

## Safeguarding Children and Child Protection Policy

Name of Setting...**Alfresco Childcare**



Name of person responsible for reviewing the policy **Sara Dibley**

Date of policy review.....13<sup>th</sup> October 2021 Date next review is due.....13<sup>th</sup> October 2022

Date of any amendments .....

*This policy will be reviewed and ratified at least annually and/or following any updates to national and local guidance and procedures.*

Name of Designated Safeguarding Lead (DSL) **(Sara Dibley)**  
**Level 3 Advanced Child Protection 17<sup>th</sup> September 2020**

.....

Name of Deputy Designated Safeguarding Lead (DDSL) **Jessica Woods**  
**Level 3 Advanced Child Protection 25<sup>th</sup> September 2020**

.....

*This is a statutory policy that forms part of the induction for all staff. All members of staff will have access to this policy and sign to say they have read and understood its contents.*

# Contents

|   | Page no |
|---|---------|
| Introduction and Principles of the Policy                               | 3       |
| Legislation and Guidance  | 4       |
| Role of Designated Safeguarding Lead and Deputy                         | 4       |
| Staff Responsibilities, Training, Supervision and Safe Working Practice | 5       |
| Recognising Abuse   | 6       |
| Other Safeguarding Concerns to be Aware of                              | 6       |
| Responding to a Disclosure  | 6       |
| Procedures for Referral   | 7       |
| Escalation Procedures   | 8       |
| Early Help  | 8       |
| Record Keeping – Child Protection                                       | 8       |
| Parental Involvement  | 9       |
| Suitable People/Safer recruitment                                       | 9       |
| Managing Allegations  | 9       |
| The Curriculum/Online Safety  | 10      |
| Children with Special Educational Needs                                 | 10      |
| Use of Mobile Phones and Digital Technology                             | 10      |
| Confidentiality and Information Sharing                                 | 11      |
| Security  | 11      |
| Complaints  | 11      |
| Monitoring and Review   | 11      |
| Appendix 1: Definitions of Abuse and Possible Indicators                | 12      |
| Appendix 2: Specific Safeguarding Issues                                | 14      |
| Appendix 3: What to do if you have a Welfare Concern - flowchart        | 17      |
| Appendix 4: Body Map  | 18      |
| Appendix 5: National Support Organisations                              | 19      |
| Appendix 6: Coronavirus Addendum  | 20      |

## **Introduction**

### **“The welfare of the child is paramount” – Children Act 1989**

Children learn best when they are healthy, safe and secure, when their individual needs are met, and when they have positive relationships with the adults caring for them.

## **Principles of this Policy**

We aim to provide a high quality setting which is welcoming, safe and stimulating, and where children are able to enjoy learning and grow in confidence. We will take all necessary steps to keep children safe and well and ensure the suitability of adults who have contact with them. We will promote good health, manage behaviour and maintain records, policies and procedures.

For the purpose of this policy the Working Together 2018 definition of safeguarding and promoting the welfare of children will be used and is defined as;

- Protecting children from maltreatment;
- Preventing impairment of children’s health and 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.

Staff at this setting understand that safeguarding and promoting the welfare of children is of paramount importance and that it is everyone’s responsibility, they will be alert to any issues or concerns in the child’s life at home or elsewhere and they will maintain a child-centred approach at all times. They will be aware that children with special educational needs or disability are particularly vulnerable to abuse. They will maintain an attitude of “it could happen here” where safeguarding is concerned and they will always act in the best interest of the child.

## **The Management and Staff at this Setting are Committed to;**

- Ensuring that Safer Recruitment practices for checking the suitability of staff and volunteers are followed (refer to the [South West Child Protection Procedures \(SWCPP\) website](#)).
- Ensuring that all staff and volunteers follow the settings Code of Conduct, Behaviour Policy and the [Guidance for Safer Working Practice for Adults who Work with Children](#) and also the [Covid 19](#) addendum.
- Establishing and maintaining a safe and secure environment.
- Providing support for children who have been abused and taking part in the multi-agency action plan to keep them safe.
- Providing a curriculum and experiences which will enable children to develop the skills they need to stay safe from abuse, including online abuse.
- Ensuring staff and volunteers are able to identify children with potential emerging problems or concerns and implementing strategies early on to avoid escalation ([Early Help](#)).
- Ensuring that staff and volunteers are aware of the signs and symptoms of abuse and know the correct procedure for reporting and referring concerns.
- Ensuring that all staff are aware of the procedures to follow if they have a concern about another adult or a member of staff (Whistleblowing Policy).
- Working in partnership with other agencies. This includes sharing information effectively, attending child protection conferences, core groups and other relevant meetings.
- Working in partnership with parents/carers.

## **Legislation and Guidance**

All safeguarding and child protection procedures will be followed in line with guidance from the [Swindon Safeguarding Partnership](#) (SSP) and the [South West Child Protection Procedures](#) (SWCPP).

The following legislation and documents will form the basis of all safeguarding and child protection decisions:

- The Statutory Framework for the Early Years Foundation Stage – 2017, 2020
- The Children Act 2004 and 2006
- Working Together to Safeguard Children 2018
- What to do if you're worried a child is being abused: advice for practitioners - 2015
- Information Sharing: advice for practitioners providing safeguarding services- 2018
- The Prevent Duty-departmental advice for schools and childcare providers – 2015 (updated 2019)
- Keeping Children Safe in Education – 2020

This Safeguarding Children and Child Protection Policy applies to all staff, managers, committee members, students and volunteers in the setting.

