

Safeguarding Children and Child Protection Policy

Updated content for 2021

The core content for this policy has been updated to reflect key requirements and principles outlined in Early Years Foundation Stage 2021 and Keeping Children Safe in Education (KCSiE) 2021. Layout changes have been made and additional content has been included regarding the reopening of settings in response to the Covid-19 pandemic.

Early Years Foundation Stage

The Early Years Foundation Stage (EYFS) 2021 Safeguarding and Welfare Requirement states:

Child protection

3.4. Providers must be alert to any issues of concern in the child's life at home or elsewhere. Providers must have and implement a policy, and procedures, to safeguard children. These should be in line with the guidance and procedures of the relevant local safeguarding partners (LSP). The safeguarding policy and procedures must include an explanation of the action to be taken when there are safeguarding concerns about a child and in the event of an allegation being made against a member of staff and cover the use of mobile phones and cameras in the setting. To safeguard children and practitioners online, providers will find it helpful to refer to 'Safeguarding children and protecting professionals in early years settings: online safety considerations'.

This policy has been implemented to ensure compliance with section 3, the safeguarding and welfare requirements of the EYFS.

For the purpose of this procedure, staff refers to all staff, students, supply staff and volunteers.

Covid-19

At the time of reviewing this policy, we are currently adhering to a range of risk assessments which contain control measures to minimise the risks presented by the Covid-19 pandemic; these control measures include the steps we will continue to take to support vulnerable children. Staff will be expected to adhere to any safety arrangements implemented because of Covid-19.

Our safeguarding principles in accordance with KCSiE 2021 and related Department of Health and Department of Education guidance, remain the same. We will continue to follow government guidance and will amend this policy, as necessary.

We acknowledge that some children may return to Nursery having been exposed to a range of adversity and trauma including bereavement, anxiety and in some cases increased safeguarding and welfare risks. We will work with local and national services (such as Public Health England, Local Health Protection Teams, and local children's services) to ensure necessary services and support are in place to support children and their families.

The Designated Safeguarding Lead (and deputies) will be provided with sufficient time so they can provide appropriate support to staff and children regarding any new safeguarding and welfare concerns following Covid-19. This may include handling of referrals to children's social care and working with other agencies where appropriate.

Once restrictions ease or are completely removed we will still continue to work together with local agencies and services to actively look for signs of harm given the greater risk of harm that some children may have been exposed to through COVID-19.

Safeguarding statement

At ICP Education we work with children, parents, external agencies, and the community to ensure the welfare and safety of children and to give them the very best start in life. Children have the right to be treated with respect, be helped to thrive and to be safe from any abuse in whatever form.

We support the children within our care, protect them from maltreatment and have robust procedures in place to prevent the impairment of children's health and development. In our settings we strive to protect children from the risk of radicalisation, and we promote acceptance and tolerance of other beliefs and cultures (please refer to our Valuing Diversity and Promoting Inclusion and Equality policy for further information). Safeguarding is a much wider subject than the elements covered within this single policy, therefore this document should be used in conjunction with the other ICP Education policies and procedures. Safeguarding children is everybody's responsibility. At ICP Education all staff, students and visitors are made aware of and adhere to, this policy.

This policy works alongside these other specific policies to cover all aspects of child protection:

- E-safety policy
- Safeguarding: Human Trafficking and Modern Slavery
- Safeguarding: Prevent Duty and Radicalisation
- Safeguarding: Domestic Violence, Honour Based Violence (HBV) and Forced Marriages
- Safeguarding: Looked After Children
- Safeguarding: Allegations against staff
- Notifications to Ofsted procedure
- Safer recruitment of staff
- Promoting positive behaviour
- Positive handling of children
- Disciplinary policy
- Complaints procedure
- Whistleblowing procedure
- Attendance policy (children)
- Employee handbook (code of conduct)
- Pre-Existing Injury Policy

What is 'Safeguarding'?

Working Together to Safeguard Children (2018) states that safeguarding and promoting the welfare of children is defined as:

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

It also reminds us that safeguarding **"is everyone's responsibility"** (2018 p.11). Everyone who comes into contact with children and families has a role to play. Everyone should consider wider environmental factors in a child's life that may be a threat to their safety and/or welfare.

We acknowledge that this policy will incorporate a range of specific safeguarding issues including (but not limited to):

- Bullying (including cyberbullying)
- Children and the court system
- Children Missing Education (CME)
- Children with family members in prison
- Child missing from home or care
- Child Sexual Exploitation (CSE)
- Child criminal exploitation (County Lines)
- Domestic Abuse
- Homelessness
- Drugs and alcohol misuse
- Fabricated or induced illness
- Faith abuse
- Female Genital Mutilation (FGM)
- Forced marriage
- Gangs and youth violence
- Gender based abuse and violence against women and girls
- Hate
- Honour based abuse
- Mental health
- Missing children and adults
- Online safety
- Peer on Peer Abuse
- Prevent duty (radicalisation and extremism)
- Private fostering
- Relationship abuse
- Sexual violence and sexual harassment between children
- Human trafficking and modern slavery
- Youth produced sexual imagery or "Sexting"

Local safeguarding partners

In 2019 Local Safeguarding Children Boards (LSCB) were replaced by "safeguarding partners". Three safeguarding partners (local authorities, police, and clinical

commissioning groups) must make arrangements to work together with relevant agencies (as they consider appropriate) to safeguard and protect the welfare of children in the area. The 3 safeguarding partners should:

- agree on ways to coordinate their safeguarding services; act as a strategic leadership group in supporting and engaging others.
- and implement local and national learning including from serious child safeguarding incidents.

The three safeguarding partners must set out how they will work together and with any relevant agencies. All 3 safeguarding partners have equal and joint responsibility for local safeguarding arrangements.

Policy intention

To safeguard children and promote their welfare we will:

- Create an environment to encourage children to develop a positive self-image
- Provide positive role models and develop a safe culture where staff are confident to raise concerns about professional conduct
- Support staff to notice the softer signs of abuse and know what action to take
- Encourage children to develop a sense of independence and autonomy in a way that is appropriate to their age and stage of development
- Provide a safe and secure environment for all children
- Promote tolerance and acceptance of different beliefs, cultures, and communities
- Help children to understand how they can influence and participate in decision-making and how to promote British values through play, discussion, and role modelling
- Always listen to children
- Provide an environment where practitioners are confident to identify where children and families may need intervention and seek the help they need
- Share information with other agencies as appropriate.

The nursery is aware that abuse does occur in our society and we are vigilant in identifying signs of abuse and reporting concerns. Our practitioners have a duty to protect and promote the welfare of children. Due to the many hours of care, we are providing, staff may often be the first people to identify that there may be a problem. They may well be the first people in whom children confide information that may suggest abuse or to spot changes in a child's behaviour which may indicate abuse.

