sexual behaviour at each stage in their development, and children develop at different rates. Behaviours which might be concerning depend on the child's age and the situation. Please see the table below to explain healthy behaviours in this regard.



## Behaviours: age 0 to 5

All green, amber and red behaviours require some form of attention and response. It is the level of intervention that will vary.

### What is a green behaviour?

Green behaviours reflect safe and healthy sexual development. They are:

- displayed between children or young people of similar age or developmental ability
- reflective of natural curiosity, experimentation, consensual activities and positive choices

### What can you do?

Green behaviours provide opportunities to give positive feedback and additional information.

### Green behaviours

- holding or playing with own genitals
- attempting to touch or curiosity about other children's genitals
- attempting to touch or curiosity about breasts, bottoms or genitals of adults
- games e.g. mummies and daddies, doctors and nurses
- enjoying nakedness
- interest in body parts and what they do
- curiosity about the differences between boys and girls

### What is an amber behaviour?

Amber behaviours have the potential to be outside of safe and healthy behaviour. They may be:

- of potential concern due to age, or developmental differences
- of potential concern due to activity type, frequency, duration or context in which they occur

### What can you do?

Amber behaviours signal the need to take notice and gather information to assess the appropriate action.

### Amber behaviours

- preoccupation with adult sexual behaviour
- pulling other children's pants down/skirts up/trousers down against their will
- talking about sex using adult slang
- preoccupation with touching the genitals of other people
- following others into toilets or changing rooms to look at them or touch them
- talking about sexual activities seen on TV/online

### What is a red behaviour?

Red behaviours are outside of safe and healthy behaviour. They may be:

- excessive, secretive, compulsive, coercive, degrading or threatening
- involving significant age, developmental, or power differences
- of concern due to the activity type, frequency, duration or the context in which they occur

### What can you do?

Red behaviours indicate a need for immediate intervention and action.

### Red behaviours

- persistently touching the genitals of other children
- persistent attempts to touch the genitals of adults
- simulation of sexual activity in play
- sexual behaviour between young children involving penetration with objects
- forcing other children to engage in sexual play

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Brook sexual behaviours traffic light tool adapted from Family Planning Queensland. (2012). Traffic Lights guide to sexual behaviours. Brisbane: Family Planning Queensland, Australia.

## Female Genital Mutilation (FGM)

Female Genital Mutilation 'includes all procedures which involve partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons whether for cultural or other non-therapeutic reasons' (WHO, UNICEF, UNFPA, 1997).

FGM is a form of child abuse and causes physical, psychological and sexual harm which can be severely disabling. It is the collective name given to a range of procedures involving the partial or total removal of the external female genitalia. It has no health benefits and harms girls and women in many ways. The practice, which is most commonly carried out without anaesthetic, can cause intense pain and distress and long-term health consequences, including difficulties in childbirth. FGM is carried out on girls of any age, from young babies to older teenagers and adult women, so staff are trained to be aware of risk indicators.

### Signs that may suggest FGM:

- talking about being 'cut' or to prepare for marriage
- prolonged absence from the setting
- change in behaviour on return
- damage to the genital area and/or adjacent tissues
- pain or difficulty in walking, standing or sitting
- bleeding or infection
- urine retention
- fracture or dislocation as a result of restraint
- psychological damage, including depression, anxiety
- a child may talk about a special procedure or ceremony that is going to take place

- child's family being from one of the 'at risk' communities for FGM (Kenya, Somalia, Sudan, Sierra Leone, Gambia, Egypt, Nigeria, Eritrea as well as non-African communities including Yemeni, Afghani, Kurdish, Indonesian and Pakistani)
- knowledge that the child's sibling has undergone FGM

Many such procedures are carried out abroad but it is also possible for these procedures to be undertaken in the UK. In England the practice is illegal under the Female Genital Mutilation Act 2003. Any person found guilty of an offence under the Female Genital Mutilation Act 2003 is liable to a maximum penalty of 14 years imprisonment or a fine, or both.

If staff have a concern that a girl may be at risk of FGM, they will record their concern and inform the DSL as they would any other safeguarding concern. In the case of suspected FGM, any staff member at New Stepping Stones must not contact parents before seeking advice from SPA or mediate between the children and their parents.

