**SAFEGUARDING OF CHILDREN**

*Safeguarding the children in our care will always be of paramount importance to us. The children’s well-being is forefront in our minds and at the heart of everything we do.*

***Designated Safeguarding Leads (DSL): Lisa Gray & Jessica Hammond***

***Deputy DSL: Emily Peussa***

At Amberley we work with children, parent/carers, external agencies and the community to ensure the welfare of children and to give them the very best start in life. Children have the right to be treated with respect, be able to thrive and be safe from any abuse, in whatever form. We realise that safeguarding is a much wider subject then can be covered within a single policy, therefore this document should be read in conjunction with the nursery`s other policies and procedures, especially:

* Abusive Adults
* Camera and recording Devices
* Computers, Safe Storage, Disposal and Internet Safety
* Drugs and Alcohol
* Ill child
* Intimate Care
* Prevent Duty, Radicalisation and Promoting British Values
* Safe Care and Appropriate Use of Physical Comfort
* Social Networking and Mobile Devices
* Staff Working with Their Own Children and Those of Close Friends
* Students and Apprentices
* Uncollected Child

Our policy has been reviewed with local policies in mind, as well as giving full regard to the following legal frameworks:

* Children act 2004.
* Childcare Act 2006 (amended 2018)
* Safeguarding Vulnerable Groups Act 2006
* Children and Social Work Act 2017
* The Statutory Framework for the Early years Foundation Stage (EYFS) 2021
* Working together to Safeguard Children 2018
* What to do if you`re worried about a child being abused 2015
* Counter- Terrorism and security Act 2015
* Keeping Children Safe in education 2020
* Data Protection Act 2018
* Inspecting Safeguarding in the Early Years, Education and Skills settings 2019
* Prevent Duty 2015

Working Together to Safeguard Children 2018 defines safeguarding and promoting the welfare of children as:

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

We will:

* Create an environment where children are encouraged to develop a positive self-image
* Provide positive role-models and develop a safe culture where staff are confident to raise concerns about professional conduct
* Discuss safeguarding and whistle blowing at every staff meeting, supervision and appraisal
* Always be ready to listen to the concerns of staff
* Support staff to notice the signs of abuse and know what action to take
* Encourage children to develop a sense of independence and autonomy in an age-appropriate manner
* Help children to learn they can say “no” and ask others to stop if they do not like something
* Provide a safe and secure environment where children are always listened to
* Promote tolerance, acceptance and celebration of all beliefs, cultures and communities
* Encourage staff and children to work together in decision making
* Encourage and support practitioners confidence in identifying where children and families may need intervention and how to seek help
* Share information with other agencies as appropriate. **Safeguarding of children will always supersede data protection.**

Amberley nursery is aware that, unfortunately, child abuse does occur in our society and we are vigilant in identifying signs of abuse and reporting concerns. Our staff have a duty to protect and promote the welfare of children. Due to the many hours of care we are providing, staff may often be the first people to identify that there may be a problem. They may well be the first people in whom children confide information that may suggest abuse or to spot changes in a child`s behaviour which may indicate abuse. Our prime responsibility is the welfare and well-being of each child in our care. As such we believe we have a duty to the children, parents and staff to act quickly and responsibly in any instance that may come to our attention. This includes sharing information with any relevant agencies, such as local authority services for children`s social care, health professionals or the police. All staff will work with other agencies including as part of a multi-agency team, where needed, in the best interests of the child.

**The nursery aims to:**

* Keep the child at the centre of all we do.
* Ensure staff are trained right from induction to understand child protection and safeguarding policy and procedures, are alert to identify possible signs of abuse (including the signs known as softer signs of abuse), understand what is meant by child protection and are aware of the different ways in which children can be harmed, including by other children through bullying or discriminatory behaviour.
* All staff will complete the local authority e-safeguarding as part of their induction period. Each practitioner is entitled to local authority child protection training once in their early years career, following this Amberley Nursery will ensure that practitioner’s knowledge and understanding is updated at least annually.
* Be aware of the increased vulnerability of children with Special Educational and Needs and Disabilities (SEND), children under 1 and other vulnerable or isolated families and children.
* Ensure that all staff feel confident and supported to act in the best interest of the child, express professional curiosity, share information and seek the help that a child may need at the earliest opportunity.
* Make child protection referrals in a timely manner, sharing relevant information as guided by East Sussex Safeguarding Children Partnership (ESSCP).
* Share information only with those that need to know in order to protect the child and act in their best interests.
* Identify and respond to changes in staff behaviour
* Take action relating to allegations of harm or abuse, including reporting to OFSTED, DBS or SPOA and working with LADO where appropriate.
* Support children and families, by offering reassurance, comfort and sensitivity.
* Give staff contact details for local and national agencies so they can report concerns if they feel unable to speak to a DSL or DDSL within nursery, or feel their concerns are not being acted upon.