Our prime responsibility is the welfare and well-being of each child in our care. As such we believe we have a duty to the children, parents and staff to act quickly and responsibly in any instance that may come to our attention. This includes sharing information with any relevant agencies such as local authority services for Children's Social Care, family support, health professionals including health visitors or the police. All staff will work with other agencies in the best interest of the child, including as part of a multi-agency team, where needed.

Our Nurseries aim to:

- Keep the child at the centre of all we do, providing sensitive interactions that develops builds 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.
- Introduce key elements of keeping children safe into our programme to promote the personal, social and emotional development of all children, so that they may grow to be strong, resilient and listened to and so that they develop an understanding of why and how to keep safe.
- Create within the setting a culture of value and respect for individuals, having positive regard for children's heritage arising from their colour, ethnicity, languages spoken at home, cultural and social background.
- Empower young children, through our curriculum, and promote their right to be strong, resilient and listened to. We use resources from the **NSPCC Talk PANTS campaign** with children and parents to help keep their children safe from abuse. We ensure that this is carried out in a way that is developmentally appropriate for the children.
- Plan the layout of the rooms to allow for constant supervision. No child is left alone with staff in a one-to-one situation without being within sight and/or hearing of other staff.
- Ensure staff are trained right from induction to understand the child protection and safeguarding policy and procedures, are alert to identify possible signs of abuse (including the signs known as softer signs of abuse), understand what is meant by child protection and are aware of the different ways in which children can be harmed, including by other children (peer on peer) through bullying or discriminatory behaviour
- Be aware of the 'hidden harm' agenda concerning parents with drug and alcohol problems and consider other factors affecting parental capacity and risk, such as social exclusion, domestic violence, radicalisation, mental or physical illness and parent's learning disability.
- Be aware of the increased vulnerability of children with isolated families and vulnerabilities in families; including the impact of toxic trio (the interaction of domestic abuse, parental substance misuse (alcohol or drugs) and parental mental health issues) on children and Adverse Childhood Experiences (ACE's).
- Be aware of the additional vulnerabilities that arise from special educational needs and/or disabilities, particularly where children are non-verbal or non-mobile.
- Ensure that all staff feel confident and supported to act in the best interest of the child; maintaining professional curiosity around welfare of children and share information and seek the help that the child may need at the earliest opportunity.
- Ensure that all staff are familiar and updated regularly with child protection training and procedures and kept informed of changes to local/national procedures, including thorough annual safeguarding newsletters and updates. All Nursery Managers must subscribe to the CASPAR update from the NSPCC.
- Posters must be displayed around the nursery containing contact information for: NSPCC, Childline, Domestic abuse/violence, social care, police and emergency medical helplines.
- Information regarding safeguarding is also available on wallet sized cards.

- Make any child protection referrals in a timely way, sharing relevant information as necessary in line with procedures set out by the Local Safeguarding Partners
- 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
- Keep the setting safe online using appropriate filters, checks and safeguards, monitoring access at all times and maintaining safeguards around the use of technology by staff, parents and visitors in the setting.
- Ensure that children are never placed at risk while in the charge of nursery staff
- Identify changes in staff behaviour and act on these as per the Employee Handbook, Well Being Toolkit and Performance Management processes.
- Take any appropriate action relating to allegations of serious harm or abuse against any person working with children or living or working on the nursery premises including reporting such allegations to Ofsted and other relevant authorities including the local authority.
- Ensure parents are fully aware of child protection policies and procedures when they register with the nursery and are kept informed of all updates when they occur
- Regularly review and update this policy with staff and parents where appropriate and make sure it complies with any legal requirements and any guidance or procedures issued by the Local Safeguarding Partners.

Key contacts:

- ICP Education Strategic Designated Lead Khilna Shah, 07939 861915
- Local authority children's social care team **[insert number]**
- Local authority Designated Officer (LADO) **[insert number]**
- Local Authority referral team **[insert number]**
- Local Authority Out of Hours Team **[insert number]**
- Local Safeguarding Children Partnership **[insert number]**
- Local Early Help services **[insert number]**
- NSPCC **0808 800 5000**
- Ofsted **0300 123 1231**
- Emergency police **999**
- Non-emergency police **101**
- Government helpline for extremism concerns **020 7340 7264**
- Local authority PREVENT duty officer **[insert number]**
- Child exploitation and Online protection command (CEOP)
<https://www.ceop.police.uk/safety-centre/>

Designated Safeguarding Leads

ICP Education has a Strategic Safeguarding Lead, Khilna Shah who is responsible for the development and implementation of policies, procedures and practice which create a culture of safety.

Staff may raise concerns about any aspect of the nursery's practice, (which do not meet the criteria for being dealt with as a complaint, grievance, or allegation), to the Strategic Safeguarding Lead in confidence and without fear of reprisals, to ensure that the nursery continues to work within best practice and safeguard children and young people.

For further information please see the Whistleblowing procedure

- Our Designated Safeguarding Lead (DSL) is: **[insert name]**
- When the setting is open, but the designated person is not on site, a suitably trained deputy is available at all times for staff to discuss safeguarding concerns.
- Our deputy DSLs are:
 - **[insert name]**
 - **[insert name]**
- Our DSLs have an additional **DSL Role Analysis**, so that they are clear about the responsibilities of their roles.
- The DSL and the suitably trained deputies ensure they have relevant links with statutory and voluntary organisations with regard to safeguarding.
- The DSLs understand Local Safeguarding Children Partnership procedures
- The DSLs undergo training to provide them with the knowledge and skills required to carry out the role. The training should be updated every two years.
- In addition to their formal training as set out above, their knowledge and skills should be updated (for example via e-bulletins, meeting other designated safeguarding leads, or taking time to read and digest safeguarding developments), at regular intervals, and at least annually, to keep up with any developments relevant to their role.
- The nursery DSL's support the ongoing development and knowledge of the staff team with regular safeguarding updates.

On occasions where safeguarding concerns exist for a child in the context of a family situation and siblings attend other schools or settings, it may be appropriate for the DSL to consult on a confidential basis with the DSL from another school/setting to share and jointly consider concerns. If in any doubt about the appropriateness of this process, advice can be sought from Strategic Safeguarding Lead.

The ICP **Safeguarding Poster**, stating the name of the Strategic Safeguarding Lead and the Designated Safeguarding Lead and Deputies, will be clearly displayed in the nurseries.

Flowchart for Child Concerns

What to do if you have a welfare concern at ICP Education

Why are you concerned?

- For example
 - Something a child has said e.g. allegation of harm
 - Child's appearance – may include unexplained marks as well as dress
 - Behaviour change
 - Witnessed concerning behaviour



Act immediately and record your concerns. If urgent, speak to a DSL first DO NOT speak to other colleagues.