New Stepping Stones are subject to a statutory duty defined by Section 5B of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2015) to report to the police personally where they discover (e.g. by means of a disclosure) that an act of FGM appears to have been carried out on a girl who is aged under 18. This is known as mandatory reporting. The mandatory reporting duty applies to all persons at New Stepping Stones who are employed or engaged to carry out 'work'. The duty applies to the individual who becomes aware of the case to make a report to the police. In this case at New Stepping Stones, the DSL should be informed immediately and a direct phone call will be made to the police. There are no circumstances in which a member of staff will examine a girl.

## **Domestic Abuse**

Domestic abuse is abusive behaviour of a person towards another person if they are both over 16 and personally connected to each other. This includes intimate partner violence, abuse by family members and adolescent to parent violence.

All children can witness and be adversely affected by domestic abuse in the context of their home life where domestic abuse occurs. New Stepping Stones recognises that exposure to domestic abuse can have a serious, long-lasting emotional and psychological impact on children. In some cases, a child may blame themselves for the abuse or may have had to leave the family home as a result.

The Domestic Abuse Act 2021 recognises the impact of domestic abuse on children, as victims in their own right if they see, hear or experience the effects of abuse. The abuse can encompass a wide range of behaviours and may be a single incident or a pattern of incidents inside or outside of the home but is not limited to:

- psychological, emotional or other abuse
- physical or sexual abuse
- economic abuse
- violent or threatening behaviour
- controlling or coercive behaviour

## **Signs that may suggest children are the victims of Domestic Abuse:**

- aggressive behaviour
- displaying anti-social behaviour
- acting out their experiences
- suffering from depression or anxiety
- not achieving potential - due to difficulties at home or disruption of moving

## County lines

As set out in the Serious Violence Strategy, published by the Home Office, county lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other form of 'deal line'. They are likely to exploit children and vulnerable adults to move and store the drugs and money, and they will often use coercion, intimidation, violence (including sexual violence) and weapons. Children can be targeted and recruited into county lines and 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.

## Child Criminal Exploitation (CCE)

Child criminal exploitation can happen to girls as well as boys and 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 in exchange for something the victim needs or wants, and/or for the financial or other advantage of the perpetrator or facilitator and/or 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 through the use of technology.

## Cuckooing

Cuckooing is a practice where people take over a person's home and use the property to facilitate exploitation, such as using the property to live in, deal drugs, use for sex work or to financially abuse the tenant.

## What is the Prevent (preventing violent extremism) Duty?

Protecting children from the risk of radicalisation is part of New Stepping Stone's wider safeguarding duties and is similar in nature to protecting children from other forms of harm and abuse. Section 26 of the Counter-Terrorism and Security Act 2015 places a duty on education and other children's services ('specified authorities') to have 'due regard to the need to prevent people from being drawn into terrorism'. The Prevent duty defines terminology relating to terrorism as the following.

**Radicalisation:** the process by which a person comes to support terrorism and forms of extremism leading to terrorism.

**Extremism:** 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.

New Stepping Stones seeks to protect children and young people against the messages of all violent extremism including, but not restricted to, those linked to Islamist ideology, or to far right/neo-Nazi/white supremacist ideology, Irish Nationalist and Loyalist paramilitary groups, and extremist animal rights movements. Even very young children have been exposed, in rare circumstances, to extremism at home and elsewhere including online.

Many extremist groups make sophisticated use of the internet and social media to target young people and spread their ideology, making young people more vulnerable to being influenced by extremist ideas. During the process of radicalisation it is possible to intervene to prevent vulnerable people being radicalised.

New Stepping Stones promotes the values of democracy, the rule of law, individual liberty, mutual respect and tolerance of those with different faiths and beliefs by providing children with opportunities through the curriculum to experience issues of religion, ethnicity and culture and ensuring all children are valued and listened to.

All staff receive training that provides them with both the information they need to understand the risks affecting children and young people in this area and a specific understanding of how to identify and support

individual children who may be at risk of radicalisation. Staff are trained to report all concerns about possible radicalisation and extremism to the DSL immediately as they would any other safeguarding concern.

We will discuss any concerns about possible radicalisation identified with a child's parents and carers as with any other safeguarding or child protection issue unless there is reason to believe that doing so would place the child at risk.

