

Policy

At Stepping Stones, we are dedicated to the support, development and promotion of high-quality care and education for the benefit of our children, families, and community. We are committed to safeguarding children and promoting their welfare.

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

- Behaviour Management
- Closed Circuit Television (CCTV)
- Data Protection and Confidentiality
- Inclusion and Equality
- Intimate Care
- Late and Non-Collection of a Child
- Lockdown
- Lone Working
- Lost Child
- Monitoring Staff Behaviour
- Mobile Phone and Electronic Devices
- Nappies Potty Training and Toileting
- Online Safety
- Safe Recruitment of Staff
- Social Networking
- Special Educational Needs and Disability (SEND)
- Student's and Volunteers

We ensure all staff, students and volunteers have the necessary knowledge and skills to carry out their duties and have sufficient understanding of how this policy and procedures support them in promoting and safeguarding the welfare of children. This is achieved through recruitment and induction processes and by offering ongoing training and support to all staff, appropriate to their specific role.

This policy is reviewed regularly to ensure it remains in line with statutory guidance. The effectiveness of this policy is monitored through staff reviews, appraisals, and feedback to ensure appropriate knowledge and awareness is in place.

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

Policy Intention

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

This policy applies to all children up to the age of 18 years whether living with their families, in state care, or living independently (*Working together to safeguard children, 2018*).

Safeguarding and promoting the welfare of children, in relation to this policy, 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.

(*Working together to safeguard children, 2018*)

Child protection is an integral part of safeguarding children and promoting their overall welfare. In this policy, child protection shall mean: the activity that is undertaken to protect specific children who are suffering, or are at risk of suffering, significant harm.

To safeguard children and promote their welfare we will:

- 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.
- Share information with other agencies as appropriate.

We promote:

- Always listening to children.
- Positive images of children.
- Children developing independence and autonomy as appropriate for their age and stage of development.
- Safe and secure environments for children.
- Tolerance and acceptance of different beliefs, cultures, and communities.
- British values.
- Providing intervention and help for children and families in need.

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

Aims

- Keep the child at the centre of all we do, provide sensitive interactions that develop and build children's well-being, confidence, and resilience. Support children to develop an awareness of how to keep themselves safe, healthy and develop positive relationships.
- Be aware of the increased vulnerability of children with Special Educational Needs and Disabilities (SEND), isolated families and vulnerabilities in families, including the impact of 'The Trio of Vulnerabilities' on children and Adverse Childhood Experiences (ACEs).
- Ensure that all staff feel confident and supported to act in the best interest of the child, maintaining professional curiosity around welfare of children, sharing information, and seeking help that a child may need at the earliest opportunity.
- Ensure that all staff are familiar and updated regularly with child protection training and procedures and kept informed of changes to local and/or national procedures, including thorough regular safeguarding updates.
- Make any child protection referrals in a timely way, sharing relevant information as necessary in line with procedures set out by the Local Authority (LA).
- Ensure that information is shared only with those people who need to know in order to protect the child and act in their best interest.
- Ensure that staff identify, minimise, and manage risks while caring for children.
- Take any appropriate action relating to allegations of serious harm or abuse against any person working with children including reporting such allegations to Ofsted and other relevant authorities.
- Ensure parents are fully aware of our **Safeguarding Policy 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 guidance or procedures issued by the LA.

Essential Contact Information

- Our **Safeguarding Contacts Poster** details contact telephone numbers for the LA Children's Social Care Team, Local Authority Designated Officer (LADO), Emergency Duty Team (Out of Hours), Local Safeguarding Partnership (LSP) and Early Help services, are displayed in the nursery office, entrance hall and throughout the nursery.
- These posters also contain contact details for the NSPCC, emergency, and non-emergency police, prevent, channel and anti-terrorist contacts. There are also details of organisations who can be contacted for whistle blowing purposes, including Ofsted.
- Internal contact information for DSLs and Central Support (CS) contacts are also included.

Procedures

Designated Safeguarding Lead (DSL)

(See 3.7 Designated People – Role and Responsibilities)

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

There is always at least one Designated Person (DP) on duty during the opening hours of the setting. Should there be no DP on site at any time during nursery opening hours, one person will be designated as 'on call'. They must ensure that the team are aware of who this is and how they can be contacted.

The designated persons receive comprehensive training at least every two years and update their knowledge on an ongoing basis, but at least once a year. They in turn support the ongoing development and knowledge of the staff team with regular safeguarding updates.

