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**Rationale**

At Little Panda’s Nursery, the welfare and well-being of all children in our care is our main priority. We are committed to protecting children from abuse and neglect, as outlined in the National Guidance for Child Protection in Scotland (2014). Abuse and neglect are forms of maltreatment that can significantly impair a child’s health and development. Our nursery is dedicated to working collaboratively with families and external agencies to ensure the safety and best interests of every child.

**Objectives**

* To safeguard children from abuse and neglect through robust procedures and policies.
* To ensure all staff are trained to identify and respond to child protection concerns.
* To work in partnership with families and multi-agency teams to promote the welfare of every child.
* To maintain a safe and secure environment for all children in our care.
* To monitor and address concerns promptly, following statutory and local guidelines.
* To ensure staff are equipped to support children’s safety, emotional well-being, and developmental needs.

**Legislation** This policy is underpinned by the following legislative and guidance frameworks:

* The Protection of Vulnerable Groups (Scotland) Act 2007
* Protection of Children (Scotland) Act 2003
* Children and Young People (Scotland) Act 2014
* Getting it Right for Every Child (GIRFEC) approach
* National Guidance for Child Protection in Scotland (2014)
* The Early Years Framework
* UN Convention on the Rights of the Child
* The Children’s Charter
* Renfrewshire Council Standard Circular 57

**Policy**

1. **Child Protection Officer**
	* The Nursery Manager acts as the Child Protection Officer (CPO), with the Deputy Manager and Room Seniors serving as backups in their absence.
2. **Procedures for Reporting Concerns**
	* Staff must report any child protection concerns immediately to the CPO or Deputy.
	* Concerns should be documented using the designated reporting form, including details such as the child’s name, date, time, and nature of the concern.
	* Information will be shared with external agencies, such as social work or police, where necessary.
	* Parents will be informed unless doing so increases the risk to the child.
3. **Monitoring and Recording**
	* The starting point for considering any risks that may be present in a child’s life is the GIRFEC ‘My World Triangle’.
	* Staff must objectively document observations, disclosures, and incidents on an Appendix 3 documentation. Records should include:
		+ Child’s name, address, date of birth.
		+ Date and time of observation or disclosure.
		+ Exact words spoken by the child (where appropriate).
		+ Details of any injuries or marks observed.
		+ Witness accounts (if applicable).
		+ Record of discussions with parents or carers (where appropriate).
	* Reports must be signed, dated, and stored securely under management supervision.
4. **Staff Training**
	* All staff must complete child protection training during their induction (both in house and external training) and attend annual refresher sessions.
	* Staff are trained to recognise signs of abuse, record concerns accurately, and follow the nursery’s reporting procedures.
5. **Safer Recruitment**
	* All new staff must register with the Protecting Vulnerable Groups (PVG) scheme.
	* Recruitment procedures include enhanced disclosure checks, references, and a 6-month probationary period.
	* All staff appointments follow the Care Inspectorate’s safer recruitment requirements.
6. **Visitor and External Agency Protocols**
	* Visitors and external agencies must provide PVG checks or enhanced disclosures to work with children.
	* Visitors will not be left unsupervised and must wear identification badges.
	* Regular visitors must adhere to PVG requirements.
7. **Attendance Monitoring**
	* Parents must inform the nursery of absences or holidays.
	* Unexplained absences are followed up within one hour to ensure the child’s safety.
	* Absences for children on a child protection plan are reported immediately to the CPO.
8. **Supporting Children**
	* Staff provide a safe environment where children feel secure and listened to.
	* Disclosure by a child is handled sensitively, ensuring the child is not forced to provide information or promised confidentiality.
9. **Child Protection Procedure for Staff**
	* If staff have concerns about a child’s welfare, they must alert the manager or deputy immediately.
	* Use the ‘My World Triangle’ to assess risks and document observations thoroughly.
	* Follow the guidance of the manager and cooperate with any actions required by social work or police.
10. **Types of Abuse and Indicators**
* Detailed descriptions and indicators of physical, emotional, sexual abuse, neglect, and fabricated or induced illness are outlined in the appendix to assist staff in identifying signs.
1. **Peer-on-Peer Abuse**
* Recognize that children may also be at risk of abuse from their peers. Instances of bullying, physical harm, emotional abuse, or sexual misconduct among children must be reported and managed in the same way as adult-perpetrated abuse.

**Linking to Other Policies** This policy links to the following nursery policies:

* Safeguarding and Protecting Children Policy
* Whistleblowing Policy
* Health and Safety Policy
* Recruitment and Selection Policy
* Data Protection and Confidentiality Policy

By adhering to this policy and working collaboratively with families and external agencies, Little Panda’s Nursery ensures the safety and well-being of all children in its care. Full procedural details and examples are included in the appendices to provide further clarity and guidance.

