

SAFEGUARDING AND CHILD PROTECTION POLICY

Designated Safeguarding Leads (DSL): Janey Law and Leigh-Anne Osborne
Contact person in their absence: Sally Wingham (also trained for DSL)
There is always one DSL available during all opening hours of the setting.

Contact details for Education Safeguarding Team:

Educational Safeguarding Advisor – Gemma Wilson: 03000 412284
Duty LADO: 03000 410888
Social Services Duty Team: 03000 411111
Out of Hours: 03000 419191

INTRODUCTION

This policy has been developed in accordance with the principles established by the Children Acts 1989 and 2004 and related guidance, as well as other relevant legislation. This includes;

- The Early Years Foundation Stage (2017)
- Childcare Act 2006
- Safeguarding Vulnerable Groups Act 2006
- Counter-Terrorism and Security Act 2015
- What to do if You're Worried a Child is Being Abused (2015)
- DfE guidance Keeping Children Safe in Education (2018)
- Working Together to Safeguard Children (2018)
- Framework for the Assessment of Children in Need and their Families (2000)
- Kent and Medway Online Safeguarding Children Procedures (2014)

We adhere to the KSCB Safeguarding Children Procedures (2014). The full KSCB procedures document and additional guidance relating to specific safeguarding issues can be found on the KSCB website.

WHAT IS SAFEGUARDING?

Working Together to Safeguard Children (2018) defines safeguarding children as; *“the action we take to promote the welfare of children and protect them from harm”*, including;

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

It also reminds us that safeguarding *“is everyone’s responsibility. Everyone who comes into contact with children and families has a role to play.”* (WTSC 2018)

ETHOS

‘Every child deserves the best possible start in life and the support that enables them to fulfil their potential. Children develop quickly in the early years and a child’s experiences between birth and age five have a major impact on their future life chances. A secure, safe and happy childhood is important in its own right.’ (EYFS 2017 p5)

We consider all those directly involved with our setting have an essential role to play in making it safe and secure. Our setting aims to create the safest environment within which every child has the opportunity to achieve their full potential and we take seriously our responsibility to promote the welfare and safeguard all the children and young people entrusted to our care.

As part of the ethos of the setting we are committed to:

- Maintaining children’s welfare as our paramount concern;
- Providing an environment in which children feel safe, secure, valued and respected, confident to talk openly and sure of being listened to;
- Providing suitable support and guidance so that children have a range of appropriate adults who they feel confident to approach if they are in difficulties;
- Using learning to provide opportunities for increasing self awareness, self esteem assertiveness and decision making. This is so that young children have a range of contacts and strategies to ensure their own protection and understand the importance of protecting others;
- Working with parents to build an understanding of the setting’s responsibility to ensure the welfare of all children including the need for referral to other agencies in some situations;
- Ensuring all staff have regular training and are able to recognise the signs and symptoms of abuse and are aware of the setting’s procedures and lines of communication;
- Monitoring children who have been identified as ‘in need’ including the need for protection, keeping confidential records which are stored securely and shared appropriately with other professionals;
- Being aware of the increased vulnerability of children with Special Educational Needs and Disabilities (SEND) and other vulnerable or isolated families and children;
- Ensuring staff are aware of potential risks outside of our control, such as around the site boundary e.g. strangers lingering, drones, Pokemon hotspots etc.

- Being aware that peer on peer abuse does take place, so we include children / peers when we talk about potential abusers. This may take the form of bullying, physically hurting another child, emotional abuse, or sexual abuse. We will report this in the same way as we do for adults abusing children, and will take advice from the appropriate bodies on this area;
- Having an awareness of Online Safety; ensuring appropriate filters are used and good supervision procedures are in place whilst children access ICT equipment. We also promote Online Safety to parents/carers to raise awareness at home;
- Developing effective and supportive liaison with other agencies.