In the unlikely event that the DSL or Deputy DSLs cannot be contacted to ensure immediate action can be taken, contact the Local Safeguarding Partnership (LSP).

The role of the DSL is to:

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

In addition, the DSL is required to:

- Keep up to date with good practice and national requirements for safeguarding and child protection.
- Provide information on safeguarding and child protection for the nursery.
- Raise awareness of any safeguarding and child protection training needs and implement where necessary.
- Retain up to date knowledge of the role of the LSP arrangements and local child protection procedures.

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

Sharing low-level concerns

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

We define a low-level concern as:

- Any concern, no matter how small, that an adult working with children may have acted in a way that is inconsistent with our **Monitoring Staff Behaviour Policy and Procedures**, including inappropriate behaviour outside of work.
- A concern that may be a sense of unease or a 'nagging doubt' and does not meet the harm threshold or is serious enough to refer to the LADO.

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

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

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

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

- Meets, or may meet, the harm threshold (and so contact the LADO).
- Meets the harm threshold when combined with previous low-level concerns (and so contact the LADO).
- Constitutes a 'low-level' concern.
- Is appropriate and consistent with the law and our **Monitoring Staff Behaviour Policy and Procedures**.

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

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

This constitutes a record of low-level concern. We retain all records of low-level concerns in the safeguarding section of the employee's personnel file, with separate concerns regarding a single individual kept as a chronology. These records are kept confidential and held securely, accessed

only by those who have appropriate authority. Records will be retained at least until the individual leaves our employment.

If the low-level concern raises issues of misconduct, then appropriate actions following our company disciplinary procedures will be taken.

Monitoring children's attendance

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

We ask parents to inform the nursery prior to their children taking holidays or days off, and all incidents of sickness absence should be reported to the nursery the same day, so the nursery management are able to account for a child's absence.

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

If contact cannot be established, then we would assess if a home visit is required to establish all parties are safe. If contact is still not established, we would assess if it would be appropriate to contact relevant authorities, including the police, in order for them to investigate further.

Where a child is part of a child protection plan, or during a referral process, any absences will immediately be reported to the LA children's social care team to ensure the child remains safe and well.

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 LA children's social care team, police or LADO does not allow this to happen.

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

Support to families

As a nursery, we take every step in our power to build up trusting and supportive relationships among families, staff, students, and volunteers within the nursery.

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

Confidentiality

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

If uncertain about whether sensitive information can be disclosed to a third party, contact the DSL, or call the Information Commissioner's Office on 0303 123 1113. They will provide advice about the particulars relating to each individual case, including information which can and cannot be shared.

All staff, students and volunteers are bound by confidentiality and understand that any information must not be discussed out of work, either publicly or in private about the supposed or actual behaviour of a parent, child, or member of staff. or this will become a disciplinary matter.

Record keeping and data protection

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.

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 LA with the proviso that the care and safety of the child is paramount. We will do all in our power to support and work with the child's family.

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

Our *Data Protection and Confidentiality Policy and Procedures* will be applied with regards to any information received from an individual. Only people involved in the investigation should handle this information although any investigating body will have access to all information stored in order to support an investigation.

Definition of Significant Harm

The Children Act 1989 introduced the concept of significant harm as 'the threshold that justifies compulsory intervention in family life in the best interests of children'. It gives LAs a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm.

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

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

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

Definitions of abuse and neglect

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

(What to do if you're worried a child is being abused: Advice for practitioners, 2015 and Working together to safeguard children, 2018)

Indicators of child abuse

The signs and indicators listed below may not necessarily indicate that a child has been abused but will help us to recognise that something may be wrong, especially if a child shows a number of these symptoms or any of them to a marked degree:

- Failure to thrive and meet developmental milestones.
- Fearful or withdrawn tendencies.
- Unexplained injuries to a child or conflicting reports from parents or staff.
- Repeated injuries.
- Unaddressed illnesses or injuries.

- Significant changes to behaviour patterns.

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

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

Behaviour: Aggressive, habitual body rocking.

Interpersonal behaviours:

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

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

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.

Fabricated or induced illness (FII): A form of physical abuse, where a parent fabricates the symptoms of, or deliberately induces, illness in a child. The parent may seek out unnecessary medical treatment or investigation. They may exaggerate a real illness and symptoms, or deliberately induce an illness through poisoning with medication or other substances, or they may interfere with medical treatments. This may also be presented through false allegations of abuse or encouraging the child to appear disabled or ill to obtain unnecessary treatment or specialist support.