Other policies which should be read alongside this policy include:

- Health and Safety
- Intimate Care
- Medications
- Promoting positive behaviour
- Missing Child
- Online Safety
- Failure to Collect Child
- Premises security
- Equality and Diversity
- Special Educational Needs and Disability
- Non collection of children
- Emergency Procedures
- Concerns/Complaints

## **The Role of the Designated Safeguarding Lead (DSL) and Deputy (DDSL)**

- The EYFS 2017 states; '*a practitioner must be designated to take lead responsibility for safeguarding children in every setting*'.
- The DSL or deputy will be available at all times when children are present, for staff to discuss safeguarding concerns.
- An appropriately qualified and experienced Designated Safeguarding Lead (DSL) has been appointed to fulfil this role and appropriate time and resources, away from other work commitments, has been allocated in order that this role can be carried out effectively.
- The DSL and deputy will attend level 3 Child Protection training, this will be refreshed every 2 years. The DSL and deputy will regularly update their knowledge and skills through training, briefing sessions, newsletters etc.
- The DSL **Sara Dibley** has overall responsibility for the day to day safeguarding and child protection systems in the setting. These responsibilities include;
  - Liaising with other professionals in all agencies, including social services, police and health colleagues;
  - Keeping staff up to date with any changes to national and local policy or legislation,
  - Being a source of support, advice and guidance to any other setting staff, both paid and voluntary, on an ongoing basis and on any specific safeguarding issue as required;
  - Co-ordinating child protection action within the setting, including making referrals as necessary;
  - Maintaining a confidential recording system for safeguarding and child protection concerns;
  - Ensuring all staff, visitors and volunteers are aware of the setting's policies and procedures and their responsibilities in relation to safeguarding children;
  - Ensuring all staff, both paid and voluntary, have received appropriate and up to date child protection training;
  - Ensuring their own training is kept up to date by attending appropriate DSL training every 2 years (as stipulated by the SSP) and accessing updates, at least annually, through a variety of methods e.g. bulletins and local meetings;

- Representing the setting at inter-agency meetings in particular strategy discussions, child protection conferences and core groups;
- Managing and monitoring the setting's role in early help, child in need and child protection plans;
- Sharing information with staff about the welfare, safeguarding and child protection issues that children in their setting have experienced with a view to understanding how to best support these children in the setting.

### **Staff Responsibilities, Training, Supervision and Safe Working Practice**

- All staff have a responsibility to identify children who may be in need of extra help or who are suffering, or are likely to suffer, significant harm. All members of staff have a duty of care to take appropriate action and work with other services as needed.
- All staff will complete level 1 (basic awareness) training, every 3 years (as advised by the SSP). Training will enable staff to identify signs of possible abuse and neglect at the earliest opportunity, and to respond in a timely and appropriate way.
- The DSL will ensure that all staff receive regular safeguarding updates through staff meetings, email, newsletters etc.
- At least one person who has a current paediatric first aid certificate will be on the premises at all times when children are present, and will accompany children on outings.
- Staff involved in preparing and handling food will receive food hygiene training.
- All staff will have a sufficient understanding and use of English to ensure the well-being of children in their care

### **Staff Induction**

- All new staff will receive induction training to help them understand their roles and responsibilities.
- Induction training will include, as a minimum, information about emergency evacuation procedures, safeguarding/child protection procedures, the provider's equality policy, and the health and safety policy.

### **Staff Supervision**

- The setting will ensure that members of staff are provided with appropriate supervision in accordance with the statutory requirements of Early Years Foundation Stage.
- Supervision will be a two-way process, which supports and develops the knowledge, skills and values of an individual, group or team and will support staff to improve the quality of the work they do, thus improving outcomes for children as well as achieving agreed objectives. Supervision will also provide an opportunity to discuss sensitive issues including the safeguarding of children and any concerns raised about an individual or colleague's practice.
- All staff and volunteers will receive regular and planned supervision sessions. Uninterrupted time will be set aside to ensure any supervision sessions effective for both practitioner and management.

### **Safe Working Practice**

- All members of staff (including temporary staff and volunteers) are required to work within clear behavioural guidelines (refer to the settings **Behaviour Policy/Code of Conduct** and [Guidance for Safer Working Practice for Adults who work with Children](#)).
- Physical intervention should only be used when the child is endangering him/herself or others and such events should be recorded and signed by a witness. Staff should be aware of the settings **Behaviour Management Policies** and any physical interventions must be in line with agreed policy and procedure in which appropriate training should be provided.
- Staff are made aware of the professional risks associated with the use of social media and electronic communication (email, mobile phones, texting, social network sites etc.) and should familiarise themselves with advice and professional expectations outlined in the setting's **Online Safety Policy** and **Acceptable Use Policy**.
- All staff are made aware of the setting's Whistle-blowing procedure and that it is a disciplinary offence not to report concerns about the conduct of a colleague that could place a child at risk. Staff will be directed to read the setting's "Whistleblowing Policy" and made aware that they can also contact the NSPCC whistleblowing helpline on 0800 028 0285 or by email to [help@nspcc.org.uk](mailto:help@nspcc.org.uk) to report any concerns they have about other staff in the setting.

## **Recognising Abuse**

Abuse is a form of maltreatment of a child and can either be caused through inflicting harm or failing to prevent harm.

Working Together 2018 lists four categories of abuse;

- Physical,
- Emotional,
- Sexual and
- Neglect.

**(See appendix 1 for Working Together definitions and possible indicators of abuse).**

Staff are aware that;

- Abuse, neglect and safeguarding issues are rarely standalone events that can be covered by one definition or label; in most cases multiple issues will overlap with one another.
- Child welfare concerns may arise in many different contexts and can vary greatly in terms of their nature and seriousness. For example, children may be abused in a family, in an institutional or community setting, by those known to them or by a stranger. They may be abused by an adult or adults, or another child or children. Children may be abused via the internet by their peers, family members or by unknown or in some cases unidentifiable individuals. In the case of honour-based abuse, including forced marriage and female genital mutilation, children may be taken out of the country to be abused.
- Abuse and neglect can happen over a period of time or be a one-off event. This can have major long-term impacts on all aspects of a child's health, development and well-being.
- The warning signs and symptoms of abuse and neglect can vary from child to child. Children develop and mature at different rates, so what appears to be worrying behaviour for a younger child might be normal for an older child. Parental behaviours may also indicate child abuse or neglect, so staff will also be alert to parent-child interactions or concerning parental behaviours; this could include parents who are under the influence of drugs or alcohol or if there is a sudden change in their mental health.
- It is important to respond to problems as early as possible and provide the right support and services for the child and their family and they recognise that a warning sign doesn't automatically mean a child is being abused.
- An abused child may often experience more than one type of abuse, as well as other difficulties in their lives.

## **Other Safeguarding Concerns to be Aware of: (see appendix 2)**

- Peer on Peer Abuse (sexual violence and sexual harassment)
- Radicalisation and extremism
- Female genital mutilation (FGM)
- Child sexual exploitation (CSE)
- Child criminal exploitation (CE)
- Domestic abuse (DA)
- Children missing education (CME)
- Children with family members in prison
- Homelessness
- Private Fostering.