RESPONSIBILITIES OF ALL STAFF

The EYFS 2017 requires providers 'to take all necessary steps to keep children safe and well' and accordingly, everyone involved in the care of young children has a role to play in their protection. Any member of staff is part of the wider safeguarding system for children and is in a unique position to observe any changes in a child's behaviour or appearance. All staff have a responsibility to identify children who may be in need of extra help or who are suffering, or are likely to suffer, significant harm. All staff then have a duty of care to take appropriate action, working with other services as needed.

RESPONSIBILITIES OF THE DESIGNATED SAFEGUARDING LEAD (DSL)

The EYFS 2017 states; 'a practitioner must be designated to take lead responsibility for safeguarding children in every setting'. The Directors, whose responsibility it is to ensure all legal requirements are met, have appointed an appropriately qualified and experienced Designated Safeguarding Lead (DSL) to fulfil this role. Additionally, they are committed to ensuring the DSL is properly supported in being able to carry out this role fully, including providing them with appropriate time and resources away from other job commitments. The DSL has overall responsibility for the day to day oversight of safeguarding and child protection systems in the setting. These responsibilities include;

- Liaising with other professionals in all agencies, including social services, police and health colleagues;
- Keeping apprised of any updates in policy and practice as agreed by Kent Safeguarding Children Board (via the Education Safeguarding Team);
- In turn, supporting the ongoing development and knowledge update of all staff;
- Being a source of support, advice and guidance to any other setting staff, both paid and voluntary. This is on an ongoing basis and on any specific safeguarding issue as required;
- Co-ordinating child protection action within the setting, including making referrals as necessary and maintaining a confidential recording system;
- Ensuring all staff, visitors and volunteers are aware of the setting policies and procedures and their responsibilities in relation to safeguarding children;
- Ensuring all staff, both paid and voluntary, have received appropriate and up to date child protection training at least every 3 years (as stipulated by the KSCB)
- Ensuring their training is kept up to date by attending appropriate designated person training every 2 years (as stipulated by the KSCB)
- Representing or ensuring the setting is represented, by an appropriate senior member of staff, at inter-agency meetings in particular Strategy Discussions, Child Protection Conferences and core groups;
- Managing and monitoring the setting's part in child in need and child protection plans.

The welfare and safety of children, however, is the responsibility of all staff in the setting and ANY concern for a child's welfare MUST be reported to the DSL.

SAFEGUARDING AND CHILD PROTECTION PROCEDURES

We adhere to the KSCB Safeguarding Children Procedures (2014). The full KSCB procedures document and additional guidance relating to specific safeguarding issues can be found on the KSCB website www.kscb.org.uk. Additional guidance including:

- 'What to do if you are Worried About a Child Being Abused' (DfES 2015)
- Information Sharing advice for safeguarding practitioners (2015)
- Kent and Medway Inter-Agency Threshold Criteria for Children in Need

can be found in the office, in the blue 'Safeguarding Support' folder.

It is the responsibility of the DSL to receive and collate information regarding individual children, to make immediate and on-going assessments of potential risk and to decide actions necessary (with parents / carers in most cases). This includes the need to make referrals to partner agencies and services. To help with this decision, she may choose to consult with the Area Education Safeguarding Adviser or Early Help.

Issues discussed during consultations may include the urgency and gravity of the concerns for a child or young person, and the extent to which parents/carers are made aware of these.

New referrals to Services will be made using the agreed process. In situations where there are felt to be urgent or grave concerns, a telephone referral will be made prior to the form being completed and sent to the County Duty Team. Concerns for children who are already known to Services will be passed to the allocated worker / Team.

In all but the most exceptional circumstances, parents /carers will be made aware of the concerns felt for a child or young person at the earliest possible stage. In the event of a referral to Specialist Children's Services being necessary, parents/carers will be informed and consent to this will be sought unless there is a valid reason not to do so i.e. the child being in immediate danger or placing them at risk of serious harm.

In the absence of the availability of the DSL to discuss an immediate and urgent concern, staff can seek advice from the Education Safeguarding Team.

Our role in situations where there are child protection concerns is NOT to investigate, but to recognise and refer.