Female Genital Mutilation (FGM): A form of physical abuse where the female genital organs are injured or changed with no medical reason. The procedure may be carried out shortly after birth, during childhood or adolescence, just before marriage or during a woman's first pregnancy, according to the community.

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

If staff have concerns about a child or family, they must perform their mandatory duty and report to the police, any case where FGM appears to have been carried out on a girl under the age of 18 years old. They must also contact the LA children's social care team in the same way as for other types of abuse.

Breast Ironing: Also known as breast flattening, is a form of physical abuse where young girls' breasts are ironed, massaged and/or pounded down through the use of hard or heated objects in order for the breasts to disappear or to delay the development of the breasts entirely. It is believed

that by carrying out this act, young girls will be protected from harassment, rape, abduction, and early forced marriage. These actions can cause serious health issues such as abscesses, cysts, itching, tissue damage, infection, discharge of milk, dissymmetry of the breasts, severe fever.

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.' Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur separately.

Examples of emotional abuse include:

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

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

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

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 also commit acts of sexual abuse, as do other children. This policy applies to all children up to the age of 18 years.

Action must be taken if staff witness symptoms of sexual abuse including a child indicating sexual activity through words, play or drawing, having an excessive preoccupation with sexual matters or having an inappropriate knowledge of adult sexual behaviour, or language, for their developmental age. This may include acting out sexual activity on dolls or toys or in the role-play area with their peers, drawing pictures that are inappropriate for a child, talking about sexual activities or using sexual language or words.

Additional signs of emotional and physical symptoms are:

Emotional Signs:

- Being overly affectionate or knowledgeable in a sexual way inappropriate to the child's age or stage of development.
- Personality changes, such as becoming insecure or clingy.
- Regressing to younger behaviour patterns, such as thumb sucking or bringing out discarded cuddly toys.
- Sudden loss of appetite or compulsive eating.
- Being isolated or withdrawn.
- Inability to concentrate.
- Lack of trust or fear of someone they know well, such as not wanting to be alone with a carer.
- Becoming worried about clothing being removed.

Physical Signs:

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

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. 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 caregivers).
- Ensure access to appropriate medical care or treatment.
- Respond to their basic emotional needs.

An NSPCC briefing (July 2021) found neglect to be the most common form of abuse, with one in ten children in the UK having been neglected. Concerns around neglect have been identified for half of children who are the subject of a child protection plan or on a child protection register in the UK. Younger children are more likely than older children to be the subject of a child protection plan in England because of neglect, although research suggests that the neglect of older children is more likely to go overlooked.

Signs of neglect include a child persistently arriving at nursery unwashed or unkempt, wearing clothes that are too small (especially shoes that may restrict the child's growth or hurt them), arriving at nursery in the same nappy they went home in, or a child having an illness or identified special educational need or disability that is not being addressed. A child may also be persistently hungry if a caregiver is withholding or not providing enough food. A child who is not receiving the attention they need at home may crave it from other adults, such as at nursery.

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

Behaviour of a person (A) towards another person (B) is 'domestic abuse' if:

- A and B are each aged 16 or over and are personally connected to each other.
- The behaviour is abusive.

Behaviour is 'abusive' if it consists of any of the following:

- Physical or sexual abuse.
- Violent or threatening behaviour.
- Controlling or coercive behaviour.
- Economic abuse (any behaviour that has a substantial adverse effect on B's ability to acquire, use or maintain money or other property and/or obtain goods or services).
- Psychological, emotional, or other abuse.

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

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

Signs and symptoms of domestic abuse include:

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

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

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

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

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

Child sexual exploitation (CSE) and Child criminal exploitation (CCE): Forms of abuse that occur where an individual or group takes advantage of an imbalance in power to coerce, manipulate or deceive a child into taking part in sexual or criminal activity, in exchange for something the victim needs or wants, and/or for the financial advantage or increased status of the perpetrator or facilitator and/or through violence or the threat of violence. CSE and CCE can affect children, both male and female and can include children who have been moved (commonly referred to as trafficking) for the purpose of exploitation (*Keeping children safe in education, 2022*).

Child sexual exploitation (CSE): Where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child into sexual activity. 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 and may be without the child's immediate knowledge such as through others copying videos or images they have created and posted on social media.

Signs and symptoms 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 it is suspected 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 beyond that expected for their age or stage of development.
- 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): Where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child into any criminal activity. 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.