**Appendix – My World Training**



**Appendix – Types of Abuse**

Types of abuse Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by harming them, or by failing to act to prevent harm. Children may be abused within a family, institution, or community setting by those known to them or a stranger. This could be an adult or adults, another child or children. The signs and indicators listed below may not necessarily indicate that a child has been abused but will help us to recognise that something may be wrong, especially if a child shows a number of these symptoms or any of them to a marked degree.

**Indicators of child abuse**

• Failure to thrive and meet developmental milestones

• Fearful or withdrawn tendencies

• Unexplained injuries to a child or conflicting reports from parents

• Repeated injuries

• Unaddressed illnesses or injuries.

**Softer signs of abuse** as defined by National Institute for Health and Care Excellence (NICE) include:

• Low self-esteem

• Wetting and soiling

• Recurrent nightmares

• Aggressive behaviour

• Withdrawing communication

• Habitual body rocking

• Indiscriminate contact or affection seeking

• Over-friendliness towards strangers

• Excessive clinginess

• Persistently seeking attention.

**Peer on peer abuse**

We are aware that peer on peer abuse does take place, so we include children in our policies when we talk about potential abusers.

This may take the form of bullying, physically hurting another child, emotional abuse, or sexual abuse. We will report this in the same way as we do for adults abusing children and will take advice from the appropriate bodies on this area.

**Physical abuse** Action needs to be taken if staff have reason to believe that there has been physical harm or injury to a child, including deliberate poisoning, where there is definite knowledge, or reasonable suspicion that the injury was inflicted or knowingly not prevented. These symptoms may include bruising or injuries in an area that is not usual for a child, e.g. fleshy parts of the arms and legs, back, wrists, ankles and face. Many children will have cuts and grazes from normal childhood injuries. These should also be logged and discussed with the nursery manager or room leader. Children and babies may be abused physically through shaking or throwing. Other injuries may include burns or scalds, drowning or suffocation. These are not usual childhood injuries and should always be logged and discussed with the nursery manager. Fabricated or induced illness This is also a type of physical abuse. This is where a child is presented as having an illness that is fabricated by the adult carer. The carer may seek out unnecessary medical treatment or investigation. The signs may include a carer exaggerating a real illness or symptoms, complete fabrication of symptoms or inducing physical illness e.g. through poisoning, starvation, inappropriate diet. This may also be presented through false allegations of abuse or encouraging the child to appear disabled or ill to obtain unnecessary treatment or specialist support.

**Sexual abuse**

Action needs be taken under this heading if the staff member has witnessed occasions where a child has indicated sexual activity through words, play, drawing, an excessive pre-occupation with sexual matters, or an inappropriate knowledge of adult sexual behaviour or language. This may include acting out sexual activity on dolls/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. The child may become worried when their clothes are removed, e.g. for nappy changes. The physical symptoms may include genital trauma, discharge and bruises between the legs or signs of a sexually transmitted disease (STD).

Emotional symptoms could include a distinct change in a child’s behaviour. They may be withdrawn or overly extroverted and outgoing. They may withdraw away from a particular adult and become distressed if they reach out for them, but they may also be particularly clingy to a potential abuser so all symptoms and signs should be looked at together and assessed as a whole.

**Emotional abuse** Action should be taken under this heading if the staff member has reason to believe that there is a severe, adverse effect on the behaviour and emotional development of a child, caused by persistent or severe ill-treatment or rejection. This may include extremes of discipline where a child is shouted at or put down on a consistent basis, lack of emotional attachment by a parent, or it may include parents or carers placing inappropriate age or developmental expectations on children or causing them to feel frightened or in danger or exploiting or corrupting children. Emotional abuse may also be imposed through the child witnessing domestic abuse and alcohol and drug misuse by adults caring for them. The child is likely to show extremes of emotion with this type of abuse. This may include shying away from an adult who is abusing them or becoming withdrawn, aggressive or clingy in order to receive their love and attention. This type of abuse is harder to identify as the child is not likely to show any physical signs.

**Neglect Action** should be taken under this heading if the staff member has reason to believe that there has been any type of neglect of a child (for example, by exposure to any kind of danger, including cold and starvation) which results in serious impairment of the child's health or development, including failure to thrive. Signs may include a child persistently arriving at nursery unwashed or unkempt, wearing clothes that are too small (especially shoes that may restrict the child’s growth or hurt them), arriving at nursery in the same nappy they went home in or a child having an illness that is not being addressed by the parent. A child may also be persistently hungry if a parent is withholding food or not providing enough for a child’s needs. Neglect may also be shown through emotional signs, e.g. a child may not be receiving the attention they need at home and may crave love and support at nursery. They may be clingy and emotional. In addition, neglect may occur through pregnancy because of maternal substance abuse.

**Reviewed on:** August 2024

**Reviewed by:** Jennifer McNaughton – Nursery Manager