

# **Safeguarding and Child Protection**

At Thrive Childcare and Education, safeguarding and promoting children's welfare is our first priority. We believe that children's health, safety and security are the foundations on which all areas of wellbeing and development will be built. Children have the right to be treated with respect and to be safe from abuse in any form.

Safeguarding is a term that is broader than 'child protection' and relates to the action taken to promote the welfare of children and protect them from harm. Safeguarding and promoting children's welfare is defined in the government publication 'Working Together to Safeguard 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

Child protection and safeguarding require consideration across all aspects of nursery life. Please see the contents on the next page for easy access to specific information.

# **Contents of this policy**

Issues we must safeguard children from	3
Arrangements for safeguarding children	3
Who to speak to in our nursery if you have safeguarding concerns:	4
Protecting children following concerns	5
General indicators of abuse or neglect	5
Specific types of abuse	5
Physical abuse – signs and indicators	5
Female genital mutilation (FGM)	6
Breast Ironing (also known as breast flattening)	6
Witchcraft Practices	6
Forced Child Marriage and Honour Based Abuse	7
Sexual abuse (including child exploitation, trafficking) – signs and indicators	7
Emotional abuse – signs and indicators	8
Neglect (including poor parenting) – signs and indicators	8
Adults under the influence of alcohol or drugs	9
Radicalisation or extremist behaviour	9
Recording suspicions of abuse and disclosures	10
Informing parents	11
Supporting families	11
Colleague conduct following concerns	11
Allegations against adults working with children in the setting	12
Allegation Against Colleagues Flow Chart for Managers	13
Flow Chart for Reporting Child Protection Concerns and Disclosures	14
Confidentiality in child protection cases	15
Resignation and ''Compromise Agreements'	15
Record Keeping	15
Lessons Learned	16
Safer recruitment and ongoing suitability	16
Monitoring ongoing suitability	16
Safeguarding children during a pandemic that requires lockdown e.g., Covid-19	17
Contact telephone numbers	19
Legal Frameworks and Signposts	20

# Issues we must safeguard children from

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by harming them, 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 a stranger. This could be an adult or adults, another child or children.

Safeguarding is a much wider subject than the elements covered within this single child protection policy, therefore this document should be used in conjunction with the other nursery policies and procedures and legislation and frameworks listed at the end of this policy, to ensure that all necessary steps are taken to protect children from:

- Neglect
- Physical abuse
- Sexual abuse
- Emotional abuse
- Child abuse linked to faith or belief (Such as Female Genital Mutilation (FGM), Breast Ironing and Witchcraft Practices, Forced Child Marriage)
- Bullying (physical and emotional)
- Prejudice and discrimination of any kind
- Radicalisation or extremist behaviour
- Child exploitation and trafficking
- Fabricated or induced illness
- Poor parenting
- Witnessing domestic violence
- Any other issue that can be detrimental to children's health, safety, and wellbeing

# **Arrangements for safeguarding children**

Safeguarding children is not just about protecting children from deliberate harm, neglect, and failure to act; it is embedded in our everyday practice of keeping children safe and is effective through our robust systems.

#### Our nursery aims to:

- Ensure we have all relevant information about children documented as appropriate. This includes their identity, additional needs, dietary or medical requirements and confirmation about parental responsibility in order to best cater for their needs from the moment they join us. In Scotland this will be documented in a 'Personal Plan'. In England an 'All About Me' form and 'Care Plans'. A Risk Assessment will be completed if required
- Allocate each child a key person to ensure the child's care is tailored to meet their individual needs and secure attachments can be made