Other examples include children being forced to work in cannabis factories, being coerced into moving drugs or money across the country forced to shoplift or pickpocket, or to threaten other young people. Signs and symptoms of CCE are similar to those for CSE.

County Lines: The National Crime Agency (NCA) defines county lines as gangs and organised criminal networks involved in exporting illegal drugs from big cities into smaller towns, using dedicated mobile phone lines or another form of 'deal line.' Customers live in a different area to the dealers, so drug runners are needed to transport the drugs and collect payment.

Perpetrators often use coercion, intimidation, violence (including sexual violence) and weapons to ensure compliance of victims. A child is targeted and recruited into county lines through schools, further and higher educational institutions, pupil referral units, special educational needs schools, children's homes, and care homes.

Signs and symptoms include:

- Changes in dress style.
- Unexplained, unaffordable new things (for example, clothes, jewellery, cars etc.).
- Missing from home or school and/or significant decline in performance.
- New friends with those who don't share any mutual friendships with the victim, gang association or isolation from peers or social networks.
- Increase in anti-social behaviour in the community including weapons.
- Receiving more texts or calls than usual.
- Unexplained injuries.
- Significant changes in emotional well-being.
- Being seen in different cars or taxis driven by unknown adults.
- If involvement in county lines is suspected, then any concerns must be reported in line with our safeguarding procedures.
- A child being unfamiliar with where they are.

Cuckooing: A form of county lines crime. In this instance, the drug dealers take over the home of a vulnerable person in order to criminally exploit them by using their home as a base for drug dealing, often in multi-occupancy or social housing properties.

Signs and symptoms include:

- An increase in people, particularly unknown people, entering or leaving a home or taking up residence.
- An increase in cars or bikes outside a home.
- A neighbour who hasn't been seen for an extended period.
- Windows covered or curtains closed for a long period.
- Change in resident's mood and/or demeanour (for example, secretive, withdrawn, aggressive or emotional).
- Substance misuse and/or drug paraphernalia.
- Increased anti-social behaviour.

Child trafficking and modern slavery: When children are recruited, moved, transported, and then exploited, forced to work, or are sold.

For a child to have been a victim of trafficking there must have been:

- Action: recruitment, transportation, transfer, harbouring or receipt of a child for the purpose of exploitation
- Purpose: sexual exploitation, forced labour or domestic servitude, slavery, financial exploitation, illegal adoption, removal of organs.

Modern slavery includes slavery, servitude and forced or compulsory labour and child trafficking. Victims of modern slavery are also likely to be subjected to other types of abuse such as physical, sexual, and emotional abuse.

Signs and symptoms for children include:

- Being under control and reluctant to interact with others.
- Having few personal belongings, wearing the same clothes every day, or wearing unsuitable clothes.
- Being unable to move around freely.
- Appearing frightened, withdrawn, or showing signs of physical or emotional abuse.

Forced marriage: Defined as 'a marriage in which one, or both spouses, do not consent to the marriage but are coerced into it. Duress can include physical, psychological, financial, sexual, and emotional pressure.'

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

Honour based abuse (HBA): Described as 'incidents or 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.' (*Keeping children safe in education, 2022*). Such abuse can occur when perpetrators perceive that a relative has shamed the family and/or community by breaking their 'honour' code. It is a violation of human rights and may be domestic, emotional and/or sexual abuse such as being held against their will, threats of violence or actual assault. It often involves wider family networks or community pressure and so can include multiple perpetrators.

Signs and symptoms of HBA include:

- Changes in how the child dresses or acts, such as not 'western' clothing or make-up.
- Visible injuries, or repeated injury, with unlikely explanations.
- Signs of depression, anxiety, or self-harm.
- Frequent absences.
- Restrictions on friends or attending events.

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

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

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

Extremism and radicalisation: Under the *Counter-Terrorism and Security Act 2015*, there is a duty to safeguard vulnerable and at-risk children by preventing them from being drawn into terrorism. This is known as the Prevent Duty.

Children can be exposed to different views and receive information from various sources and 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; usually it's a gradual process so those who are affected may not realise what's 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.

Extremism: This is vocal or active opposition to the *Fundamental British Values*, which are:

- Democracy
- The rule of law
- Individual liberty
- Mutual respect and tolerance of different faiths and beliefs

The Prevent Duty: All staff have a statutory duty to have due regard to the need to prevent children from being drawn into terrorism.

