CHILD PROTECTION & SAFEGUARDING POLICY & PROCEDURES

Setting details:

Setting name	Kirsty's Little Treasures (KLTs)
Designated Safeguarding Lead (DSL)	Kirsty Toolan Craig Hale Charlotte Bloyce
In the absence of the above Designated Safeguarding Lead's	Sarah Hale Emma Crowther Courtney Lindsay Charlotte Slater Vicky Bidmead
Registered Provider	Kirsty Toolan
Setting's Managers	Kirsty Toolan, Craig Hale & Charlotte Bloyce

External contacts:

Police- 24 hours non-emergency	101
Emergency	999
NSPCC Helpline	0808 800 5000
Ofsted	0300 123 1231
Family Front Door Or Community Social Worker	01905 822666 (Monday- Thursday 9.00-17.00, Friday 9.00-16.30) 01905 846057
Emergency Duty Team (EDT)	01905 768020
Prevent Team	01386 591835 01386 591816 01386 591825
Worcester Children First Early Years Team	01905 844048
Whistle Blowing Helpline	03001233155
Local Authority Designated Officer (LADO)	01905 846221
NSPCC Whistleblowing Advice Line	0800 028 0285

Introduction

This policy is continually being updated, we continually update our Child Protection and Safeguarding in line with Worcestershire County Council.

This policy has been developed in line with the Children's Acts 1989 and 2004, and in line with 'Working Together to Safeguard Children' 2023 and the recommendations of Worcestershire Safeguarding Children's Partnership (WSCP).

Kirsty's Little Treasures fully recognizes its responsibilities for safeguarding children under the current legal framework and this policy will support us in meeting these requirements. If we have any concerns about a child and their family, doing nothing is not an option'.

Kirsty's Little Treasures believes that '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' (EYFS 2023).

A child's safety, well-being & welfare to us at KLT's are paramount and have great importance. Safeguarding is everyone's responsibility; everyone who is involved in the care and education of young children has a role to play in safeguarding and promoting their welfare. Everything we do promotes the safety and wellbeing of the children and young people we work with, as well as that of children and young people in general.

We support children's personal, social and emotional development, and as part of this we teach children how to keep themselves and others safe. For example, we teach children independence, self-care and confidence, and we ensure that children understand personal boundaries and acceptable behavior towards others and themselves. More specifically we support children in understanding healthy and positive relationships and issues of privacy and respect.

Safeguarding is defined by Worcester Safeguarding Children's Partnerships as follows:
A set of processes that protect vulnerable people from abuse and neglect, and ensure they receive safe and effective care. Safeguarding also includes helping children grow up to be healthy, confident and happy adults. The WSCP is responsible for making sure that agencies work together to safeguard and promote the welfare of all children and young people in Worcestershire.

Child Protection is defined by Worcester Safeguarding Children's Partnerships as follows:
Part of safeguarding and promoting welfare. Child protection is the activity of protecting children who are suffering, or are likely to suffer, significant harm.

All children regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity, have the right to equal protection from all types of harm or abuse. A child's needs must always come first. We are in a unique position in which we can observe any changes in a child's behavior, appearance or personality, these indicators can sometimes mean abuse or neglect.

We believe that for safeguarding and good practice to happen, we need staff, volunteers and carers who are carefully selected, feel valued and encouraged, and are appropriately trained, managed and supported within their work.

Roles and Responsibilities

Safeguarding is everyone's responsibility and therefore all adults working within KLT's will:

- Take all necessary steps to keep children safe and well
- Be alert to any issues for concern in the child's life at home or elsewhere
- Promote good health
- Manage behaviour
- Follow the policies and procedures of KLT's and notify the relevant person or agency without delay if concerns arise.
- Disclose any convictions, cautions, court orders, reprimands or warnings that may affect their suitability to work with children.
- Notify management immediately if there is an unexplained absence of a child who is subject to a child protection plan.
- Meet the requirements of the Statutory Framework for the Early Years Foundation Stage (EYFS 2023)
- Keep appropriate and accurate records.

The Registered Person (Kirsty Toolan) is required to:

- Have regard to Working Together to Safeguard Children (2023) and the Prevent duty guidance for England and Wales (2023)
- Implement the requirements of the Early Years Foundation Stage (2023)
- Create a culture of vigilance where children's welfare is promoted and where appropriate and timely action is taken when necessary to safeguard children
- Make specific arrangements for children's safety and wellbeing, including:
  1. The requirements for first aid, policies and procedures for responding to children who are ill or infectious and those for administering medicines.
  2. Keeping a written record of accidents or injuries and first aid treatment and informing parents and/or carers of any accident or injury sustained by the child.
  3. Ensuring the premises are fit for purpose, compliance with health and safety legislation and appropriate risk assessment.
  4. Having an evacuation procedure and suitable fire detection and control equipment.
  5. Ensuring staffing arrangement meets the needs of all children and ensures their safety and implements a robust key person system.
- Notify local child protection agencies and Ofsted of any serious accident, illness or injury to, or death of, any child while in their care, and of the action taken.
- Only release children into the care of individuals who have been notified to the provider by the parent and ensure that children do not leave the premises unsupervised.
- Take all reasonable steps to prevent unauthorized people entering the premises.
- Record the required information about each child, name, date of birth, who has parental responsibility etc. and the required information about the registered provider and adults in regular contact with children
- Have a complaints procedure and records
- Keep attendance records
- Notify Ofsted of any changes, e.g. a new manager, the address of the premises, the name or address of the provider, any proposal to change the hours during which childcare is provided etc.

