



Victory Heights Nursery

Safeguarding Children and Child Protection Policy

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Responsible SLT: Nursery Manager

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PART 1: Safeguarding children and child protection procedures

Introduction

The Victory Heights Nursery is dedicated to the support, development and promotion of high-quality care and education for the benefit of our children, families and community. We are committed to safeguarding children and promoting their welfare through building a safer organisational culture.

All staff, students, and volunteers have a responsibility for safeguarding children, being vigilant, and identifying and reporting any safeguarding concerns, in line with this and supporting policies, including:

Whistleblowing policy	Nappy changing policy
Attendance policy	Volunteers policy
CCTV policy	Promoting positive behaviour policy
Data protection and confidentiality policy	Recruitment, selection and suitability of staff policy
Emergency lockdown policy	Respectful intimate care policy
Inclusion and equality policy	Staff code of conduct
Late collection and non-collection of children policy	Supervision of children policy
Mobile phone and electronic device use policy	

We ensure all staff, students, and volunteers have the necessary knowledge and skills to carry out their duties and are confident to implement these policies and procedures on an ongoing basis to support them in promoting and safeguarding the welfare of children. This is achieved through recruitment and induction processes and by offering ongoing training and support to all staff, appropriate to their specific role.

This policy is reviewed annually to ensure it remains in line with statutory guidance. Its effectiveness is monitored through staff and stakeholder reviews, appraisals, and feedback to ensure appropriate knowledge and awareness are in place.

It is the responsibility of every staff member, student, and volunteer to report any breaches of this policy to the Designated Safeguarding Lead (DSL).

Policy intention

The policy makes it clear that all staff, students, and volunteers have a responsibility to safeguard children and young people and to protect them from harm. It aims to raise awareness of how to safeguard and promote the welfare of children and provides procedures should a child protection issue arise.

This policy applies to all children up to the age of 6 years

Safeguarding and promoting the welfare of children, in relation to this policy, is defined as:

- Providing help and support to meet the needs of children as soon as problems emerge
- Protecting children from maltreatment, whether that is within or outside the home
- Preventing impairment of children's mental and physical health or development
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care

Taking action to enable all children to have the best outcomes in line with the outcomes set out in the **NATIONAL CHILD CARE STANDARDS**.

Child protection is an integral part of safeguarding children and promoting their overall welfare. In this policy, child protection shall mean:

- The activity that is undertaken to protect specific children who are suspected to be suffering, or likely to suffer, significant harm. This includes harm that occurs inside or outside the home.

To safeguard children and promote their welfare we will:

- Develop a safe organisational culture where staff are confident to raise concerns about professional conduct
- Ensure all staff are able to identify the signs and indicators of abuse, including the softer signs of abuse, and know what action to take
- Understand and be sensitive to factors, including economic and social circumstances and ethnicity, which can impact children and families' lives
- Share information with other agencies as appropriate.

We promote:

- Always listening to children
- Positive images of children
- Children developing independence and autonomy as appropriate for their age and stage of development
- Safe and secure environments for children
- Tolerance and acceptance of different beliefs, cultures and communities

- British values
- Providing intervention and help for children and families in need.

We have a duty to act quickly and responsibly in any instance that may come to our attention. If in any doubt about what constitutes a safeguarding concern, refer to the Designated Safeguarding Lead (DSL). If there is a concern, never do nothing (Laming, 2009), always do something, including sharing information with any relevant agencies. Safeguarding is everybody's responsibility.

The nursery aims to:

- Keep the child at the centre of all we do, providing sensitive interactions that develop and build children's well-being, confidence and resilience. We will support children to develop an awareness of how to keep themselves safe, healthy and develop positive relationships
- Ensure that all staff feel confident and supported to act in the best interest of the child, maintaining professional curiosity around the welfare of children, sharing information, and seeking help that a child may need at the earliest opportunity
- Ensure that all staff are trained at least every two years and updated regularly with child protection training and procedures and kept informed of changes to local and/or national procedures, including thorough annual safeguarding updates
- 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
- Ensure that staff identify, minimise and manage risks while caring for children
- Follow clear whistleblowing procedures by taking any appropriate action relating to poor or unsafe practices and allegations of serious harm or abuse against any person working with children
- Ensure parents are fully aware of our safeguarding and child protection policies and procedures when they register with the nursery and are kept informed of all updates when they occur
- Regularly review and update this policy.