## **Responding to a Disclosure**

If a child discloses abuse, it is important for staff to respond appropriately:

- We will listen to the child and avoid interrupting except to clarify. We will allow the child to make the disclosure at their own pace and in their own way.
- We won't interrogate the child, we may ask open ended questions to clarify the situation, but we won't ask leading questions.
- The interviewing of children will be undertaken by trained Social Workers or Police Officers.
- We won't make any promises to the child about not passing on information. Information may need to be shared to get help in place.
- Information will be recorded accurately, including the timing, setting and those present, as well as what was said.

- The DSL will be informed as soon as possible (within the same working day).

Following a disclosure of abuse children will be supported in the setting by their key person.

### **Key Person**

All children will be allocated a key person with whom they can develop a close relationship and who can tailor opportunities to the individual needs of each child.

### **Visitors to the Setting**

Any visitor to the setting who receives a disclosure of abuse, suspects that abuse may have occurred or is concerned for the safety or welfare of a child **must** report immediately to the DSL or if unavailable to the deputy.

### **Procedures for Referral**

Staff will refer to the SSP's Thresholds Document [The Right Help at the Right Time](#) when assessing a child's level of need (follow link below)

The Thresholds document identifies three levels;

1. Universal – children with no additional needs.
2. Early Help – children with additional needs.
3. Statutory Social Care – children with complex and multiple needs.

All staff have a responsibility to refer a child to Children's social care under section 11 of the Children Act 2004 if they believe or suspect that a child:

- Has suffered significant harm;
- Is likely to suffer significant harm;
- Has a disability, developmental and welfare needs which are likely only to be met through provision of family support services (with agreement of the child's parent) under the Children Act 1989;
- Is a Child in Need whose development would be likely to be impaired without provision of services.

### **MASH Contact Details:**

**E-mail:** [Swindonmash@swindon.gov.uk](mailto:Swindonmash@swindon.gov.uk)

**Telephone:** 01793 466903 (during normal office hours which are 8.30am to 4.40pm Monday to Thursday, and 8.30am to 4.00pm Friday)

The Emergency Duty Service (EDS) is available outside office hours on 01793 436699

- A telephone referral will be confirmed in writing using the form [RF1](#) within 48 hours of the initial call and referrers should expect an acknowledgement within 3 working days otherwise they should contact MASH again.
- The referral will be shared and agreed with the parent/carer, and where appropriate with the child/young person, unless to do so could place the child at increased risk of harm, in which case, advice would first be sought from MASH.
- If a child discloses physical or sexual abuse, where the alleged abuser is either a family member or someone resident within the household, MASH will be consulted before informing parents.
- If the child is already subject to a Child Protection Plan (CPP) the allocated social worker will be contacted, they will advise when, and by whom, the parents should be informed. (See appendix 3 flow chart.)
- Staff will work closely with other agencies to implement the actions of a Child Protection Plan. They will attend all child protection conferences, core groups and strategy meetings to support the child and family as necessary.

### **Escalation Procedures**

In circumstances where staff feel a professional decision is not safe or is inappropriate they will initially consult with their Safeguarding lead or line manager to –

- Clarify their thinking in order to identify the problem,



- Be specific as to what the concern is about, and what they aim to achieve;
- Evidence the nature and source of their concerns and keep a record of all discussions.

It is expected that most disagreements can be resolved by professionals discussing the concerns and agreeing a way forward to meet the child's needs.

If professional agreement cannot be reached, then the concern should be escalated. ([Swindon Escalation Policy](#)):

**Stage One:** Manager or Safeguarding Lead or Deputy/Designated Professional **within 5 working days.**

**Stage Two:** Agency SSP representative to Agency SSP Representative **within 5 working days.**

**Stage Three:** Refer to SSP Executive's **within 5 working days.**

**Stage Four:** Refer to SSP Independent Chair **within 5 working days.**

Stage 1, 2, 3 & 4 are all formal stages of the escalation process.

### **Early Help**

- Where staff have emerging concerns about a child (as opposed to a child being in immediate danger) they will follow the Early Help process. The process involves staff being alert to emerging problems, staff discussing their concerns with the DSL and the DSL co-ordinating an appropriate response with the support of other professionals, this may involve undertaking an [Early Help Assessment](#), (EHA) and in some cases the DSL may take on the role of Lead Professional.
- Early Help cases will be kept under constant review and if the situation doesn't appear to be improving consideration will be given to a referral to MASH.

### **Record Keeping – Child Protection**

Any member of staff receiving a disclosure of abuse, noticing possible abuse or with a concern about a child, should make an accurate record as soon as possible, noting what was said or seen, putting the event into context, and giving the date, time and location. All records must be dated and signed and discussed with the DSL.

- All hand-written records will be retained, even if they are subsequently typed up in a more formal report.
- Written records of concerns will be kept, even where there is no need to make a referral immediately. Parents/guardians will be notified of all recorded concerns.
- Injuries will be marked on a body map, **photographs will never be taken** (Appendix 4).
- Where concerns do not meet the threshold for a referral to MASH, consideration will be given to the appropriateness of completing an [Early Help Assessment](#).
- All records relating to child protection concerns will be kept in a secure place and will remain confidential. They will not form part of the pupil's developmental records and will be kept separate from other records.
- A chronology will be kept at the front of each individual child protection file. It will be reviewed and updated whenever a new concern is raised or additional relevant information becomes available, noting any action taken.
- The quality of child protection records will be regularly monitored by the DSL and management.
- Where a child transfers to school or moves to a new setting, child protection documentation will be transferred to the receiving school/setting within 14 days, preferably by hand. If it is not possible to do a face to face handover, records should be sent, with a 'Transfer of Information' sheet in a sealed envelope, **separate from any developmental records**, by recorded delivery or a postal tracking service. Postal delivery will be followed up with a telephone conversation.
- Records will be retained in line with Government guidance on the Transfer and Retention of Child Protection Records.

Templates and guidance for keeping child protection records are available on early years hub.

### **Parental Involvement**

At this setting we are committed to helping parents/carers understand our responsibility for the safety and welfare of all pupils and our commitment to work in partnership with parents.