Craig, Charlotte and Kirsty are KLT's DSL'S (DESIGNATED SAFEGUARDING LEAD)

we will closely work together if/when a concern arises. We also have 5 other staff members who have completed this training. It is our responsibility to make a referral regarding a child that we have concerns about within the setting. We can complete an online referral form and submit it directly, which will speed up the process.

The named DSLs at the start of this policy take the lead responsibility and management oversight and accountability for child protection and will be responsible for coordinating all child protection activity.

The DSL must:

- Take lead responsibility for safeguarding children
- Liaise with local statutory children's services agencies.
- Provide support, advice and guidance to other staff on any specific safeguarding issues as required.
- Share child protection information with the DSL of any receiving setting or school when children leave the setting.
- Provide positive role models and develop a safe culture where staff are confident to raise concerns about professional conduct
- Safeguarding records will be stored securely

The DSL is given sufficient time, resources and funding to fulfil their role. They attend a training course which enables them to identify, understand and respond appropriately to signs of possible abuse and neglect and renew every 2 years.

The DSL will have a nominated deputy DSL in order to ensure that one of them is always available.

Staff members Safeguarding Responsibilities:

When we recruit a new staff member our Safeguarding and Child Protection Policy will be discussed in great detail; they will be made aware of the signs and symptoms of possible abuse, how to manage a disclosure, shown where they can locate further resources and support including The document 'Safeguarding and Child Protection Guidance for Early Years and Childcare Providers' (board in the staff room/kitchen) They will be told who the settings DSL's are and made aware of the other points of contact should the first ones be absent.

ALL STAFF MEMBERS WITHIN KLT'S WILL COMPLETE SAFEGUARDING TRAINING. AS SOON AS THEY START AT KLTS' THEY WILL THEN BE ENROLLED UPON A SAFEGUARDING LEVEL 1 COURSE AND THEN AFTER PROBATION THEY WILL ENROL ON A LEVEL 2 SAFEGUARDING COURSE, DATE DEPENDENT NEW STAFF MAY BE REQUIRED IN THE INTERIM TO COMPLETE ONLINE NOODLE SAFEGAURDING AND CHILD PROTECTION TRAINING. SOME STAFF WILL COMEPLTE LEVEL 3 TRANING TO BECOME A DSL. THIS TRAINING NEEDS TO BE REFRESHED EVERY 2 YEARS.

During a new staff member's induction period the correct procedure that must be followed should they have any worries or concerns around safeguarding will be discussed with them. This procedure is as follows:

- When appropriate inform the setting's DSL (i.e. respect confidentiality, take note of who's around and maintain professional)
- Follow any instruction given from the settings DSL and other outside agencies

(i.e. keeping records, observations, further communications with the necessary people)

- Remember to remain calm, professional and non-judgmental, do not take it upon yourself to make any decisions about further actions before discussing further with the DSL unless you feel that a child may be in danger.
- Staff members are informed that if they are not happy with the way a situation is dealt with in regard to safeguarding and they are concerned about the welfare of a child they must communicate their concerns directly to an outside agency, for example Social Care, Ofsted, Family Front Door.

Recognising Abuse and Neglect

During induction we talk with staff about the difference between Safeguarding and Child Protection and make sure they understand their roles within both we use the following phrases:

Child Protection: **REACTIVE-** *the way in which we react to suspected and/or actual cases of child abuse. Records we keep, actions carried out and meetings attended.*

Safeguarding: **PROACTIVE-** *the way in which we protect children from a possible case of abuse occurring; policies and procedures, recruitment, training and positive relationships with parents, carers and outside agencies.*

During a new staff member induction, we will use Section 3.1 of the Safeguarding and Child Protection Guidance to discuss and highlight definitions of Physical, Emotional, Sexual abuse and Neglect.

We will also use this section of the folder to talk about and discuss specific risks and signs of abuse to children for example children missing from education, child sexual exploitation, peer on peer abuse, children and the court system, children with family members in prison, homelessness, honor based violence, online safety, poor mental health, preventing radicalization, sexual violence or harassment between children and special educational needs and disabilities, fabricated illnesses, child criminal exploitation and gang affiliation, county lines, abuse linked to faith or belief, slavery and human trafficking, female genital mutilation, extremism.

