St John's Pre-school Nursery

Safeguarding Policy

St John's Pre-school Nursery is a community nursery which opened in Sept 2007 at Newland St John's C.E. Primary School, (now Newland St John's C.E Academy). The nursery works to deliver excellent pre-school education in line with national requirements and to uphold the Christian Ethos of the Bible for the benefit of local parents and children. At the last OFSTED Inspection the nursery was rated as Outstanding. The nursery has a strong reputation in the local community for its excellent care and has been regularly over-subscribed since its opening.

The Nursery is run by a Board of Trustees and employs staff who all hold a relevant, or are working towards, childcare qualification. Our Manager and Deputy Manager hold qualified teacher status.

We are open for 5 mornings a week from 8.50am-11.50am. We offer 15 hours funded places or paid for places as required. Places are offered to children from the age of 3 to 5. We offer a maximum of 24 nursery places in the morning. We have OFSTED registration and we are a Charitable Trust.

Our nurseries intent is to uphold the Christian Ethos of the Bible as we bring **LIFE** into the local community by:

- Loving God through our care
- Introducing Christian Values
- Fruit of the Spirit Cultivation
- Employing staff who uphold the Christian Ethos

The impact of our curriculum will be:

Happy children who are secure in their learning (see goals) and able to approach their next steps in life with Christian values enhancing their enriched education.

All Safeguarding policies should be read in conjunction with the Hull Safeguarding Children's Partnership Guidelines and Procedures http://hullscb.proceduresonline.com/

St John's Pre-school Nursery has a responsibility to protect and safeguard the welfare of children and young people they come into contact with. The need for guidelines and procedures is important to ensure that this is done with understanding and clarity.

The Designated Safeguarding Lead with responsibility for safeguarding within the organisation is: David Eaves

The Designated Safeguarding Lead has completed additional training to fulfil this role

- Level 1 Safeguarding Children – 10th September 2025
- Threshold Safeguarding Children – 9th January 2018
- Level 2 Safeguarding Children – 7th March 2018
- Responding Effectively to Disclosures – 22nd October 2019
- Prevent Duty Training – March 2025
- Keeping Children Safe On-line (3.0) – 8th January 2020

Other Safeguarding training will be undertaken by appropriate staff as and when it becomes available.

All staff and volunteers should be made aware of this policy and be able to demonstrate an understanding of their responsibilities for safeguarding and promoting the welfare of children, including how to respond to any child protection concerns and how to make a referral to local authority children's social care or the police if necessary. This is carried out during the induction process.

Contents

1. Safeguarding and promoting the welfare of children
2. Children
3. Early Help
4. Child Protection
5. Definitions of harm
    - Abuse
    - Physical abuse
    - Emotional abuse
    - Sexual abuse
    - Neglect
    - Other specific sources of harm
6. Recognition of harm
    - Young carers
7. Acting on concerns
    - Seeking Medical Attention
    - Managing a disclosure
8. Referring concerns about a child
    - Consent
    - Preparing to Discuss Concerns about a Child with Children's Social Care
    - Questions Children's Social Care may ask at Initial Contact
    - The Hull Safeguarding Children's Partnership Contact and Referral Form
    - Expectation of feedback
9. Allegations against staff members / volunteers
10. Recruitment and selection
11. Contacts
    - Hull
    - East Riding of Yorkshire

Appendix 1 - Seven Golden rules of information sharing

Appendix 2 – Consideration when contacting another agency

Further information

1. Safeguarding and promoting the welfare of children

Defined for the purposes of this guidance as:

- protecting children from maltreatment;
- preventing impairment of children's health or development;
- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and
- taking action to enable all children to have the best life chances.

2. Children

Anyone who has not yet reached their 18th birthday. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, does not change his/her status or entitlements to services or protection

3. Early Help

Children and their families will experience a range of needs at different times in their lives. All children require access to high-quality universal services (such as schools, health visitors and nurseries), but some will also benefit from extra support to address additional needs. In Hull this support is called Early Help.

“Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child’s life, from the foundation years through to the teenage years” (Working Together to Safeguard Children, 2015).

From the perspective of a child, it is clearly best to receive help before they have any, or have only minor, adverse experiences.

In Hull, Locality Early Help hubs offer a range of support for practitioners who need advice, guidance or a short intervention when working with children and families with additional needs.