- Parents/carers can access the settings Child Protection Policy (**in the porch area of the nursery on entry**) Parents will be made aware of the policy during their induction meeting and will be asked to sign a statement to say they understand the setting's child protection responsibilities (policy is now online and parents are signposted to this on induction)



- Child protection or welfare concerns will be openly discussed, with parents/carers. Where a referral to MASH is needed, the agreement of parents/carers will be sought before making the referral. The only time concerns will not be discussed with parents is if staff believe that sharing concerns may place the child at increased risk of harm, then advice would be sought first.
- A lack of agreement from the parent/carer will not stop a referral going ahead.

### **Suitable People/Safer Recruitment**

At this setting we endeavour to create a culture of safe recruitment and as part of this we adopt recruitment procedures which help to deter, reject and identify people who might abuse children.

We adhere to our statutory responsibilities to check staff who work with children, this includes enhanced DBS checks on all staff and on any other person who is likely to have regular contact with children (including those living or working on the premises)

We follow Safer Recruitment procedures as set out in the [South West Child Protection Procedures](#).

- Interview panels will have at least one person who has completed Safer Recruitment Training. There will be a safeguarding statement in all job advertisements and job descriptions. Any gaps in employment history or unaccounted for periods of time will be fully investigated. References will be requested prior to interview. At least one reference will be from the applicants' most recent childcare placement.
- We will record information about staff qualifications, identity checks, disqualification and vetting processes (including the Disclosure and Barring Service reference number, the date a disclosure was obtained and details of who obtained it) on a central register.
- We will not allow people, whose suitability has not been checked to have unsupervised contact with children.

### **Disqualification Under the Childcare Act**

- All staff, students and volunteers are informed during their induction that, under the Childcare Act 2006, they are expected to provide up to date information in relation to any convictions, cautions, court orders, reprimands and warnings which may affect their suitability to work with children, whether received before or during their employment at the setting.
- There is also an expectation that the setting would be informed, if staff relationships and associations, both within and outside the workplace (including online), may have implications for the safety of children in the setting.

### **Volunteers**

A risk assessment will be undertaken for volunteers to determine whether an enhanced DBS check should be applied for.

### **Managing Allegations**

- We recognise that it is possible for staff and volunteers to behave in a way that might cause harm to children and we take seriously any allegation received.
- An allegation may indicate that a member of staff, a volunteer or a member of bank staff has;
  - Behaved in a way that has harmed a child, or may have harmed a child.
  - Possibly committed a criminal offence against a child; or
  - Behaved towards a child that indicates he/she would pose a risk of harm to children.
- **As soon as an allegation is made the Local Authority Designated Officer (LADO) will be contacted.**  
**LADO Team – 01793 463854**  
**Jon Goddard – 07392103019 (Mon-Wed)**  
**Rachel Hull – 07824081177 (Thurs-Fri)**  
[Lado@swindon.gov.uk](mailto:Lado@swindon.gov.uk)
- An [Allegations Management referral form](#) will need to be completed;
- Ofsted will be informed of the allegation within 14 days.
- Staff/volunteers should report an allegation about a staff member to the owner/manager, unless they are the subject of the allegation. The owner/manager will then proceed as above.
- Where the allegation is against the owner/manager, the staff member/volunteer will contact the LADO as above.

- Where the allegation is against an adult from another agency, for example, bank staff, it is still the responsibility of the setting to ensure the allegation is dealt with appropriately, in conjunction with the agency where applicable.
- An allegation must not be discussed with the alleged perpetrator or other members of staff/committee, unless advised to do so by the LADO.
- In exceptional circumstances it may be necessary to protect the child, by contacting the police, before contacting the LADO.
- The setting will make a referral to the Disclosure and Barring Service if at the end of the allegation process a member of staff or volunteer is removed from their position, or if they leave while under investigation.

### **The Curriculum**

- We will provide a curriculum that encourages children to talk and be listened to. Children will be provided with opportunities to develop the skills they need to recognise and stay safe from abuse across all areas of learning. Children will learn that their views are valued and respected.

### **Online Safety**

- Children will be taught about keeping safe online through educating them about safe online procedures and by educating their parents about the dangers of the internet through leaflets, posters, newsletters etc. Where children have access to the internet, we will ensure that they are protected from harmful and inappropriate online material by putting effective monitoring and filtering in place.

### **Children with Special Educational Needs and Disabilities**

- Staff acknowledge 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.
- Staff are encouraged to be aware that children with SEN and disabilities can be disproportionately impacted by safeguarding concerns such as bullying. 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.

### **Use of Mobile Phones and Digital Photography**

We have a written policy for the acceptable use of mobile phones, cameras and other digital media in our setting.

- The only mobile phone to be used is the work mobile and this must only be used with the permission of the manager. The work mobile will be open to scrutiny at all times
- The work mobile will only be used in designated areas for example not in toilets, changing areas or sleeping areas.
- Staff mobiles and other digital media will be kept in a designated area and will not be carried on a person when children are present. Staff may use appliances in a designated area e.g. a staff room / utility room during staff breaks or before and after sessions, when children are not present.
- Visitors, parents, contractors etc. are made aware that phones and other digital media are not to be used in designated areas and that no photographs, videos or audio recordings are permitted in the setting.
- Staff will take photographs of children using the work photographic equipment; no personal equipment will be used. The work photographic equipment will be open to scrutiny at all times.
- Photographs will not be taken in sensitive areas such as toilets or nappy changing areas.
- Written permission will be obtained from parents/carers for appropriate use of photographs/digital images to record children's progress.
- Children's images will only be taken off site, with the prior permission of the manager, in line with the settings policy.

### **Confidentiality and Information Sharing**

- All staff are aware that they have a professional responsibility to share information with other agencies in order to safeguard children. We will maintain records and obtain and share information with parents/carers, health professionals, the police, social services and Ofsted as appropriate and in line with "[Information sharing advice for safeguarding practitioners](#)" 2018
- We will enable a regular two-way flow of information with parents/carers, and between providers if a child is attending more than one setting.
- Confidential information and records about staff and children are held securely and only accessible and available to those who have a right or professional need to see them.
- We are aware of our responsibilities under the Data Protection Act 2018 and the General Data Protection Regulations (2018) and that this legislation does not limit the sharing of information in order to keep children safe and includes sharing information without consent.
- We will register with the Information Commissioner's Office as appropriate.
- All staff will read the setting's "Confidentiality Policy" as part of their induction procedure. Information will be shared on a strictly "need to know" basis.
- Records relating to individual children will be retained for a reasonable period of time in line with the settings retention of records policy.
- We recognise that all matters relating to child protection are confidential. The DSL will only disclose information about a child to other members of staff on a "need to know" basis.
- All staff must be aware that they cannot promise a child to keep secrets which might compromise the child's safety or wellbeing.