For many children, abuse is a normal part of their lives, and they may not show any signs of ill-treatment.

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 in 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, protect a child from physical and emotional harm or danger, ensure adequate supervision or ensure access to appropriate medical care or treatment.** It may also include neglect of, or unresponsiveness to, a child's

basic emotional needs.

Affluent Neglect

Affluent neglect can be more difficult to spot, as this type of neglect experienced by children and young people is typically emotional. Affluent neglect can include not spending enough time with the child and putting excessive pressure on the child to be a high achiever and in wealthier families, there may be access to more material resources to hide physical and supervisory neglect whilst being psychologically or emotionally neglectful, for example lavish gifts being replaced with love and care.

Physical abuse

Physical abuse is 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/carer fabricates the symptoms of, or deliberately induces, illness in a child.

Fabricated illness

Fabricated illness is where a child is presented with an illness that is fabricated by the adult carer. The signs may include the carer exaggerating a real illness or symptoms, complete fabrication of symptoms or inducing physical illness.

Breast ironing/flattening

Breast ironing/flattening is the process where young girls' breasts are ironed, massaged and/or pounded down through the use of hard or heated objects in order for the breasts to disappear, or delay the development of breasts entirely. It is believed that by carrying out this act, young girls will be protected from harassment, rape, abduction and early forced marriage.

Sexual abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration, or non-penetrative acts. This may also include non-contact activities. It is important to understand that sexual abuse is not solely perpetrated by adult males, women can also commit acts of sexual abuse, as can other children.

Emotional abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and adverse effects of the child's emotional development.

Domestic abuse

The cross-government definition of domestic violence and abuse is any incident or pattern of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality.

Coercive behaviour

Coercive behaviour is an act or pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish or frighten the victim.

Child criminal exploitation and gang affiliation

Criminal exploitation interlinks with a number of multiple vulnerabilities and offences including a child being exposed to and/or the victim of physical and emotional violence, neglect, poor attendance, sexual abuse and exploitation, modern slavery and human trafficking. CCE is where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child into criminal activity, in exchange for something the victim needs or wants, and/or for the financial advantage of the perpetrators and/or through violence or the threat of violence.

County lines

County lines is a term used to describe gangs and organised criminal networks involved in the exporting of illegal drugs from big cities into smaller towns, using dedicated mobile phone lines. Coercion, intimidation, violence and weapons are all used to ensure the compliance of their victims.

Child sexual exploitation

CSE occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child into sexual activity, for the exchange of something that the victim wants or needs or for the financial advantage or increased status of the perpetrator or facilitator.

Abuse linked to faith or belief

This includes the belief in witchcraft, spirit possession, demons or the devil, the evil eye, dakini, kindoki, ritual or multi-killings and use of fear of the supernatural to make children comply with, for example, being trafficked for domestic slavery or sexual exploitation. Genuine beliefs can be held by children, families, carers and religious leaders that evil forces have entered the child and are controlling him or her. Abuse may occur when an attempt is made to ‘exorcise’ the child.

Modern slavery and human trafficking

Child trafficking is becoming a more frequent form of child abuse. Children are recruited, moved, transported and then exploited, forced to work or sold on. Victims of modern slavery are also likely to be subjected to other types of abuse such as physical, sexual and emotional abuse.

Female genital mutilation

FGM is a collective term for procedures which include the partial or total removal of the external female genital organs, or injury to the female genital organs, for cultural or other non-therapeutic reasons. FGM is medically unnecessary, is extremely painful, and has serious health consequences. It is an illegal practice in the UK.

Notification of a child’s death

In the event of a child death whilst in our care, we will take advice from Family Front

Door 01905 822666 out of hours contact 01905 768020, report to WSCP and OFSTED.

To report to the WSCP, we will complete a Notification of Child Death form and send it to the Child Death Overview Coordinator.

To report to OFSTED, please follow instructions as outlined in the fact sheet 'serious accidents, injuries and deaths that registered providers must notify OFSTED and local child protection agencies', which can be found on the OFSTED website.

A critical incident report will be written and an RIDDOR report will be sent to the health and safety executive, the nursery director is responsible for this. All relevant agencies will be contacted.

Child absence:

We will consistently monitor any child's absence from the setting; we always expect to be informed by parents via a phone call or text message before or on the day of their child's absence (parents are informed of this within their first initial settling in session). Holidays are usually communicated in advance.

If a child is absent from nursery and we have not been notified of this absence, we will try to contact the family to make sure that the child is ok. Every effort will be made to contact the family and to check the welfare of the child; if contact cannot be obtained and unauthorised absences consistently occur, we may need to contact outside professionals or consider making an online safeguarding referral. Repeated phone calls, emails, messages and maybe even a home visit will be carried out in order to check the welfare of the child- if prior safeguarding concerns are present then the time scale trying to make contact with the family may be shorter- we may feel that an immediate referral needs to be made or an immediate call to the police.