Designated Safeguarding Lead (DSL)

The DSL has overall responsibility for the Safeguarding children and child protection policy and procedures. It is their role to ensure that the policy and procedures are implemented to safeguard and promote the welfare of children. They are responsible for coordinating safeguarding and child protection training for staff across the organisation.

There is always at least one designated person on duty during the opening hours of the setting. The designated persons receive comprehensive training, consistent with the training criteria provided in Annex C of the EYFS, at least every two years and update their knowledge on an ongoing basis, but at least once a year. They in

turn support the ongoing development and knowledge of the staff team with regular safeguarding updates.

Designated Safeguarding Lead	Nursery Manager
Deputy Designated Safeguarding Lead	Nurse

In the unlikely event that both the DSL and Deputy DSL are absent, and to ensure immediate action can be taken, contact the Local Safeguarding Partnership (LSP). There isn't a single entity officially called the "Local Safeguarding Partnership (LSP)" in Dubai. Instead, Dubai follows UAE federal law, such as Wadeema's Law, to protect children. Schools and organizations, like those under the Dubai Schools Group (DSB), work to safeguard children, with referrals generally being made to the Knowledge and Human Development Authority (KHDA), which then liaises with other agencies like the Community Development Authority (CDA).

The role of the DSL

The role of the DSL is to:

- Monitor and update the Safeguarding children and child protection policy and procedures in line with new legislation and to ensure it is effective. This will be done by making sure that everyone understands the correct procedures during their individual annual review
- Ensure updates and new legislation are reflected in our services as soon as they are known
- Act as a source of support, advice and expertise for all staff, students, volunteers, children and parents who have child protection concerns
- Ensure detailed, accurate, secure written records of concerns and referrals
- Review all written safeguarding reports
- Assess information provided promptly, carefully and refer as appropriate to external agencies
- Consult with statutory child protection agencies and regulatory bodies where required
- Make formal referrals to statutory child protection agencies or the police, as required.

In addition, the DSL is required to:

- Keep up-to-date with good practice and national requirements for safeguarding and child protection
- Provide information on safeguarding and child protection for the setting
- Raise awareness of any safeguarding and child protection training needs and implement where necessary
- Retain up-to-date knowledge of local child protection procedures, including how to liaise with local statutory children's services agencies and with the local safeguarding partners to safeguard children.

The DSL does not investigate whether or not a child has been abused or investigate an allegation or disclosure. Investigations are for the appropriate authorities, usually the police and social services.

Sharing low-level concerns

On occasion, inappropriate, problematic or concerning behaviour by staff or other adults is observed but does not meet the threshold for significant harm. This may be classed as a 'low-level' concern, although this does not mean that it is insignificant.

See Low-level concerns policy for full details.

We define a low-level concern as:

- Any concern, no matter how small, that an adult working with children may have acted in a way that is inconsistent with our Staff code of conduct policy, including inappropriate behaviour outside of work

We encourage a culture of openness, trust and transparency, with clear values and expected behaviour, monitored and reinforced by all staff. All concerns or allegations, however small, will be shared and responded to. All concerns will be shared with the DSL, or other nominated person, as in our reporting procedures. We encourage concerns to be shared as soon as reasonably practicable and preferably within 24 hours of becoming aware of it. However, it is never too late to share a low-level concern.

It is not expected that staff will be able to determine whether the behaviour in question is a concern, complaint, or allegation before sharing the information. If the DSL is in any doubt as to whether the information meets the harm threshold, they will consult the.

Occasionally, a member of staff may find themselves in a situation which could be misinterpreted or appear compromising to others. If this occurs, staff are encouraged to self-report to the DSL. Equally, a member of staff may have behaved in a manner which, on reflection, falls below the standards set in our Staff Behaviour Policy. If this occurs, staff are encouraged to self-report to the DSL. We encourage staff to be confident to self-refer and believe it reflects awareness of our standards of conduct and behaviour.