- Follow the settings procedure
 - Reassure the child
 - Clarify concerns if necessary (**TED: Tell, Explain, Describe**)
 - Use child's own words
 - Sign and date your records
 - Seek support for yourself if required from DSL



Inform the Designated Safeguarding Lead



Designated Safeguarding Lead

- Consider whether the child is at immediate risk of harm e.g. unsafe to go home
- Contact the **Strategic Safeguarding Lead**
- Refer to your Local Safeguarding Partnership Threshold document
- Refer to other agencies as appropriate e.g. Internal or community services, early help open access, LADO, Police or Request for Support for integrated children's services
- If unsure, consult with Local Children's Service Team



If you are unhappy with the response

Staff:

- Seek advice from the Strategic Safeguarding Lead
- Follow Whistleblowing Procedures

Children and Parents/Carers:

- Follow setting complaints procedures



Record concern, decision making, and action taken on the 'Safeguarding Initial Report Form' and send to notifications@icpnurseries.com



Monitor

Be clear about:

- What you are monitoring e.g. behaviour trends, appearance etc.
- How long you will monitor
- Where, how and to whom you will feedback and how you will record

Review and Re-REFER (if necessary)



At all stages, the child's circumstances will be kept under review
The DSL/Staff will re-REFER if required to ensure the **child's safety is paramount**

Signs and Indicators of Abuse and Particular Procedures Followed

There are four types of child abuse. They are defined in the UK Government guidance:

- Physical
- Emotional
- Neglect
- Sexual

The NSPCC document **Definitions and signs of child abuse** provides guidance for professionals who work with children on how to recognise the signs of child abuse and should be read alongside this procedure.

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. 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 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
- Oppositional 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 parental or carer disapproval
- Failing to seek or accept appropriate comfort or affection from an appropriate person when significantly distressed
- Coercive controlling behaviour towards parents or carers

- Lack of ability to understand and recognise emotions
- Very young children showing excessive comforting behaviours when witnessing parental or carer distress.

Physical Abuse

Action needs to be taken if staff have reason to believe that there has been a physical abuse to a child, which may involve hitting, shaking, throwing, poisoning; burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. 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, trunk and face. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

All children can suffer injuries during their early years as they explore and develop. If an explanation of how a child received their injury doesn't match the injury itself or if a child's injuries are a regular occurrence or there is a pattern to their injuries then staff must report their concerns.

We record all pre-existing injuries as per our **Pre-Existing Injury Policy** using the **HS90 Accident / Incident Report Form** and are alert to issues that might give us concern, for example where there is a pattern or a number of injuries or implausible explanations. For the purposes of this policy, an unacceptable or implausible explanation is one that is inadequate or inconsistent with the child or young person's:

- Presentation;
- Normal activities;
- Existing medical condition;
- Age or developmental stage;
- Presentation and account given by parent/carer.

An explanation based on cultural practice is also unacceptable because this should not justify hurting or mistreating a child or young person.

Many children will have cuts and grazes from normal childhood injuries. When children enter the nursery with an existing injury, we will record the details of the injury. Any injuries that are a cause of concern will be followed up with parents and the Designated Safeguarding Lead.

On occasions it can be difficult to know if a skin mark is suspicious or not e.g. birth mark: blue grey spots, haemangioma or marks that may be associated with recent birth trauma/delivery. Where there is any doubt regarding the presentation NOT being a birth mark, an immediate referral to the Children's Social Care Team should be made.

Bruising in Non-Mobile Babies and Children

Bruising is the most common injury in physical child abuse and a common injury in non-abused children, the exception to this being in non-mobile infants where accidental bruising is rare. **All incidents of bruising in infants who are not independently mobile must be referred to children's services.**

A child is considered non-mobile if they are not yet crawling, bottom shuffling, pulling to stand, cruising around furniture, toddling or walking independently; this includes all children under the age of 6 months. An older infant or child with a disability with any of the risk indicators would also warrant careful consideration.

Babies or children who can roll are classed as non-mobile for the purposes of this procedure. When assessing a concern, the Designated Safeguarding Lead must use their judgement regarding babies who can sit independently but cannot crawl, depending on severity of the injury, the account of the parent or care giver and the plausibility.

Emotional abuse

Keeping Children Safe in Education (KCSiE) 2021, 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. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed 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 cyber 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.

Signs that children are being emotionally abused may include shying away from an adult who is abusing them; becoming withdrawn, aggressive or clingy in order to receive their love and attention; not having a close bond with their parent/carer; seem unconfident or anxious or being aggressive towards others.

Action should be taken 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. Children may also experience emotional abuse through witnessing domestic abuse and alcohol and drug misuse by adults caring for them.

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 a parent or carer failing to:

- a) Provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- b) Protect a child from physical and emotional harm or danger

- c) Ensure adequate supervision (including the use of inadequate caregivers)
- d) Ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

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 or identified special educational need or disability 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. In addition, neglect may occur through pregnancy as a result of maternal substance abuse.

Action should be taken if the staff member has reason to believe that there has been any type of neglect of a child.

Sexual abuse

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. Sexual abuse can take place online and technology can be used to facilitate offline abuse. Adult males do not solely perpetrate sexual abuse; women can also commit acts of sexual abuse, as can other children.

Action must be taken if a staff member witnesses an occasion(s) where a child indicates sexual activity through words, play, drawing, has an excessive preoccupation with sexual matters; or has an inappropriate knowledge of adult sexual behaviour, or language, for their developmental age. 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.

If a child is being sexually abused you may see both emotional and physical symptoms.

Emotional signs:

- Being overly affectionate or knowledgeable in a sexual way inappropriate to the child's age
- Personality changes such as becoming insecure or clingy, being withdrawn or overly extroverted and outgoing

- 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
- Suddenly drawing sexually explicit pictures or acting out actions inappropriate for their age
- Using sexually explicit language
- 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.

Physical Signs:

- Bruises
- Bleeding, discharge, pains or soreness in their genital or anal area, or between the legs
- Sexually transmitted infections
- Pregnancy

The **Brook Traffic Light Tool** uses a traffic light system to categorise the sexual behaviours of young children and is designed to assist staff working in setting to:

- Make decisions about safeguarding children
- Assess and respond appropriately to sexual behaviour in children
- Understand healthy sexual development and distinguish it from harmful behaviour

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 we do for adults abusing children and will take advice from the appropriate bodies on this area; to support for both the victim and the perpetrator, as they could also be a victim of abuse. We know that children who develop harmful sexual behaviour have often experienced abuse and neglect themselves.

Mental Health

- All staff will be made aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation. Staff are aware of how children's experiences, can impact on their mental health, behaviour, and education.
- Staff are well placed to observe children day-to-day and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one.