All staff and volunteers should understand the importance of intervening early, before any problems become entrenched, and know how to access additional support for children, young people and families through the Early Help Hubs.

The consent of parents / carers (and children depending on their age and understanding) should always be sought before making a request for a service to the Early Help Hubs.

If at any time the concerns about the child become more serious, they should be referred to Children's Social Care (See Section 7) or the police if at risk of harm.

4. Child Protection

Part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

5. Definitions of harm

Abuse

A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults, or another child or children.

Physical abuse

A form of abuse which 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.

Emotional abuse

The persistent emotional maltreatment of a child such as to cause 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 as far 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 on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including online bullying), causing children frequently 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, though it may occur alone.

Sexual abuse

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 (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 (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Neglect

The persistent failure to meet a child's basic physical and/or 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. 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 (including the use of inadequate care-givers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

This is not an exhaustive list and it must be recognised that it is not the role of staff / volunteers to make an assessment of whether children or young people have suffered harm. Staff / volunteers / child protection co-ordinator do have a duty to report any concerns about

harm in accordance with the Hull Safeguarding Children's Partnership Guidelines and Procedures.

Other specific sources of harm

Staff / volunteers also need to be aware of other sources of harm which may include:

- Female Genital Mutilation (FGM)
- Radicalisation
- Child Sexual Exploitation (CSE)
- County Lines (https://www.nationalcrimeagency.gov.uk/what-we-do/crime-threats/drug-trafficking/county-lines)
- Breast Ironing Reporting,
- Private Fostering
- Abuse linked to Faith and Belief (inc. Forced Marriages)
- Online abuse and inappropriate content
- Contextual safeguarding

Any new categories will be obtained at Safeguarding cluster meetings and cascaded at staff meetings.

6. Recognition of harm

Everybody working with children and families must be alert to the needs of children and any risks of harm - including to unborn children, babies, older children, young carers, children who are disabled, those with special educational needs, are living away from home or are Looked After by the local authority. All staff and volunteers should be able to recognise, and know how to act upon, evidence that a child's health or development is being is impaired or that the child is suffering or is likely to suffer significant harm.

The harm or potential harm to a child may come to your attention in a number of possible ways;

- Information given to you by the child, his/her friends, a family member or close associate.
- Other contexts that the child is involved in (e.g. youth clubs, sports, church)

- The child's behaviour may become different from the usual, be significantly different from the behaviour of their peers, be bizarre or unusual or may involve 'acting out' a harmful situation in play.
- An injury which arouses suspicion because;
    - It does not make sense when compared with the explanation given.
    - The explanations differ depending on who is giving them (*e.g.,* differing explanations from the parent / carer and child).
    - The child appears anxious and evasive when asked about the injury;
    - They are a pre mobile baby with bruising.
- Suspicion being raised when a number of factors occur over time, for example, the child fails to progress and thrive in contrast to his/her peers.
- A young person having contact with an individual or individuals who have been identified as presenting a risk or potential risk of harm to children.
- The parent's behaviour before the birth of a child may indicate the likelihood of significant harm to an unborn child, for example substance misuse, or previous children removed from their care.

Young carers

Children and young people under 18 who provide or intend to provide care assistance or support to another family member are called young carers. They carry out on a regular basis, significant or substantial caring tasks and assume a level of responsibility, which would usually be associated with an adult. The person receiving care is often a parent but can also be a sibling, grandparent or other relative who is disabled, has some chronic illness, mental health problem or other condition connected with a need for care support or supervision. Young carers can be particularly vulnerable and, under the Children and Families Act (2014) are entitled to an assessment of their own needs by the local authority.

7. Acting on Concerns

No professional should assume that someone else will pass on information which they think may be critical to keeping a child safe. If a professional has concerns about a child's welfare and believes they are suffering or likely to suffer harm, then they have a responsibility to share the information with local authority children's social care. (Working

Together to Safeguard Children 2023) (For more information about information sharing and effective communication see appendices 1 and 2)

Seeking Medical Attention

If a child has a physical injury, and there are concerns about abuse, medical attention should be sought immediately by telephoning for an ambulance, attending the Emergency Department or Minor Injury Unit (depending on the severity of the injury). The procedures for referring a child to Children's Social Care should then be followed.

Any safeguarding concerns should be shared with the Ambulance staff / Medical and Nursing staff in order that they can appropriately assess and treat the child and share relevant information.