- Ensure staff to child ratios are maintained in line with statutory requirements and deployment of colleagues meets the needs of all children at all times
- Ensure that colleagues are appropriately qualified, and provision is made for ongoing training and development in order that they can provide quality learning experiences for children that continually improves
- Ensure that arrangements for colleagues trained in paediatric first aid meet legislative requirements
- Ensure that children are never placed at risk while in the charge of nursery colleagues in the setting or on outings, and risk assessments are carried out as appropriate
- Ensure that children's registers are completed, and absences are logged and followed up with parents
- Ensure the intimate care policy and procedure is adhered to
- Ensure that our team are alert to the 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
- Ensure that all colleagues are familiar and updated regularly with safeguarding and child protection issues
- Ensure parents are fully aware of child protection policies and procedures when they register with the nursery and are kept informed of all updates when they occur
- Create a safe and secure environment that meets the requirements of our health and safety policy whilst being an inspiring space for children to learn and thrive
- Children's emotional wellbeing and their developing self-regulation skills are supported consistently, and our team know how to deal with children's challenging responses to stressful situations
- Encourage children to develop a sense of independence, autonomy and positive self-image in a way that is appropriate to their age and stage of development
- There is a **named person** within the nursery that co-ordinates child protection and welfare issues. This person undertakes specific training, as advised by their Local Authority, and accesses regular updates to developments within this field
  - In Scotland this is the Child Protection Officer (CPO) or Designated Safeguarding Lead (DSL)
    In England this is the Lead Practitioner for Safeguarding (LPSG) or Designated Safeguarding Lead (DSL)
- Ensure we always listen to children and keep them at the centre of all we do.

# Who to speak to in our nursery if you have safeguarding concerns:

Named Person	
(CPO, DSL, LPSG)	
In the absence of the named	
person, please speak to	

## **Protecting children following concerns**

Colleagues have a duty to protect and promote the welfare of children and must act quickly and responsibly in any instance that may come to our attention. Practitioners will often be the first people to sense that there is a problem, and they may well be the first people in whom children confide about abuse. The following section lays out the procedures that will be followed where there are signs and indicators of possible abuse or neglect.

# General indicators of abuse or neglect

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

- Failure to thrive and meet developmental milestones
- Fearful or withdrawn tendencies
- Aggressive or challenging behaviour
- Unexplained injuries to a child or conflicting reports from parents or team members
- Repeated injuries
- Unaddressed illnesses or injuries
- Constant hunger, thirst or tiredness

# Specific types of abuse

## Physical abuse – signs and indicators

Action needs to be taken if a colleague has reason to believe that there has been a physical injury to a child, including deliberate poisoning; where there is definite knowledge, or reasonable suspicion that the injury was inflicted or knowingly not prevented. These symptoms may include bruising or injuries in an area that is not usual for a child, e.g., fleshy parts of the arms and legs, back, wrists, ankles, and face.

Most children will experience cuts and grazes as the explore and discover as part of their developmental stage, these expected childhood injuries should still be logged and discussed with the Nursery Manager. Children and babies may be abused physically through being shaken or thrown, receiving burns, scalds, or semi-strangulation. These are not usual childhood injuries and should <u>always</u> be logged and discussed with the Nursery Manager.

## Procedure following concerns regarding physical abuse

• All marks or injuries to a child received outside of nursery will be recorded on an 'Off Premises Injury Form' that will be signed and dated by the parent/carer once an explanation has been given regarding the mark or injury

- All marks or injuries to a child that occur during their time at the nursery, will be recorded on a 'Record of
  Injury' form (including body map) as soon as the mark or injury is noticed. Accidents and incidents which
  happen at nursery will be discussed with the parent at the earliest opportunity. In cases where the accident
  or injury is deemed serious, a member of the nursery management will speak to the parents
- If there appears to be any queries or concerns regarding the injury, discuss this with the Named Person (CPO/LPSG, details above) or the Nursery Manager immediately. Where it is agreed there is cause for concern, the manager will liaise with the Regional Manager. The flowchart on pg. 15 will then be followed to escalate the concern to the relevant Local Authority Safeguarding contact.

\*Please note that the name of this contact department varies between Local Authorities. For the purposes of this policy, we will refer to 'Local Authority Safeguarding Contact', please ensure you are aware of the names of the varying contact departments in your local authority. Speak to your LA to find out who your Safeguarding Contact is.

Please refer to the flow charts within this policy for a step-by-step guide on what to do if you have a concern about a child or if you need to make a referral to social work. If in any doubt always seek advice from your Regional Manager or the Head of Quality Development.

