Colyton Caterpillars

Safeguarding Handbook

Useful numbers

LADO : 01392 384964

MASH : 0345 155 1071

Consultation : 0345 155 1071

Anti Terrorism : 0800 789 32

NSPCC : 0808 800 5000

For more information

Practitioners should familiarise themselves with the updated version of the Working Together
guidance which can be viewed in full here, with a summary of changes outlined here.
Alongside the Working Together update, the government also published the Children's Social Care
National Framework, which is statutory guidance for local authorities setting out the purpose,
principles for practice and expected outcomes of children's social care. It is available here.

What is working together to Safeguard children?

Working Together to Safeguard Children (usually referred to as just Working Together) is statutory guidance produced by the government which outlines how practitioners working with children, young people and families should work together in order to ensure that children and young people remain safe from harm.

In this guidance, a child is defined as anybody under the age of eighteen; though the guidance does also apply to the safeguarding of unborn children. Working Together is pivotal to delivering the proposals set out in Children's Social Care: Stable Homes, Built on Love, which is the government's response to the Independent Review of Children's Social Care, carried out by Josh MacAllister and published in 2022.

Why do we have Working Together?

The Working Together statutory guidance was initially published in 1999, and set out how all agencies and professionals should work together to promote children's welfare and protect them from abuse and neglect. It was revised in 2006 following the public inquiry into the death of Victoria Climbié.

Victoria was brought to the UK from the Ivory Coast in 1999 by her great aunt, and died in Haringey in February 2000 at the age of eight. She had sustained a number of serious injuries, and had been tied up for significant periods of time. Before her death, Victoria had been in contact with numerous different agencies, but the investigation found that none of these agencies had fully investigated and, due to a lack of information sharing between them, none had a full picture of the abuse Victoria was suffering.

In response to Victoria's death, the government commissioned a public inquiry, led by Lord Laming. The findings of the inquiry led to the government's Every Child Matters green paper, which proposed changes in legislation and policy to maximise opportunities for agencies to work together in order to effectively safeguard children. This green paper became the Children Act (2004). The Children Act (2004) placed a duty on all agencies to make arrangements to safeguard and promote the welfare of children, and in 2006 the revised version of Working Together was published.

Since 2006, there have been seven further updates to the guidance. In 2010, the update expanded the focus on interagency working and took into account the recommendations of Lord Laming's 2008 progress report The Protection of Children in England, which emphasised the importance of frontline practitioners getting to know children as individuals. The 2013 update was in response to the review of child protection in England, carried out by Professor Eileen Munro. The update in 2015 focused on the need for Early Help responses to identify and support the needs of children and young people as these needs emerge and are identified.

The 2018 update continued a focus on the need for early help, but also focused on complex and contextual safeguarding as well as a review of how local safeguarding arrangements are implemented and governed following a review of Local Safeguarding Children Boards (LSCBs) by Sir Alan Wood in 2017. There was a limited factual update in 2020.

What changes were made in the 2023 Working Together update

In addition to simple factual updates (for example to include references to legislation published or changes to guidance and procedures since the last update), the 2023 update includes some substantive changes to the content; though it should be noted that no statutory roles or functions have been removed from the guidance.

The 2023 update begins with a new chapter, titled 'A Shared Responsibility'. This brings together new and existing guidance to emphasise that successful outcomes for children depend upon strong multi-agency partnership working. The chapter includes principles for working with parents and carers which focus on the importance of building positive and trusting relationships and expectations for multi-agency working that apply to all individuals, agencies and organisations working with children, young people and families.

The second chapter, on multi-agency safeguarding arrangements, strengthens how those arrangements (between local authorities, police forces and integrated care boards, or ICBs, in health) work to safeguard and protect children locally. Changes include clarity around the safeguarding responsibilities of senior leaders, as well as emphasising the role of education in safeguarding arrangements and encouraging agencies to include third sector organisations within their arrangements and safeguarding work.