- If staff have a mental health concern about a child that is also a safeguarding concern, immediate action should be taken by speaking to the DSL or a deputy.
- The experience of attachment difficulties, abuse trauma and loss can have long lasting effects on mental health and wellbeing and how children and young people relate to others. Our Key Person Approach facilitates strong attachments, which in turn influences a child's development, their sense of self, confidence, and resilience.
- We use Emotion Coaching as a communication strategy to support. Emotion Coaching is an effective way to nurture mental health and wellbeing in early years settings and helps children to self-regulate and manage their stress responses.

Safeguarding Children with Special Educational Needs and Disabilities

- ICP Education acknowledges that children with special educational needs (SEN) and disabilities can face additional safeguarding challenges as they may have an impaired capacity to resist or avoid abuse. They may have speech, language and communication needs which may make it difficult to tell others what is happening. The DSL will work closely with the SENCO to plan support as required.
- Our Nurseries will ensure that children with SEN and disabilities, specifically those with communication difficulties will be supported to ensure that their voice is heard and acted upon.
- All members of staff will be encouraged to appropriately explore possible indicators of abuse such as behaviour/mood change or injuries and not to assume that they are related to the child's disability and be aware that children with SEN and disabilities may not always outwardly display indicators of abuse. To address these additional challenges, our setting will always consider extra pastoral support for children with SEN and disabilities.

Fabricated Illness

Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child. The parent or carer 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. Fabricated illness is a form of physical abuse and any concerns will 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 and there is no medical reason for this. Some ethnic groups practise this form of physical abuse as a cultural ritual. When the procedure happens is dependent on the community and it may occur shortly after birth, during childhood; during adolescence, just before marriage or during a woman's first pregnancy. The practice can cause severe pain and there may be immediate and/or long-term health consequences, including mental health problems, urinary infection,

septicaemia, incontinence; difficulties in childbirth, causing danger to the child and mother; and/or death.

If you have concerns about a child or family, you should contact children's social care team in the same way as other types of physical abuse. We have a mandatory duty to report to police any case where an act of female genital mutilation appears to have been carried out on a girl under the age of 18.

Breast ironing

Breast ironing also known as "breast flattening" is the 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 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. Although this is unlikely to happen to children in the nursery due to their age, we will remain vigilant for the signs and symptoms in any children and families using our services and follow-up concerns following our regular safeguarding referral process.

Breast Ironing/Flattening is a form of physical abuse and can cause serious health issues such as:

- Abscesses
- Cysts
- Itching
- Tissue damage
- Infection
- Discharge of milk
- Dissymmetry of the breasts
- Severe fever.

Child sexual exploitation (CSE)

Keeping Children Safe in Education (KCSiE) 2021 describes CSE as:

"...Both Child Sexual Exploitation (CSE) and Child Criminal Exploitation (CCE) are forms of abuse that occur where an individual or group takes advantage of an imbalance in power to coerce, manipulate or deceive a child into taking part in sexual or criminal activity, in exchange for something the victim needs or wants, and/or for the financial advantage or increased status of the perpetrator or facilitator and/or through violence or the threat of violence. CSE and CCE can affect children, both male and female and can include children who have been moved (commonly referred to as trafficking) for the purpose of exploitation."

The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology."

We will be aware of the possibility of CSE and the signs and symptoms this may manifest as. If we have concerns, we will follow the same procedures as for other concerns and we will record and refer as appropriate.

Signs and indicators may include:

- Physical injuries such as bruising or bleeding
- Having money or gifts they are unable to explain
- Sudden changes in their appearance
- Becoming involved in drugs or alcohol, particularly if you suspect they are being supplied by older men or women
- Becoming emotionally volatile (mood swings are common in all young people, but more severe changes could indicate that something is wrong)
- Using sexual language that you wouldn't expect them to know
- Engaging less with their usual friends
- Appearing controlled by their phone
- Switching to a new screen when you come near the computer
- Nightmares or sleeping problems
- Running away, staying out overnight, missing school
- Changes in eating habits
- Talk of a new, older friend, boyfriend or girlfriend
- Losing contact with family and friends or becoming secretive
- Contracting sexually transmitted diseases.

Child Criminal Exploitation (CCE)

CCE is where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child into any criminal activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial or other advantage of the perpetrator or facilitator and/or (c) through violence or the threat of violence. The victim may have been criminally exploited even if the activity appears consensual. CCE does not always involve physical contact; it can also occur through the use of technology.

CCE can include children being forced to work in cannabis factories, being coerced into moving drugs or money across the country forced to shoplift or pickpocket, or to threaten other young people. Some of the following can be indicators of CCE:

- children who appear with unexplained gifts or new possessions.
- children who associate with other young people involved in exploitation.
- children who suffer from changes in emotional well-being.
- children who misuse drugs and alcohol.
- children who go missing for periods of time or regularly come home late; and
- children who regularly miss school or education or do not take part in education.

County Lines

The National Crime Agency (NCA) describe county lines as 'a term used when drug gangs from big cities expand their operations to smaller towns, often using violence to drive out local dealers and exploiting children and vulnerable people to sell drugs. These dealers will use dedicated mobile phone lines, known as 'deal lines', to take orders from drug users. Heroin, cocaine and crack cocaine are the most common drugs being supplied and ordered. In most instances, the users or customers will live in a different area to where the dealers and networks are based, so drug runners are needed to transport the drugs and collect payment'.

Offenders will often use coercion, intimidation, violence (including sexual violence) and weapons to ensure compliance of victims. Children can be targeted and recruited into county lines in a number of locations including schools, further and higher educational institutions, pupil referral units, special educational needs schools, children's homes and care homes

Signs and indicators to be aware of include:

- Changes in the way young people you might know dress
- Unexplained, sometimes unaffordable new things (e.g. clothes, jewellery, cars etc.)
- Missing from home or schools and/or significant decline in performance
- New friends or relationships with those who don't share any mutual friendships with the victim or anyone else
- May be carrying a weapon
- Receiving more texts or calls than usual
- Sudden influx of cash, clothes or mobile phones
- Unexplained injuries
- Significant changes in emotional well-being
- Young people seen in different cars/taxis driven by unknown adults
- Young people seeming unfamiliar with your community or where they are
- Truancy, exclusion, disengagement from school
- An increase in anti-social behaviour in the community
- Unexplained injuries
- Gang association or isolation from peers or social networks

Cuckooing

Cuckooing is a form of county lines crime in which drug dealers take over the home of a vulnerable person in order to criminally exploit them as a base for drug dealing,

often in multi-occupancy or social housing properties. Signs that this is happening in a family property may be an increase in people entering or leaving the property, an increase in cars or bikes outside the home; increasing litter outside, windows covered or curtains closed for long periods, family not being seen for extended periods; signs of drug use or an increase in anti-social behaviour at the home. If we recognise any of these signs, we will report our concerns as per our reporting process.

Contextual safeguarding

As young people grow and develop they may be vulnerable to abuse or exploitation from outside their family. These extra-familial threats might arise at school and other educational establishments, from within peer groups, or more widely from within the wider community and/or online.