**Absence Procedure-Child**

*We are required to monitor all children’s attendance patterns to ensure they are consistent and not a cause for concern.*

*Where children have a child protection or child in need plan, any absences will be reported to their social worker. If the social worker is unavailable, SPOA will be contacted.*

Parents/carers are asked to call or text to let us know if their child is going to be absent. This is not intended to stop families having precious time together, but enables us to log attendance and check children are safe.

For unexpected absences, where no contact has been made from the parents, practitioners contact parents by 10am (or 3pm for an afternoon session), to enquire about the child’s whereabouts.

If no response has been received within one hour, practitioners must alert the DSL/DDSL.

The safeguarding lead for that day will again try to call the parents, then the child’s emergency contacts. If no response has been received then the DSL or DDSL will contact SPOA.

***Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused within a family, institution or community setting by those known to them, or more rarely, a stranger. The abuser could be one person or multiple, and an adult or child.***

**Types of Abuse**

* **Peer on peer**

Peer on peer abuse will be reported in the same way as adult to child abuse. Due to the young nature of the children within our setting, peer on peer may be perpetrated by a child outside of our setting, and can take the form of physically hurting another child, bullying, emotional harm or sexual abuse. We recognise that the perpetrators of peer on peer abuse may often have been victims of abuse themselves, and so we will seek to support both the victim and the perpetrator.

* **Physical abuse**

Physical abuse includes causing deliberate harm or poisoning, burning or scalding; as well as when an adult fabricates, or induces an illness (FII) in a child. Young children are learning to move and explore physical play, therefore we recognise childhood injuries are common; we are alert for injuries where the explanation does not appear to match the injury, patterns to injuries, or these with are in less common areas, e.g. fleshy parts of the arms and legs, back, wrists, ankles and face. **We will always report physical injuries in a non-mobile child.**

* **Female Genital Mutilation (FGM)**

Our lead people for FGM are the DSLs.

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FGM is practised as a cultural ritual by some ethnic groups, it is not a religious practice. FGM involves female gentalia being injured or changed, without valid medical reason; it may be carried out shortly after birth or during childhood and adolescence. Symptoms may include bleeding, pain to the intimate areas, urinary retention, urinary infection, wound infection, septicaemia, incontinence, mental health problems, PTSD and even death. There is a mandatory duty to report all suspected cases of FGM to a person under 18 and we will always seek to do this when we have concerns FGM may be, or has been, committed.

Free training on FGM can be accessed at: [**www.fgmelearning.co.uk**](http://www.fgmelearning.co.uk)

Resource packs are available at:[**https://www.gov.uk/government/publications/female-genital-mutilation-resource-pack**](https://www.gov.uk/government/publications/female-genital-mutilation-resource-pack)

The NSPCC has a free phone helpline for FGM concerns: 0800 028 3550

* **Breast Ironing**

Also known as breast flattening is the process where young girls breasts are massaged, ironed or pounded with hard and heated objects to prevent or delay breast development. It is believed in some cultures that by carrying out this act, young girls will be protected from harassment, abduction, forced marriage at a young age and rape. We recognise that breast ironing is unlikely to happen to children within our care, due to their young age, however we are vigilant for whole families, and will report any concerns as they arise.

* **Sexual Abuse**

Sexual abuse involves forcing or enticing a child to take part in sexual activities, including both penetrative and non-penetrative acts, non-contact acts such as looking at, or encouraging children to look at, images, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse. Sexual abuse can take place in person as well as through technology and online. Perpetrators may be of any age or gender.

We use the Parent Protect traffic light tool, available at [Parents Protect - Traffic light tools for parents carers and professionals](https://www.parentsprotect.co.uk/traffic-light-tools.htm), to aid us in identifying behaviours which are representative of normal, healthy, physical development, compared to those which may be an indicator of sexual abuse. Children may also, become worried when their clothes are removed for personal care, display a change in their personality, regress to younger behaviours, display changes to their eating patterns, express a lack of trust, have bruises, bleeding, discharge, pain or soreness to their genital or anal area.