Contacting emergency services for urgent medical treatment must not be delayed for any reason. Inform the DSL of any action taken as soon as is possible.

Managing Children's Information Sharing

- Listen to what the child has to say with an open mind.
- Only use Tell questioning.
- Never stop a child who is freely recalling significant events.
- Make note of the discussion, taking care to record the timing, setting and people present, as well as what was said.
- Do not ask children to write a statement.
- Never promise the child that what they have told you can be kept secret. Explain that you have responsibility to report what the child has said to someone else.
- The Designated Safeguarding Lead (DSL) within your organisation must be informed immediately.

8. Referring concerns about a child

The DSL will act on behalf of the St John's Pre-School Nursery in referring concerns or allegations of harm to Local Authority Early Help and Safeguarding Hub (EHaSH) or the Protecting Vulnerable People Unit through the Early Help Portal. In the case of it being out of hours the Immediate Help Team should be contacted.

If the DSL is in any doubt about making a referral it is important to remember that advice can be sought from the EHaSH. The name of the child and family should be kept confidential at this stage and will be requested if the enquiry proceeds to a referral.

It is not the role of the DSL to undertake an investigation into the concerns or allegation of harm. It is the role of the DSL to collate and clarify details of the concern or allegation and to provide this information to the EHaSH, or Locality Team if Children's Social Care is already involved, whose duty it is to make enquiries in accordance with Section 47 of the Children Act 1989.

Consent

Issues of consent should always be considered.
Before making a referral, parents/carers must be informed that you are making contact with Children's Social Care – including the reasons for you doing this – and be asked to give consent to the referral being made. This includes protecting a child from Significant Harm.
There are circumstances when it may appropriate to dispense with the requirement to obtain consent to share information; this includes when:

- Discussion with the parents/ carers could place the child or other family members at risk;
- The child is in immediate danger (e.g. requires medical attention)
- Discussion with parents / carers may place you or another member of staff at risk

It should be noted that when parents, carers or child may not agree to information being shared, but this does not prevent professionals from being able to make a referral where child protection concerns persist. When sharing information without consent it is important to record why any such decision has been made.

Preparing to Discuss Concerns about a Child with Children's Social Care

Try to sort out in your mind why you are worried, is it based on:

- What you have seen;
- What you have heard from others;
- What has been said to you directly.

Try to be as clear as you can about why you are worried and what you need to do next:

- This is what I have done;
- What more do I need to do?
- Are there any other children in the family?
- Is the child in immediate danger?

In the conversation that takes place the duty Social Worker will seek to clarify:

- The nature of the concerns;
- How and why they have arisen;
- What appear to be the needs of the child and family; and
- What involvement they are having or have had with the child and / or family.

Questions Children's Social Care may ask at Initial Contact

- Agency (i.e. school, etc) address and contact details of referrer;
- Has consent to make the referral been gained? Information regarding parents' knowledge and views on the referral;
- Where consent has not been sought prior to making a referral you will be asked to explain what informed your decision making;
- Where consent has been sought but refused and child protection concerns persist you will be asked what informed your decision making;
- Full names, dates of birth and gender of children;

- Family address and, where relevant, school/nursery attended;
- Previous addresses;
- Identity of those with **Parental Responsibility**;
- Names and dates of birth of all members of the household;
- Ethnicity, first language and religion of children and parents;
- Any special needs of the children or of the parents and carers;
- Any significant recent or past events;
- Cause for concern including details of allegations, their sources, timing and location;
- The child's' current location and emotional and physical condition;
- Whether the child needs immediate protection;
- Details of any alleged perpetrator (name, date of birth, address, contact with other children);
- Referrer's relationship with and knowledge of the child and his or her family;
- Known involvement of other agencies;
- Details of any significant others;
- Gain consent for further information sharing / seeking;
- The referrer should be asked specifically if they hold any information about difficulties being experienced by the family/household due to domestic violence, mental illness, substance misuse and/or learning difficulties.

Other information may be relevant and some information may not be available at the time of making contact. REMEMBER - the collation of additional information should not result in a delay in making a referral.

The Hull Safeguarding Children's Partnership Contact and Referral Form

All telephone referrals made by professionals should be followed up within 48 hours by a written referral giving specific and detailed information. A template Contact and Referral Form has been developed for this purpose.