### Female genital mutilation (FGM)

FGM refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. Where physical abuse indicates that the child has been subject to female genital mutilation, the procedure for concerns regarding sexual abuse must be followed.

## **Breast Ironing (also known as breast flattening)**

Breast ironing refers to the process of flattening a pubescent girl's breast through pounding or massaging with hard or heated objects to try to make them stop developing or disappear altogether. Where physical abuse indicates that the child has been subject to breast ironing, the procedure for concerns regarding sexual abuse must be followed.

#### Witchcraft Practices

Witchcraft practices refer to abuse subjected to children because it is believed they are 'possessed' and carrying out these practices will fix this. The type of abuse may be demonstrated in many different forms, with recent cases including semi-strangulation, beating, burning and starvation. Where physical abuse indicates that the child may have been subject to witchcraft practices, the procedure for concerns regarding physical abuse must be followed.

#### **Fabricates Illness – Signs and Indicators**

Fabricated illness refers to an illness that is 'made up' by an adult parent/carer. The parent/carer may seek out unnecessary medical treatment or investigation. The signs may include a parent/carer exaggerating a real illness or symptoms, complete fabrication of symptoms or inducing physical illness e.g., through poisoning, starvation, inappropriate diet. This may also be presented through false allegations of abuse or encouraging the child to appear disabled or ill to obtain unnecessary treatment or specialist support or financial gain. Where physical abuse or other concerns indicate that the child may have been subject to fabricated illnesses, the procedure for physical abuse must be followed.

#### **Forced Child Marriage and Honour Based Abuse**

Forced marriage is conducted without the full or free consent from both parties; where one or both parties have not chosen to be married by force, coercion, and threat. This can include physical, emotional, psychological, sexual, and financial threat or abuse. Forced marriage is a child protection and an adult protection matter and is relevant for any of our settings which have out of school services. Forced marriage may be a risk alongside other forms of 'honour based' abuse (HBA); which includes using force to control behaviour within families, communities and other social groups because of perceived cultural and religious beliefs.

Where concerns indicate that the child may be subjected to forced marriage, the procedure for physical and or emotional abuse must be followed.

## Sexual abuse (including child exploitation, trafficking) – signs and indicators

Action needs be taken under this heading if a colleague has witnessed occasion(s) where a child indicated sexual activity through words, play, drawing, had an excessive pre-occupation with sexual matters, or had an inappropriate knowledge of adult sexual behaviour or language. This may include acting out sexual activity on dolls/toys or in the role play area with their peers, drawing pictures that are inappropriate for a child, talking about sexual activities or using sexual language or words. The child may become worried when their clothes are removed, e.g., for nappy changes.

The physical symptoms may include genital trauma, discharge, and bruises between the legs or signs of a sexually transmitted disease (STD). Emotional symptoms could include a distinct change in a child's behaviour. They may be withdrawn or overly extroverted and outgoing. They may withdraw away from a particular adult and become distressed if they reach out for them, but they may also be particularly clingy to a potential abuser so all symptoms and signs should be looked at together and assessed as a whole.

If a child starts to talk openly to an adult about abuse they may be experiencing; the procedure stated later in this document under 'recording suspicions of abuse and disclosures' will be followed.

## Procedure following concerns regarding sexual abuse (including FGM):

- The adult should reassure the child and listen without interrupting if the child wishes to talk
- Do not ask leading questions

- Do not promise to keep the information a secret
- ALWAYS pass the information on to the Named Person (CPO/LPSG) or the Manager as soon as possible who will inform the Regional Operations Manager
- The observed instances will be detailed in a confidential report
- The matter will be referred to Social Work and the Local Authority Safeguarding Contact\* in the local authority in which the child lives as soon as is practicable. Please see contact details at the end of this policy.

#### **Emotional abuse – signs and indicators**

Action should be taken if a colleague has reason to believe that there is a severe, adverse effect on the behaviour and emotional development of a child, caused by persistent or severe ill treatment or rejection. This may include extremes of discipline where a child is shouted at, humiliated or belittled on a regular basis, lack of emotional attachment by a parent, or it may include parents or carers placing inappropriate age or developmental expectations upon them. Emotional abuse may also be imposed through the child witnessing domestic abuse and alcohol and drug misuse by adults caring for them.