We will then follow normal safeguarding procedures, which may involve contacting the Single Point of Access for consultation and further advice and/or making appropriate referrals to the police PREVENT team and Channel programme for any child whose behaviour or comments suggest that they are vulnerable to being radicalised and drawn into extremism and terrorism in order to ensure that children receive appropriate support. The Department for Education has also set up a dedicated telephone helpline for staff to raise concerns around Prevent (020 7340 7264).

We expect all staff, volunteers, trustees, visiting professionals, contractors to behave in accordance with the nursery staff code of conduct. We will challenge the expression and/or promotion of extremist views and ideas by any adult on nursery premises or at nursery events and, when necessary, will make appropriate referrals in respect of any such adult.

### **Promoting British Values**

British values are a set of four values introduced to keep children safe and promote their welfare:

- democracy
- rule of law
- individual liberty
- mutual respect and tolerance for those with different faiths and beliefs

The Early Years Foundation Stage (EYFS) 2021 places a clear duty on providers to keep children safe and promote their welfare. Personal, social and emotional development (PSED) supports in promoting British values, enhancing children's knowledge and understanding of others and ensuring children learn right from wrong, how to mix and share with other children, know about similarities and differences between themselves and others and challenge negative attitudes and stereotypes.

At New Stepping Stones, we provide a range of experiences and resources for children to reflect on inclusivity, tolerance, respect and appreciation of each other and within the wider community, considering different faiths, cultures, traditions and views and working in partnership with parents to share ideas for use at home and encourage parents input into the setting.

### **Impact of Abuse**

The sustained abuse or neglect of children physically, emotionally or sexually can have long term effects on the child's health, development and wellbeing. It is important to consider the impact on any siblings as well. It can impact significantly on a child's self-esteem, self image and on their perception of self and of others. The more Adverse Childhood Experiences (ACEs) a child has, the more likely they are to suffer long term. The effects can extend into adult life and lead to difficulties in forming and sustaining positive and close relationships. In some situations, it can affect parenting ability.

## **Contextual Safeguarding and Exploitation**

The focus of contextual safeguarding and exploitation (CS&E) is implementing child safeguarding practices into community spaces to ensure that children are protected from the harm they experience outside of the family home. It looks to identify the influences outside the family that can impact the parent child relationship and the safety of a child in the community.

As part of our safeguarding procedures we will work in partnership with parents/carers and other agencies to work together to safeguard children and provide the support around contextual safeguarding concerns.

### **Fabricated or induced illnesses**

Staff at New Stepping Stones are alert to the issues surrounding fabricated or induced illnesses. Fabricated or induced illness (FII) is a rare form of child abuse. It happens when a parent or carer exaggerates or deliberately causes symptoms of illness in the child. There are many ways that the parent/carer may fabricate (make up or lie about) or induce illness in a child:

- lying about their child's symptoms
- deliberately contaminating or manipulating clinical tests to fake evidence of illness. For example, by adding blood or glucose to urine samples, placing their blood on the child's clothing to suggest unusual bleeding, or heating thermometers to suggest the presence of a fever
- poisoning their child with unsuitable and non-prescribed medicine
- infecting their child's wounds or injecting the child with dirt or poo
- inducing unconsciousness by suffocating their child
- not treating or mistreating genuine conditions so they get worse
- withholding food, resulting in the child failing to develop physically and mentally at the expected rate.

The very presence of an illness can act as a stimulus to the abnormal behaviour and also provide the parent with opportunities for inducing symptoms. Fabricated or induced illness is most commonly identified in younger children. Although some of these children die, there are many that do not die as a result of having their illness fabricated or induced, but who suffer significant long term physical or psychological health consequences. Fabrication of illness may not necessarily result in a child experiencing physical harm, but there may be concerns about the child suffering emotional harm.

Staff at New Stepping Stones will record and report any concerns about a child who might be experiencing fabricated or induced illness to the DSL as with any other safeguarding concern. The DSL will consider the need to make a referral or consult with the Single Point of Access as with any other child protection concern.

