Chapeltown Community Nursery

Safeguarding Children/Child Protection Policy

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Safeguarding Children/Child Protection Policy

At Chapeltown Community Nursery 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 setting 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 Inclusion and Equality policy for further information). Safeguarding is a much wider subject than the elements covered within this single policy and therefore this document should be used in conjunction with the nursery’s other policies and procedures. Safeguarding children is everybody’s responsibility. At Chapeltown Community Nursery all staff, students, supply staff and visitors are made aware of and adhere to, this policy.

Safeguarding is a much wider subject than the elements covered within this single policy, therefore this document should be used in conjunction with the nursery’s other policies and procedures including:

* Online safety
* Prevent Duty and Radicalisation
* Domestic Abuse, Honour Based Abuse and Forced Marriage
* Looked After Children
* Social networking
* Mobile phone and electronic device use
* Disciplinary policy
* Safe recruitment of staff

In relation to this policy, safeguarding and promoting the welfare of children is defined as:

* Protecting children from maltreatment
* Preventing the impairment of children’s health or development
* Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
* Taking action to enable all children to have the best outcomes.

*Definition taken from the HM Government document ‘Working together to safeguard children 2018).*

**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
* 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
* 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 staff are 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. Staff working on the frontline with children and families are often the first people to identify a concern, observe changes in a child’s behaviour or receive information relating to indicators of abuse. 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, health professionals 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.

The nursery aims to:

* Keep the child at the centre of all we do, providing sensitive interactions that develops and 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
* Ensure staff are trained right from induction to understand the safeguarding and child protection policy and procedures, are alert to identify possible 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 through bullying or discriminatory behaviour
* Be aware of the increased vulnerability of children with Special Educational Needs and Disabilities and other vulnerable or isolated families and children
* Ensure that all staff feel confident and supported to act in the best interest of the child, share information and seek the help that the child may need
* Ensure that all staff are familiar and updated regularly with child protection training and procedures and kept informed of changes to local/national procedures
* Make any child protection referrals in a timely way, sharing relevant information as necessary in line with procedures set out by the Leeds Safeguarding Children Partnership
* 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; we refer to ‘Safeguarding children and protecting professionals in early years’ settings: online safety considerations’ and use 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
* 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
* 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 with staff and parents where appropriate and make sure it complies with any legal requirements and any guidance or procedures issued by the Leeds Safeguarding Children Partnership.

**Contact telephone numbers:**

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| Local authority Designated Officer (LADO) | 0113 3789687 |
| Leeds referral team (Duty & Advice) | 0113 3760336 |
| Leeds out of hours team | 0113 5350600 |
| NSPCC | 0808 800 5000 |
| OFSTED | 0300 123 1231 |
| Emergency police | 999 |
| Non-emergency police | 101 |
| Government helpline for extremism concerns | 020 7340 7264 |

In addition, an online safeguarding portal has been made available online for charities that can provide advice, which will be used as and when deemed necessary by the safeguarding representative for the nursery. The website link is as follows:

https://safeguarding.culture.gov.uk/

**Types of abuse and particular procedures followed**

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by harming them or by failing to act to prevent harm. Children may be abused within a family, institution or community setting by those known to them or a stranger. This could be an adult or adults, another child or children.

The signs and symptoms 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 the National Institute for Health and Care Excellence include:

* Low self-esteem
* Wetting and soiling
* Recurrent nightmares
* Aggressive behaviour
* Withdrawing communication
* Habitual body rocking
* Indiscriminate contact or affection seeking
* Over-friendliness towards strangers
* Excessive clinginess
* Persistently seeking attention.

**Peer on peer abuse**

We are aware that peer on peer abuse does take place, so we include children in our policies when we talk about potential abusers. This may take the form of bullying, physically hurting another child, emotional abuse, or sexual abuse. We will report this in the same way as we do for adults abusing children, and will take advice from the appropriate bodies in this area; for 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.

**Physical abuse**

A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

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 we will report our concerns.

**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 can also be known as Female Genital Cutting. FGM is a procedure where the female genital organs are injured or changed and there is no medical reason for this. 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.

The procedure may be carried out shortly after birth and during childhood, as well as adolescence, just before marriage or during a woman’s first pregnancy and varies widely according to the community.