The third chapter covers the provision of help, support and protection. The early help section strengthens the role of education and childcare settings in safeguarding and support, including information on a child's right to education and potential indicators that a child or family may benefit from early help support. This section also emphasises the importance of family networks and their inclusion in family decision making, including the use of Family Group Conferences.

One of the most significant changes in this chapter, which states that a broader range of practitioners can be the lead practitioner for children and families receiving support and services under section 17 of the Children Act 1989; that is, children receiving Child in Need support and/ or on a Child in Need plan. Previously, the lead practitioner for these cases could only be a social worker; in the new guidance, this role can be undertaken by other practitioners, but they would need to be supervised by a manager who is social work qualified. The new guidance states that local authorities and their partners need to agree and set out local governance arrangements in relation to this. Children's services partners in Leeds, including the Leeds Safeguarding Children Partnership, are looking at how this significant change can most effectively be implemented locally, as it will need a clear strategic structure to support it.

The child protection section of this chapter introduces new national multi-agency child protection standards. It also clarifies the expected multi-agency response to risks of abuse and exploitation outside the home, and the consideration of whether children are experiencing risks outside the home in all children's social care assessments.

Radicalisation

Radicalisation is the process through which a person comes to support or be involved in extremist ideologies. It is in itself a form of harm.
Extremism was defined by the Home Office in 2011 as a 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 (HM Government, 2011).
In 2024, the Department for Levelling Up, Housing and Communities published a new definition of extremism for **England** (DLHC, 2024). Extremism is defined as the support or promotion of an ideology based on violence, hatred or intolerance that aims to:

- deny or destroy the fundamental rights and freedoms of others
- undermine or overturn the UK's system of democracy and democratic rights
- intentionally create an environment that permits or enables others to achieve either of the above.

The new definition also set out types of behaviour which could constitute extremism, including:

- using or excusing violence towards a group of people to stop them from using their legally defined rights and freedoms
- seeking to overthrow or change the political system outside of lawful means
- using or excusing violence towards public officials, including British armed forces and police forces, to stop them carrying out their duties
- attempting to radicalise and recruit others, including young people, to an extremist ideology.

Domestic Abuse

Domestic abuse can include, but is not limited to, the following:
Coercive control (a pattern of intimidation, degradation, isolation and control with the use or threat of physical or sexual violence), Psychological and/or emotional abuse, Physical or sexual abuse, Financial or economic abuse, Harassment and stalking, Online or digital abuse
Domestic abuse is a gendered crime which is deeply rooted in the societal inequality between men and women. It is a form of gender-based violence, violence "directed against a woman because she is a women or that affects disproportionately." (CEDAW, 1992).
Women are more likely than men to experience multiple incidents of abuse, different types of domestic abuse (intimate partner violence, sexual assault and stalking) and in particular sexual violence. Any woman can experience domestic abuse regardless of race, ethnic or religious group, sexuality, class, or disability, but some women who experience other forms of oppression and discrimination may face further barriers to disclosing abuse and finding help.
Domestic abuse exists as part of violence against women and girls; which also includes different forms of family violence such as forced marriage, female genital mutilation and so called "honour crimes" that are perpetrated primarily by family members, often with multiple perpetrators

Female Genital Mutilation

Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. The practice has no health benefits for girls and women and can result in severe bleeding and problems urinating, and later cysts, menstrual difficulties, infections, as well as complications in childbirth and increased risk of newborn deaths. The practice of FGM is recognized internationally as a violation of the human rights of girls and women. It reflects deep-rooted inequality between the sexes and constitutes an extreme form of discrimination against girls and women. It is nearly always carried out on minors and is a violation of the rights of children. The practice also violates a person's right to health, security and physical integrity; the right to be free from torture and cruel, inhuman or degrading treatment; and the right to life, in instances when the procedure results in death. In several settings, there is evidence suggesting greater involvement of health workers in performing FGM due to the belief that the procedure is safer when medicalized. WHO strongly urges health workers not to perform FGM and has developed a global strategy and specific materials to support the health sector and health workers themselves to end FGM medicalization.