## **Security**

- All members of staff have a responsibility for maintaining awareness of the safety and security of our buildings and grounds and for reporting any concerns that may come to light. Risk assessments will be completed as appropriate.
- Appropriate checks will be undertaken in respect of visitors and volunteers coming into the setting (**Visitors policy**) Any individual who is not known or identifiable will be challenged for clarification and reassurance.
- The setting will not accept the behaviour of any individual (parent/carer/other) who threatens security or leads others (child or adult) to feel unsafe. Such behaviour will be treated as a serious concern and may result in a decision to refuse access for that individual to the site.

## **Complaints**

- We operate within a whole-setting community ethos and we welcome comments from children, parents/carers and others about areas that may need improvements as well as comments about what we are doing well.
- The setting has a **Complaints Procedure** available to parents/carers, children and members of staff who wish to report concerns. This can be found **the porch area on entry**.
- All reported concerns will be taken seriously and considered within the relevant and appropriate process. Anything that constitutes an allegation against a member of staff or volunteer will be dealt with under the specific **Procedures for Managing Allegations against Staff**.

## **Monitoring and Review**

This policy will be reviewed on an annual basis, however amendments will be made as and when necessary throughout the year. Staff will be made aware of all amendments.

## **Appendix 1 – Working Together 2018 Definitions of Abuse and Possible Indicators**

### **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.

## **Signs that MAY INDICATE Physical Abuse**

- Bruises and abrasions around the face
- Damage or injury around the mouth
- Bi-lateral injuries such as two bruised eyes
- Bruising to soft area of the face such as the cheeks
- Fingertip bruising to the front or back of torso
- Bite marks
- Burns or scalds (unusual patterns and spread of injuries)
- Deep contact burns such as cigarette burns
- Injuries suggesting beatings (strap marks, welts)
- Covering arms and legs even when hot
- Aggressive behaviour or severe temper outbursts
- Injuries need to be accounted for, inadequate, inconsistent or excessively plausible explanations or a delay in seeking treatment should signal concern.

## **Failure to Thrive**

- Child's weight/height falling below expected centile
- Skin dry and pale and hair thin and straw like
- Lack of energy, listless and lack of concentration
- Refuses food but drinks a lot of juice, vomiting and diarrhoea
- Failure to meet developmental milestones
- Behavioural problems

## **Emotional Abuse**

The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only 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 MAY INDICATE Emotional Abuse**

- Over reaction to mistakes
- Lack of self-confidence/esteem
- Sudden speech disorders
- Self-harming
- Eating disorders
- Extremes of passivity and/or aggression
- Compulsive stealing
- Drug, alcohol, solvent abuse
- Fear of parents being contacted
- Unwillingness or inability to play
- Excessive need for approval, attention and affection

## **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. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

**Child sexual exploitation** is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 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. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

### **Signs that MAY INDICATE Sexual Abuse**

- Sudden changes in behaviour and school performance
- Displays of affection which are sexual and age inappropriate
- Self-harm, self-mutilation or attempts at suicide
- Alluding to secrets which they cannot reveal
- Tendency to cling or need constant reassurance
- Regression to younger behaviour for example thumb sucking, playing with discarded toys, acting like a baby
- Distrust of familiar adults e.g. anxiety of being left with relatives, a child minder or lodger
- Unexplained gifts or money
- Depression and withdrawal
- Fear of undressing for PE
- Sexually transmitted disease
- Fire setting

### **Neglect**

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

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

### **Signs that MAY INDICATE Neglect**

- Constant hunger
- Poor personal hygiene
- Constant tiredness
- Inadequate clothing
- Frequent lateness or non-attendance at School
- Untreated medical problems
- Poor relationship with peers
- Compulsive stealing and scavenging
- Rocking, hair twisting and thumb sucking
- Running away
- Loss of weight or being constantly underweight
- Low self esteem

## **Appendix 2: Specific Safeguarding Issues**

### **Children Missing Education (pre-school sessions)**

Staff will be aware that children's non-attendance, particularly repeatedly, can be a vital warning sign of a range of safeguarding possibilities. Early intervention will be taken to identify the risk of any underlying

safeguarding concerns and the settings policy for following up on non-attenders will be followed. The setting will have at least two, up to date, emergency contacts for a child.

### **Child Sexual Exploitation (CSE)**

*'Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 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. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.'* (DfE Feb 2017)

Staff at our setting identify that CSE involves exploitative situations, contexts and relationships where young people receive something (for example food, accommodation, drugs, alcohol, gifts, money or in some cases simply affection) as a result of engaging in sexual activities.

Staff recognise that children at risk of CSE need to be identified and issues relating to CSE should be approached in the same way as protecting children from other risks. Staff are aware that sexual exploitation can take many forms ranging from the seemingly 'consensual' relationship where sex is exchanged for affection or gifts, to serious organised crime by gangs and groups. What marks out exploitation is an imbalance of power in the relationship. The perpetrator always holds some kind of power over the victim which increases as the exploitative relationship develops. Sexual exploitation may involve varying degrees of coercion, intimidation or enticement, including unwanted pressure from peers to have sex, sexting, sexual bullying including cyberbullying and grooming. However, it is also important to recognise that some young people who are being sexually exploited do not exhibit any external signs of this abuse or recognise this as abusive.

**This may apply to children, parents/carers, older siblings, staff or other members of the setting community.**

### **Child Criminal Exploitation (CE)**

Staff recognise that that criminal exploitation of children and vulnerable young adults is a form of harm, it is geographically widespread and may include drug networks or gangs grooming and exploiting children and young adults to carry drugs and money from urban areas to sub-urban and rural areas (County Lines exploitation). These cases will be referred to children's social care through the usual channels. Staff should also consider whether a child is at risk from extra familial abuse or exploitation.