If you have secure email the form should be sent to The EHaSH at EHASHgc@hullcc.gcsx.gov.uk.
Non-confidential information to EHASH@hullcc.gcsx.gov.uk.

If you do not have a secure email system, it should be faxed to 01482 444145

Click on a link below to view the Contact and Referral Form
Contact_referal_form (2).docx (EHaSH)

Other reports can be made via:
https://childrensportallive.hullcc.gov.uk/web/portal/pages/home

Children's Social Care Action following a Referral

Children's Social Care should acknowledge **a written referral within one working day** of receiving it. If the referrer has not received an acknowledgement within **3 working days**, they should contact Children's Social Care again.

Conflict Resolution
If a member of staff is unhappy with the outcome of a safeguarding report then they are encouraged to follow the councils 'Safeguarding Reports Conflict Resolution Policy' found on the Safeguarding Children Website *(https://hullscp.trixonline.co.uk/chapter/conflict-resolution-policy)*

9. Allegations against staff members / volunteers

If any member of staff or volunteer has concerns about the behaviour or conduct of another individual working within the group or organisation such as:

- Behaved in a way that has harmed, or may have harmed a child;

- Possibly committed a criminal offence against, or related to, a child or
- Behaved towards a child or children in a way that indicates s/he is unsuitable to work with children. This could include children within the employee's workplace or outside of it, including their own children.

The nature of the allegation or concern should be reported to the DSL for dealing with allegations within the organisation immediately.

The member of staff who has a concern or to whom an allegation or concern is reported should not question the child or investigate the matter further.

The DSL for your organisation will report the matter to the Local Authority Designated Officer (LADO).

Allegations against staff in their personal lives or which occur in the community

If an allegation or concern arises about a member of staff, outside of their work with children, and this may present a risk of harm to child/ren for whom the member of staff is responsible, the general principles outlined in this policy will still apply.

If the member of staff lives in a different authority area to that which covers their workplace, liaison should take place between the relevant agencies in both areas and a joint Strategy Meeting / Discussion or Professional's Meeting should be held.

In some cases, an allegation of abuse against someone closely associated with a member of staff (e.g. partner, member of the family or other household member) may present a risk of harm to child/ren for whom the member of staff is responsible. In these circumstances, a Strategy or Professional's Meeting / Discussion should be held to consider:

- The ability and/or willingness of the member of staff to adequately protect the child/ren;
- Whether measures need to be put in place to ensure their protection;
- Whether the employment role of the member of staff is compromised.

We have a Low Level Concerns Policy.

10. Recruitment and selection

When recruiting paid staff and volunteers it is important to always follow the processes set out in the organisation's safer recruitment policy. This will ensure potential staff and volunteers are screened for their suitability to work with children and young people.

St John's Pre-School Nursery Staff, Employment Policy

The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups, including children.
https://www.gov.uk/government/organisations/disclosure-and-barring-service/about

A person who is barred from working with children or vulnerable adults will be breaking the law if they work or volunteer or try to work or volunteer with those groups. If **St John's Pre-school Nursery** knowingly employs someone who is barred to work with those groups, they will also be breaking the law. If there is an incident where a member of staff or volunteer has to be dismissed because they have harmed a child or vulnerable adult, or would have been if they had not left, **St John's Pre-school Nursery** will notify the DBS.

11. Contacts

Hull

Children's Social Care (Local Authority)

Early Help and Safeguarding Hub	(01482) 448879
Immediate Help (out of office hours)	(01482) 300304
Local Authority Designated Officer	(01482) 790933 Dan Horne
Protecting Vulnerable People Unit	101
Hull Safeguarding Children's Partnership	(01482) 379090
www.hullsafeguardingchildren.co.uk	hscp@hullcc.gov.uk

East Riding of Yorkshire

Children's Social Care (Local Authority)

Referrals EHaSH	(01482) 395500

Email:	childrens.socialcare@eastriding.gcsx.gov.uk
For Help and Advice	(01482) 393339
Emergency Duty Team (out of office hours)	(01377) 241273
Local Authority Designated Officer	(01482) 396999/392139
Police Public Protection Team	101
East Riding Safeguarding Children Board	(01482) 396998/9

Date Policy Produced	20th December 2011
Date Reviewed	19 March 2026
Signed	
	Chair of Trustees
Date Due for Review	March 2027

Appendix 1

Seven Golden rules of information sharing

Information sharing- Advice for practitioners providing safeguarding services to children, young people, parents and carers (Department for Education, March 2015) has been produced to support practitioners in the decisions they take when sharing information to reduce the risk of harm to children and young people.