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

Domestic Abuse / Honour Based Violence / Forced Marriages

We look at these areas as a child protection concern. Please refer to the separate policy for further details on this.

Extremism – the Prevent Duty

Under the Counter-Terrorism and Security Act 2015 we have a duty to safeguard at risk or vulnerable children under the Counter-Terrorism and Security Act 2015 to have “due regard to the need to prevent people from being drawn into terrorism and refer any concerns of extremism to the police (In Prevent priority areas the local authority will have a Prevent lead who can also provide support).

Reasons for referral may include a cause for concern relating to a change in behaviour of a child or family member, comments causing concern made to a member of the team (or other persons in the setting) or actions that lead staff to be worried about the safety of a child in their care. We have a Prevent Duty and Radicalisation policy in place. Please refer to this for specific details.

Online Safety (E-Safety)

We take the safety of our children very seriously and this includes their online safety. Please refer to the E-Safety policy for further details.

Human Trafficking and Slavery

Please refer to our Human Trafficking and Slavery policy for detail on how we keep children safe in this area.

Adult sexual exploitation

As part of our safeguarding procedures we will also ensure that staff and students are safeguarded from sexual exploitation.

Up skirting

Up skirting involves taking a picture of someone's genitals or buttocks under their clothing without them knowing, either for sexual gratification or in order to humiliate, or distress, the individual. This is a criminal offence and any such action would be reported following our reporting procedures.

Child abuse linked to faith or belief (CALFB)

Child abuse linked to faith or belief (CALFB) can happen in families when there is a concept of belief in:

- Witchcraft and spirit possession, demons or the devil acting through children or leading them astray (traditionally seen in some Christian beliefs)
- The evil eye or djinns (traditionally known in some Islamic faith contexts) and dakini (in the Hindu context)
- Ritual or multi murders where the killing of children is believed to bring supernatural benefits, or the use of their body parts is believed to produce potent magical remedies
- Use of belief in magic or witchcraft to create fear in children to make them more compliant when they are being trafficked for domestic slavery or sexual exploitation.

This is not an exhaustive list and there will be other examples where children have been harmed when adults think that their actions have brought bad fortune.

Staffing

Our policy is to provide a secure and safe environment for all children. We follow safer recruitment practices including obtaining references and all staff employed to work with children will have enhanced criminal record checks from the Disclosure and Barring Service (DBS) before being able to carry out intimate care routines or be left unsupervised with children.

Visitors will never have unsupervised access to children.

All staff will attend child protection training and receive initial basic child protection training during their induction period. This will include the procedures for spotting signs and behaviours of abuse and abusers/potential abusers, recording and reporting concerns and creating a safe and secure environment for the children in the nursery. During induction staff will be given contact details for the local authority children's social care team's, the local safeguarding children partnership and Ofsted to enable them to report any safeguarding concerns, independently, if they feel it necessary to do so.

All staff will understand the **thresholds** of significant harm and understand how to access services for families, including for those families who are below the threshold for significant harm, according to arrangements published by the local safeguarding children partnership. The Local Authority threshold document provides a framework for professionals who are working with children, young people and families; it aims to help them to identify when a child may need additional support to achieve their full potential. A copy must be displayed in the office and staffroom and should be referred to in the event of a concern.

Ongoing suitability of staff is monitored through:

- regular supervisions
- peer observations
- termly declaration of staff suitability
- safeguarding competencies
- regular review of DBS using the online update service

The Nursery safeguards children and staff by;

- Providing adequate and appropriate staffing resources to meet the needs of all children
- Informing applicants for posts within the nursery that the positions are exempt from the Rehabilitation of Offenders Act 1974. Candidates are informed of the need to carry out checks before posts can be confirmed. Where applications are rejected because of information that has been disclosed, applicants have the right to know and to challenge incorrect information
- Giving staff members and students regular opportunities during supervisions and having an open door policy to declare changes that may affect their suitability to care for the children. This includes information about their health, medication or about changes in their home life such as child protection plans for their own children.
- Following robust recruitment and vetting procedures.

- Having procedures for recording the details of visitors to the nursery and take security steps to ensure that that no unauthorised person has unsupervised access to the children
- Ensuring all visitors/contractors are supervised whilst on the premises, especially when in the areas the children use
- Staying vigilant to safeguard the whole nursery environment and be aware of potential dangers on the nursery boundaries such as drones or strangers lingering. We will ensure the children remain safe at all times
- Ensuring that staff are aware not to contact parents/carers and children through social media on their own personal social media accounts and they will report any such incidents to the management team to deal with
- Ensuring that all staff have access to, and comply with, the whistleblowing policy which provides information on how they can share any concerns that may arise about their colleagues in an appropriate manner. We encourage a culture of openness and transparency, and all concerns are taken seriously
- Ensuring all staff are aware of the signs to look for of inappropriate staff behaviour, this may include inappropriate sexual comments; excessive one-to-one attention beyond the requirements of their usual role and responsibilities; or inappropriate sharing of images. This is not an exhaustive list, any changes in behaviour must be reported and acted upon immediately
- Ensuring all staff will receive regular supervision meetings where opportunities will be made available to discuss any issues relating to individual children, child protection training, safeguarding concerns and any needs for further support or training
- Having peer on peer and manager observations in the setting to ensure that the care we provide for children is at the highest level and any areas for staff development are quickly identified. Peer observations allow us to share constructive feedback, develop practice and build trust so that staff are able to share any concerns they may have. Concerns are raised with the designated lead and dealt with in an appropriate and timely manner
- Ensuring the deployment of staff within the nursery allows for constant supervision and support. Where children need to spend time away from the rest of the group, the door will be left ajar or other safeguards will be put into action to ensure the safety of the child and the adult.

Our nursery has a clear commitment to protecting children and promoting welfare. Should anyone believe that this policy is not being upheld, it is their duty to report the matter to the attention of the nursery manager/DSL at the earliest opportunity.

Responding to Suspicions of Abuse and Disclosures

Where a child makes comments to a member of staff that give cause for concern (disclosure), or a member of staff observes signs or signals that give cause for concern, such as significant changes in behaviour; deterioration in general well-being; unexplained bruising, marks or signs of possible abuse or neglect; that member of staff will:

- Give full attention to the child or young person
- Keep body language open and encouraging
- Be compassionate, be understanding and reassure them their feelings are important. Phrases such as 'you've shown such courage today'

- Take time and slow down: we will respect pauses and will not interrupt the child – let them go at their own pace
- Recognise and respond to their body language
- Show understanding and reflect back
- Make it clear you are interested in what the child is telling you
- Reflect back what they have said to check your understanding – and use their language to show it's their experience
- Reassure the child that they have done the right thing in telling you. Make sure they know that abuse is never their fault
- Never talk to the alleged perpetrator about the child's disclosure. This could make things a lot worse for the child.
- Make a written record that forms an objective account of the observation or disclosure that includes: the date and time of the observation or the disclosure; the exact words spoken by the child as far as possible; the name of the person to whom the concern was reported, with the date and time; and the names of any other person present at the time.