On occasion, staff may pass information about a child to the DSL, but remain anxious about action subsequently taken. Staff should feel able to clarify with the DSL further progress, so that they can reassure themselves the child is safe and their welfare is being considered. If following this process, the staff member remains concerned that appropriate action is not being taken, it is the responsibility of that staff member to seek further direct consultation from either a member of the Education Safeguarding Team who will be able to discuss the concern and advise on appropriate action to be taken.

RECOGNITION AND CATEGORIES OF ABUSE

Abuse: *a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. They may be abused by an adult or adults or another child or children. It should be noted that abuse can be carried out by both men, women and children.* All staff should be aware of the definitions and signs and symptoms of abuse. There are four categories of abuse:

- Physical abuse
- Sexual abuse
- Emotional abuse
- Neglect

The most up to date definitions and possible indicators and signs of abuse, and information on current safeguarding priorities relating to female genital mutilation, child sexual exploitation and the Prevent strategy can be found below:

SEXUAL ABUSE

Definition: 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 (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Signs that MAY INDICATE sexual abuse:

Sudden changes in behaviour
Displays of affection which are sexual and age inappropriate
Self harm, self mutilation or attempts at suicide
Alluding to secrets which they cannot reveal
Tendency to cling or need constant reassurance
Regression to younger behaviour for example thumb sucking, playing with discarded toys, acting like a baby
Distrust of familiar adults. Anxiety of being left with relatives, a child minder or lodger
Unexplained gifts or money
Language or sexual behaviour they wouldn't be expected to know
Depression and withdrawal
Changes in eating habits
Nightmares or bed wetting
Fear of undressing
Sexually transmitted disease
Toileting changes
Bruises, markings, scratches, bleeding, discharge, pains or soreness in genital / anal area

PHYSICAL ABUSE

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

Signs that MAY INDICATE physical abuse:

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

EMOTIONAL ABUSE

Definition: the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or

'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

Signs that MAY INDICATE emotional abuse:

Over reaction to mistakes
Lack of self confidence/esteem
Sudden speech disorders
Self harming
Extremes of passivity and/or aggression
Struggle to control emotions
Difficulty making relationships
Lack of social skills
Fear of going home
Lack of close bond with parent/carer
Unwillingness or inability to play
Excessive need for approval, attention and affection
Overly-affectionate to strangers

NEGLECT

Definition: the failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: provide adequate food, clothing and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate care-givers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Signs that MAY INDICATE neglect:

Constant hunger or changes in eating habits
Poor personal hygiene – smelly, dirty, unwashed clothes, repeated nappy rash etc.
Skin issues e.g. sores, rashes, flea bites, scabies etc.
Constant tiredness
Inadequate clothing e.g. no warm clothes in winter
Frequent lateness
Untreated medical problems including dental
Lack of social skills and/or poor language
Compulsive scavenging / stealing
Rocking, hair twisting and thumb sucking
Running away
Regular illness or infections
Weight or growth issues
Thin or swollen tummy
Repeated accidents due to lack of supervision
Low self esteem
Clingy, aggressive, withdrawn, anxious, obsessive behaviour and/or lack of concentration

CHILD SEXUAL EXPLOITATION (CSE)

Involves exploitative situations, contexts and relationships where young people receive something (for example food, accommodation, drugs, alcohol, gifts, money or in some cases simply affection) as a result of engaging in sexual activities. Sexual exploitation can take many forms ranging from the seemingly 'consensual' relationship where sex is exchanged for affection or gifts, to serious organised crime by gangs and groups. What marks out exploitation is an imbalance of power in the relationship. The perpetrator always holds some kind of power over the victim which increases as the exploitative relationship develops. Sexual exploitation involves varying degrees of coercion, intimidation or enticement, including unwanted pressure from peers to have sex, sexual bullying including cyberbullying and grooming. However, it is also important to recognise that some young people who are being sexually exploited do not exhibit any external signs of this abuse. We will be aware of the possibility of child sexual exploitation (CSE) and the signs and symptoms this may manifest as. If we have concerns we will follow the same procedures as for other concerns and we will record and refer as appropriate.