### **'Honour Based' Violence (HBV), Female Genital Mutilation (FGM) and Forced Marriage**

Staff will be aware that HBV encompasses a range of crimes which have been committed to protect or defend the honour of the family and/or the community, including female genital mutilation (FGM), forced marriage, and practices such as breast ironing. It may also include non-violent forms of abuse.

FGM comprises of all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs.

A forced marriage is a marriage conducted without valid consent of one or both parties where duress is a factor. Forced marriage is not a religious or cultural issue - it is a human rights abuse.

Staff are alert to the risks and indicators of HBV/FGM and Forced Marriage and they are aware that they are all forms of abuse (regardless of the motivation) with long-lasting consequences and cases must be reported and escalated through the usual channels.

For further information including details of training staff should visit the SSP website links below.

[https://safeguardingpartnership.swindon.gov.uk/info/3/workers\\_and\\_volunteers/10/workers\\_and\\_volunteers/9](https://safeguardingpartnership.swindon.gov.uk/info/3/workers_and_volunteers/10/workers_and_volunteers/9)

[https://safeguardingpartnership.swindon.gov.uk/info/3/workers\\_and\\_volunteers/10/workers\\_and\\_volunteers/8](https://safeguardingpartnership.swindon.gov.uk/info/3/workers_and_volunteers/10/workers_and_volunteers/8)

### **Radicalisation and Extremism**

Staff realise that they have a duty to protect children from radicalisation and any form of violent extremism in line with the "Prevent Duty" (June 2015). Any concerns will be reported to the DSL.

In fulfilling this duty the setting will work closely with the SSP and will have regard to;

- Assessing the risk of children being drawn into terrorism, including support for extremist ideas that are part of terrorist ideology. This will be based on an understanding, shared with partners, of the potential risk in the local area. The setting will protect children from being drawn into terrorism by having robust safeguarding policies in place to identify children at risk, and intervening as appropriate;
- Staff training so that staff have the knowledge and confidence to identify children at risk of being drawn into terrorism, and to challenge extremist ideas which can be used to legitimise terrorism and are shared by terrorist groups. Staff should know where and how to refer children for further help;
- Online safety policies will ensure children are safe from terrorist and extremist material when accessing the internet by establishing appropriate levels of filtering;
- Promoting fundamental British values of democracy, rule of law, individual liberty, mutual respect and tolerance for those with different faiths and beliefs. These values are already implicitly embedded in the Early Years Foundation Stage curriculum.

Additional information about responding to online radicalization and extremism can be found in the settings **Online Safety Policy**.

Further information and details of training can be found on the SSP website;

[https://safeguardingpartnership.swindon.gov.uk/info/3/workers\\_and\\_volunteers/10/workers\\_and\\_volunteers/14](https://safeguardingpartnership.swindon.gov.uk/info/3/workers_and_volunteers/10/workers_and_volunteers/14)

### **Peer on Peer Abuse (sexual violence and sexual harassment)**

This is most likely to include, but is not limited to, bullying, gender-based violence, sexual assaults, sexting, intimate personal relationships between peers as well as hazing-type violence and rituals. Sexual harassment can include sexual comments, remarks and/or jokes and may take place online or in person, and may be standalone or be part of wider abuse. Peer on peer abuse can occur within an intimate partner relationship.

This form of abuse should never be tolerated or passed off as 'banter' or 'part of growing up'.

Staff will be alert to this form of abuse and aware that this form of abuse must be reported through the usual channels.

### **Domestic Abuse (DA)**

Staff recognise that all children who witness domestic abuse are being emotionally abused and this can cause "significant harm." Domestic abuse will always be referred to MASH.

DA is defined as any violent or abusive behaviour used by one person to dominate and control another within a close personal or family relationship. Children can witness DA in a variety of ways, they may be in the same room and get caught up in an incident, perhaps trying to defend the victim, they may be in a different room but able to hear abuse taking place and witness injuries caused by the abuse, or they may be asked to take part in verbally abusing the victim.

### **Children with Family Members in Prison**

Staff recognise that there are negative consequences for these children and they are at risk of poor outcomes so appropriate support will be put in place (<https://www.nicco.org.uk/>)

### **Homelessness**

Staff will be aware that being homeless or being at risk of being homeless presents a real risk to a child's welfare. The DSL will direct families to the Local Housing Authority for support and a referral will be made to children's social care if deemed necessary.

### **Private Fostering**

Staff will be aware that they have a mandatory duty to report any child in a "private fostering" arrangement, to the Local Authority.

Private fostering is defined as an arrangement whereby a child under the age of 16 (or 18 if the child has a disability) is placed for 28 days or more in the care of someone who is not the child's parent(s) or a 'connected person'



## Appendix 3

### **Sharing / recording concerns**

An individual with concerns about a child records these and shares these with the [Designated Safeguarding Lead](#) (DSL [Sara Dibley](#) or the deputy DSL [Jessica Woods](#) as soon as possible.



### Consideration

The DSL will consider the information, in the context of any other concerns/disclosures and decide on next steps. Where possible this should be done in consultation with others in the safeguarding team. Parents/carers should be involved at this stage, **unless to do so may place the child at increased risk of significant harm, in which case advice should be sought from MASH (01793 466903).**



### Referral to MASH (multi-agency safeguarding hub)

The DSL will make a telephone referral to **MASH on 01793 466903** followed up within 24 hours by a written referral, using [form RF1](#) (SSP website)  
The RF1 form must be signed and dated by the referrer.

*If a child discloses physical or sexual abuse where the alleged abuser is either a family member or someone resident within the household, the setting must consult the Duty Social Worker before informing parent/s.*



### No referral to children's social care

Actions will be agreed to monitor the child and support the child/ family where needed.

An Early Help Assessment (EHA) should be considered at this stage.