The child is likely to show extremes of emotion with this type of abuse. This may include shying away from an adult who is abusing them, becoming withdrawn, aggressive, or clingy in order to receive love and attention. This type of abuse is harder to identify as the child is not likely to show any physical signs.

### Procedure following concerns about emotional abuse:

- The concern should be discussed with the Named Person (CPO/LPSG)) or the Manager
- The concern will be discussed with the parent
- Discussions will be recorded, and the parent will have access to such records
- If there appear to be any queries regarding the circumstances, the matter will be referred to Social Work and the Local Authority Safeguarding Contact\* to seek advice and next steps

Please refer to the flow charts within this policy for a step-by-step guide on what to do if you have a concern about a child or if you need to make a referral to social work.

## Neglect (including poor parenting) – signs and indicators

Action should be taken if a colleague has reason to believe that there has been persistent or severe neglect of a child. This includes exposure to any kind of danger, including cold and starvation, or failure to seek medical treatment when required on behalf of the child, resulting in serious impairment of the child's health or development, including failure to thrive.

Signs may include a child persistently arriving at nursery unwashed or unkempt, wearing clothes that are too small (especially shoes that may restrict the child's growth or hurt them), arriving at nursery in the same nappy they went home in or a child having an illness that is not being addressed by the parent. A child may also be persistently hungry or thirsty if a parent is withholding food, water, or not providing enough for a child's needs.

Neglect may also be shown through emotional signs, e.g., a child may not be receiving the attention they need at home and may crave love and support at nursery. They may be clingy and emotional. In addition, neglect may occur through pregnancy as a result of maternal substance abuse.

#### Procedure following concerns about neglect:

- The concern should be discussed with the Named Person (CPO/LPSG) or the Manager
- The concern will then be discussed with the parent if this is advised by Social Work
- Such discussions will be recorded, and the parent will have access to such records
- If there appear to be any queries regarding the circumstances, the matter will be referred to Social Work and the Local Authority Safeguarding Contact\* to seek advice and next steps

Please refer to the flow charts within this policy for a step-by-step guide on what to do if you have a concern about a child or if you need to make a referral to social work.

#### Adults under the influence of alcohol or drugs

What to do if it is believed that a parent/carer has arrived to collect a child whilst under the influence of alcohol or drugs and their behaviour suggests they are <u>potentially putting their child at risk</u>:

- Alert the manager on site who will explain to the parent/carer that it is not appropriate for them to leave with the child in these circumstances and they will arrange to call another family contact to collect the child
- If the parent/carer is determined to leave the premises with the child, the manager will inform them that the Police will be alerted and another family contact as soon as they leave the building. **This is imperative** where the adult is driving the child home
- Notify your Regional Manager, Social Work and the relevant Local Authority Safeguarding Contact as necessary following the incident

Please note there could be many reasons why a person may appear under the influence, such as medication, illness and working arrangements, so approach with sensitivity in the first instance with any discussions taking place away from the children.

#### Radicalisation or extremist behaviour

There is no single way of identifying an individual who is likely to be susceptible to an extremist ideology. As with managing other safeguarding risks, practitioners are alert to changes in children's behaviour which could indicate that they may need help or protection. Children at risk of radicalisation may display different signs or seek to hide their views. We will not carry out unnecessary intrusion into family life but as with any other safeguarding risk, we will take the appropriate necessary action (as above) if we observe behaviour of concern from children and/or their families. The Prevent Duty Guidance (2015) outlines our responsibility for safeguarding children from

radicalisation and highlights the importance of working in partnership with Local Authorities to identify concerns and support needed.

In nursery we promote the spiritual, moral, social and cultural development of all our children in line with our fundamental values.

If you are concerned about radicalisation or extremist behaviour, please notify your Regional Manager and the relevant Local Authority Safeguarding Contact as necessary following the incident.