FEMALE GENITAL MUTILATION (FGM)

FGM is carried out for a number of cultural, religious and social reasons. Some families and communities believe that FGM will benefit the girl in some way, such as preparing them for marriage or childbirth. But FGM is a harmful practice that isn't required by any religion and there are no health benefits of FGM. Girls living in communities that practise FGM are most at risk. It can happen in the UK or abroad. In the UK, the Home Office has identified girls and women from certain communities as being more at risk: Somali, Kenyan, Ethiopian, Sierra Leonean, Sudanese, Egyptian, Nigerian, Eritrean, Yemeni, Kurdish and Indonesian.

FGM is when a female's genitals are deliberately altered or removed for non-medical reasons. It's also known as 'female circumcision' or 'cutting', but has many other names. FGM is a form of child abuse. It's dangerous and a criminal offence in the UK. We know:

- there are no medical reasons to carry out FGM
- it's often performed by someone with no medical training, using instruments such as knives, scalpels, scissors, glass or razor blades
- children are rarely given anaesthetic or antiseptic treatment and are often forcibly restrained
- it's used to control female sexuality and can cause long-lasting damage to physical and emotional health.

FGM can happen at different times in a girl or woman's life, including:

- when a baby is new-born
- during childhood or as a teenager
- just before marriage
- during pregnancy.

Signs FGM might happen:

- A relative or someone known as a 'cutter' visiting from abroad.
- A special occasion or ceremony takes place where a girl 'becomes a woman' or is 'prepared for marriage'.
- A female relative, like a mother, sister or aunt has undergone FGM.
- A family arranges a long holiday overseas or visits a family abroad during the summer holidays.
- A girl has an unexpected or long absence from school.
- A girl struggles to keep up in school.
- A girl runs away – or plans to run away - from home

Signs FGM might have taken place:

- Having difficulty walking, standing or sitting.
- Spending longer in the bathroom or toilet.
- Appearing quiet, anxious or depressed.
- Acting differently after an absence
- Reluctance to go to the doctors or have routine medical examinations.
- Asking for help – though they might not be explicit about the problem because they're scared or embarrassed.

Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a girl being at risk of FGM, or already having suffered FGM. There is a range of potential indicators that a child or young person may be at risk of FGM, which individually may not indicate risk but if there are two or more indicators present this could signal a risk to the child or young person. Victims of FGM are likely to come from a community that is known to practise FGM. Professionals should note that girls at risk of FGM may not yet be aware of the practice or that it may be conducted on them, so sensitivity should always be shown when approaching the subject. There is a mandatory duty to report to police any case where an act of female genital mutilation appears to have been carried out on a girl under the age of 18, and we will ensure this is followed in our setting. Staff should activate local safeguarding procedures, using existing national and local protocols for multi-agency liaison with police and children's social care.

PREVENTING RADICALISATION UNDER THE COUNTER-TERRORISM AND SECURITY ACT (PREVENT DUTY)

Exposure of children to extremist ideology can hinder their social development and educational attainment alongside posing a very real risk that they could support or partake in an act of violence. Radicalisation of young people can be compared to grooming for sexual exploitation. Staff recognise that children exposed to radicalisation and extremism is no different to safeguarding against any other vulnerability and should be approached in the same way as protecting children from other risks. We ensure staff understand how to recognise early indicators of potential radicalisation and terrorism threats and act on them appropriately in line with national and local procedures. All staff complete an e-learning training course which includes guidance on how to identify people who may be vulnerable to being drawn into terrorism, and how to refer them into the Channel process. The government has defined extremism in the Prevent Strategy as "vocal or active opposition to fundamental British Values" as highlighted below.

FUNDAMENTAL BRITISH VALUES

Democracy: making decisions together

As part of the focus on self-confidence and self-awareness (PSED):

- Managers and staff can encourage children to see their role in the bigger picture, encouraging children to know their views count, value each other's views and values and talk about their feelings, for example when they do or do not need help. When appropriate, demonstrate democracy in action, for example, children sharing views on what the theme of their role play area could be with a show of hands.
- Staff can support the decisions that children make and provide activities that involve turn-taking, sharing and collaboration. Children should be given opportunities to develop enquiring minds in an atmosphere where questions are valued.