We aim to ensure that vulnerable children of any faith, ethnicity or background receive support before their vulnerabilities are exploited by those that would want them to embrace terrorism, without undermining the *Fundamental British Values* such as freedom of speech, mutual respect and tolerance, all staff must respond to the ideological challenge of extremist views.

All our base rooms are safe spaces where children can understand and discuss a wide range of sensitive topics. In the process of promoting **Fundamental British Values**, team members need to protect children from the risk of radicalisation, whether these come from within their family or are the product of outside influences, so all staff are instructed to challenge extremist and radical views.

All the team need to be aware of safeguarding risks and staff should be alert to changes in children's behaviour which could indicate that they may be in need of help or protection and should use their professional judgement in identifying children who might be at risk of radicalisation and act appropriately which may include making a referral. If a member of staff has a concern about a particular child, they should follow the nursery's normal safeguarding procedures, including discussing this with the nursery's DSL. The local police force may also be contacted or dial 101 (the non-emergency police number). They can discuss your concerns and help gain access to support and advice. Also, they will advise if there is a requirement for referral to Channel.

Online Safety: While the growth of internet and mobile device use brings many advantages, the use of technology has become a significant component of many safeguarding issues such as child sexual exploitation and radicalisation.

There are four main areas of risk associated with online safety:

- Content - being exposed to illegal, inappropriate, or harmful material such as pornography, fake news, racist or radical and extremist views.
- Contact - being subjected to harmful online interaction with other users such as commercial advertising or adults posing as children or young adults.
- Conduct - personal online behaviour that increases the likelihood of, or causes, harm, such as making, sending, and receiving explicit images and online bullying.
- Commerce - risks such as online gambling, inappropriate advertising, phishing and or financial scams.

Online safety concerns must be reported to the Child Exploitation and Online Protection Centre (CEOP): <https://www.ceop.police.uk/Safety-Centre/>

Inappropriate content received via email must be reported to the Internet Watch Foundation (IWF): <https://www.iwf.org.uk/>

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 and is a criminal offence.

Procedures

Public interest disclosure (whistleblowing)

*'Whistle blowing is the term used when **someone who works in or for an organisation** wishes to raise concerns about malpractice, wrongdoing, illegality, or risk in the organisation (for example, crimes, civil offences, miscarriages of justice, dangers to health and safety), and/or the cover up of any of these. The malpractice has a public aspect to it, usually because it threatens others. It applies to raising a concern within the organisation as well as externally, such as a regulator. '(Ofsted, 2014)*

All safeguarding allegations, internal or external, current, or historical, must be passed on to the DSL. We will cooperate fully with the authorities involved and follow any guidance given. If you feel these are not the correct people to approach, please contact a member of the Senior Management Team (SMT) at CS.

We believe keeping children safe is the highest priority and if, for whatever reason, concerns cannot be reported to the DSL or deputy DSL, concerns can be reported anonymously to Ofsted, the NSPCC, the police, or the LA social services safeguarding children team.

It is recognised that this can be a sensitive and difficult situation for some, but all reports will be dealt with in confidence and appropriate advice sought from the LSP. Reported incidents will be investigated, including relevant staff on a 'need to know' basis. The necessary procedures will follow pending the investigation, in line with the LSP and Human Resources.

Allegations against adults working or volunteering with children

(See 3.12 Flow Chart)

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.
- 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 Manager On Duty (MOD). If this person is the subject of the allegation, then this should be reported to a member of the SMT at CS instead.

We will follow our own LSP website information about how to report an allegation and we would also inform Ofsted immediately in order for this to be investigated by the appropriate bodies promptly:

- Upon any allegation being reported, the individual must be removed from childcare duties immediately and given other tasks to complete such as learning journeys, cleaning, tidying resources, etc. At no point is the individual to have contact with any children.
- The individual is not to be told that an allegation has been made and no information is to be shared with the individual at this point.
- CS must be informed of the allegation immediately and of your intention to contact the LADO at the LA Children's Social Care Team immediately for advice and guidance.
- Allegations of serious harm or abuse by any person, living, working, or looking after children, whether the allegations relate to harm or abuse committed on the premises or elsewhere, must be reported to the LADO within one working day.
- Allegations must also be reported to Ofsted along with details of any action taken in respect of these. This must be carried out as soon as reasonably practicable, however, no later than 14 days after the allegation.
- Where a crime is alleged to have been committed, the police will also be informed.
- No investigation or information gathering exercise must begin until the LADO has been informed, as this may contaminate evidence.
- The LADO must be contacted regardless of the allegation or whether you believe it to be malicious or not.
- Following the LADO's recommendation, you must then report your discussions to CS and liaise with a member of the SMT regarding the next course of action.
- All directions given by the LADO must be followed exactly and in line with both the LSP's and Stepping Stones relevant procedures.
- A full investigation will be carried out by the appropriate professionals (LA Children's Social Care Team/Police/Ofsted) to determine how this will be handled.
- We will follow all instructions and co-operate entirely in any investigation by the LA Children's Social Care Team, Police, and Ofsted, and ask all staff members to do the same and co-operate where required.