When the DSL receives the information, they will need to determine whether the behaviour:

- Meets, or may meet, the harm threshold and so contact the local authority
- Meets the harm threshold when combined with previous low-level concerns (and so contact the local authority)
- Constitutes a 'low-level' concern
- It is appropriate and consistent with the law and our Staff Behaviour Policy.

The DSL will make appropriate records of all information shared, including:

- With the reporting person
- The subject matter of the concern
- Any relevant witnesses (where possible)
- Any external discussions such as with the local authority
- Their decision about the nature of the concern
- Their rationale for that decision
- Any action taken.

This constitutes a record of low-level concern. We retain all records of low-level concerns in a separate low-level concerns file, with separate concerns regarding a single individual kept as a chronology. These records are kept confidential and held securely, accessed only by those who have appropriate authority. Records will be retained at least until the individual leaves their employment.

If the low-level concern raises issues of misconduct, then appropriate actions following our Disciplinary procedures will be taken. Records will be kept in personnel files as well as in the low-level concerns file.

Monitoring children's attendance

As part of our requirements under the statutory framework, we must follow up on absences in a timely manner. See our Attendance policy for further details about the processes we will take to implement this requirement.

We are required to monitor children's attendance patterns and trends to ensure they are consistent and no cause for concern. We ask parents to inform the nursery before their children take holidays or days off, and all incidents of sickness absence should be reported to the nursery the same day, so the nursery management are able to account for a child's absence.

If a child has not arrived at nursery within one hour of their normal start time, the parents will be contacted to ensure the child is safe and healthy. If the parents are not contactable, then the emergency contacts numbers listed will be used to ensure all parties are safe. Staff will work their way down the emergency contact list until contact is established, and we are made aware that all is well with the child and family.

Informing parents

Parents are normally the first point of contact. If a suspicion of abuse is recorded, parents are informed at the same time as the report is made, except where the guidance of the Local Authority children's social care team, or police, does not allow this to happen.

This will usually be the case where the parent or family member is the likely abuser or where a child may be endangered by this disclosure. In these cases, the investigating officers will inform parents.

Support to families

The nursery takes every step in its power to build up trusting and supportive relationships among families, staff, students, and volunteers within the nursery.

The nursery will continue to welcome a child and their family whilst enquiries are being made in relation to abuse in the home situation. Parents and families will be treated with respect in a non-judgmental manner, whilst any external investigations are carried out in the best interest of the child.

Confidentiality

Confidentiality must not override the right of children to be protected from harm. However, every effort will be made to ensure confidentiality is maintained for all concerned if an allegation has been made and is being investigated.

If uncertain about whether sensitive information can be disclosed to a third party, contact the DSL. They will provide advice about the particulars relating to each case, including information that can and cannot be shared.

Staff must not make any comments either publicly or in private about the supposed or actual behaviour of a parent, child or member of staff.

Record keeping and data protection

Confidential records kept on a child are shared with the child's parents or those who have parental responsibility for the child, only if appropriate and in line with guidance of the Local Authority with the proviso that the care and safety of the child is paramount. We will do all in our power to support and work with the child's family.

The nursery keeps appropriate records to support the early identification of children and families which would benefit from early help. Factual records are maintained in a chronological order with parental discussions. Records are reviewed regularly by the DSL to look holistically at identifying children's needs.

Our Data protection and confidentiality policy will be applied with regards to any information received from an individual. Only persons involved in the investigation should handle this information although any investigating body will have access to all information stored in order to support an investigation.

PART 2: Definitions of abuse

Definition of significant harm

The Children Act 1989 introduced the concept of significant harm as '*the threshold that justifies compulsory intervention in family life in the best interests of children*'.

Whilst there are no absolute criteria to rely on when judging what constitutes significant harm, consideration should be given to:

- The severity of the ill-treatment, including the degree of harm
- The extent and frequency of abuse and/or neglect
- The impact this is likely to have, or is having, on the child involved.