* **Child Sexual Exploitation (CSE)**

Is a form of sexual abuse. It occurs where an imbalance of power is used to coerce, manipulate or deceive a person under the age of 18 into a sexual activity, in exchange for A) something the victim needs or wants, or B) for the financial advantage or increased status of the perpetrator. It includes young people of 16 and 17 who can legally consent to have sex.

* **Child Criminal Exploitation (CCE)**

CCE involves an individual or group utilising an imbalance of power to coerce, control, manipulate or deceive a child into a criminal activity. Due to the age of the children we care for, it is unlikely they will themselves be victims of CCE, however we are vigilant for whole families, and will report any concerns as they arise.

* **Emotional Abuse**

Working Together to Safeguard Children (2018), describes emotional abuse as ‘the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child’s emotional development’. It may include conveying to a child they are worthless, unloved, inadequate or valued only insofar as they meet the needs of another person, not allowing a child to express their views, making fun of what they say or how they communicate, placing of age or developmentally inappropriate expectations or boundaries-including overprotection, bulling which makes a child feel frightened. Children may also experience emotional abuse through witnessing domestic abuse, alcohol misuse and drug misuse.

***Emotional abuse is a feature of all types of abuse and can also occur alone.***

Children suffering emotional abuse may have developmental or speech delays, overreact to mistakes, express extreme fears, display neurotic behaviours (e.g. hair twisting, rocking), be extremely passive or aggressive, appear unconfident and lacking in self-assurance.

* **Neglect**

Neglect is the persistent failure to meet a child’s basic physical and emotional needs. Neglect can cause serios impairment of children’s health and development, and can include substance misuse in pregnancy, failing to provide adequate supervision (including the providing of inadequate caregivers), food, clothing and shelter; failing to protect a child from physical or emotional harm, failing to ensure access to appropriate medical care and treatment; failing to respond to a child’s basic emotional needs.

Signs may include a child arriving dirty or unkempt, clothes and shoes which are too small, persistent hunger, arriving in a dirty nappy repeatedly, having an illness, disability or special need that is not being addressed by the parent, persistent hunger, the craving of love and attention.

* **County Lines**

Involves gangs and organised criminal networks exporting illegal drugs from larger cities to smaller towns, using drug runners to transport drugs and collect payments. Children are often targets. Due to the age of the children we care for, it is unlikely they will themselves be recruited into county lines, however we are vigilant for whole families, and will report any concerns as they arise.

* **Cuckooing**

Cuckooing is a form of county lines, where drug dealers take over the home of a vulnerable person and criminally exploit them as a base for drug dealing. Cuckooing is a form of abuse.

* **Domestic Abuse, Honour Based Violence (HBV) and Forced Marriage**

Are all child protection concerns and will be reported to SPOA

* **Chid Abuse Linked to Faith of Belief (CALFB)**

Child abuse linked to faith or belief may occur in families where there is a concept of belief in:

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

**Indicators of Abuse:**

* Failure to thrive and meet developmental milestones
* Fearful or withdrawn tendencies
* Unexplained injuries, or those with conflicting explanations
* Repeated injuries
* Unaddressed illnesses or injuries
* Significant changes to behaviour patterns

*(The following are described as ‘softer signs of child abuse’ by NICE):*

* Emotional indicators- Low self-esteem, fearful, withdrawn
* Behavioural signs- aggression, oppositional habitual body rocking
* Interpersonal Behaviours- indiscriminate contact or affection seeking, over-friendliness to strangers, excessive clinginess, persistently resorting to gaining attention, demonstrating excessively ‘good’ behaviour to prevent adult disapproval, failing to seek or accept appropriate comfort or attention from an appropriate person when significantly distressed, coercive or controlling behaviour towards parents, lack of ability to understand and recognise emotions, very young children showing excessive comforting behaviours when witnessing parental distress.

**Reporting Concerns**

All adults have a responsibility to report safeguarding concerns.

Amberley expects all adults in the setting to co-operate fully with the local authority, children’s social care, police, OFSTED or any other agency in any way to ensure the safety of children.