### **Early Help Assessment (EHA)**

An early help assessment can be made when a child and/or family would benefit from support but do not meet the threshold for Local Authority Social Care Team. A discussion will take place with the family around early help services. Early help provides support as soon as an area of need emerges, helping to improve outcomes and prevent escalation onto local authority services. Sometimes concerns about a child may not be of a safeguarding nature and relate more to their individual family circumstances. The nursery will work in partnership with parents/carers to identify any early help services that would benefit a child or family, with parental consent. This may include family support, foodbank support, counseling or parenting services.

## **7. What to do if a Child Discloses Abuse**

At New Stepping Stones, we are aware that any child in any family could become a victim of abuse. All staff maintain an attitude of 'it could happen here.' We take responsibility and fulfill our duty and are vigilant to recognise any possible signs of abuse and neglect. All staff are confident in knowing what to look out for and what to do if they have concerns. Key points in taking action are:

- in an emergency, take the action necessary to help the child, if required call 999.
- stop other activity and focus on what the child is saying, responding to a suspicion of abuse takes immediate priority
- stay calm and reassure by telling them they are not to blame, it's not their fault and they have done the right thing in telling someone
- never promise to keep secrets - find an appropriate early opportunity to explain it will be necessary to tell someone else in order to help them and keep them safe
- listen carefully to what is being said, allow the child to continue at their own pace
- ensure questions are absolutely minimal **do not** ask 'leading' questions, i.e. "did he touch your private parts?" or "did she hurt you?"
- **do use open ended questions** which offers the child the opportunity to provide more information about an event in a way that is not leading, suggestive or putting them under pressure e.g. "tell me what happened", "describe the place to me" or "explain what you mean when you say"
- repeat back to the child (as accurately as possible) what was heard, to check understanding of what the child has said
- don't ask the child to repeat what they have told you to another staff member
- tell the child what will happen next and with whom the information will be shared
- report any concerns you have to the Designated Safeguarding Lead (DSL) or deputy immediately, or most senior person if not available (refer to safeguarding processes flowchart at the end of this document)
- do not start your own investigation
- share information on a need-to-know basis only – do not discuss the issue with colleagues, friends or family
- record in writing what was said, heard or seen or done, as soon as possible, using the child's own words
- use a body map to record injuries, but do not take photographs
- note the date, time and names mentioned, to whom the information was given and ensure that all records are signed and dated
- note anything the parent or carer says (only if the DSL has decided the disclosure should be shared with the family)
- the DSL will report concerns to the SPA team or out of hours Emergency Duty Team if there is any reason to believe that a child is subject to physical, emotional, sexual abuse or neglect
- record who you spoke to, any advice given and actions taken
- keep the notes taken at the time, without amendments, omissions or addition, even though subsequent reports may be written (date and sign each page)
- refer to SPA directly if you feel the matter has not been dealt with satisfactorily, or in an appropriate or timely fashion within the setting

### Consent from Parents

Concerns should be discussed with the parent/carer and their observations on what has been concerned alongside an agreement sought for a referral to Single Point of Access (SPA). This consent will not be sought if the child has been harmed or it puts the child at risk of significant harm. If we decide **NOT** to discuss concerns with the child's parents we **MUST** record this and the reason **WHY** we made that judgment. All staff are aware we operate on a need to know basis and under no circumstance do we ever discuss any safeguarding concern with friends or family.

### Review

After an incident, review the procedures in place considering the following:

- Has the action taken provided good outcomes for the child?
- Did the procedure work?

- Were any deficiencies or weaknesses identified in the procedure?
- Have these been remedied?
- Is further training required and implement a policy, and procedures, to safeguard children.

## **8. Allegations against Staff**

If the setting is ever in the position where an allegation of abuse has been made against an adult working in the setting where a child may potentially be at risk, we will follow our safeguarding procedures.