(Information taken from NSPCC)

Any disclosure will be reported to the nursery manager or DSL and who will record the details on a **Safeguarding Initial Report Form** referring to both the Local Safeguarding Partnership Threshold document and the **Flowchart for Child Concerns**.

The DSL must then report the concern by phoning the ICP Strategic Safeguarding Lead. In the event of them not being able to make direct contact by phone, they must email notifications@ICPNurseries.com with "URGENT CALL BACK REQUIRED – SAFEGUARDING CONCERN" in the subject line.

A copy of the **Safeguarding Initial Report Form** must also be emailed to notifications@ICPNurseries.com

Once a consultation has been held with the ICP Strategic Safeguarding Lead, if appropriate normal safeguarding procedures will be followed.

Reporting Procedures

All staff have a responsibility to report safeguarding concerns and suspicions of abuse. These concerns will be discussed with the Designated Safeguarding Lead (DSL) as soon as possible.

- Staff will report their concerns to the DSL on duty
- Any signs of marks/injuries to a child or information a child has given will be recorded and stored securely.
- For children who arrive at nursery with an existing injury, a **Home Injury Report Form** will be completed along with the parent's/ carers explanation as to how the injury happened. Staff will have professional curiosity around any explanations given, any concerns around existing injury's will be reported.

- If appropriate, any concerns/or incidents will be discussed with the parent/carer and discussions will be recorded. Parents will have access to these records on request in line with GDPR and data protection guidelines.
- If there are queries/concerns regarding the injury/information given, then the following procedures will take place:

The Designated Safeguarding Lead will:

- Contact the ICP Education Strategic Safeguarding Lead to discuss the concern and agree next steps.
- If agreed with the Strategic Safeguarding Lead, the DSL will Contact the Local Authority children's social care team to report concerns and seek advice immediately, or as soon as it is practical to do so.
- If it is believed a child is in immediate danger, we will contact the police.
- If the safeguarding concern relates to an allegation against an adult working with children, then the DSL will follow the reporting allegations procedure
- Record the information and action taken relating to the concern raised
- Speak to the parents (unless advised not do so by LA children's social care team)
- The Designated Safeguarding Lead will follow up with the Local Authority children's social care team if they have not contacted the setting within the timeframe set out in Working Together to Safeguarding Children (2018). We will never assume that action has been taken.

Timely Reporting

Information should be shared in a timely fashion to reduce the risk of missed opportunities to offer support and protection to a child. Timeliness is key in emergency situations, and it may not be appropriate to seek consent for information sharing if it could cause delays and therefore place a child or young person at increased risk of harm. Practitioners should ensure that sufficient information is shared, as well as consider the urgency with which to share it.

If it is decided that a concern meets the threshold of harm/risk of harm the Designated Safeguarding Lead should follow the procedures above and notify the Children's Social Care Team or LADO as soon as reasonably possible, and within the same working day. If appropriate, the police should also be notified within the same working day – or immediately if necessary.

Escalation process

- If we feel that a referral made has not been dealt with properly or that concerns are not being addressed or responded to, we will follow the Local Safeguarding Children Partnership escalation process.
- We will ensure that staff are aware of how to escalate concerns.
- We will follow local procedures published by the safeguarding partners to resolve professional disputes.

Keeping children safe is our highest priority and if, for whatever reason, staff do not feel able to report concerns to the DSL or deputy DSL they should call the Strategic Safeguarding Lead, or the Local Authority children's social care team, the Police or the NSPCC and report their concerns anonymously.

Informing Parents

- Parents are normally the first point of contact. Concerns are normally discussed with parents to gain their view of events, unless it is felt that this may put the child or other person at risk or may interfere with the course of a police investigation, or may unduly delay the referral, or unless it is otherwise unreasonable to seek consent. Advice will be sought from children's social care, or in some circumstances police, where necessary.
- Parents are informed when we make a record of concerns in their child's file and that we also make a note of any discussion we have with them regarding a concern.
- If a suspicion of abuse warrants referral to social care, parents are informed at the same time that the referral will be made, except where the procedures of the Local Safeguarding Partners does not allow this, for example, where it is believed that the child may be placed at risk.
- This will usually be the case where the parent is the likely abuser or where sexual abuse may have occurred.
- If there is a possibility that advising a parent beforehand may place a child at greater risk (or interfere with a police response) the designated person should consider seeking advice from children's social care, about whether or not to advise parents beforehand, and should record and follow the advice given.

Record Keeping

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 that would benefit from support. 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.

Where confidential records are taken off site, for example when attending meetings, a record must be kept of the names of the records that have been removed, and by who and confirmation of their safe return.

Recording Suspicions of Abuse and Disclosures

Keeping Children Safe in Education' (KCSIE) 2021 states that 'All concerns, discussions and decisions made, and the reasons for those decisions, should be recorded in writing. Information should be kept confidential and stored securely. It is good practice to keep concerns and referrals in a separate child protection file for each child.

Records should include:

- a clear and comprehensive summary of the concern.
- details of how the concern was followed up and resolved.
- a note of any action taken, decisions reached and the outcome.

If in doubt about recording requirements, staff should discuss with the designated safeguarding lead (or deputy).

Staff should make an objective record, using the **Safeguarding Initial Concern Report Form** of any observation or disclosure, supported by the nursery manager or designated safeguarding lead (DSL).

These records should be signed by the person reporting this and the DSL, dated and kept in a separate confidential file.

If a child starts to talk to an adult about potential abuse, it is important not to promise the child complete confidentiality. This promise cannot be kept. It is vital that the child is allowed to talk openly, and disclosure is not forced, or words put into the child's mouth. As soon as possible after the disclosure details must be logged accurately. It is not the nursery's role to investigate, it is the role of statutory services to complete this.

Staff involved in a safeguarding case may be asked to supply details of any information/concerns they have with regard to a child. The nursery expects all members of staff to co-operate with the local authority children's social care, police, and Ofsted in any way necessary to ensure the safety of the children.

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.

The Safeguarding File

Once a concern has been passed to the DSL and a record has been made of the action taken and/or decision making using the **Safeguarding Initial Concern Report**, these documents will require storage in a separate safeguarding filing system. This is regardless of whether formal child protection procedures have been initiated. For some children, this single record will be the only concern held for them over their time in the setting. For others, further information will be brought to you from a variety of sources over time.

A stand-alone individual file for a child must be started when:

- Concerns for the child and consequently records of these and actions in the setting are increasing.
- The child has been referred to a partner agency for support.
- You have been made aware of the involvement of a partner agency with the child/family and are contributing to multi agency assessments.