Lisa- 07814 942 196

Jess- 07985 688 168

Emily- 07513 122 845

**Adults must:**

* Report concerns to the DSL without delay- Lisa Gray or Jessica Hammond. If you are unable to contact either Lisa or Jess, you can also report to the Deputy DSL- Emily Peussa. **In the unlikely event that neither the DSLx nor DDSLs can be contacted, the staff member with the concern MUST use the contact numbers below to report their concerns themselves. THEY MUST TAKE ACTION.**
* Record concerns clearly and accurately on a Welfare Record as soon as possible, to ensure accuracy of information.
* Where a child has arrived at nursery with an existing injury, complete an Incident Record, detailing the parent/carers explanation. Professional curiosity around explanations is encouraged.
* If appropriate, discuss any reported concerns with the parent or carer. If you feel that to share your concerns may place a child in additional danger, or where you suspect sexual abuse, seek guidance from the DSL first.
* If for any reason the adult feels unable to go to either the DSLs or DDSL, they MUST contact any external agency, numbers are displayed in the hallway, kitchen and safeguarding notice board in the adult toilet.



**The DSL/DDSL must:**

* Decide what action to take based upon the severity of the concern. They may refer the matter to SPOA or speak to the parent and keep a record in the safeguarding file. If the DSL has any doubt about the action they should take, they must seek advice from either SPOA or the key person service manager (01424 726790, option 2). If it is felt that speaking to the parent/carer may further endanger the child, then a referral should always be made.
* If the child already has a social worker, it may be appropriate for the DSL to contact them directly rather than SPOA. If for any reason they are unable to contact the child’s social worker, SPOA must be contacted.
* If the matter relates to a member of staff, the DSL will also Contact LADO for advice without delay.
* If is believed a child is in immediate danger, contact the police.
* If the allegation relates to an adult within the setting, follow the procedure detailed below
* Record the information accurately onto the child’s chronology in their safeguarding file, including all actions and outcomes
* Take any actions as advised by SPOA or the police
* Speak to the parents, unless advised not to by SPOA or the police
* Consider whether they need to report to the LA or OFSTED, depending upon the situation.If in any doubt, either service can be contacted for a discussion.
* Follow up with SPOA if no response is received, never assuming that action has been taken.

**Responding to a child’s disclosure:**

* The adult should give the child their full attention, use open body language, be compassionate, offering reassurance without interrupting, allowing the child to go at their own pace.
* Reflect back what the child has said to check you have understood, using the child’s own language
* Reassure the child they have done the right thing in telling you
* Never promise confidentiality
* Follow the reporting procedure above

**Recording Concerns/Disclosures:**

Records must include the child’s name, date of birth, date and time of the observation or disclosure, exact words used by the child and any non-verbal communication, exact position and type of injuries and marks, detailed explanation of incidents observed and the names of others present, any discussion held with the parents (if deemed appropriate). Records should be signed by the reporting adult and the DSL/DDSL, then placed into the child’s individual safeguarding record.

**Record Keeping**

Safeguarding records are confidential, factual, maintained in chronological order and stored in a locked cabinet; the DSL and DDSL are keyholders. Records are audited by the DSL to look holistically at children’s needs.

Safeguarding records may be shared with parents only if appropriate and in line with guidance of the local authority, with the care and safety of the child remaining paramount.

In line with our data audit, safeguarding records are stored in a locked filing cabinet in the office which is kept locked overnight. Keys are held by the DSL and DDSL. When a child leaves Amberley their records are passed on to their next setting, either by recorded mail or in person and a signed receipt is obtained. If a child goes on to home schooling, or we are unable to ascertain their next location, we will retain their records until the child turns 25 years and 3 months.

**Confidentiality**

All suspicions, enquiries and investigations are kept confidential and shared only with those who need to know. Any information is shared in line with guidance from the local authority. All staff, students and volunteers are bound by confidentiality and any information must never be discussed outside of work.

Amberley has due regard to the Data Protection Act 2018 and GDPR. These do not prohibit the collection and sharing of personal information, even without consent, if this would put the child at further risk.

**Support for Families**

Amberley aims to build trusting and supportive relationships with our families. We will continue to welcome families whilst enquiries are ongoing. Families will be treated with respect in a non-judgemental manner whilst any investigations are carried out.