# **Recording suspicions of abuse and disclosures**

An objective record will be made (supported by the Nursery Manager or CPO/LPSG) of any observation or disclosure and include:

- Child's name
- Child's address
- Age of the child and date of birth
- Date and time of the observation or the disclosure
- Exact words spoken by the child
- <u>Exact</u> position and type of injuries or marks seen
- Exact observation of an incident including any other witnesses
- Name of the person to whom the concern was reported, with date and time; and the names of any other person present at the time
- Any discussion held with the parent(s) (where deemed appropriate)
- A nursery incident form must be completed, and a chronology document should the case be ongoing

These records should be signed by the person reporting this and the Nursery Manager and the CPO/LPSG/DSL, dated and kept in a separate confidential file.

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

Where it is believed a child could be at risk, concerns will be escalated and referred following the flowcharts within this policy. Anyone involved may be asked to supply details of any information/concerns they have about a child. The nursery expects all colleagues to co-operate with other agencies in any way necessary to ensure children's safety.

Where children are already subject to a child protection plan/order, a child in need plan or are a looked after child, the agreed local authority contact for the child must be notified of concerns as soon as is reasonably practicable and advice followed.

#### **Informing parents**

Parents are normally the first point of contact. If a suspicion of abuse is referred to Social Services, parents are usually informed at the same time as the report is made, except where the guidance of Social Workers or the LSCB does not allow this.

When informing parents, the Nursery Manager and or CPO/LPSG should be present. Always ensure that two colleagues are present, and a record of the meeting is kept. This still applies if the parents are notified over the phone.

Circumstances where parents will not be informed of an allegation at the same time as a referral is made could include:

- If we have been advised not to inform parents by Social Workers because they are planning a home visit
- If we have been advised not to inform parents by Social Workers because the parent/carer could be the abuser and that informing them may put the child at further risk of harm
- If it is not possible to contact the parents within the working hours of that day
- If we have been advised not to contact the parents by Social Workers or LSCB Guidance states this for any other reason.

Always follow the advice of your Regional Manager and use the flow charts within this policy to guide you.

Always begin a 'Chronology' document at this point to record all conversations and log attempts to make contact.

## **Supporting families**

- The nursery takes every step possible to build up trusting and supportive relationships with children, families, colleagues and volunteers within the nursery
- The nursery continues to welcome the child and the family whilst enquiries are being made in relation to abuse in the home situation. Parents and families will be treated with respect in a non-judgmental manner whilst any external investigations are carried out in the best interests of the child
- Confidential records kept are shared with the child's parents or those who have parental responsibility for the child, only if appropriate under the guidance of the relevant Local Authority with the proviso that the care and safety of the child is paramount. We will do all in our power to support and work with the child's family.

## Colleague conduct following concerns

Colleagues must not make any comments, either publicly or in private about a person's supposed or actual behaviour. Colleagues must keep all suspicions, enquiries, and external investigations confidential and shared only with those who need to know. Any information is shared under the guidance of Social Services or Police.

Colleagues will work as part of a multi-agency team where needed in the best interests of the child. Children will be supported by offering reassurance, comfort and sensitive interactions. Activities will be devised according to individual circumstances to enable children to develop confidence within their peer group.

# Allegations against adults working with children in the setting

Thrive Childcare and Education have a clear commitment to protecting children from harm and as such, allegations against adults working within our setting are taken very seriously. In order to adopt a culture of safety, it is everyone's responsibility to report any concerns about a colleagues' conduct and behaviour to the manager or the CPO/LPSG, at the earliest opportunity.

### Safeguarding allegations usually relate to concerns that:

- A child has or may have been harmed
- A child is at risk through neglect or intent to harm
- An adult is behaving in a way that could indicate that they may not be suitable to work with children.

We accept that in cases of grooming, inappropriate behaviour may not always be obvious and can be drawn out over a long period of time. As such, it is important that any seemingly small concerns are logged with the manager in order for information to be pieced together to create a bigger picture should further concerns arise.

If the colleague is unsure if the allegation relates to child protection, the manager will help them to determine the nature of the act or incident using the 'threshold for reporting' questions further in this document. If there is any doubt, it is always better to report the concern.