Operation Encompass:

Operation Encompass is a police and education early intervention safeguarding partnership enabling support for children and young people who are experiencing domestic abuse. 4 of KLT's members of management have completed the training course for us to be an 'Operation Encompass' recognised setting. These 4 staff are classed as the 'Key Adults'.

This means that all police attended Domestic Violence incidents will be shared with us. These incidents will be confidential and only shared on a need-to-know basis.

Procedure for responding to concerns

Managing & responding to a disclosure:

A Disclosure occurs when a child indicates directly or through play or drawings, for example, that he or she has been or is being abused in some way. Occasionally a disclosure may be very clear and contain specific details about whom, or what was involved, or where and when apparent abuse took place. More commonly disclosure emerges as part of routine, activity or conversation.

During their induction new staff are given information about how to talk to children about potential abuse and how to respond to a disclosure. It is vital that an appropriate response is given. This will also be looked at in staff meetings, supervisions and appraisals.

If a child makes a disclosure, we will:

- Contain our own reaction as far as possible. (try not to look shocked or in disbelief)
- Do listen to the child
- Record the information
- Discuss with the DSL
- not interrogate the child (do not ask leading questions e.g. did mummy do that) a leading question is a question that may suggest an explanation of what happened.
- not make any promises to the child about the passing on of information.
- Discuss with the DSL to determine the most appropriate course of action.

We will use **TED** questions:
Tell- me more about that
Explain that to me
Describe- that to me

As well as **open** questions:

- **What**- happened
- **Who**- was that?
- **Where**- were you
- **When**- was that
- **How**- did that happen

Sharing concerns with parents and carers' concerns will generally be shared with the child's parents/carers. This can eliminate misunderstandings and can help us better understand the needs of the child and the family situation. It also ensures that our relationship with parents is built on trust and openness. Parents are fully involved in decision making and we seek consent to share information.

Communication with parents is crucial in order to safeguard and promote the welfare of children effectively; we will always undertake appropriate discussion with parents prior to the involvement of outside agencies unless to do so would place the child at further risk of harm or would impede a criminal investigation.

Information sharing is vital to safeguarding and promoting the welfare of children and young people. It is paramount that at KLT's we share, monitor and record any concerns and worries that we may have. Any concerns will firstly be discussed with the child's family, and where possible we will seek their agreement to making a referral to Children's Social Care. This will only be done when we are confident that such discussion and agreement seeking will not place the child at increased risk of significant harm or obstruct any potential criminal investigation.

If we are concerned about the sharing of information and do not have consent, we will contact the Family Front Door and ask for their support and advice. A record of factual notes and observations detailing any concerns that we have about a child will be kept; they will be signed and dated for future reference. Information, records, observations etc. regarding any concerns that we experience will be treated as highly confidential. They will be stored in a safe and secure place within the office, and concerns will be

shared on a need-to-know basis. All suspicions and investigations are kept confidential and shared only with those who need to know.

We will use the WSCP 'Levels of need guidance' to help us and support us within our decisions. referrals, information sharing/recording and notes/observations being made. At times we may need to use some professional curiosity and contact other professionals and agencies, such as doctors, to ask some questions; permission from parents/carers would be sought where necessary before this was to happen. Information will only be shared with staff members on a need-to-know basis; some information may need to be kept confidential.

We use the 'Levels of Need' in order to support our professional judgment in responding to the needs of children and young people. We have an up-to-date diagram upon our Safeguarding board, which displays all of the levels and helps us to decide where we think a child and/or their family may be at, this helps us within our referral. If possible, we will avoid a formal process, but when a child's situation becomes more complex or there appears to be increased risk, it may be necessary to draw up more formal plans with the family in order to coordinate the work.

The steps that will lead us to making a referral will be:

1. Having concerns about a child
2. Discussing concerns with appropriate person within setting, maybe the parents too dependent upon the concerns.
3. If we are still concerned that the child is at risk of significant harm, we will refer either to the Family Front Door (level 4) or via an online referral to Children's Social Care (lower levels).
4. If a child seems to be in immediate danger, we will contact the police.
5. If we have concerns but they are not related to child protection, we will discuss these concerns directly with the parents/carers. It may be that they need support from the Family Front Door or Children's Services as a 'child in need'; we could then refer the child and/or family to Health Visitors, GP, Children's Centers; we could also complete an Early Help and Assessment Plan.
6. If we are not in agreement with the Family Front Door about the level of need and appropriate action, we will use the Levels of Need Guidance to support a professional discussion with the decision maker, and if still unsatisfied we will use the WSCB Escalation Policy, In the meantime we will continue to observe the child and support them and their family. If necessary, we would make another referral.

A Referral to Children's Social Care will be completed online via www.worcestershire.gov.uk. We would take any action as informed; unless we are not in agreement with the outcome from the Family Front Door then we would escalate our concerns and follow the WSCB' Escalation Policy.