### Children's social care consideration

Children's social care decides within 1 working day what action will be taken, including if an assessment is needed and will **feedback to the referrer** (within 72 hours). This decision will be made using the [Swindon Threshold document, The Right Help at the Right Time.](#) (SSP website)



**No further action required (Level 1)**



**Early Help Assessment (Level 2)**  
Refer to the Early Help Hub

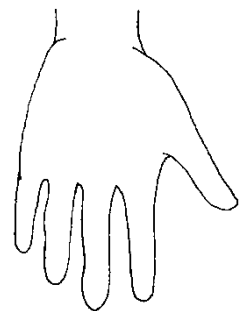
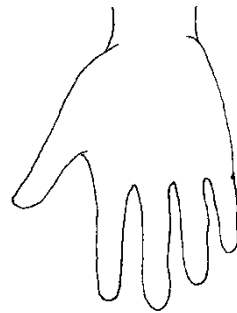
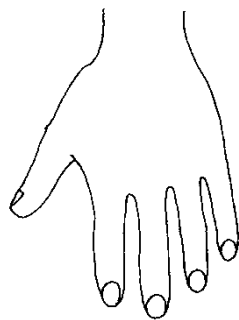
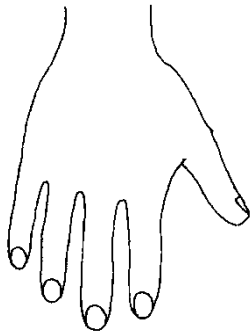
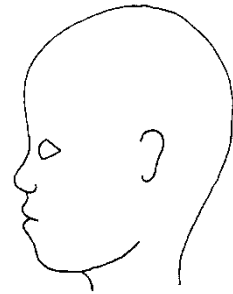
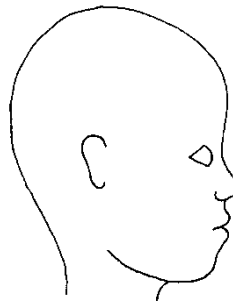
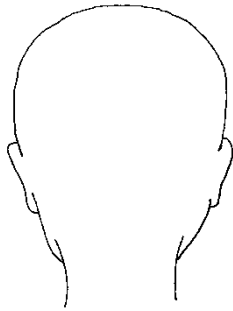
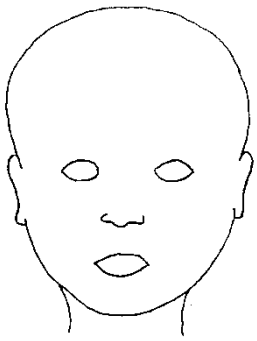
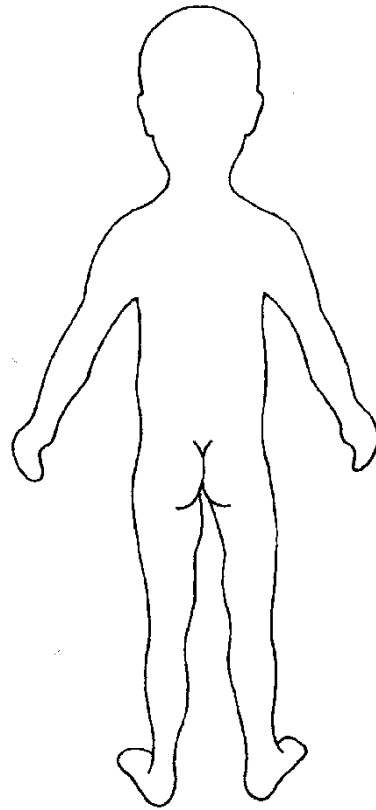
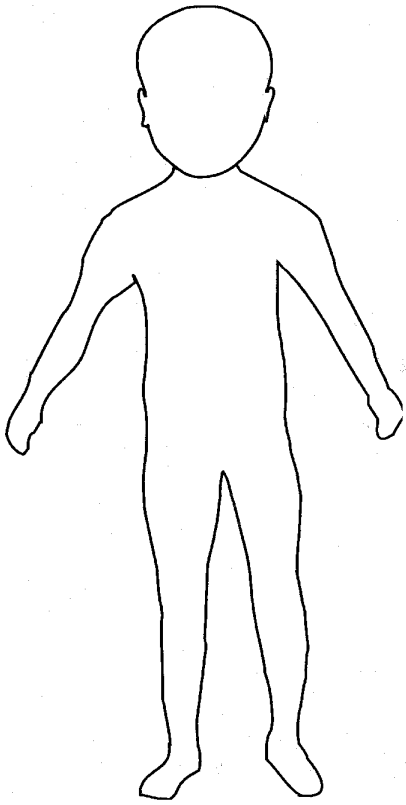


### Statutory Intervention (Level 3)

Children's social care agrees to assess, it could be a section 17 or section 47 assessment.

**If the child's situation does not appear to be improving the referrer should always press for re-consideration ([see SSP Escalation Policy](#))**