# Management of an allegation of abuse or putting a child at risk of harm may involve one or all of:

- A police investigation of a possible criminal offence
- Enquiries and assessment by Social Services about whether a child is in need of protection or services
- Consideration by an employer of disciplinary action in respect of the individual
   Should any of the above result in an employee being removed from regulated activity with children, we would refer to Ofsted, Care Inspectorate, Disclosure and Barring Service (England), Disclosure Scotland and SSSC.

### For further information please refer to the 'Whistleblowing' policy.

We will adhere to the HM Government guidance in 'Working together to safeguard children (2015)' and the National Guidance for Child Protection in Scotland (2021) when allegations are made against a member of the team, student, or volunteer. Please see the flow chart on the next page for reporting allegations against colleagues or other adults.

# **Allegation Against Colleagues Flow Chart for Managers**

When deciding if an allegation meets the threshold for reporting, ask yourself these questions to help you decide if the incident is a child protection concern or a colleague conduct/behaviour issue:

- Was there an immediate risk to the child's health, wellbeing, or safety?
- Was a child harmed?
- Was there intent to harm/abuse?
- Do you or any of your colleagues have concerns about this person's suitability?

# Allegation Received





This is a child protection or safeguarding issue. See questions for consideration above. You have good reason to believe this a colleague conduct, behaviour, or training





Discuss this with your Regional Manager and remove the colleague from the playroom.



Discuss this with your Regional Manager to confirm this is not a safeguarding concern and agree next steps.



Inform the LADO/Social work and begin a Child Protection and Safeguarding Concerns Reporting Form and Chronology



Follow the investigation and disciplinary process as appropriate and follow up with the RM and People Partner to discuss findings and next steps.

Follow the next steps as advised by LADO/Social Work and your People Partner



Notify Care Inspectorate/SSSC/OFSTED as appropriate of the initial concern. This is the responsibility of the CPO/LPSG/Manager



**Allegation unfounded** colleague reinstated.



**Allegation founded** pass on to relevant organisations (OFSTED/CI/ SSSC/DBS (England)/Disclosure Scotland/LA) and liaise with your Regional Manager and People Partner on the next steps to take.

Remember if in any doubt, always discuss with the Regional Manager or contact the LADO (England) or Social Work (Scotland) directly.

# Flow Chart for Reporting Child Protection Concerns and Disclosures

**Concern or disclosure received about a child:** (This may include a disclosure from a child, an observation of concerning behaviour, marks or injuries that cause concern)



# Alert Child Protection Officer/Lead Practitioner for Safeguarding or the Manager immediately or at the earliest possible opportunity.

Write down the details of the concern as accurately as possible.



CPO/LPSG/Manager to contact the Regional Manager for consideration of concern and appropriate next steps to take including referral to Social Work/Police/Local Authority.



**Decision is made to refer** to Social Work/LA/Police. Manager to make the referral, begin the 'Child Protection and Safeguarding Concerns form' and a chronology\*.

Follow actions given by Social Work/LA/Police. Follow up within 24 hours if you have not had a response and each day following this.



Keep the Regional Manager updated and notify OFSTED/CI/LA as necessary (discuss this with RM). Parents should be informed of the notification unless doing so could cause a potential risk to the child.



**Decision is made <u>not</u> to refer** to Social Work/LA/Police. Record incident on a Chronology form.



The situation will be closely monitored by the CPO/LPSG/Manager and reviewed regularly, including liaising with parents as necessary.

Please note that if any member of the team has reason to believe that the concern is not being acted on appropriately by the nursery or the child may still be at risk, they should refer to the whistleblowing policy and the flow chart will be followed again. Everyone has a duty of care to keep children safe.

Remember if a child is in immediate danger call the police on 999.

## **Confidentiality in child protection cases**

All suspicions, enquiries and external investigations are kept confidential and shared only with those who need to know.