- It may be required to suspend the individual for the period of the investigation. This is not an indication of admission that the alleged incident has taken place but serves to protect the individual as well as the children and their families throughout the process.
- Families of any children involved will need to be informed; we will take the advice of the LA Children's Social Care Team on how and when this should be done.
- The NM will support all those involved in an allegation throughout the external investigation in line with LA Children's Social Care Team support and advice, as it is understood this is a delicate matter.
- Rights of search; we ask that while on our premises, you assist us in any investigations, including if we feel that a search is necessary of your person, belongings and/or car.
- We ensure that all parents know how to complain about the behaviour or actions of staff, students or volunteers in the nursery, or anyone working on the premises occupied by the nursery, which may include an allegation of abuse.
- 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 their records are updated.
- 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 LA Children's Social Care Team and the police if an offence is believed to have been committed.
- 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 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.
- If the member of staff resigns during the investigation, we will inform DBS, Ofsted, and the police, where appropriate.
- 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 an allegation will not be taken seriously, or you are concerned about the company's approach to handling your allegation, then it is your duty to inform the LA Children's Social Care Team yourself directly.

Reporting procedure

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

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

	The role of the team member	The role of the DSL
Step 1	<ul style="list-style-type: none"> Contact the DSL immediately. This must be a verbal conversation to ensure the concern is clearly understood and action is taken. If the DSL is unavailable, contact the Deputy DSL, CS, LSP, NSPCC, social services, or police until you are able to have a verbal conversation. For children who arrive at nursery with an existing injury, an Existing Injury Form will be completed. If there are queries or concerns regarding the injury or information given, follow these procedures. 	<ul style="list-style-type: none"> If it is believed a child is in immediate danger, contact the police.
Step 2	<ul style="list-style-type: none"> On an Incident Statement, record: <ul style="list-style-type: none"> Child's name and address. Age and date of birth. Date, time and location of the observation or disclosure. Exact words spoken by the child (as close to word-for-word as possible) and non-verbal communication. Outline of the concern. Exact position and type of any injuries or marks seen and record these on a Body Map. Exact observation of any incident or concern reported and the names of any other person present at the time. Any known confidentiality issues. Signature and date of person making the statement and the DSL, NM or other nominated individual receiving the report. 	<ul style="list-style-type: none"> Sign and date the Incident Statement received from staff member. Securely store the information according to the nursery procedures. Contact CS for advice on next steps. If the safeguarding concern relates to a child, contact the Local Authority children's social care team, report concerns and seek advice immediately, or as soon as it is practical to do so. If the safeguarding concern relates to an allegation against an adult working or volunteering with children, contact the LADO and request a confirmation email of the report, then report the concern to Ofsted. A full investigation into any allegation will be carried out by the appropriate professionals to determine how this will be handled. Note any actions requested by the LADO / Ofsted and follow any instructions received.
Step 3	<ul style="list-style-type: none"> If you feel the report is not being taken seriously or you are concerned about the company's approach to handling your allegation (for example, if you feel the person in question will be inappropriately made aware of the allegation)), then it is your duty to inform the Local Authority children's social care team yourself directly. Follow all instructions from the Local Authority children's social care team and/or Ofsted, co-operating where required. 	<ul style="list-style-type: none"> If appropriate, discuss the concerns or incidents with parent(s), unless it is believed that this would place the child at greater risk of harm. Record all discussions (remember parents will have access to these records on request in line with GDPR and data protection guidelines) Follow all instructions from the Local Authority children's social care team and/or Ofsted, co-operating where required. Record information and actions taken on the Incident Form.