FGM is child abuse and is illegal in the UK. It can be extremely dangerous and can cause:

* Severe pain
* Shock
* Bleeding
* Infection such as tetanus, HIV and hepatitis B and C
* Organ damage
* Blood loss and infections
* Death in some cases

Any concerns about a child or family, will be reported to the 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/flattening**

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.

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.

Any concerns about a child or family, will be reported to the children’s social care team in the same way as other types of physical abuse.

**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, staff may observe both emotional and physical symptoms.

Emotional signs could include:

* Being overly affectionate or knowledgeable in a sexual way, inappropriate to the child’s age
* 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
* Suddenly drawing sexually explicit pictures or acting out actions inappropriate for their age
* Using sexually explicit language

Physical signs could include:

* Bruises
* Bleeding, discharge, pains or soreness in their genital or anal area
* Sexually transmitted infections
* Pregnancy

Any concerns about a child or family will be reported to the children’s social care team.

**Child sexual exploitation (CSE)**

Keeping Children Safe in Education (2020) describes CSE as: CSE occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. CSE does not always involve physical contact; it can also occur through the use of technology. CSE can affect any child or young person (male or female) under the age of 18 years, including 16 and 17 year olds who can legally consent to have sex. It can include both contact (penetrative and non-penetrative acts) and non-contact sexual activity and may occur without the child or young person’s immediate knowledge (e.g. through others copying videos or images they have created and posted on social media).

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 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 associated 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.

If staff have any concerns regarding CSE or CCE, they will be reported in the usual way.

**Emotional abuse**

Working Together to Safeguard Children (2018) 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 and indicators may include:

* Physical, mental and emotional development lags
* Sudden speech disorders
* Overreaction to mistakes
* Extreme fear of any new situation
* Neurotic behaviour (rocking, hair twisting, self-mutilation)
* Extremes of passivity or aggression
* Appear unconfident or lack self-assurance.

Action will be taken if a 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 (2018) 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. One a child is born, neglect may involve a parent or carer failing to:

* Provide adequate food, clothing and shelter (including exclusion from home or abandonment)
* Protect a child from physical and emotional harm or danger
* Ensure adequate supervision (including the use of inadequate caregivers)
* 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 will be taken if a staff member has reason to believe that there has been any type of neglect of a child.

**County Lines**

The National Crime Agency (NCA) describes county lines as a term used to describe gangs and organised criminal networks, involved in exporting illegal drugs from big cities into smaller towns, using dedicated mobile phone lines or other form of ‘deal line’. 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. clothing, 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 wellbeing
* 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
* 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; 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.

If staff have any concerns regarding county lines/cuckooing, they will be reported in the usual way.

**Domestic Abuse/Honour Based Abuse/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.

Children can be exposed to different views and receive information from various sources. Some of these views may be considered radical or extreme. Radicalisation is the way a person comes to support or be involved in extremism and terrorism. It’s a gradual process so young people who are affected may not realise what is happening.

Radicalisation is a form of harm. The process may involve:

* Being groomed online or in person
* Exploitation, including sexual exploitation
* Psychological manipulation
* Exposure to violent material and other inappropriate information
* The risk of physical harm or death through extremist acts.

We have a Prevent Duty and Radicalisation policy in place. Please refer to this for specific details.

**Online safety**

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

**Human trafficking and slavery**

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

**Adult sexual exploitation**

As part of our safeguarding procedures, we will also ensure that staff, students and volunteers 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 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.

**Reporting procedures**

All staff have a responsibility to report safeguarding/child protection 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 – Sarah Killoran. In the absence of the DSL they will be reported to the Deputy DSL – Linda Parkin or Tanya David.
* 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 form will be completed along with the parent’s/carer’s explanation as to how the injury happened. Staff will have professional curiosity around any explanations given and 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 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 or volunteering with children, then the DSL will follow the reporting allegations procedure (see below).
* Record the information and action taken relating to the concern raised.
* Speak to the parents (unless advised not to do so by the Local Authority 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 Safeguard Children (2018). We will never assume that action has been taken.

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 Local Authority children’s social care team, the police or the NSPCC and report their concerns anonymously. These contact numbers are displayed in the staff room of the nursery.