#### **Additional Information**

- All agencies/organisations in relation to child protection services are: Social Services/SocialWork,
  Police, Area Child Protection Committee for your Local Authority (ACPC), Local Authority Designated
  Officer (LADO); you will find all of this information online or from Social Work (if they are involved
  already), Education (Chief Education Officer for your Local Authority) and Health (Named Person)
- Other agencies who will be notified of an allegation of abuse or child protection concerns, where appropriate, are OFSTED (England), Disclosure and Barring Service (England), Care Inspectorate (Scotland), SSSC (Scotland), and Disclosure Scotland (Scotland) and Local Authority Safeguarding Contact
- Notifications will be made using the appropriate referral forms, this should be done in consultation with your Regional Manager
- All records will be kept until the person reaches retirement age or for 10 years, if that is longer
- The nursery retains the right to dismiss any member of the team in connection with founded allegations following an inquiry.

Any information is shared under the guidance of the relevant local authority.

Every effort should be made to maintain confidentiality and guard against publicity while an allegation is being investigated and considered. It can be helpful to have a planned media response (e.g., an agreed press release) in case of a breach in confidentiality.

## Resignation and 'Compromise Agreements'

The fact that a person tenders his/her resignation, or ceases to provide their services, must not prevent an allegation being followed up. It is important that every effort is made to reach a conclusion in all cases of allegations bearing on the safety or welfare of children, including those where the person concerned refuses to co-operate with the process.

'Compromise agreements' - where a person agrees to resign and the employer agrees not to pursue disciplinary action, both parties agree a form of words to be used in any future reference - must not be used in these cases.

## **Record Keeping**

It is vital that managers begin a 'Safeguarding Concerns Reporting Form' document as soon as possible after the initial allegation in order to keep a clear and comprehensive summary of:

- any allegations made
- details of how allegations were followed up and resolved
- any action taken
- decisions reached

#### **Lessons Learned**

If an allegation is substantiated, managers should think about the lessons of the case and how they should be acted upon. This should include whether there were failings in the nursery that may have contributed to, or failed to prevent, abuse occurring. In some cases, a case review may be appropriate - this is where the case is reviewed by all agencies involved - to consider whether there are any lessons to be learnt and actions to be taken that should be shared more widely, so as to improve safeguarding practice.

# Safer recruitment and ongoing suitability

We now have a separate policy that covers safer recruitment. Please see this policy for more detail.

# Monitoring ongoing suitability

#### The nursery ensures that:

- Students and modern apprentices under the age of 17 (England) 16 (Scotland) are not counted in ratios and do not work unsupervised. Work Experience students are never counted in ratios and are always supervised
- We abide by the Safeguarding Vulnerable Groups Act requirements in respect of any person who is dismissed from our employment, or resigns in circumstances that would otherwise have led to dismissal for reasons of child protection concern
- All colleagues sign in and, in doing so, are stating their suitability to work with children
- Visitors' details are taken when they arrive, and we take security steps to ensure that we have control over who comes into the nursery. No unauthorised person has unsupervised access to the children
- All contractors/external workers will either hold a current DBS/PVG check, which the manager will request before allowing them access to the nursery, or they will be accompanied at all times whilst in areas of the nursery that are occupied by children. All contractors and visitors will be asked for photo ID
- All colleagues have access to a whistle blowing policy which will enable them to share any concerns that may arise about their colleagues in an appropriate manner
- All colleagues remain vigilant of any changing patterns in their colleagues' behaviour, for example, inappropriate sexual comments, excessive 1:1 attention beyond the requirements of their usual role and responsibilities; or inappropriate sharing of images
- All colleagues will receive supervision meetings approximately every 12 weeks (or sooner if required), where opportunities will be made available to discuss any issues regarding children or team members, identify solutions to concerns as they arise and receive coaching to improve their personal effectiveness. There is an open-door policy to enable colleagues to raise concerns at any time and you are able to request a supervision meeting at any time between scheduled meetings. Employees must never wait to share concerns

- Colleagues understand it is their responsibility to alert their manager to any changes to their health and medication that could affect their mood, wellbeing, or role capability in the first instance. Colleagues must not wait for their allocated supervision meeting to share information about health and medication.
- Managers monitor colleague performance regularly through peer observations, curriculum monitoring checks and daily walk rounds in order that concerns or poor practice can be addressed at the earliest opportunity
- The deployment of the team within the nursery allows for constant supervision and support. Sensible decisions will be made alongside the manager where provision needs to be made for 1:1 or intimate care.