Rule of law: understanding rules matter

As part of the focus on managing feelings and behaviour (PSED):

- Staff can ensure that children understand their own and others' behaviour and the consequences to distinguish right from wrong.
- Staff can collaborate with children to create the rules and the codes of behaviour, for example, to agree the rules about tidying up and ensure that all children understand rules apply to everyone.

Individual liberty: freedom for all

As part of the focus on self-confidence and self-awareness (PSED) and people and communities (UTW):

- Children should develop a positive sense of themselves. Staff can provide opportunities for children to develop their self-knowledge, self-esteem and increase their confidence in their own abilities, for example through allowing children to take risks on an obstacle course, mixing colours, talking about their experiences and learning.
- Staff should encourage a range of experiences that allow children to explore the language of feelings and responsibility, reflect on their differences and understand we are free to have different opinions, for example in a small group discuss what they feel about transferring into Reception Class.

Mutual respect and tolerance: treat others as you want to be treated

As part of the focus on people and communities (UTW), managing feelings and behaviour and making relationships (PSED):

- Managers and leaders should create an ethos of inclusivity and tolerance where views, faiths, cultures and races are valued and children are engaged with the wider community.
- Children should acquire a tolerance and appreciation of and respect for their own and other cultures; know about similarities and differences between themselves and others and among families, faiths, communities, cultures and traditions and share and discuss practices, celebrations and experiences.
- Staff should encourage and explain the importance of tolerant behaviours such as sharing and respecting other's opinions.
- Staff should promote diverse attitudes and challenge stereotypes, for example, sharing stories that reflect and value the diversity of children's experiences and providing resources and activities that challenge gender, cultural and racial stereotyping. A minimum approach, for example having notices on the walls or multi-faith books on the shelves will fall short of 'actively promoting'.

What is NOT acceptable:

- actively promoting intolerance of other faiths, cultures and races
- failure to challenge gender stereotypes and routinely segregate girls and boys
- isolating children from their wider community
- failure to challenge behaviours (whether of staff, children or parents) that are not in line with the fundamental British values of democracy, rule of law, individual liberty, mutual respect and tolerance for those with different faiths and beliefs

INDUCTION AND TRAINING

All setting staff, both paid and voluntary, will be expected to undertake an appropriate level of safeguarding training. Advice on appropriate training courses will be sought from the KSCB, but any training should ensure staff have an up to date knowledge of safeguarding issues. This will enable staff to identify signs of possible abuse and neglect at the earliest opportunity and to respond in a timely and appropriate way. It should also include an understanding of the setting's own safeguarding policy and procedures including the action to be taken in the event of inappropriate behaviour displayed by other members of staff, or any other person working with the children. The DSL will attend the required DSL safeguarding training when they first take up the role and continue to update their knowledge on an on-going basis and at least every 2 years as required by KSCB guidance. The DSL will ensure that all new staff and volunteers are appropriately inducted in the setting's internal safeguarding procedures and communication lines. We have a large Safeguarding Board in our entrance area available to staff, volunteers, parents and visitors to support our procedures, with clear and concise information on how to contact the Education Safeguarding Team. All staff receive regular updates on safeguarding, at least annually. An element of safeguarding is usually covered at staff meetings and monthly training sessions, which may be in the form of recapping previous training, evaluating procedures, quizzes, practical tasks, new updated training etc.

RECORD KEEPING

Staff must record any welfare concern that they have about a child (with a body map where injuries have been observed) and pass this without delay to the DSL. Records must be completed as soon as possible after the incident/event and must be signed and dated. Safeguarding records are kept separate from all other records relating to the child in the setting. They are retained centrally and securely by the DSL and are shared on a 'need to know' basis only. Detailed guidance on record keeping is found in a separate document 'Early Years Record Keeping Guidelines', which staff MUST familiarise themselves with to understand the responsibilities. All safeguarding records will be forwarded to a child's subsequent setting or when they move to school at transition. The records should be sent under confidential and separate cover to the new DSL or person with responsibility for child protection in the receiving school.