Types of FGM

Female genital mutilation is classified into 4 major types:

Type 1: This is the partial or total removal of the clitoral glans (the external and visible part of the clitoris, which is a sensitive part of the female genitals), and/or the prepuce/clitoral hood (the fold of skin surrounding the clitoral glans).

Type 2: This is the partial or total removal of the clitoral glans and the labia minora (the inner folds of the vulva), with or without removal of the labia majora (the outer folds of skin of the vulva).

Type 3: Also known as infibulation, this is the narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the labia minora, or labia majora, sometimes through stitching, with or without removal of the clitoral prepuce/clitoral hood and glans.

Type 4: This includes all other harmful procedures to the female genitalia for non-medical purposes, e.g., pricking, piercing, incising, scraping and cauterizing the genital area.

No health benefits, only harm

FGM has no health benefits, and it harms girls and women in many ways. It involves removing and damaging healthy and normal female genital tissue, and it interferes with the natural functions of girls' and women's bodies. Although all forms of FGM are associated with increased risk of health complications, the risk is greater with more severe forms of FGM.

FGM is mostly carried out on young girls between infancy and adolescence, and occasionally on adult women. According to available data from 31 countries where FGM is practiced in the western, eastern, and north-eastern regions of Africa, and some countries in the Middle East and Asia, more than 230 million girls and women alive today have been subjected to the practice with more than 4 million girls estimated to be at risk of FGM annually. FGM is therefore of global concern.

Colyton Caterpillars Early Education

Early Years Safeguarding Policy

This policy was agreed by trustees/staff:	
Date of last review:	May 2026
Date of next review:	May 2027
Reviewed by:	K.Clode

Introduction

As an Ofsted regulated nursery, we comply with the local child Safeguarding procedures, and it is our duty to record and report to children services any concerns regarding the possible abuse of children in our care (emotional, physical, sexual or neglect). If an allegation is made against a member of staff in the nursery, the correct procedure if followed (see allegation against a member of staff policy & procedure)

Our prime responsibility is the welfare and well-being of children in our care. As such it is our duty to the children, parents/carers, and staff to act quickly and responsibly in any instance that may come to our attention. All staff will work as part of a multi-agency team where needed in the best interest of the child.

The Legal framework for this policy

- Children act (2004/1989)
- Working together to safeguard children (2018 / 2020)
- Safeguarding Vulnerable Groups Act (2006)
- Counter-Terrorism Act and Security Act (2015)
- Multi-Agency Practise Guidelines
- Female Genital Mutilation Act 2003
- Serious Crime Act 2015

Prevent Duty

In Line with section 26 of the counterterrorism and security act (2015) we understand the importance of staff members being able to recognise and identify vulnerable children and to have “due regard to the need to prevent people from being drawn into terrorism”.
We recognise the importance of protecting children from the risk of radicalisation and promoting British values in the same way we would protect and safeguard children from any other abuse.
We will ensure all staff members are able to notice changes in children’s behaviour as we would do with any kind of safeguarding matter as there is no single way of being able

to identify a child who is at risk of being venerable or susceptible to radicalisation/extremism.
All staff members are also aware of the appropriate time to make a referral to the "Channel Programme".

Our Aim

It is our aim to ensure that all the children receive the highest level of care, provision, and education.
The health, safety, and welfare of all our children are of paramount importance to all the adults who work in our nursery. Our children have the **right** to protection, regardless of age, gender, race, culture, background, or disability. Children have the right to be safe within the nursery.

We are committed to:

- Building a "culture of safety" in which children are protected from abuse and harm in all areas of its service delivery.
- Responding promptly and appropriately to all incidents or concerns of abuse that may occur and to work with statutory

agencies in accordance with the procedures that are set down in "what to do if you're worried a child is being abused"

- Promoting awareness of child abuse issues throughout its training and learning programmes for adults
- Empowering young children, through early childhood curriculum, promoting their rights to be strong, resilient, and listened to.
- Ensuring that all staff are alert to the signs and understand what is meant by safeguarding and are aware of the different ways in which children can be harmed
- Ensuring all a robust training system, in which all staff are confident in the policies and procedures relating to the safeguarding and welfare of the children

It is the policy of the nursery to provide a secure and safe environment for all children from abuse. The nursery will therefore not allow an adult to be left alone who has not received their enhanced DBS check clearance and **all** our staff will receive updated and relevant safeguarding training as part of their induction and all staff complete safeguarding training every 2 years.