Referral forms will be printed and saved within the child's safeguarding file

Open cases: If there is new information about a child who already has an allocated social worker; we share this directly with them.

Supporting children

We recognise that children who are abused or witness violence may find it difficult to develop a sense of self-worth. They may feel helplessness, humiliation and some sense of blame. We acknowledge that settings may be the only stable, secure and predictable element in the lives of children who have been abused or who are at risk of harm, and we are aware that research shows that their behaviour may be challenging and defiant or they may be withdrawn.

The setting will endeavour to support all children by:

- Encouraging self-esteem and self-assertiveness, as well as promoting respectful relationships, challenging bullying and humiliating behaviour
- Promoting a positive, supportive and secure environment giving children a sense of being valued
- Consistently applying strategies to which are aimed at supporting vulnerable children and supporting children in understanding that some behaviour is unacceptable but that they are valued and not to be blamed for any abuse which has occurred.
- Liaising with other agencies that support the child such as Children's Social Care and Early Help providers.
- Notifying the Family Front Door immediately if there is a significant concern and the child could be at risk of significant harm.
- Providing continuing support to a child about whom there have been concerns if they leave the setting by ensuring that appropriate information is forwarded under confidential cover to their new setting. A copy of records (which may potentially be required as evidence in the future), will be retained until the child has reached the age of 25 years.

Adverse Childhood Experiences (ACES)

ACES are serious childhood traumas that result in a toxic stress that can harm a child's brain. This toxic stress may prevent a child from learning, from playing in a healthy way with other children and can result in long-term problems.

During induction new staff members will be made aware of possible ACES as well as the effects that they can have upon a child.

ACES can include physical, emotional, sexual abuse and neglect, Domestic violence, substance misuse, parental separation, bullying, racism, sexism, discrimination, homelessness, natural disasters the list is endless.

Exposure to childhood ACES can increase the risk of adolescent pregnancy, alcohol abuse, depression, drug use, heart/liver disease, STD's, suicide attempts, unintended pregnancies; again the list is endless.

Resilience can bring back health and hope; resilience is ability to return to being healthy and hopeful after bad things happen. Research shows that if parents/carers provide a safe environment for their children and teach them how to be resilient, that helps reduce the effects of ACES.

Positive Physical Intervention:
Physical intervention will only be used by a staff member as a last resort when managing unwanted behaviour, at all times minimal force will be used to prevent injury or damage property; it will only be used to ensure the safety of the child and the other children. In exceptional circumstances where a child is compromising the safety of themselves or others the child will be carefully held where possible by 2 adults and taken to a safety zone.

Physical intervention of a nature that causes injury or distress to a child may be considered under management of allegations or disciplinary procedures. We recognise that physical contact and touch is appropriate in the context of working with children and all adults in the setting have been given safe working practice guidance during their induction; this ensures that they are clear about their professional boundaries. We also have CCTV within the nursery which records constantly, and we are able to play it back at any time, this is an extra safeguarding precaution, which we would rely on if the need occurred.

Record Keeping

Recording information: clear records support decision-making; it is paramount that observations and records are kept, and these are factual, clear, informative and confidential. Information needs to be recorded as quickly as possible to ensure it is accurate. Very occasionally concerns may be part of a 'jigsaw' picture of abuse. It is therefore important that concerns are always recorded factually and accurately along with any decisions or action taken. This information is highly confidential and must be stored within the office and only shared on a 'need to know basis'. Records should be a factual account of what was seen and heard, containing the child's own words where appropriate. Records will be kept until the child is 25. The child is identified by name and date of birth on each page, and we do not use abbreviations. Blank spaces or alterations are scored through with a single line, and the original entry remains legible. They are written in permanent black ink, dated, timed, signed and stored securely.

Records describe the care and condition of the child and may include professional opinion which would be clearly indicated. They also include the comments and views of both the child and the parents/carers.

An individual file chronology is used as a summary of incidents, concerns and actions, to support monitoring.

A safety and welfare concerns form are used to record specific concerns and are completed by the person identifying the concern. The completed record is given to the DSL immediately for consideration and /or action.

A safety and welfare concerns continuation form are used following the recording of a concern, to record additional information.

An **individual child protection file** is started for a child when:

- There are welfare and or safety concerns.
- The child has been referred to the Family Front Door
- There is Children's Services Social Care involvement with the child/family.
- We are participating in multi-agency support.

If concerns relate to more than one child from the same family attending the setting a separate file for each child is created and cross referenced to the records of other family members. Common records, e.g. child protection conference notes, are referenced in each file. Other files relating to the child, for example SEN information, are also cross referenced.