We will:

- treat the matter seriously, being professional and impartial at all times
- remove the adult from the situation (if applicable)
- seek any necessary medical treatment for the child without delay, parents will be informed immediately if this is the case
- report the matter immediately to the designated safeguarding person manager. Where the designated person is the subject of an allegation, seek advice from the Single Point of Access (SPA) directly.
- not investigate the allegation ourselves, this is not our responsibility
- follow the advice and guidance of SPA and the local authority designated officer (LADO) whose role it is to co-ordinate the case
- keep accurate records
- deal with all matters sensitively, however communication with parents will be on a need to know basis
- inform you if your child is directly involved as soon as possible, providing provision of information and advice at that stage does not impede the enquiry, disciplinary or investigative processes
- cooperate fully with SPA and with any police investigations. If the LADO and police decide an allegation requires further investigation a multi-agency strategy meeting will be held
- maintain confidentiality and staff will not be able to discuss the situation
- await the outcome of the investigation before taking further action
- ensure, if it appears from the results of the investigation that the allegations are substantiated, that disciplinary action will follow, taking legal advice where necessary
- make a referral to the Disclosure and Barring Service (DBS) if the allegation is substantiated and the person concerned is dismissed
- inform Ofsted throughout, Ofsted may suspend our registration at any time if it considers children are at risk
- share relevant information with all parties (e.g. staff team, parents, trustees) after the conclusion of the investigation if applicable

If an adult tenders their resignation this will not prevent an allegation being followed up, a formal conclusion reached and action taken.

## **9. Single Point of Access (SPA) and Local Authority Designated Officer (LADO)**

Single Point of Access (SPA) (Kingston and Richmond) acts as a central hub and front door for Children Services. Anyone who has concerns around children and families can refer in to SPA where information is collated and decisions are made within 24 hours. Contact SPA if you have concerns about:

- A child or young person who you suspect is being neglected or subject to physical, sexual or emotional abuse
- Family issues that are affecting a child or young person
- An allegation of abuse against an adult (or you can go direct to the Local Authority Designated Officer (LADO))

The DSL and DDSL will always use the incident form at the end of this policy to act as a prompt to ensure all relevant information is recorded e.g. the date and time, what was recommended by other agencies etc We will also contact our Inclusion and Improvement Officer.

Phone: 020 8547 5008 (8am to 5.15pm Monday to Thursday, 8am to 5pm Friday)

Out of hours 020 8770 5000

Online: [referral](#)

For children living Out of Borough - contact social care in the borough the child lives in.

### **LADO - Allegations being made against a staff member**

Contact details for LADO

LADO Service: 07774 332675 lado@achievingforchildren.org.uk

We have a duty to inform Ofsted of any allegations of serious harm or abuse by staff as soon as reasonably practicable, but at the latest within 14 days of the allegation being made.

Contact Details for OFSTED 0300 123 1231

### **10. Review arrangements**

This policy statement was adopted by the Board of Trustees in November 2023.

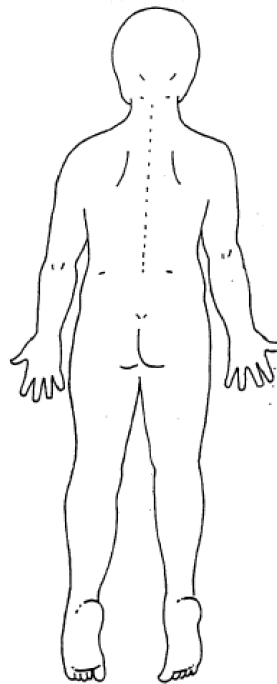
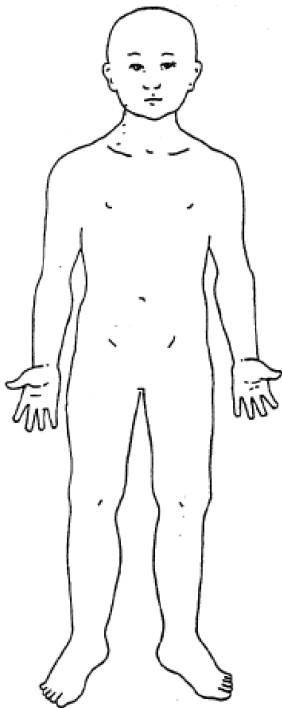
New Stepping Stones will review this policy annually with staff and parents appropriately. In cases of relevant legal or local procedures changes, we will review this policy accordingly.