This may be a single traumatic event, such as a violent assault, suffocation or poisoning, or it can be a combination of events (both acute and long-standing) that impairs the physical, intellectual, emotional, social or behavioural development of the child.

Definitions of abuse and neglect

Abuse and neglect are forms 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 within a family, institution or community setting by those known to them or, more rarely, a stranger.

Perpetrators of abuse can 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 can help to indicate 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 or staff
- Repeated injuries
- Unaddressed illnesses or injuries
- Significant changes to behaviour patterns.

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

Emotional states: Fearful, withdrawn, low self-esteem.

Behaviour: Aggressive, habitual body rocking.

Interpersonal behaviours:

- Indiscriminate contact or affection seeking
- Over-friendliness to strangers including healthcare professionals
- Excessive clinginess, persistently resorting to gaining attention
- Demonstrating excessively 'good' behaviour to prevent parent disapproval
- Failing to seek or accept appropriate comfort or affection from an appropriate person when significantly distressed
- Coercive controlling behaviour towards parents
- Lack of ability to understand and recognise emotions
- Very young children show excessive comforting behaviours when witnessing parental or carer distress.

Child-on-child abuse

Child-on-child abuse is also known as peer-on-peer abuse; children are included as potential abusers in our policies. Child-on-child abuse may take the form of bullying, physically hurting another child, emotional abuse or sexual abuse. Reporting procedures in these instances remain the same although additional support from relevant agencies may be required to support both the victim and the perpetrator. Children who develop harmful behaviours are also likely to be victims of abuse or neglect.

If **child-on-child abuse** is suspected, then any concerns must be reported in line with our safeguarding procedures.

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.

If **physical abuse** is suspected, then any concerns must be reported in line with our safeguarding procedures.

Fabricated or induced illness (FII)

This abuse is when a parent fabricates the symptoms of, or deliberately induces, illness in a child. The parent may seek out unnecessary medical treatment or investigation. They may exaggerate a real illness and symptoms, or deliberately induce an illness through poisoning with medication or other substances, or they may interfere with medical treatments. 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.

FII is a form of **physical abuse** and any concerns must be reported in line with our safeguarding procedures.

Female genital mutilation (FGM)

FGM is a procedure where the female genital organs are injured or changed with no medical reason. The procedure may be carried out shortly after birth, during childhood or adolescence, just before marriage or during a woman's first pregnancy, according to the community.

It is frequently a very traumatic and violent act for the victim and can cause harm in many ways. The practice can cause severe pain and there may be immediate and/or long-term health consequences, including mental health problems, difficulties in childbirth, causing danger to the child and mother, and/or death (definition taken from the *Multi-agency statutory guidance on female genital mutilation*). Other consequences include shock, bleeding, infections (tetanus, HIV and hepatitis B and C) and organ damage.

FGM is a form of **physical abuse** and any concerns must be reported in line with our safeguarding procedures. In addition, there is a mandatory duty to report to police any case where an act of FGM appears to have been carried out on a girl under the age of 18.

Breast ironing or breast flattening

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

Breast ironing/flattening is a form of **physical abuse** and any concerns must be reported in line with our safeguarding procedures.

Emotional abuse

Working together to safeguard children defines emotional abuse as 'the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development.' Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur separately.

Examples of emotional abuse include:

- Conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person
- Not giving a child opportunity to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate
- Age or developmentally inappropriate expectations being imposed, such as 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
- Serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children
- A child seeing or hearing the ill-treatment of another.

A child may also experience emotional abuse through witnessing domestic abuse or alcohol and drug misuse by adults caring for them. In England, The Domestic Abuse Act (2021) recognises in law that children are victims of emotional abuse if they see, hear or otherwise experience the effects of domestic abuse.

Signs and indicators may include delay in physical, mental and/or emotional development, sudden speech disorders, overreaction to mistakes, extreme fear of any new situation, neurotic behaviour (rocking, hair twisting, self-mutilation), extremes of passivity or aggression, appearing to lack confidence or self-assurance.

If **emotional abuse** is suspected, then any concerns must be reported in line with our safeguarding procedures.