Step 4		<ul style="list-style-type: none"> If the DSL is not the NM and there is an allegation against a member of staff, then a member of the SMT at CS must be informed as we have a duty of care for our employees.
Step 5		<ul style="list-style-type: none"> If the Local Authority children's social care team have not been in contact within the timeframe set out in Working Together to Safeguarding Children (2018), it must be followed up. Never assume that action has been taken.
Step 6	<ul style="list-style-type: none"> Safeguarding procedures will be reviewed to ensure the process has been applied in line with the policy. 	

If a concern is raised anonymously and we have no contact details, we will treat the concern as valid and follow the procedures as above. If a malicious call is suspected, the procedures will still be followed: a child may be in danger. The Information Commissioners Office (ICO) will be contacted to ensure permitted data sharing.

Existing Injuries

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 you must report your concerns as above.

- For children who arrive at nursery with an existing injury, an **Existing Injuries Form** must be completed along with the parent's explanation as to how the injury happened.
- Details of how any injury or mark occurred must be recorded and signed by both parties before the parent leaves. It is not acceptable to leave this until the end of the day.
- If an injury is noticed after a parent has left the nursery, the staff member who found the injury must record it on an **Existing Injuries Record**. This must then be raised with the parent at the first suitable opportunity and their explanation of the injury recorded and the form signed by both parties.
- Clarification must be sought to ensure a clear description of the circumstances surrounding the injury is established. It is not enough to say an injury occurred 'at home', further explanation and clarification of exact locations and supervision is required.
- Staff will have professional curiosity around any explanations given, any concerns around existing injuries will be reported.
- After completion of an **Existing Injuries Record** this must be passed to the MOD who will review the information and decide if any further action is required such as further discussion with the parents, monitoring or reporting to CS or Local Authority children's social care team.
- The MOD must clearly record their reasons for taking or not taking any further action if this is their decision.
- Any further action taken must be recorded on the **Existing Injuries Record**.
- If appropriate, any concerns/or incidents will be discussed with the parent/carer and discussions will be recorded on a **Parent Communication Record**. 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:
 - Should a child be brought to you with serious injuries, an ambulance must be called, and the child taken to hospital. From this point follow the **Accident Policy and Procedures** and notify the LSP.
 - All bruising burns and scalds in non-mobile babies must be reported to the Local Authority children's social care team so that a joint decision can be made as to whether the child has suffered abuse. You are not permitted to investigate any allegations or concerns off your own merit. The Local Authority children's social care team will advise you of the correct course of action.

Keeping children safe is our highest priority and if, for whatever reason, staff do not feel able to report concerns to a DP they should call the LA Children's Social Care Team, the police or the NSPCC and report their concerns anonymously. Details on ways to do this can be found displayed in the nursery office, entrance hall and other locations around the nursery on **Safeguarding Contacts Poster**.

Escalation Process

When working in the arena of safeguarding children and young people, it is inevitable that at times there will be professional disagreements between agencies. It is vital that such disagreements are not allowed to adversely affect outcomes for children and young people. All LAs have protocol in place to set out the process for resolving professional disagreements between agencies.

Disagreements are most commonly seen in relation to:

- Criteria for referrals.
- Outcomes of assessments.
- Roles and responsibilities of workers.
- Service provision.
- Information sharing and communication.

In the event that you disagree with any other professional or agency in relation to safeguarding a child or young person you must follow the escalation process for your LA.

Recruitment and selection

Through the implementation of our **Safe Recruitment of Staff Policy and Procedures**, we endeavour to prevent unsuitable people from becoming members of staff. Procedures include relevant checks, such as requesting references, establishing the identity of applicants, and conducting criminal records disclosures. Where required, staff and stakeholders have enhanced DBS checks. Clear processes during the recruitment and selection process enable us to determine a candidate's suitability for the role.

We have specific responsibilities, as outlined in this policy, for any staff, apprentices, students, and learners under the age of 18 whether living with their families, in state care, or living independently.

Induction and probation

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

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

All staff are expected to keep their safeguarding knowledge and skills up-to-date and report any concerns they may have. We maintain records to ensure all staff have received the training they need. Updates on safeguarding is facilitated using the following methods:

- Online training courses, including EduCare.
- Internal training sessions and workshops.
- Approved external training sessions.
- Local authority training sessions.
- Daily questions and quizzes.
- Supervisions.
- Staff meetings.
- By DSLs.

As part of their training, staff are made aware of the increased vulnerability of children with Special Education Needs and Disabilities (SEND) and other vulnerable or isolated families and children.