An individual child protection file includes:

- Front sheet
- Individual chronology
- All safety and welfare concern forms relating to the child
- Any notes initially recorded
- Records of discussions, telephone calls and meetings (with colleagues, other agencies or services, parents and children/young people)
- Professional consultations
- Letters sent and received
- Referral forms
- Minutes/notes of meetings (copies for each child as appropriate)
- Formal plans linked to the child (e.g. Child Protection Plan)

Security, storage and retention of information: Safeguarding/child protection records kept upon the children need to be treated as confidential and only accessible to those who have the permission to access them. Individual files are stored securely and separately for the child's safeguarding information so that they are shared only on a need-to-know basis. The incident book will be stored within the office in the locked filing cabinet alongside the Safeguarding and child protection file, where each child will have its own small chronology. Any incident chronologies, welfare concern forms and body maps will be kept within a separate file within their personal information, this file will be confidential and individual file. Safeguarding records will be kept until the child is 25 years of age.

Parents have the right to access information held about their child so records are shared with them if they make this request; however, there are some exceptions; for example, if this would place the child at risk of significant harm.

Transfer of Child Protection records at transition

Records are transferred at each stage of a child's education, when they move from one establishment to another, either at normal transfer stage such as moving from nursery to school, or as the result of a move such as a transfer to a different area. They are transferred within 5 days and are passed directly and securely to the safeguarding lead in the receiving establishment. They are transferred by hand if possible or signed for if posted.

In order to safeguard children effectively, when a child moves to a new educational establishment, the receiving establishment is immediately made aware of any current child protection concerns, by telephone prior to the transfer of records.

Children in more than one setting.

Where children attend more than one setting any existing child protection records are shared with the new establishment **prior to the child starting**, to enable the new establishment to risk assess appropriately.

We keep a copy of the transfer form along with a copy of the chronology of events and any records pertaining to the establishment (e.g. completed 'Welfare Concern' forms).

Children subject to a Child Protection (CP) Plan

If a child is subject to a Child Protection Plan at the time of transfer, we speak to the

safeguarding lead of the receiving establishment giving details of the child's key Social Worker from Children's Social Care Services and ensuring the establishment is made aware of the requirements of the child protection plan.

Receiving establishment unknown
If a child, subject of a child protection plan leaves and the name of the child's new education placement is unknown, the DSL will contact the child's Social Worker to discuss how and when records should be transferred. Where the records are of prior child protection/welfare concerns, and there is not an open case or a social worker involved with the family, the DSL will inform the Family Front Door. Child protection files would be retained by us and transferred to the new setting, once known, or destroyed once the child has reached the age of 25.

Building a safer workplace

Please see Recruitment Policy, Whistle Blowing Policy, Induction checklist

Within their supervision, appraisals and staff meetings staff are asked about safeguarding and whether they have any concerns; but they also know to come to us before their supervision if they are really concerned or worried about a child, their family or a staff member.

All people within the setting will be educated around 'whistle blowing' and the role and responsibility that they play within it. They will be encouraged to voice any concerns, in good faith, without the fear of repercussion. They will be made aware of their individual responsibility of bringing concerns to my attention, this is very important where the welfare of children may be at risk.

Staff Training: All staff complete safeguarding training at least every three years. The DSL, Deputy DSL, manager and registered provide complete training at an appropriate level and refresh every 2 years. The quality and effectiveness of training is evaluated following each course and Babcock Prime training is used as we are confident that this meets the requirements of the different roles, Ofsted expectations and the recommendations of the WSCP.

Safeguarding is always on the agenda for staff meetings and all staff are provided with updates at least twice annually.

Disqualification: Staff are required to disclose any convictions, cautions, court orders or reprimands and warnings which might affect their suitability to work with children, whether these occur prior to, or during, their employment at the setting.

(DBS) Disclosure and Barring Service –

- All positions offered are subject to a satisfactory DBS and references, all new staff members will be asked to complete a new DBS.
- In order for this, all staff will be required to complete an online application and will be requested to provide suitable forms of identification
- Once a DBS application has been made, the staff member can begin their employment, and it will be ensured that the staff member is **not** left unsupervised with any children until a satisfactory DBS has been obtained.

- If concerns are raised with a member of staff relating to their DBS, discussions will take place which may lead to their contract being terminated and the offer being retracted.

Showing affection towards the children- Under no circumstances are staff allowed to ask the children for a kiss, if the children wish to give us one, we can offer the cheek or ask them to blow a kiss which we can return (via an air kiss/blow). Staff can cuddle the children; to show empathy and reassure the child- always remaining professional; we have the CCTV in place to safeguard the children and staff.

Staff are encouraged not to place children on their laps but if a child wants to sit on our lap, we will allow them to do so- again we have the CCTV in place to safeguard both the child and staff. Staff will not show favoritism towards a child or treat any children differently e.g. buying them gifts, always selecting them first, giving them chocolate and no one else has any etc.

Concerns around a person in a position of trust

Please also see 'managing allegations' policy

Concerns around a person in a position of trust – what to do if you have a concern about a member of staff/volunteer/student doing or being involved in something that could cause a question as to their suitability of working with children.

A person in a position of trust refers to anyone who carries out work, paid or unpaid, who has access to children and/or to privileged information about children as a part of their work.