**Reporting to a spontaneous disclosure from a child**

If a child starts to talk openly to a member of staff about abuse they may be experiencing, then staff will:

* Give full attention to the child or young person
* Keep body language open and encouraging
* Be compassionate, be understanding and reassure them that their feelings are important
* Take time and slow down: we will respect pauses and will not interrupt the child
* Recognise and respond to their body language
* Show understanding and reflect back
* Make it clear that they are interested in what the child is telling them
* Reflect back what they have said to check 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.

Any disclosure will be reported to the DSL and will be referred to the local authority children’s social care team immediately, following our reporting procedures.

**Recording suspicions of abuse and disclosures**

Staff should make an objective record of any observation or disclosure, supported by the DSL. This record should include:

* Child’s name
* Child’s address
* Age of the child and date of birth
* Date and time of the observation or the disclosure
* Exact words spoken by the child
* Exact position and type of any injuries or marks seen
* Exact observation of any incident including any concern that was reported, with date and time; and the names of any other person present at the time
* Any discussion held with the parent(s).

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 may be thought necessary that through discussion with all concerned, the matter needs to be raised with the local authority children’s social care team and OFSTED. Staff involved 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 cooperate 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 or member of staff.

**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/police does not allow this. 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.

**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, students and volunteers 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). 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.

**Support to families**

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

The nursery will continue to welcome the child and the 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-judgemental manner, whilst any external investigations are carried out in the best interest of the child.

**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.

**Allegations against adults working or volunteering with children**

If an allegation is made against a member of staff, student or volunteer, or any other person who lives or works on the nursery premises, regardless of whether the allegation relates to the nursery premises or elsewhere, we will follow the procedure below.

An allegation against a member of staff/student/volunteer/supply staff, or any other person 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.

The allegation should be reported to the Senior Manager on duty. If this person is the subject of the allegation, then this should be reported to the DSL instead.

At Chapeltown Community Nursery we will follow our own local safeguarding partnership website for information about how to report an allegation. We would also inform Ofsted immediately, in order for this to be investigated by the appropriate bodies prompt. This includes:

* If, as an individual, you feel this will not be taken seriously or are worried about the 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.
* The local authority children’s social care team will be informed immediately for advice and guidance.
* A full investigation will be carried out by the appropriate professionals (Ofsted, children’s social care team) to determine how this will be handled.
* The nursery will follow all instructions from the local authority children’s social care team and Ofsted and ask all staff members to do the same and cooperate where required
* Support will be provided to all those involved in an allegation throughout the external investigation, in line with local authority children’s social care team support and advice
* The nursery reserves the right to suspend any member of staff during an investigation. Legal advice will be sought to ensure compliance with the law
* All enquiries/external investigations/interviews will be documented and kept in a locked file, for access by the relevant authorities
* Founded allegations will be passed on to the relevant organisations, including the local authority children’s social care team and where an offence is believed to have been committed, the police will also be informed
* Founded allegations will be dealt with as gross misconduct in accordance with our disciplinary procedures and may result in the termination of employment. Ofsted will be notified immediately of this decision, along with notifying the Disclosure and Barring Service (DBS) to ensure that their records are updated.
* All safeguarding records will be kept until the person reaches normal retirement age or for 21 years and 3 months if that is longer. This will ensure that accurate information is available for references and future DBS checks and avoids any unnecessary reinvestigation
* The nursery retains 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 individual staff member and the nature of the incident; this may include more frequent supervisions, coaching and mentoring and external support.

If, as an individual, you feel this will not be taken seriously or are worried about the 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.

**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.

Parents should please inform the nursery prior to their children taking holidays or days off and all sickness should be called into the nursery on the 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 called to ensure the child is safe and healthy. If the parents are not contactable then the further emergency contacts will be used to ensure all parties are safe.

Where a child is part of a child protection plan, or during a referral process, any absences will immediately be reported to the local authority children’s social care team, to ensure the child remains safeguarded.

**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 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.

**Staffing and volunteering**

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 have unsupervised contact with children.