Records included within a child's safeguarding file may include the following:

- All setting welfare concern forms.
- Any notes initially recorded in the form of notebooks or diaries.
- Records of discussions, telephone calls and meetings (with colleagues, other agencies or services, parents and children/young people).
- Records of the settings decision making, as well as action taken and appropriate justifications.
- Professional consultations.
- Letters sent and received.
- Print outs of emails or other electronic communications sent and received.
- Referral forms (both for external and education-based services).
- Minutes of meetings (copies for each child as appropriate).
- Formal plans linked to the child (e.g. Child Protection Plan).

In cases where information is held in this variety of formats it may be helpful to use a ring binder file and organise this on a 'modular' basis for ease of reference i.e. sections titled:

- Setting records
- Letters
- Multi-agency records
- Health

When an individual file is started, the **Safeguarding File Front Sheet** should be used to enable key information to be easily accessed.

Chronologies

A **Safeguarding Chronology Form** should be stored at the front of a child's safeguarding file behind the front sheet, where it can be quickly accessed and viewed and should be kept up to date.

The importance of understanding concerns in the context of history, timelines and other known information cannot be underestimated. Chronologies are central to the safeguarding process and should be completed on an ongoing basis as a situation progresses. In addition to aiding assessment, a chronology will serve as an important record of setting actions and when attached to an Inter-Agency Referral form can provide evidence for the reason for the referral.

A chronology should list specific and significant incidents, events and actions taken in relation to the child and where appropriate their family, with a brief explanation or cross-reference to the relevant record within the file.

A chronology entry should be concise, factual, and clear representation of the event/incident. If there no action was taken following a concern being received, clearly explain why not.

Storing Records and Access

Confidential information and records about staff and children must be held securely and only accessible and available to those who have a right or professional need to see them.

It is the responsibility of the DSL to keep detailed, accurate, secure written records of concerns and referrals. Child protection records must be kept separate from all other records relating to that child. Child protection records should be stored in a locked cabinet preferably within the Nursery office with access only to those with direct child protection responsibility for children. It is essential to ensure that the settings leadership team know the arrangements for access to records in the absence of the DSLs.

Parents do not have an automatic right to access child welfare records and consideration will be given as to what the consequences of information sharing might be (in line with Information Sharing Guidance, 2018). Unless it would place the child at risk of significant harm, parents will be informed that a **Safeguarding Initial Concern Report** has been completed, where it will be stored and what will happen to it when the child leaves the setting.

Transfer of Records

Where children leave the Nursery the Designated Safeguarding Lead should ensure their **Safeguarding File** is transferred to the new school or college as soon as possible.

The **Safeguarding File** will be transferred in accordance with data protection legislation to the child's subsequent setting, under confidential and separate cover. These will be given to the new DSL, preferably by hand and a receipt of delivery will be obtained.

- The file will be marked 'Confidential, Addressee Only' and sent to the Designated Person, if known, of the receiving setting/school. The file will be delivered by hand if possible; otherwise sent by delivery that can be tracked and signed for.

- The setting will contact the receiving setting/school by telephone to make them aware that there is a child welfare file and, once sent, ask them to confirm as soon as possible that they have received the file. The setting will keep a record that the file has been received in order to be able to identify its location.
- Parents will be made aware that child welfare records will be transferred unless this would place the child at risk of acute harm.
- The setting will not keep a copy of transferred records, unless there are younger siblings for whom there are similar concerns about but will keep a record of the current file location and date the file was transferred.
- If individual child welfare files cannot be transferred for any reason, the setting will archive them for 25 years from the child's date of birth.
- All actions and decisions will be led by what is considered to be in the best interests of the child.
- If a child who is subject of a child protection plan leaves your setting and you are unaware of the name of the child's new education placement, you should contact the child's key worker from Early Help or Children's Social Care to discuss how records should be transferred.

Temporary moving/transporting of information

If information is removed temporarily from the file for any reason (for example if going to a meeting), documents should be signed in and out of the safeguarding file.

DSLs will need to consider a secure means of transporting such confidential data in line with the setting's data protection policy. Memory sticks must be encrypted and if a document has to be taken offsite, the DSL should mark it as sensitive and take steps to protect the copies (e.g. carry in a lockable bag). Any spare copies that are generated (e.g. for a Child Protection Conference), should be shredded at the earliest opportunity.

Confidentiality

All suspicions, enquiries and external investigations are kept confidential and shared only with those who need to know. Any information is shared in line with guidance from the local authority. All staff are bound by confidentiality and any information will not be discussed out of work, or this will become a disciplinary matter.

The Nursery has due regard to the data protection principles as in the Data Protection Act 2018 and General Data Protection Regulations (GDPR)¹. These do not prohibit the collection and sharing of personal information, even without consent if this would put the child at further risk. We will follow the principles around data collection and information sharing, and ensure any information is recorded and shared in an appropriate way.

Information sharing

Effective sharing of information between professionals and local agencies is essential for safeguarding children. Early sharing of information is the key to providing early help where there are emerging problems. Fears about sharing information cannot be allowed to stand in the way of the need to promote the welfare and protect the safety of children.

Support to families

- We believe in building trusting and supportive relationships with families, staff and volunteers.
- We make clear to parents our role and responsibilities in relation to child protection, such as for the reporting of concerns, information sharing, monitoring of the child, and liaising at all times with the local children's social care team.
- We will continue to welcome the child and the family whilst investigations are being made in relation to any alleged abuse.
- We follow the Child Protection Plan as set by the child's social care worker in relation to the setting's designated role and tasks in supporting that child and their family, subsequent to any investigation.
- We will engage with any child in need plan or early help plan as agreed

Allegations against adults working with children

If an allegation is made against a member of staff or student or any other person who lives or works on the nursery premises regardless of whether the allegation relates to the nursery premises or elsewhere, the **Allegations Against Staff Procedure** must be followed.

Where a member of staff has been dismissed due to engaging in activities that caused concern for the safeguarding of children or vulnerable adults, we will normally notify the Disclosure and Barring Service of relevant information, so that individuals who pose a threat to children and vulnerable groups can be identified and barred from working with these groups.

We notify the Disclosure and Barring Service of any person who is dismissed from our employment or resigns in circumstances that would otherwise have led to dismissal for reasons of a child protection concern.

Monitoring children's attendance

As part of our requirements under the statutory framework and guidance documents we are required to monitor children's attendance patterns to ensure they are consistent and no cause for concern.

Please refer to the **Recording and Monitoring Attendance (Children) policy** for further details.

Looked after children

As part of our safeguarding practice, we will ensure our staff are aware of how to keep looked after children safe. In order to do this, we ask that we are informed of:

- The legal status of the child (e.g., whether the child is being looked after under voluntary arrangements with consent of parents or on an interim or full care order)
- Contact arrangements for the biological parents (or those with parental responsibility)
- The child's care arrangements and the levels of authority delegated to the carer by the authority looking after him/her
- The details of the child's social worker and any other support agencies involved
- Any child protection plan or care plan in place for the child in question.