MONITORING ATTENDANCE OF CHILDREN

Although it is not compulsory for children to attend, under our safeguarding responsibilities we are required to monitor children's attendance and patterns of absence, to ensure it is consistent and raises no cause for concern. If a child is not going to attend a session, we ask parents/carers to share the length and reason for the absence. This information will enable us to monitor absences, as well as illness across the setting.

CONFIDENTIALITY AND INFORMATION SHARING

We recognise that all matters relating to child protection are confidential. The DSL will only disclose information about a child to other members of staff on a need to know basis. All staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children. All staff must be aware that they cannot promise a child to keep secrets which might compromise the child's safety or wellbeing. Further advice is available in the document 'Information Sharing advice for safeguarding' (2015). 'Child Protection - Dealing with Disclosures in Early Years Settings' provides advice on dealing with disclosures. We copy as much information as possible onto our Safeguarding Board for easy access, and reinforcement.

ONLINE SAFETY (E-SAFETY)

Please refer to our 'Online Safety and Information Storage Devices' Policy.

INFORMATION STORAGE DEVICES (CAMERAS, MOBILE PHONES ETC.)

Please refer to our 'Online Safety and Information Storage Devices' Policy.

SUPERVISION AND SUPPORT

We recognise that regular, planned and accountable supervision, which is a two-way process, offers support and develops the knowledge, skills and values of an individual, group or team. We see its purpose is to monitor the progress of professional practice and to help staff to improve the quality of the work they do, thus improving outcomes for children as well as achieving agreed objectives. Supervision also provides an opportunity to discuss sensitive issues including the safeguarding of children and any concerns raised about an individual or colleague's practice. All of our staff have termly planned supervision sessions. Uninterrupted time will be set

aside to ensure any supervision sessions are effective for both practitioner and management. More information can be found in our Supervision Policy.

SUITABLE PEOPLE

We are committed to ensuring all steps are taken to recruit staff and volunteers who are safe to work with our children and have their welfare and protection as the highest priority. It is the responsibility of the Directors to ensure that effective systems are in place so that all staff and volunteers are properly checked to make sure they are safe to work with the children who attend our setting. This includes identity checks, gathering satisfactory references and applying for Enhanced Disclosure and Barring Service checks (anyone aged over sixteen). We do not allow people, whose suitability has not been checked, to have unsupervised contact with children being cared for. We advise all staff that they are expected to disclose any reason that may affect their suitability to work with children including convictions, cautions and warnings, disqualification, medication or substance abuse. Staff complete our Staff Suitability Declaration form annually to confirm all of this information. We aim to be aware of any changes to staff behaviour / character and act promptly on this. Staff are encouraged to disclose any changes to their circumstances that may impact their ability to care for children. More information can be found in our Recruitment and Retention Policy.

REFERRING TO THE DISCLOSURE AND BARRING SERVICE

We have a duty to refer to the Disclosure and Barring Service where a member of staff is dismissed (or would have been, had the person not left the setting first), because they have harmed a child or put a child at risk of harm (Section 35 of the Safeguarding Vulnerable Groups Act 2006).

DISQUALIFICATION

Staff (including new applicants) have to sign a Staff Suitability Declaration, which confirms if they have committed any offences, been disqualified from working with children and more. Where any information of this nature is disclosed, we will take the appropriate action to ensure the safety of the children. Any person that has been disqualified will not be employed at our setting. We will contact Ofsted in relation to any event that may affect someone's suitability to work with children, within 14 days of the incident.

ALLEGATIONS AGAINST MEMBERS OF STAFF AND VOLUNTEERS

Please refer to our 'Allegations Against Staff' Policy.