We will obtain enhanced criminal records checks (DBS) for volunteers working with children in the setting. Volunteers and 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 their induction, staff will be given contact details for the local authority children’s social care teams, the local safeguarding children partnership and Ofsted, to enable them to report any safeguarding concerns, independently, if they feel it necessary to do so.

Ongoing suitability of staff is monitored through:

* Regular supervisions
* Peer observations
* Annual declaration of staff suitability
* Safeguarding competencies
* Regular review of DBS using the online update service.

**Designated Safeguarding Lead (DSL)**

We have named persons within the nursery who take lead responsibility for safeguarding and coordinate child protection and welfare issues, known as the Designated Safeguarding Leads (DSL). There is always at least one designated person on duty during all opening hours of the setting.

These designated persons will receive comprehensive training at least every two years and update their knowledge on an ongoing basis, but at least once a year.

The nursery DSL’s liaise with the local authority children’s social care team, undertake specific training and receive regular updates to developments within this field. They in turn support the ongoing development and knowledge update of all staff on the team.

The Designated Safeguarding Leads (DSL) at the nursery are Sarah Killoran and Linda Parkin.

*The role of the Designated Safeguarding Lead:*

* Ensure that the settings safeguarding policy and procedures are reviewed and developed in line with current guidance; and develop staff understanding of the settings safeguarding policies
* Take the lead on responding to information from the staff team relating to child protection concerns
* Provide advice, support and guidance on an ongoing basis to staff, students and volunteers
* To identify children who may need early help or who are at risk of abuse
* To help staff to ensure the right support is provided to families
* To liaise with the local authority and other agencies with regard to child protection concerns
* Ensure the setting is meeting the requirements of the EYFS safeguarding and welfare requirements
* To ensure policies are in line with the local safeguarding procedures and details
* Disseminate updates to legislation to ensure all staff are kept up to date with safeguarding practices
* To manage and monitor accidents, incidents and existing injuries; ensuring accurate and appropriate records are kept
* Attend meetings with the child’s key person
* Attend case conferences and external safeguarding meetings, as requested, by external agencies.

*The nursery safeguards children and staff by:*

* We provide adequate and appropriate staffing resources to meet the needs of all children
* Applicants for posts within the nursery 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
* We give staff members, volunteers and students regular opportunities 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
* We use the DBS update service (with staff consent) to re-check staff’s criminal history and suitability to work with children
* We abide by the requirements of the EYFS and any OFSTED guidance in respect to obtaining references and suitability checks for staff, students and volunteers, to ensure that all staff, students and volunteers working in the setting are suitable to do so
* We ensure we receive at least two written references before a new member of staff commences employment with us
* All students will have enhanced DBS checks conducted on them before their placement starts
* Volunteers, including students, do not work unsupervised
* We abide by the requirements of the Safeguarding Vulnerable Groups Act 2006 and the Childcare Act 2006, in respect of any person who is disqualified from providing childcare, is dismissed from our employment, or resigns in circumstances that would otherwise have led to dismissal for reasons of child protection concern
* We have procedures for recording the details of visitors to the nursery and take security steps to ensure that we have control over who comes into the nursery so that no unauthorised person has unsupervised access to the children
* All visitors/contractors will be supervised whilst on the premises, especially when in the areas the children use
* As a staff team, we will be fully aware of how 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
* All staff have access to and comply with the Whistleblowing Policy, which will enable them to share any concerns that may arise about their colleagues in an appropriate manner
* Signs of inappropriate staff behaviour 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 and any changes in behaviour must be reported and acted upon immediately
* All staff will receive regular supervision meetings where opportunities will be made available to discuss any issues relating to individual children, safeguarding training and any needs for further support
* We use peer on peer 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 highlighted. 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. Any concerns are raised with the DSL and dealt with in an appropriate and timely manner.
* 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.

**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 their child dependent on individual circumstances, with parental consent. This may include family support, foodbank support, counselling or parenting services.

**Changes due to COVID-19**

Throughout the period of change due to COVID-19, we will continue to follow and adhere to all elements of our comprehensive safeguarding policy and procedure.

In addition to this, we will follow the specific government COVID-19 Safeguarding in Schools, Colleges and Other Providers document:

www.gov.uk/goverment/publications/covid-19-safeguarding-in-schools-colleges-and-other-providers