Sexual abuse

Sexual abuse involves forcing, or enticing, a child to take part in sexual activities. Sexual abuse does not necessarily involve a high level of violence and includes whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse.

Adult males are not the sole perpetrators of sexual abuse; women also commit acts of sexual abuse, as do other children. This policy applies to all children up to the age of 18 years.

Action must be taken if staff witness symptoms of sexual abuse including a child indicating sexual activity through words, play or drawing, having an excessive preoccupation with sexual matters or having an inappropriate knowledge of adult

sexual behaviour, or language, for their developmental age. This may include acting out sexual activity on dolls or toys or in the role-play area with their peers, drawing pictures that are inappropriate for a child, talking about sexual activities or using sexual language or words.

Additional signs of emotional and physical symptoms are shown below.

Emotional signs	Physical signs
<ul style="list-style-type: none"> ● Being overly affectionate or knowledgeable in a sexual way inappropriate to the child's age or stage of development ● Personality changes, such as becoming insecure or clingy ● Regressing to younger behaviour patterns, such as thumb sucking or bringing out discarded cuddly toys ● Sudden loss of appetite or compulsive eating ● Being isolated or withdrawn ● Inability to concentrate ● Lack of trust or fear of someone they know well, such as not wanting to be alone with a carer ● Becoming worried about clothing being removed. 	<ul style="list-style-type: none"> ● Bruises ● Bleeding, discharge, pains or soreness in their genital or anal area ● Sexually transmitted infections ● Pregnancy.

If **sexual abuse** is suspected, then any concerns must be reported in line with our safeguarding procedures.

Neglect

Working together to safeguard children defines neglect as ‘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 adults involved in the care of the child failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- Protect them from physical harm or danger
- Ensure adequate supervision (including the use of inadequate caregivers)
- Ensure access to appropriate medical care or treatment
- Respond to their basic emotional needs.

Signs of neglect 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 or identified special educational need or

disability that is not being addressed. A child may be persistently hungry if a caregiver is withholding, or not providing enough, food. A child who is not receiving the attention they need at home may crave it from other adults, such as at nursery or school.

If **neglect** is suspected, then any concerns must be reported in line with our safeguarding procedures.

Domestic abuse

The definition of domestic abuse from the Domestic Abuse Act, 2021 is:

- *Behaviour of a person (A) towards another person (B) is 'domestic abuse' if:*
 - *A and B are each aged 16 or over and are personally connected to each other*
 - *The behaviour is abusive.*

- *Behaviour is 'abusive' if it consists of any of the following:*
 - *Physical or sexual abuse*
 - *Violent or threatening behaviour*
 - *Controlling or coercive behaviour*
 - *Economic abuse (any behaviour that has a substantial adverse effect on B's ability to acquire, use or maintain money or other property and/or obtain goods or services)*
 - *Psychological, emotional or other abuse.*

It does not matter whether the behaviour consists of a single incident or a course of conduct.

Domestic abuse can happen to anyone regardless of gender, age, social background, religion, sexuality or ethnicity and domestic abuse can happen at any stage in a relationship.

Signs and symptoms of domestic abuse include:

- Changes in behaviour (for example, becoming very quiet, anxious, frightened, tearful, aggressive, distracted, depressed etc.)
- Visible bruising or single, or repeated, injury with unlikely explanations
- Change in the manner of dress (for example, clothes to hide injuries that do not suit the weather)
- Stalking, including excessive phone calls or messages
- Partner or ex-partner exerting an unusual amount of control or demands over work schedule
- Frequent lateness or absence from work.

All children can witness and be adversely affected by domestic abuse in the context of their home life. Exposure to domestic abuse and/or violence can have a serious, long lasting emotional and psychological impact on children.

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

If **domestic abuse** is suspected, then any concerns must be reported in line with our safeguarding procedures.

PART 3: Reporting procedures

Public interest disclosure (whistleblowing)

Whistleblowing is the term used when a person passes on information concerning wrongdoing. All safeguarding allegations, internal or external, current or historical, must be passed to the DSL. We will cooperate fully with the authorities involved and follow any guidance given. See the Whistleblowing policy, which outlines our procedures, including where staff may wish to raise concerns about poor or unsafe practice regarding our safeguarding provision. All concerns will be taken seriously by the senior leadership team.