We abide by Ofsted requirements in respect of references and Disclosure and Baring Services checks for all staff and volunteers to ensure that disqualified person or unsuitable person has any access or contact with the children.
We know how important staff ratios are and ensure that we follow the legal requirements for the minimum numbers of staff present with the children at any time as set out in the Early Years Foundation Stage statutory framework.

Our Designated Safeguarding Leads Officer is **Kate Clode** who works together and alongside our Deputy Safeguarding Officers are **Chloe Challis and Gemma Berry** to co-ordinate child protection issues.

Looked after children

Early years settings are committed to providing quality provision based on equality of opportunity for all children and their families. All staffs are committed to doing all they can to enable "looked after" children in their care to achieve and reach their full potential.
We recognise that children who are being looked after have often experienced traumatic situations, emotional or sexual abuse or neglect. However, we also recognise that not all looked after children have experienced abuse and that there are a range of reasons for children to be taken into the care of the local authority. Whatever the reason, a child's separation from their home and family signifies a disruption in their lives that has impact on their emotional well-being.
In our setting, we place emphasis on promoting children's right to be strong, resilient, and listened to. Our policy and practise guidelines for looked after children are based on two important concepts, attachment, and resilience. The basis of this is to promote secure attachments in children's lives as the basis for resilience.

What is abuse?

A person may abuse of neglect a child by inflicting harm, or by failing to act to prevent harm. Staff in the nursery recognise that child abuse can and does happen in all types of families.
The following identifies some possible manifestations of child abuse; however, these lists are not exhaustive.
Neglect- is the persistent failure to meet basic physical and psychological needs, which may result in the serious impairment of the child's medical problems, emaciation or under nourishment. Staff may notice behavioural signs such as a child who always seems hungry, tired, has ill -fitting clothes, poor personal hygiene, e.g., soiled, unchanged nappies, etc.
Procedure:

- The concern should be discussed with the parent/carer.
- Such discussions will be recorded, and the parent/carer will access to such records.
- If there appears to be any queries regarding the circumstances the child protection/MASH team.

Physical abuse- physical signs may involve unexplained bruising/marks in unlikely areas, facial bruising, hand/finger marks, bite marks, burns, lacerations, or abrasions. Staff may notice several behavioural signs that also indicate physical abuse such as a child that shy's away from physical contact, is withdrawn or aggressive towards others or their behaviour changes suddenly.
Procedure:

- All signs of marks/injuries noticed on a child will be recorded immediately on an pre-existing injury form and signed by parents
- The incident will be discussed parent/carer at the earliest opportunity (when signing form)
- If there appears to be any queries or concerns regarding the injury, the child protection/MASH team will be called for advice immediately.

Sexual abuse –physical signs may include bruising consistent with being held firmly, discomfort in walking/sitting, pain or itching in the genital area, discharge, or blood on under clothes, or loss of appetite. Behavioural signs may include drawings or play showing indicators of sexual activity, sexually explicit language, and knowledge of adult sexual behaviour, seductive behaviour towards others, poor self-esteem and a child who is withdrawn.
Procedure:

- The observed instances will be detailed in a confidential report
- The observed instances will be reported immediately to the designated person/nursery manager.
- The matter will be referred straight to the child protection team/MASH hub.

Emotional abuse – physical signs of emotional abuse may include a general failure to thrive, not meeting expected developmental milestones and behaviourally a child may be attention seeking, telling lies, have an inability to have fun and join in play, low self-esteem, speech disorders, and be inappropriately affectionate towards others.
Procedure:

- The concerns should be discussed with the parent/carer by the designated person/nursery manager.
- Such discussions will be recorded, and the parent/carer will have access to such records
- If there appears to be any queries or ongoing concerns after discussion with parent/carer the child protection team/MASH team will be notified.