WHISTLEBLOWING

We expect our staff and other agencies we may work with to be professional at all times and hold the welfare and safety of every child as their paramount objective. We recognise that there may be occasions where this may not happen and we have in place a procedure for staff to disclose any information that suggests children's welfare and safety may be at risk. We expect all staff to talk through any concerns they may have with the DSL at the earliest opportunity to enable any problems to be resolved as soon as they arise.

Legal framework

The Public Interest Disclosure Act 1998, commonly referred to as the 'Whistle-blowing Act', amended the Employment Rights Act 1996 to provide protection for employees who raise legitimate concerns about specified matters. These are called 'qualifying disclosures'. On 25 June 2013, there were some legal changes to what constitutes a qualifying disclosure. A qualifying disclosure is one made in the public interest by an employee who has a reasonable belief that; a criminal offence, a miscarriage of justice, an act creating risk to health and safety, an act causing damage to the environment, an act that may be deemed as radicalised or a threat to national security, a breach of any other legal obligation, concealment of any of the above or any other unethical conduct, is being, has been, or is likely to be, committed. Qualifying disclosures made before 25 June 2013 must have been made 'in good faith' but when disclosed, did not necessarily have to have been made 'in the public interest.' Disclosures made after 25 June 2013 do not have to be made 'in good faith'; however they must be made in the public interest. This is essential when assessing a disclosure made by an individual. The Public Interest Disclosure Act has the following rules for making a protected disclosure; you must believe it to be substantially true, you must not act maliciously or make false allegations and you must not seek any personal gain. It is not necessary for the employee to have proof that such an act is being, has been, or is likely to be, committed; a reasonable belief is sufficient.

Disclosure procedure

If the information relates to child protection/safeguarding then usual procedures should be followed. Where you reasonably believe that one or more of the above circumstances listed above has occurred, you should promptly disclose this to the DSL, so that any appropriate action can be taken. If it is inappropriate to make such a disclosure to the DSL (i.e. because it relates to them), you should speak to another DSL in line with normal procedures, then / or the Education Safeguarding Team. Employees will suffer no detriment of any sort for making such a disclosure in accordance with this procedure. Any disclosure or concerns raised will be treated seriously and will be dealt with in a consistent and confidential manner. Any employee who is involved in victimising colleagues who make a disclosure, takes any action to deter colleagues from disclosing information or makes malicious allegations in bad faith, will be subject to potential disciplinary action which may result in dismissal. Failure to report serious matters can be investigated and potentially lead to disciplinary action which may result in dismissal. Any management employee who inappropriately deals with a whistle-blowing issue (e.g. failing to react appropriately by not taking action in a timely manner or disclosing confidential information) may be deemed to have engaged in gross misconduct which could lead to dismissal.

DEALING WITH DISCLOSURES

Children experiencing distress or abuse may seek to 'tell' in setting, often because this is the place where they feel most safe, secure and listened to. It is important to make sure therefore that all staff know how to respond to a disclosure from a child. If a child discloses harm to any staff member, it must be remembered that our role is to recognise and refer, not to investigate. This is to avoid contamination of evidence gained in any subsequent investigation undertaken by Police and/or Social Services and to ensure that the child is not placed in the stressful position of having to repeat their story over and over again. 'Not investigating' does not mean that the staff member receiving the concern cannot ask any questions. However, careful thought needs to be given to how and what questions are asked, avoiding anything that can be interpreted as 'leading' the child. The basic rule of thumb is that staff should only