We believe keeping children safe is the highest priority, and if, for whatever reason, concerns cannot be reported to the DSL or deputy DSL, or where a staff member feels that their genuine concerns are not being addressed, concerns can be reported anonymously to the local authorities.

Allegation against our staff

An allegation against our staff may relate to a person who has:

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

We will make every effort to maintain the confidentiality of all parties while an allegation or concern is being investigated. Dealing with an allegation can be a stressful experience, and to support the staff member, a named person (usually

the DSL or Deputy DSL) will be offered to liaise with. The timeframes for an investigation will follow the guidelines of other involved authorities.

We reserve the right to suspend a staff member until the investigation is concluded. Further action will be determined by the outcome of the investigation.

Founded allegations are considered gross misconduct, in accordance with our disciplinary procedures, and may result in the termination of employment. DBS will be informed to ensure their records are updated. We retain the right to dismiss any member of staff in connection with founded allegations following an inquiry.

Unfounded allegations will result in all rights being reinstated. A return to work plan will be put in place for any member of staff returning to work after an allegation has been deemed unfounded. Individual support will be offered to meet the needs of the staff member and the nature of the incident such as more frequent supervisions, coaching and mentoring or external support services.

Support for staff during safeguarding incidents

The DSL will support staff throughout any of the processes listed above and will organise appropriate counselling should this be required.

Reporting procedure

We will always act on behalf of the child and will do everything possible to ensure the safety and welfare of any child and so will take all allegations of potential abuse seriously. All concerns reported to staff will be pursued, regardless of the nature of the concern and to whom the allegation relates.

All staff have a responsibility to report safeguarding and child protection concerns and suspicions of abuse. These concerns will be discussed with the DSL as soon as possible, as follows:

	Staff member role on receiving information that causes a safeguarding concern	DSL role on receiving information that causes a safeguarding concern
Step 1	<ul style="list-style-type: none"> ● Contact the DSL immediately. This must be a verbal conversation to ensure the concern is clearly understood and action is taken ● For children who arrive at nursery with an existing injury, an ‘incident outside 	<ul style="list-style-type: none"> ● If it is believed a child is in immediate danger, contact the police

	nursery' form will be completed. If there are queries or concerns regarding the injury or information given, follow these procedures	
Step 2	<ul style="list-style-type: none"> ● Write an objective report including: <ul style="list-style-type: none"> – Child's name and address – Age and date of birth – Date, time and location of the observation or disclosure – Exact words spoken by the child (as close to word-for-word as possible) and non-verbal communication – Outline of the concern – Exact position and type of any injuries or marks seen – Exact observation of any incident or concern reported and the names of any other person present at the time – Any known confidentiality issues – Signature and date of person making the report and the DSL or other nominated individual receiving the report 	<ul style="list-style-type: none"> ● Sign and date report received from staff member ● Securely store the information according to the nursery procedures ● If the safeguarding concern relates to a child, contact the Local Authority children's social care team, report concerns and seek advice immediately, or as soon as it is practical to do so ● If the safeguarding concern relates to an allegation against an adult working or volunteering with children, contact the Local Authority Designated Officer and request a confirmation email of the report, ● A full investigation into any allegation will be carried out by the appropriate professionals to determine how this will be handled
Step 3	<ul style="list-style-type: none"> ● If you feel the report is not being taken seriously or are worried about an allegation getting back to the person in question, then it is your duty to inform the Local Authority children's social care team yourself directly ● Follow all instructions from the Local Authority children's 	<ul style="list-style-type: none"> ● If appropriate, discuss the concerns or incidents with parent(s), unless it is believed that this would place the child at greater risk of harm ● Record all discussions (remember parents will have access to these records on request in line with (General Data Protection Regulation)

	social care team, co-operating where required	GDPR and data protection guidelines) <ul style="list-style-type: none"> ● Follow all instructions from the Local Authority children’s social care team where required ● Record information and actions taken
Step 4		<ul style="list-style-type: none"> ● If the DSL is not the owner/manager and there is an allegation against a member of staff, then the owner/manager must be informed as they have a duty of care for their employees
Step 5		<ul style="list-style-type: none"> ● If the Local Authority children’s social care team have not been in contact within the timeframe set out in Working Together to Safeguard Children, it must be followed up ● Never assume that action has been taken
Step 6	<ul style="list-style-type: none"> ● Safeguarding procedures will be reviewed to ensure the process has been applied in line with the policy 	