Below are the 7 golden rules of information sharing that this guidance recommends.

1. Remember that the Data Protection Act 1998 and human rights law are not barriers to justified information sharing but provide a framework to ensure that personal information about living individuals is shared appropriately.

2. Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.

3. Seek advice from other practitioners if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.

4. Share with informed consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, there is good reason to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be certain of the basis upon which you are doing so. Where you have consent, be mindful that an individual might not expect information to be shared.

5. Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.

6. Necessary, proportionate, relevant, adequate, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is

shared only with those individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely (see principles).

7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose

Appendix 2 - Considerations when Contacting another Agency/Service

1) Effective Communication between Agencies

Effective communication requires a culture of listening to and engaging in, dialogue within and across agencies. It is essential that all communication is as accurate and complete as possible and clearly recorded.

Accuracy is key; without it effective decisions cannot be made. Equally, inaccurate accounts can lead to children remaining unsafe, or to the possibility of wrongful actions being taken that affect children and adults

Before contacting another agency, think about why you are doing it, is it to:

- **Share Information**

To share information is the term used to describe the situation where practitioners use their professional judgement and experience on a case-by-case basis to decide whether and what personal information to share with other practitioners in order to meet the needs of a child or young person.

Decisions to request and share information must be considered in terms of whether they are necessary and proportionate.

- **Signpost to Another Service**

The definition to signpost is to indicate direction towards. It is an informal process whereby a professional or a family is shown in the direction of a service.

If someone is signposted to a service it is because accessing the service may enhance the family's quality of life, but there would be no increased risk to the child or young person should the service not be accessed.

No agency is responsible for the monitoring or recording of signposting.

- **Seek Advice and Guidance**

Seeking advice and guidance at any time, making a general query or perhaps consulting with a specialist colleague within your own organisation (or from another agency) may enhance the work that you are doing with a child, young person or family at any stage. It could be that you want further information about services available or that you want some specialist advice or perhaps need to consult about a particular issue or query for instance to ask if making a referral is appropriate.

The name of the child and family should be anonymised at this stage unless agreement to share the information has already been obtained.

It is vital that you record that you have sought information and advice in your own records. The agency you are contacting may not record this information, particularly if the case is not open or active with them. It should be agreed between agencies in this situation as to who records what information.

At the end of the conversation both parties must be clear about the next course of action.

- **Facilitate Access to a Service**

If you think that a family may benefit from a service then directing, signposting or facilitating is appropriate. For example, a family approaches your service and asks for some advice about leisure activities in the local area. You give them the information and directions to the nearest open access leisure centre.

- **Refer a Child or Family**

If you think that by not accessing a particular service, a child's situation could deteriorate then a referral is appropriate. However, a referral is only the start of the process. You as the referrer have a responsibility to monitor that the service has been taken up and the child's situation has improved.

Sometimes you may need to draw on other support services, for example when an intervention has not achieved the desired outcomes and the child/young person requires more specialist or sustained support.

A specific gap in services to meet a need or any level of concern warrants follow up and monitoring to ensure there is no risk to children.

At the end of the conversation both parties must be clear about the outcome and the next course of action.

2) Professional Differences / Conflict resolution

Where there are any professional differences about a particular decision, course of action or lack of action you should consult with a Senior Manager within your own organisation about next steps. Resolving Interagency Disagreements Guidance

3) Recording

Well-kept records about work with a child and his or her family provide an essential underpinning to good professional practice. Records should be clear, accessible and comprehensive, with judgements made and decisions and interventions carefully recorded. Where decisions have been taken jointly across agencies, or endorsed by a manager, this should be made clear.

You should record your decision and the reasons for it, whether or not you decide to share information. If the decision is to share, you should record what information was shared and with whom.

You should work within your agency's arrangements for recording information and within any local information sharing procedures in place. These arrangements and procedures must be in accordance with the Data Protection Act 1998

This policy was adopted at a meeting of St John's Pre-school Nursery.

Signed on behalf of the Board of Trustees

Held on (date) 19 March 2026

Role of signatory Chair

Signed _____

Date of review March 2027