Although it is an uncomfortable thought, it needs to be acknowledged that there is the potential for staff in the nursery environment to abuse children.

If an allegation has been made, the following procedures will come into effect:

- All staff working within our organisation must report any potential safeguarding concerns about an individual's behaviour towards children and young people immediately.
- Allegations or concerns about colleagues and visitors must be reported directly to the DSL and this information should immediately be passed onto the director (Kirsty Toolan)
- When an allegation is received, key facts relating to the allegation will be sought, clarifying information by asking **who, what, where and when,** but no member of staff should conduct any in-depth interviews.
- The person will be removed from any unsupervised, direct contact with the children (a risk assessment will determine whether or not the person will need to be suspended)
- The director will contact the Local Authority Designated Officer (LADO) on 01905 84622, Family Front Door will be contacted where required if a child has been subjected to harm/abuse.
- If following the consultation with the DSL/director results in any undue delay, the staff member must contact LADO directly.
- Following the advice given, we will inform the staff that an allegation has been made against them.
- We will not at any point tell the person the nature of the allegation or who has

made them
- If the parent/carer of the child is not already aware, we will immediately inform them.
- All incidents/concerns will be reported to OFSTED in line with the EYFS Safeguarding and Welfare Requirements.

We now have in place a 'Lock down' procedure for both settings which outlines what action to take should this situation occur.

Redbrick Lockdown Procedure

By using the word 'squash' this is how we tell colleagues within the setting discreetly that there is a threat, this would be over the walkie talkies or verbally/written down.

Run – to the safe place (cot room).
Hide- Barricade the door with anything possible.
Tell- call 999 ask for police.

Ensure that there is a mobile phone to contact police and parents/carers. All parents/carers contact numbers to hand. (Use Nursery/Charl/Sarah phone).

All staff are to help children get up the stairs and as soon as children are safely placed in a cot then repeat.

Shenstone Lockdown Procedure

By using the word 'Lockdown' this is how we tell colleagues within the setting discreetly that there is a threat, this would be over the walkie talkies or verbally/written down.

Run – to the safe place (downstairs office, soft play, upstairs focus room)
Hide- Barricade/lock the doors with anything possible.
Tell- call 999 ask for police.

Ensure that there is a mobile phone to contact police and parents/carers. All parents/carers contact numbers to hand. (Use Nursery/Craig/Emma phone).

All staff are to help children get to a safe place.

Electronic Devices

Mobile phones and cameras:
Staff are all likely to own a mobile phone and wish to bring it to work. Mobile phones must be stored in the office within their own personal box, the boxes are checked during the day on a number of occasions to make sure that they are all within the office. Phones must be kept silent; staff are permitted to have their phones during their breaks; they can only be used on the premises within the staff room.

We must ensure the safe and effective usage and storage of our mobile phones; as we will continue to use them within the workplace, whilst on breaks. Under no circumstances will our personal mobile phones be used to take photographs of the children, only our onsite setting tablets and nursery phones will be used. Staff are

encouraged to give the settings contact number to their next of kin in case of an emergency. If pictures are placed on social media of the children participating within activities parents' permission is sought during a child's transition and the child's face will be blurred; parents are able to decline this from taking place

Smart Watches:
If a staff member wears a smart watch to work, it is expected that they will turn off notifications or blue tooth. If it is deemed that a smart watch is impacting upon a practitioner's work, they will be asked to remove it. Under no circumstances will a smart watch equipped with a camera be allowed to be worn.

Parents and carers, when on the premises, will not be able to use their mobile phones, this includes taking photos of the children or taking personal phone calls or text when on site. Visitors will also be told that that they are not permitted to use their mobile phone on site.

Photographs of children may be taken in the interests of recording development and significant events; we have iPad on site that we use to take photographs of the children and the nursery phone. If an outside photographer is used, then full parent/carer permission will be sought before any photographs are taken. Additional consideration is given when photographing vulnerable children, parental consent must be given by someone who has parental responsibility, this may in some cases be from the Local Authority. Permission will be sought if we wish to include any of the children within our website, in doing so the risks will be considered and we would not include any vulnerable children; children would always be appropriately clothed.

Use of Electronic Assessment Tools:

- We have chosen to use the electronic system called Blossom for our observations and learning journeys. Before we made a decision on using this tool, we tried it for a couple of weeks and looked into the safety and security of the system. Please see the attached information sheet outlining the safety measures that have been put into place by Blossom to ensure that their system is safe and secure.
- Staff have received training on how to use the Blossom system safely and are all-confident within doing so, if they have any questions or concerns, they know how to approach a member of management.
- Staff only use the settings devices to access electronic journals and do not use any personal device to gain access. Staff will not access or update children's information outside of the setting and all tablets are password protected.
- Photographs are only taken on the settings tablets and the nursery phone; staff will follow the settings policy for the storage and retention of photographs.
- Members of the management team can access the Blossom platform during times that the nursery is closed and whilst they are off the nursery site, this is to facilitate the smooth running of the nursery. In addition to this, our setting SENCO, Gemma, has access to Blossom, Support Plans & IPM's and emails from home.