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

The allegation should be reported to the DSL without delay. If the DSL is the subject of the allegation, another member of the safeguarding/management team should be contacted without delay:

The DSL will:

* Contact LADO
* Contact SPOA
* Contact OFSTED
* Contact our local authority
* Contact the police (if appropriate)
* Carry out a full investigation under the guidance of SPOA/LADO
* Follow all instructions given by SPOA/LADO and OFSTED and expect all staff members to co-operate
* Suspend staff members involved in the investigation if it is appropriate to do so. Guidance will be sought from SPOA/LADO if there is any uncertainty.
* Keep full and accurate records and store these securely (see Data Audit)
* Keep all records until the employee reaches retirement age or for 21 years if that is longer. This ensures accurate information is available for future reference requests.

Unfounded allegations will result in all rights being reinstated.

Founded allegations will be passed on to the relevant organisations, and, where an offence has believed to have been committed, to the police. All founded allegations of abuse will result in termination of employment, OFSTED and DBS will be notified of this decision on the same working day.

All staff members have access to an Employee Assistance Program, and all staff involved can access this for further support.

**Looked after children (LAC):**

As part of our commitment to safeguarding all children, we will work in partnership with all agencies involved in the care of a LAC. We recognise that the circumstances surrounding each child and their family will be individual, therefore we will be guided by the information we receive from the child’s social worker and the virtual school.

**Staff and volunteers:**

Only adults who hold an enhanced DBS check may be in an unsupervised position with children. Safeguarding is a high priority for all staff at all times and there will always be a DSL or DDSL contactable, usually they will be on the premises, to ensure prompt action can be taken when concerns arise.

Applicants for posts within our nursery are informed that positions are exempt from the Rehabilitation of Offenders Act 1974. Candidates are informed of the need to carry out checks before posts can be confirmed. Where applications are rejected because of disclosed information, applicants have the right to know and challenge information they believe to be incorrect. A minimum of two references will always be obtained. Staff members are required to read the employees handbook as part of their induction, which contains details of our capability, disciplinary and grievance procedures.

All staff members will be required as part of their employment contract to be on the DBS update service. This service will be checked (as a minimum) once a year, as part of the staff members appraisal.

We conduct regular supervisions, peer on peer feedback and management observations, to ensure that the care we provide for children is at the highest level, share constructive feedback, develop practice, build trust and identify any areas for staff development.

Staff members and volunteers are given regular opportunities to disclose changes that may affect their suitability to work with children as part of their termly supervision meetings. These may include changes to health, medication or in their home life, such as child protection plans for their own children.

Any changes in adult behaviour will be investigated, this could include changes in mood, sudden change in religious or cultural beliefs, changes in manner towards other staff members or to the children, sudden outbursts, becoming withdrawn, secretive behaviours, missing shifts or calling in sick more frequently, work standards slipping, extreme changes to appearance, staff becoming overly domineering of other staff, where there is any concern surrounding peer on peer bullying.

Where there is a concern about staff behaviour an immediate meeting will be called with the individual and a member of management, to ascertain how the staff member is feeling. We will aim to support the staff member wherever possible. We aim to ensure staff are able to continue working with children as long as they are suitable to do so, however if behaviours cause concern about the safety or welfare of the children then safeguarding procedures will be followed and SPOA/LADO will be contacted. All conversations, observations and notes will be recorded and remain confidential.

**Staff training:**

As part of their induction, all staff members will complete the East Sussex online safeguarding training. They can access the ESSCP practitioner child protection training once in their career; following this, inhouse safeguarding training will be given annually. Additionally, safeguarding of children is discussed as part of every staff meeting, supervision and appraisal.

We have a safeguarding display board which is updated as our setting receives information. We also put up relevant serious case reviews for practitioners to read.

As part of induction all staff members are given the contact details for SPOA, NSPCC, OFSTED and the out of hour’s service. These numbers are also displayed in the kitchen, hallway and staff room. Staff are asked to read and offer contributions to, the nursery policies annually.

The DSLs and DDSL will attend ESSCP designated safeguarding lead training every 2 years. One DSL will also attend Advanced Safeguarding and Train the Trainer.

**Confidentiality:**

All suspicions, enquiries and investigations are kept confidential and shared only with those who need to know to help protect the child.

Safeguarding records are only shared with a parent or carer with guidance of the local authority, with the child’s care and safety always remaining paramount.

Policy revised January 2022 Lisa Gray