## 11. Record Keeping

### Body maps

Childs name: \_\_\_\_\_ Date of birth: \_\_\_\_\_



Name: \_\_\_\_\_

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

## Safeguarding record – Chronology from date of incident

Name of child or adult: \_\_\_\_\_

Date and time	Name	Comments, records, contacts	Actions required	Date action completed

### Safeguarding incident recording form

<b>Date of incident:</b>		<b>Time of incident:</b>	
<b>Staff name/s</b>			
<b>Name(s) of child or children involved</b>	<b>Name:</b> Date of birth:  <b>Name:</b> Date of birth:		
<b>Give details of incident:</b>			
<b>Immediate actions</b>			
<b>When and how were parents informed?</b>	<b>How</b>	<b>Details</b>	
	1. Verbally on the day at normal collection time 2. By phone at the time of incident 3. Confirmation in writing within three days 4. Other		
<b>If parents were not informed of a referral, please state the reason:</b>			

<b>Which agencies were informed</b>	
Please note referrals regarding children should be made to the local authority safeguarding team where the child or family lives	
<b>SPA, Out of Hours Team, Other local authority</b>	
Date and Time: Organisation: Name: Contact number: Details of advice given: Date followed up in writing:	
<b>Police</b>	
Date and Time: Organisation: Name: Contact number: Details of advice given: Date followed up in writing:	
<b>Early Years' Service</b>	
Date and Time: Organisation: Name: Contact number: Details of advice given: Date followed up in writing:	
<b>Ofsted or registering body</b>	
Date and Time: Organisation: Name: Contact number: Details of advice given: Date followed up in writing:	
<b>Other</b>	
Date and Time: Organisation: Name: Contact number: Details of advice given: Date followed up in writing:	

<b>How it was dealt with/ Actions taken?</b> (Please tick all that apply)	<ul style="list-style-type: none"> <li>1. Internal assessment (eg, reviewed risk assessment, or staff deployment resulting from incident)</li> <li>2. Investigation by Ofsted or registering body</li> <li>3. Investigation by other agencies (please give details)</li> </ul>
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<b>Give dates and details of investigations carried out</b>	
<b>Give details and attach any reports or correspondence that are relevant</b>	<p>NB: any follow up conversations, phone calls, correspondence, emails etc. must include date, time, name of contact and be securely attached to original form.</p>
<b>Action and Outcomes:</b>  (Please tick all that apply)	<ol style="list-style-type: none"> <li>1. Internal actions</li> <li>2. Actions agreed with Ofsted or registering body</li> <li>3. No action</li> <li>4. Actions agreed with other agencies including Early Years and Childcare Team</li> <li>5. Other action taken by Ofsted or registering body eg, changes to conditions of registration</li> </ol>
<b>Please give details:</b>	
<b>Has a copy of this record been shared with parents?</b>	<p><b>YES/NO</b></p> <p>If NO, give reason:</p>
<b>Name of recorder:</b> <b>Position:</b> <b>Signature:</b> <b>Date record completed:</b>	
<b>Outcome notified to parents</b> (Within 28 days) Date:	<p><b>YES</b></p>

## 12. Safeguarding Referral Process Richmond

Practitioner has concerns about a child's welfare or an allegation about an adult.  
**Practitioner seeks support by sharing concerns with DSL.**  
**Call 999 if you think a child is in immediate danger.**

Concerns shared with DSL DDSL or manager as appropriate. Concerns to be discussed with parent or carer unless there are concerns the child is in immediate danger.

**Manager:** Ivie Derfinakova [manager@newsteppingstones.co.uk](mailto:manager@newsteppingstones.co.uk) Telephone: 020 8878 7029

**Designated Safeguarding Lead:** K Smith [safeguarding@newsteppingstones.co.uk](mailto:safeguarding@newsteppingstones.co.uk)

**Deputy Designated Safeguarding Lead:** Sue Oyler [safeguarding@newsteppingstones.co.uk](mailto:safeguarding@newsteppingstones.co.uk)

If you feel you cannot express your concerns within New Stepping Stones, it is open to you to raise your concern with someone outside the setting:

**Trustee Treasurer, Alison Chenery** [alison@newsteppingstones.co.uk](mailto:alison@newsteppingstones.co.uk)

**SPA 020 8547 5008 or LADO 07774 332675** directly or seek advice from **NSPCC 0800 028 0285**.

SPA will offer phone consultations and provide advice and support in managing concerns to professionals or individuals.