Thrive Childcare and Education has a clear commitment to protecting children and promoting their welfare. Should anyone believe that this policy is not being upheld, it is their duty to report the matter to the attention of the Nursery Manager, Regional Operations Manager, Group Operations Director or Registered Person at the earliest opportunity. Thrive Childcare and Education has the right to and will contact the relevant Local Authorities for safeguarding children with any concerns we may have regarding a child in our care.

# Safeguarding children during a pandemic that requires lockdown e.g., Covid-19

When nurseries close due to lockdown, managers must, alongside relevant associated authorities, consider strategies to minimise the risk of children coming to harm because they are considered vulnerable. Examples of potentially vulnerable children include:

- Those who are known to Child Protection Services
- Those whose parents have mental or physical health challenges that may affect their ability to meet the child's needs fully
- Those who are living in poverty
- Those whose siblings have additional needs or challenges that may prove difficult for parents caring for children full time at home
- Those who live with their grandparents who may be less able to meet the child's everyday needs fully

In addition to those children considered vulnerable, we acknowledge that lockdown situations may create unusual situations for all children and families that may result in risks to children's safety and wellbeing being heightened. Such as:

- Increased levels stress for parents due to financial worries
- Lack of availability or accessibility of essentials such as medicines and fresh food
- Increased levels of anxiety due to constant exposure to news updates and fatality statistics
- Increased levels of stress due to families home-schooling older siblings
- Children spending more time on screens, potentially exposed to dangers online (such as bullying, grooming, explicit images)

#### **During lockdown situations, Thrive Childcare and Education are committed to:**

- Working with the local authority before lockdown to ensure risk assessments are completed for those children who are known to Child Protection Services
- Gathering details of those families that may be potentially vulnerable
- Keeping in touch with families as far as is practicable through phone calls, video messages and sharing activity ideas
- Providing families with a list of helpful phone numbers and websites to use should they be concerned
- Ensure there is a named person per setting who will be available by phone to discuss concerns about individual children
- Ensure furloughed colleagues have access to Thrive contact details and the relevant local authority Child Protection Services, should they have reason to be concerned about any child, regardless of whether or not they attend a Thrive nursery.

# **Contact telephone numbers**

Our Local Authority is	

	Who to contact in our Local Au	thority.		
		ithority		
Child Protection concerns/advice/referrals				
Name of	Contact name or role	Contact number		
department/area				
Colleague Allegations				
Name of	Contact name or role	Contact number		
department/area				
Concerns about extremis	m or radicalisation			
Name of	Contact name or role	Contact number		
department/area	Contact name of Tole	Contact number		
department/ area				
Any other relevant local s	afeguarding contact details			
Name of	Contact name or role	Contact number		
department/area				

## **OFSTED (England) - 03001231231**

The Care Inspectorate (Scotland) - 03456009527

<sup>\*</sup>Please note that the name of this department varies between Local Authorities. For the purposes of this policy we will refer to 'Local Authority Safeguarding Contact', but please ensure you are aware of the names of the varying contact departments in your local authority

# **Legal Frameworks and Signposts**

## The legal framework for our safeguarding and child protection policies are based on:

- SSSC codes of practice
- Safeguarding Vulnerable Groups Act (2006)
- Working Together to Safeguard Children (2023)
- Protecting Scotland's children and young people
- National guidance for child protection in Scotland 2021
- Prevent Duty Guidance England and Wales (2021)
- Applying to waive disqualification: early years and childcare providers
- SEND Code of Practice, England (2015)
- Statutory Framework for the EYFS (England) (2024)
- Additional support for learning: statutory guidance, Scotland (2017)
- What to do if you are Worried a Child is Being Abused (2015)
- Mandatory Reporting of Female Genital Mutilation: Procedural Information.
- Children and Yong People (Scotland) Act (2014)

This policy was reviewed in	Policy version
January 2025	1.7