Please refer to the Looked After Children policy for further details.

Early help services

When a child and/or family would benefit from support but do not meet the threshold for Local Authority Social Care Team, a discussion will take place with the family around early help services.

Early help provides support as soon as a concern/area of need emerges, helping to improve outcomes and prevent escalation onto local authority services. Sometimes concerns about a child may not be of a safeguarding nature and relate more to their individual family circumstances. The nursery will work in partnership with parents/carers to identify any early help services that would benefit your child or your individual circumstances, with your consent, this may include family support, foodbank support, counselling or parenting services.

National Support Organisations

The following links may help DSLs provide further advice and support to their learners, staff and parents/carers. Additional links can be found in KCSIE 2020 in Annex A and C.

Support for staff

- Education Support Partnership: www.educationsupportpartnership.org.uk
- Professional Online Safety Helpline: www.saferinternet.org.uk/helpline

Support for Learners

- ChildLine: www.childline.org.uk
- Papyrus: www.papyrus-uk.org
- The Mix: www.themix.org.uk
- Shout: www.giveusashout.org
- Fearless: www.fearless.org

Support for adults

- Family Lives: www.familylives.org.uk
- Crime Stoppers: www.crimestoppers-uk.org
- Victim Support: www.victimsupport.org.uk
- The Samaritans: www.samaritans.org
- NAPAC (National Association for People Abused in Childhood): www.napac.org.uk
- MOSAC: www.mosac.org.uk
- Action Fraud: www.actionfraud.police.uk
- Shout: www.giveusashout.org

Support for Learning Disabilities

- Respond: www.respond.org.uk
- Mencap: www.mencap.org.uk

Domestic Abuse

- Domestic abuse services: www.domesticabuseservices.org.uk
- Refuge: www.refuge.org.uk
- Women's Aid: www.womensaid.org.uk
- Men's Advice Line: www.mensadvice.org.uk
- Mankind: www.mankindcounselling.org.uk
- National Domestic Abuse Helpline: www.nationaldahelpline.org.uk
- Respect Phoneline: <https://respectphoneline.org.uk>

Honour Based Abuse

- Forced Marriage Unit: www.gov.uk/guidance/forced-marriage
- FGM Factsheet: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/496415/6_1639_HO_SP_FGM_mandatory_reporting_Fact_sheet_Web.pdf
- Mandatory reporting of female genital mutilation: procedural information: www.gov.uk/government/publications/mandatory-reporting-of-female-genital-mutilation-procedural-information

Contextual Safeguarding, Peer on Peer abuse, Sexual Exploitation and Criminal Exploitation:

- Contextual Safeguarding Network: <https://contextualsafeguarding.org.uk>
- National Crime Agency: www.nationalcrimeagency.gov.uk/who-we-are
- Rape Crisis: <https://rapecrisis.org.uk>
- Lucy Faithfull Foundation: www.lucyfaithfull.org.uk
- Brook: www.brook.org.uk
- Victim Support: www.victimsupport.org.uk
- Anti-Bullying Alliance: www.anti-bullyingalliance.org.uk
- Disrespect Nobody: www.disrespectnobody.co.uk
- Upskirting – know your rights: www.gov.uk/government/news/upskirting-know-your-rights

Substance Misuse

- We are with you (formerly Addaction): www.wearewithyou.org.uk/services/kent-for-young-people/
- Talk to Frank: www.talktofrank.com

Mental Health

- Mind: www.mind.org.uk
- Moodspark: <https://moodspark.org.uk>
- Young Minds: www.youngminds.org.uk
- We are with you (formerly Addaction): www.wearewithyou.org.uk/services/kent-for-young-people/

Online Safety

- CEOP: www.ceop.police.uk
- Internet Watch Foundation (IWF): www.iwf.org.uk
- Think U Know: www.thinkuknow.co.uk
- Childnet: www.childnet.com
- UK Safer Internet Centre: www.saferinternet.org.uk
- Report Harmful Content: <https://reportharmfulcontent.com>
- Parents Info: www.parentinfo.org
- Marie Collins Foundation: www.mariecollinsfoundation.org.uk
- Internet Matters: www.internetmatters.org
- NSPCC/ Net Aware: www.nspcc.org.uk/onlinesafety and www.net-aware.org.uk
- Get safe Online: www.getsafeonline.org
- Stop it Now!: www.stopitnow.org.uk
- Parents Protect: www.parentsprotect.co.uk
- Safeguarding Children and Protecting Professionals in Early Years Settings Online Safety Considerations for Managers (2019) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/776470/UKCIS_Early_Years_Online_Safety_Considerations_for_Managers.pdf
- Safeguarding Children and Protecting Professionals in Early Years Settings Online Safety Guidance for Practitioners (2019) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/776473/UKCIS_Early_Years_Online_Safety_Guidance_for_Practitioners_1_.pdf

Radicalisation and hate

- Educate against Hate: www.educateagainsthate.com
- Counter Terrorism Internet Referral Unit: www.gov.uk/report-terrorism
- True Vision: www.report-it.org.uk

Legal framework and Guidance

- Children Act 1989 (s47) and 2004 (s11)
- Protection of Children Act (1999)
- Childcare Act 2006 (amended 2018)
- Safeguarding Vulnerable Groups Act (2006)
- Children and Social Work Act (2017)
- The Statutory Framework for the Early Years Foundation Stage (EYFS) 2021
- Inspecting Safeguarding in Early years, Education and Skills settings 2019
- Working Together to Safeguard Children (2018)
- Keeping Children Safe in Education (KCSiE) 2021
- Data Protection Act (2018)
- General Data Protection Regulations (GDPR) (2017)
- What to do if you're worried a child is being abused (2015)
- Counter-Terrorism and Security Act 2015.
- Revised Prevent Duty Guidance for England and Wales (HMG, 2015)
- Sexual Offences Act (2003)
- Criminal Justice and Court Services Act (2000)
- Equality Act (2010)
- Childcare (Disqualification) Regulations (2009)
- Children and Families Act (2014)
- Care Act (2014)
- Serious Crime Act (2015)
- Disqualification by Association 2018 update
- Framework for the Assessment of Children in Need and their Families (DoH 2000)
- Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004 (HMG 2008)
- Hidden Harm – Responding to the Needs of Children of Problem Drug Users (ACMD, 2003)
- Information Sharing: Advice for Practitioners providing Safeguarding Services (DfE 2018)
- Disclosure and Barring Service: www.gov.uk/disclosure-barring-service-check
- Bruising in infants who are not independently mobile
<https://www.surreyscp.org.uk/wp-content/uploads/2021/04/SSCP-Bruising-in-Children-who-are-not-independently-mobile-LEAFLET-1.pdf>