If a concern is raised anonymously and we have no contact details, we will treat the concern as valid and follow the procedures as above.

PART 4: Recruitment, selection, induction, and training

Recruitment and selection

Through the implementation of our Safer recruitment of staff policy, we endeavour to prevent unsuitable people from becoming members of staff. We check the suitability of new recruits following the procedures outlined in the Recruitment, selection, and suitability of staff policy.

Procedures include relevant checks, such as obtaining references, establishing the identity of the applicant, and conducting criminal records disclosures before employment. Clear person specification criteria and processes during the recruitment and selection process enable us to determine a candidate’s suitability for the role.

Induction and probation for staff

As part of our induction process, all new workers will receive basic training on this Safeguarding children and child protection policy so they have the necessary knowledge and skills to safeguard and promote the welfare of children.

Within the first week of induction, all staff will receive a copy of this policy. It is the line manager's responsibility to ensure that the new staff member understands it and is able to follow it. All safeguarding training must be completed by the end of the probationary period.

All staff are expected to keep their safeguarding knowledge and skills up-to-date and report any concerns they may have. We maintain records to ensure all staff have received the training they need.

Responding to and recording disclosures

Staff, volunteers or students may receive a safeguarding disclosure. See the guidance below for responding to and reporting disclosures of abuse.

Responding to a child's disclosure of abuse - what to do and say

- Stay calm and listen carefully
- Try not to look shocked and reassure them that this is not their fault
- Find an appropriate opportunity to say that the information will need to be shared and do not promise to keep the information shared a secret
- Allow the child to continue at their own pace
- Only ask questions for clarification and avoid asking any questions that may suggest a particular answer
- Reassure the child that they have done the right thing, let them know what you will do next and with whom the information will be shared
- Record the disclosure in writing using the child's own words as soon as possible, but not while the child is talking
- Includes the date and time, any names mentioned and to whom the information was given
- Sign and date the record, store it securely and refer the disclosure to the setting DSL and/or manager.

Recording a case of disclosure or suspicions of abuse in the community

If you observe a concern or receive a disclosure, make an objective record.

Where possible include:

- Child's name and address
- Age of the child and date of birth
- Setting name and address
- Date and time of the observation or disclosure
- Details of the concern using factual information, including the exact words, if relevant
- Accurate details of the observation, including actions of the child or adult involved

- Accurate details of an injury or wound seen, including position and size
- The names of any other person present at the time
- Name of the person completing the report
- Name of the person to whom the concern was shared, with date and time.

Discuss the record with the setting DSL or manager and follow the procedures. We expect all members of staff and stakeholders to co-operate with relevant agencies to ensure the safety of children.

Legal framework

We adhere to all current legislation, as below:

Dubai follows UAE federal law, such as Wadeema's Law, to protect children. Schools and organizations, like those under the Dubai Schools Group (DSB), work to safeguard children, with referrals generally being made to the Knowledge and Human Development Authority (KHDA), which then liaises with other agencies like the Community Development Authority (CDA).

Children and Social Work Act 2017

Criminal Justice and Court Services Act 2000

Female Genital Mutilation Act 2003 (as amended by the Serious Crime Act 2015)

Freedom of Information Act 2012

Safeguarding Vulnerable Groups Act 2006

The Childcare Act 2006

The Children Act 2004

The Children Act (England and Wales) 1989

The Counter-Terrorism and Security Act 2015

The Data Protection Acts 1984, 1998 and 2018

The Equality Act 2010

The Human Rights Act 1998