CCTV

Kirsty's Little Treasures uses Closed Circuit Television (CCTV) images to assist in ensuring a safe and secure environment for the benefit of the children, staff, parents/carers and visitors. The settings CCTV monitors continuously 24 hours a day.

CCTV within the nursery environment allows:

- Assist in the overall security/safeguarding of individuals, premises and equipment
- Ensure high standards of care are maintained
- Increase learning opportunities for staff
- Facilitate the identification of any incident which may necessitate action being taken including evidence for concerns or allegations

The nursery director (Kirsty Toolan) and the associate director (Kyle Toolan) have overall responsibility for the CCTV images. Viewing of recorded images of CCTV are restricted and only those with access can view CCTV in accordance with the purposes of the system. Kyle has access to the CCTV offsite and this includes audio.

The use of the CCTV system within the nursery takes into account its effect on individuals and their privacy, with regular reviews to ensure its use is justified.

Prevent

Prevent duty:
Prevent is one of the 4 elements of CONTEST, the government's counter-terrorism strategy. It aims to stop people becoming terrorists or supporting terrorism. All members of the management team have completed an online prevent training course which looks into signs and symptoms of potential radicalization and terrorism. Its called 'Channel General Awareness Module'. We will monitor and report any thoughts, worries and/or concerns to the Department of Education on 020 7340 7264 or counter.extremism@education.gsi.gov.uk or to West Mercia Prevent team on 01386 591 835 or email on prevent@warwickshireandwestmercia.pnn.police.uk.

As a setting we have to be aware of and recognise that children with disabilities and additional needs are more likely to be subject to abuse and neglect. There are a number of reasons why these may include:

- They are unable to communicate what is happening
- They may be more vulnerable
- Lack of understanding of acceptable and unacceptable behaviors.
- Unable to defend themselves.

We must be aware of these barriers and be confident within recognising suspected abuse and supporting children with disabilities and additional needs.

Working together to safeguard children (2023) defines extremism as an act that goes beyond terrorism and includes people who target the vulnerable, including the young, by seeking to sow division between communities on the basis of race, faith or denomination.

Under the Counterterrorism and Security Act 2015 we have a duty to safeguard at risk or vulnerable children. Children can be exposed to different views and receive information from various sources. Some of these views may be considered radical or extreme. Radicalisation is the way a person comes to support or be involved in extremism or terrorism. It's a gradual process, so young people who are affected may not realise it's happening.

When any staff member has concerns that a child/young person or family member may be at risk of radicalisation or involvement in terrorism, they MUST speak to the settings DSL, the setting will follow the procedures set out in this safeguarding policy and all concerns will be referred to Family Front Door 01905 822 666.

Visitors to KLT's

When KLT's has a visitor, their identification will be thoroughly checked before they are allowed to enter the premises, they will be given brief Health and Safety information and asked to complete the visitor's register. When inside the setting no visitor will be left on their own with the children at any time.

For any further information, support or advice we can contact the Family Front Door, LADO, Yellow safeguarding folder, document 'Working together to Safeguard Children' or visit www.worcestershiresafeguarding.org.uk or simply give someone within the Early Years Team a call for further signposting or general advice. (01905 678134) We would also directly contact the Police if we felt the need for a non-emergency, we would call 101 and for an emergency 999.

At Kirsty's Little Treasures:

- All necessary steps are taken to keep children safe and well
- We ensure all staff members are able to recognise signs of possible abuse and neglect through a thorough induction process, safeguarding training and effective supervision.
- The WSCP recommendations regarding staff training are followed.
- Current Safeguarding certificates are stored within the staff's individual files.

Finally:

- We trust our judgment.
- If we are concerned about a child, we will seek advice
- We will improve our knowledge and experience through training opportunities
- We will report earlier not later
- We always ensure that we work in a way that will keep the children in our care safe from harm.
- We need to respectfully disbelieve in some cases.

This policy will be reviewed annually or when an incident occurs or there are new local or national policies and procedures. The review process will be led by the registered provider and the DSL and include all those working in the setting.

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Important links

Working Together to Safeguard Children 2023-
https://assets.publishing.service.gov.uk/media/669e7501ab418ab055592a7b/Working_together_to_safeguard_children_2023.pdf

Early Years Foundation Stage 2023 -
https://assets.publishing.service.gov.uk/media/65aa5e42ed27ca001327b2c7/EYFS_statutory_framework_for_group_and_school_based_providers.pdf

Information sharing advice for safeguarding practitioners-
https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice

What to do if you're worried a child is being abused: advice for practitioners-
https://www.gov.uk/government/publications/what-to-do-if-youre-worried-a-child-is-being-abused--2

This policy was reviewed in September 2024 by

Kirsty Toolan (Director of KLTs)