## Appendix 4



## **Appendix 5: National Support Organisations**

- NSPCC: Provide advice and support if you're worried about a child [www.nspcc.org.uk](http://www.nspcc.org.uk)
- ChildLine: Provide Information, advice and support for children [www.childline.org.uk](http://www.childline.org.uk)
- Family Lives: Provide support for families that are struggling [www.familylives.org.uk](http://www.familylives.org.uk)
- Crime Stoppers: Report information to prevent [www.crimestoppers-uk.org](http://www.crimestoppers-uk.org)
- Victim Support: Support for victims of crime [www.victimsupport.org.uk](http://www.victimsupport.org.uk)
- Kidscape: Parent Advice Line [www.kidscape.org.uk](http://www.kidscape.org.uk)
- The Samaritans: 24 hours support helpline [www.samaritans.org](http://www.samaritans.org)
- Mind: Provide support with mental health [www.mind.org.uk](http://www.mind.org.uk)
- NAPAC Support for People Abused in Childhood [www.napac.org.uk](http://www.napac.org.uk)
- MOSAC: Support for parents of children who have been sexually abused [www.mosac.org.uk](http://www.mosac.org.uk) [www](http://www.mosac.org.uk)
- Respond: supports people with learning disabilities, autism or both [www.respond.org.uk](http://www.respond.org.uk)
- Mencap: Advice and support for people with learning disabilities [www.mencap.org.uk](http://www.mencap.org.uk)
- Refuge: Help for women and children who have experienced domestic abuse [www.refuge.org.uk](http://www.refuge.org.uk)
- Women's Aid: Help and support in relation to domestic abuse <https://www.womensaid.org.uk/about-us/contact/>
- Men's Advice Line: Support for men who experience domestic abuse [www.mensadvice.org.uk](http://www.mensadvice.org.uk)
- Forced Marriage Unit: Forced marriage guidance <https://www.gov.uk/guidance/forced-marriage>
- Lucy Faithfull Foundation: Advice and guidance around preventing child sexual abuse [www.lucyfaithfull.org.uk](http://www.lucyfaithfull.org.uk)
- Stop it Now!: Advice and guidance around preventing child sexual abuse [www.stopitnow.org.uk](http://www.stopitnow.org.uk)
- Parents Protect: [www.parentsprotect.co.uk](http://www.parentsprotect.co.uk)
- CEOP: Advice and guidance in relation to online sexual abuse or child exploitation [www.ceop.police.uk](http://www.ceop.police.uk)
- Marie Collins Foundation: Support for children who suffer online abuse or exploitation [www.mariecollinsfoundation.org.uk](http://www.mariecollinsfoundation.org.uk)
- Internet Watch Foundation (IWF): Report online crimes [www.iwf.org.uk](http://www.iwf.org.uk)
- Childnet International: [www.childnet.com](http://www.childnet.com)
- UK Safer Internet Centre: support for professionals, parents/carers and children to make the internet a safer place. [www.saferinternet.org.uk](http://www.saferinternet.org.uk)
- Parents Info: Help and advice for families in relation to the digital world [www.parentinfo.org](http://www.parentinfo.org)
- Internet Matters: Helping carers keep children safe online [www.internetmatters.org](http://www.internetmatters.org)
- Net Aware: NSPCC keeping children safe online [www.net-aware.org.uk](http://www.net-aware.org.uk)
- Parent Port: Report concerns around inappropriate content on the media [www.parentport.org.uk](http://www.parentport.org.uk)
- Get safe Online: Free advice in relation to staying safe online [www.getsafeonline.org](http://www.getsafeonline.org)
- Professional Online Safety Helpline: [www.saferinternet.org.uk/helpline](http://www.saferinternet.org.uk/helpline)
- Educate against Hate: Government advice in relation to safeguarding children against radicalisation [www.educateagainsthate.com](http://www.educateagainsthate.com)
- Counter Terrorism Internet Referral Unit: Report online material promoting terrorism or extremism [www.gov.uk/report-terrorism](http://www.gov.uk/report-terrorism)
- True Vision: Report hate crime [www.report-it.org.uk](http://www.report-it.org.uk)

# **Appendix 6: Changes to Child Protection Arrangements During the Coronavirus Pandemic**

## **Guidance Documents**

### **Day to Day Running of Settings**

[Actions for early years and childcare providers during the coronavirus \(COVID-19\) outbreak](#)

[Early years foundation stage: coronavirus disapplications](#)

[Guidance for Safer Working practice - Addendum](#)

### **Safe Working and Protective Measures**

[Coronavirus \(COVID-19\): implementing protective measures in education and childcare settings](#)

[Safe working in education, childcare and children's social care](#)

### **Special Educational Needs and Disability (SEND)**

[Education, health and care needs assessments and plans: guidance on temporary legislative changes relating to coronavirus \(COVID-19\)](#)

### **Supporting Children's Mental Health**

[COVID-19: guidance on supporting children and young people's mental health and wellbeing](#)

This appendix has been prepared to explain the interim measures being taken within our setting to continue to meet our safeguarding requirements during the Coronavirus pandemic. This is an appendix to the main body of our Safeguarding and Child Protection Policy and will be effective from September 2020.

This appendix should be considered alongside the settings Covid 19 risk assessments/ systems of control and outbreak management information which can be accessed **in the Pink file in the hallway** and will be continuously updated in line with ongoing developments

- .
- We will endeavour to work within the most up to date Department for Education (DfE) and Public Health England (PHE) guidance (see above) and we will take all necessary steps to keep adults and children safe and well during this period.
- We will work closely with our local authority (Swindon Borough Council)
- Changes to policy, procedures and staffing will be communicated to staff, parents and volunteers, including any changes to arrangements for the DSL or Deputy.
- We will take a co-ordinated approach that provides compliant and effective information sharing for children who may move to other settings or other local authorities.
- We will continue to work in close partnership with other professionals in monitoring the safety and welfare of vulnerable children (children with a Social Worker or an EHCP). Where children aren't attending the setting, contact with the child and their family will be maintained via phone calls. Where there are safeguarding concerns we will contact the child's Social Worker.
- We are aware that children with SEND may find returning to the setting more challenging than other children and particular care will be needed in planning and supporting their return.
- We will be alert to disclosures from children who may have suffered abuse during the "lockdown" period and we will report concerns in line with our settings Child Protection Policy
- We will follow effective infection control and hygiene practices in line with the most up to date guidance from Public Health England. We have completed an infection control risk assessment and children will be supported by staff to follow procedures.
- We are aware that during this difficult time children may be anxious and worried. Staff will be made aware of the following PHE guidance; [guidance for parents and carers on supporting children and young people's mental health and wellbeing during the coronavirus outbreak](#). We will use the following strategies to support children who are experiencing anxiety and stress;
  - **Listen and acknowledge** – We will encourage children who feel anxious or distressed to communicate and express their feelings, in a safe environment, with people whom they can

trust. We will listen to children, acknowledge their concerns and support them during times of stress.

- **Provide clear information about the situation** – We will talk openly and honestly about what is happening with children, at an age appropriate level. We will answer their questions, as best we can, and explain what is being done to keep them safe and well.
- **Be aware of own reactions** – Children look to important and relevant adults in their lives for their 'emotional cues'. It is important that adults working with children stay calm and manage their own emotions as best they can.
- **Connect regularly** – We will stay in regular contact with children who are unable to attend the setting.
- **Create a new routine** – We will create new routines. We acknowledge that routines provide children with an increased feeling of safety, especially when things are significantly changing around them.

changes to our normal procedures are below: Staff are alerted verbally to any new guidelines asap.  
Updated October 2021

- We will be ensuring all children hand wash for 20 seconds more often than usual
- Visitors will be mainly outdoors but if indoors social distancing will be discussed.
- Visitors are able to wear masks if this is their decision.
- Parents will not enter the building unless agreed by the Manager.
- Children will be encouraged to sneeze and cough into a tissue and then binned. If this is not available into the elbow. Hands and arms thoroughly washed afterwards.
- PPE is worn for any nappy changing.
- Disinfectant will be used regularly on surfaces.
- Waterproof dressings will be used on staff wounds or lesions and will be asking parents to do the same for children entering the nursery.
- Items will not be shared.
- Children's toys from home will be discouraged.
- If a child develops coronavirus symptoms staff will follow systems of control.