Recording suspicions of abuse and disclosures (procedures);

Staff will be an objective record of any observation or disclosure and include-

- Childs name/address/D.O.B and age
- Date, time, location of the observation or disclosure
- EXACT words spoken by the child, this should not be changed by an adult "to sound better".
- Name of the person who the concern was reported to with date and time and names of any other person present at the time.
- Any discussion held with parents/carer
- Name and signature of person completing the report/observation.

However, when identifying any potential instances of abuse, staff must always be aware that children may demonstrate individual, or combinations of indicators detailed above but may not be the subject of abuse. Individual or isolated incidents do not necessarily indicate abuse. Staff should always remain vigilant and must **NOT** ignore warning signs and contact the relevant services at any stage for support.

Female Genital mutilation (FGM)

As our duty of care, we have a statutory obligation under national safeguarding protocols (e.g working together to safeguard children) to protect young girls and women from FGM as it is an illegal, extremely harmful practise and a form of abuse.

It is essential that we work closely together with other agencies if we suspect a child has suffered or is likely to suffer FGM as appropriate safeguarding efforts. This is reflected in the Multi-Agency Practise Guidelines.
If a child in our care shows signs and symptoms (see below) of FGM or we have good reason to suspect the child is at risk of FGM, we MUST refer the child using our existing standard safeguarding procedures as it is a form of child abuse. When a child is identified as "at risk" of FGM, this information MUST be brought to the child's GP attention and health visitor (as per section 47 of The Children's Act 1989)

Important Signs & Symptoms to look out for if you suspect the child is "at risk" of FGM

- Father comes from a community that is known to practice FGM
- Mother/Family may have limited contact with people outside family
- It is known that the mother has FGM
- Family does not engage with professionals (health, school, other)
- Parents say that they or a relative will take the child abroad for a prolonged period
- Childs spoken about a holiday to her country of origin or another where the procedure is practiced
- Child has confided that she is to have a "special procedure" to "become a woman" or to be "more like her mum/sister/aunt" etc
- Family/child are already know to social services

Important Signs & Symptoms to look out for if you suspect the child has had FGM

- Child regularly attends GP appointments, has frequent Urinary Tract Infections (UTI'S)
- Increased emotional and physiological needs e.g withdrawals, depression or significant changes in behaviour.
- Child talks about pain/discomfort between legs
- Child has difficulty walking, sitting for long periods of time- which wasn't a problem previously

Significant or Immediate Risk

- Child confides in a member of staff/professional that FGM has taken place
- Parent or family member discloses professional/ nursery child has had FGM

Toxic Trio

The 'toxic trio' is made up of three issues: domestic abuse, mental ill-health, and substance misuse. These issues often co-exist, particularly in families where significant harm to children has occurred. The **Children's Commissioner** reported in 2018 that 100,000 children in England were in a household where one adult faces all three 'toxic trio' issues to a severe extent, and 420,000 children were in a household where one adult faces all three to a moderate/severe extent.

One reason why these issues often co-exist is that a parent misusing drugs, or alcohol is more likely to be in a relationship where domestic abuse occurs – those who misuse drugs or alcohol have a greater chance of experiencing mental ill-health. Conversely, adults with mental health problems are more likely to abuse drugs or alcohol; there are many different situations that could lead to all three of the toxic trio arising.
It is important to be aware of the toxic trio, because it is viewed as a key indicator of increased risk of harm to children and young people. Studies such as Brandon et al. (2012) have shown that, in 86% of incidents where children were seriously harmed or died, one or more of the trios played a significant role – similar findings are reported inside Botham et al. (2016).

Useful contact information

Children and family hub: 0330 024 5321
LADO: 01392 384964
Ofsted: 0300 1234 666
NSPCC: 0800 1111

https://www.nspcc.org.uk/keeping-children-safe/reporting-abuse/dedicated-helplines/whistleblowing-advice-line/