ask enough questions of the child to clarify whether there is a child protection concern. Once the child has clarified that they are being harmed or are at risk (or the staff member is reassured that the child is safe), no further questions are required. If a child presents with an injury accompanied by a clear disclosure that they have been harmed, or makes a clear sexual disclosure it should not be necessary to question the child other than perhaps to clarify who was involved and when an incident took place. The child should be listened to actively and their story carefully recorded. In this situation, the staff member should ensure immediate information sharing with the DSL. It is likely that such a scenario will require immediate consultation about action to be taken and an urgent referral to Specialist Children's Services will be necessary. In other situations where the child appears to be making a possible disclosure or has a suspicious injury, it is reasonable to ask open, non-leading questions in order to establish the child's story. Examples of questions are; "That's a nasty bruise, how did it happen?; Tell me about what happened?; You seem a bit upset and I'm worried about you, is anything troubling you?; Can you tell me more about that?" You may wish to use the acronym 'TED' as a reminder that the child can be encouraged to 'Tell', 'Explain' and 'Describe' the concern. If it is necessary to seek further clarification, staff should keep to open questions such as What? When? Who? How? Where? It is important to remember that questions should only be asked to help clarify whether the child is at risk of harm. Once clarification is achieved, no further questions should be asked. Sometimes children choose to disclose concerns through a third party, such as a friend 'telling' on their behalf, or indirectly e.g. sounding out information and reaction by asking 'what if my friend.....?' If such concerns arise they should be taken equally seriously and be followed up with the DSL in the same manner as a direct disclosure. Children may also seek to disclose and share their experiences through drawings, writing and play. If concerns arise, it is appropriate to talk further with the child to allow wider discussion and clarification. This might involve inviting the child to 'tell me more about what is happening in your picture' / story / game". Staff are advised never to promise they won't pass on the disclosure.

Advice for Dealing with Disclosures can be found on our Safeguarding Board.

LOOKED AFTER CHILDREN

Early Years settings are committed to providing quality provision based on equality of opportunity for all children and their families. All staff are committed to doing all they can to enable 'looked after children' in their care to achieve and reach their full potential. Definition of 'Looked after children' (LAC): Children and young people become 'looked after' if they have either been taken into care by the local authority or have been accommodated by the local authority (a voluntary care arrangement). Most LAC will be living in foster homes but a smaller number may be in a children's home, living with a relative or even placed back home with their natural parents. We recognise that children who are being looked after have often experienced traumatic situations, physical, emotional, sexual abuse or neglect. However we also recognise that not all looked after children have experienced abuse and that there are a range of reasons for children to be taken into the care of the local authority. Whatever the reason, a child's separation from their home and family signifies a disruption in their lives that has an impact on their emotional well-being.

We place emphasis on promoting children's right to be strong, resilient and listened to. Our procedures for LAC are based on two important concepts; attachment and resilience. The basis of this is to promote secure attachments in children's lives as the basis for resilience. These aspects of well-being underpin the child's responsiveness to learning and are the basis in developing positive dispositions for learning. For young children to get the most out of educational opportunities, they need to be settled enough with their carer to be able to cope with further separation, a new environment and new expectations made upon them.

The term "looked after children" denotes a child's current legal status; this term is never used to categorise a child as standing out from the others. Where a child who normally attends our setting is taken into care and is cared for by a local foster carer, we will normally continue to offer the placement for the child. The DSL and Keyperson liaise with agencies, professionals and practitioners involved with the child and his/her family and ensures the appropriate information is gained and shared. The setting recognises the role of the local authority social care department as the child's "corporate parent" and the key agency in determining what takes place with the child. Nothing changes especially with regard to the child's birth parents or foster carers role in relation to the setting without prior discussion and agreement with the child's social worker. After the initial professional's meeting, a care plan may be drawn up which will be reviewed at regular intervals. Any concerns about the child will be noted in the child's file and discussed with the foster carer or social worker. If the concerns are about the foster carer's treatment of the child, or if abuse is suspected, these are recorded in the child's file and reported to the child's social worker according to our safeguarding procedures. Regular contact should be maintained with the social worker through planned meetings, and include the foster carer. Transition to school will be handled sensitively and the DSL and Keyperson will liaise with the school, passing on the relevant information and documentation with the agreement of the LAC's birth parents.

This policy was adopted at a meeting of Clocktower Childcare Ltd held on 30th August 2019. Latest date to be reviewed: 31st August 2020.

Signed on behalf of Clocktower Childcare Ltd:

J. Law

Jane Law, Director

S. Wingham

Sally Wingham, Director

L. Baverstock

Lara-Jane Baverstock, Director