Ongoing suitability of staff is monitored in line with our **Monitoring Staff Behaviour Policy and Procedures** and through:

- Regular supervisions.
- Termly declaration of staff suitability.
- Observations by peers and line managers.
- Termly checks on their DBS using the online update service.

Learners on placements or in employment

We hold responsibility for ensuring that learners on placement or in employment are familiar with and sign up to this policy and agree to work within this framework. Learners will receive safeguarding training prior to starting their placement.

Learners and students under the age of 18 will be protected as children. Risk assessments will be completed to ensure their safety and well-being are protected and supported during their employment or training period. If situations arise during employment or placement which identifies those aged 18 or under are at risk from abuse or neglect, we will contact the appropriate bodies to ensure the individual is safeguarded.

Responding to disclosures

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

If a child makes a disclosure, it is imperative that an appropriate response is given:

- Be considerate, caring, and sensitive to the child's needs and their disclosure.
- Give the child your full attention.
- Stay calm and listen carefully.
- Keep your body language open and encouraging, try not to look shocked.
- Be compassionate, be understanding and reassure them their feelings are important, use phrases such as 'you've shown such courage today'.
- Take time and slow down, respect pauses and be careful not to interrupt the child, let them go at their own pace.
- Recognise and respond to their body language to show understanding.
- Make it clear you are interested in what the child is telling you.
- Find an appropriate opportunity to say that the information will need to be shared.

- Do not make promises to the child about not telling anyone else. The child needs to know that someone who will help them will be spoken to.
- If a child discloses an issue, you must listen to the child; you must not interrogate the child. You may ask for clarification but must not ask leading questions.
- Use the four W's; Who, What, Why, Where or TED; Tell, Explain, Describe to help you remember the correct sort of questions to use.
- Misguided questioning in the first instance can do more harm than good, and may contaminate evidence, which could be needed in an investigation.
- Reflect back what they have said to check your understanding and use their language to show it is 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 and that you believe them.
- Explain to the child what you will do next, in an age-appropriate manner.
- Ensure the child is not left alone whilst you are making a record of the disclosure.

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 LA Children's Social Care Team or police does not allow this to happen. This will usually be the case where the parent or family member is the likely abuser or where a child may be endangered by this disclosure. In these cases, the investigating officers will inform parents.

When raising concerns with parents:

- It is good practice to discuss any concerns with the parent in the first instance, if it is appropriate. If you are unsure seek advice from your DSL.
- If you suspect sexual abuse or you feel an explanation given by the parent is inconsistent, or you believe the child may be at further risk by approaching the parent, or a criminal act has been committed, you need to contact the LA Children's Social Care Team and/or police without delay.
- You are not to approach a parent with your concerns if you believe it will place the child at further risk. If you feel the child is at risk, consult your DSL as this will need to be reported to the LA Children's Social Care Team and/or police.
- Communication with the parent must take place as soon as is reasonably possible. There must be an exceptional reason if this communication is delayed.
- You must be satisfied with the answer or explanation you are given, in order to take no further action. A record of the conversation must be made on a **Parent Communication Record** and held on the child's file.
- Should you believe the parent requires additional support to counteract your concern, then you should seek to do all you can to offer this by providing information via leaflets, websites, books, our policies, and procedures, etc or by signposting them to training or classes.
- Your original concern should be monitored, observed, and recorded, to ensure it has been resolved.
- If your original concern is not resolved, you will need to speak to the parent again. At this stage you need to decide on the next best course of action, this can be discussed with the DSL.

Information Sharing

Information sharing is essential for effective safeguarding and promoting the welfare of children and young people. It is a key factor identified in many child death local and national reviews and safeguarding practice reviews, where poor information sharing has resulted in missed opportunities to take action that keeps children and young people safe.

Fears about sharing information cannot be allowed to stand in the way of the need to safeguard and promote the welfare of children at risk of abuse or neglect. Every practitioner must take responsibility for sharing the information they hold and cannot assume that someone else will pass on information, which may be critical to keeping a child safe.

The seven golden rules for sharing information are set out in *Information sharing – Advice for practitioners providing safeguarding services to children, young people, parents, and carers (July 2018)*, along with principles intended to help practitioners share information between organisations. This guidance can be used to support practitioners in the decisions they take to share information. Practitioners should use their judgement when making decisions about what information to share and follow our company procedures or consult with their DSL if in doubt.

Early Help Services

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

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

Looked after children

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

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