

Child protection and Safeguarding Policy

Bright Sparks



Childcare

This policy has been developed in accordance with the principles established by the Children Act 1989 and Children Act 2004: in line with the following Government, Department for Children, Schools and Families (PCSF) publications.....: *What to do if you are worried a child is being abused, Working Together to Safeguard children 2023, Safeguarding Children and Safer Recruitment in Education, Information sharing Practitioners' guide*, and with full reference to the: *Plymouth Safeguarding Children Partnership Procedures & Plymouth Practitioners guide to the Early Help Assessment tool*.

Our safeguarding statement:

1. We are committed to supporting and enabling all children to achieve their full potential; therefore, in line with the Every Child Matters 'outcomes for children' we will aim to make it possible for all those in our care to:
 - stay safe
 - be healthy
 - enjoy and achieve
 - make a positive contribution; and
 - achieve economic well-being.
2. As an Ofsted registered provider, and as practitioners, we have both shared and individual responsibilities under a duty of care to ensure that we safeguard and promote the welfare of all children and protect them from significant harm. We ensure, therefore, that the welfare of each and every child in our care remains our paramount concern at all times.

Our ten safeguarding commitments:

1. **We will endeavour to promote the well-being of all children**, taking every reasonable step to minimise the risk of harm by working together with them and their families, and in partnership with other agencies, to provide a holistic and shared approach to safeguarding.

2. **We shall ensure our care takes consideration of children's cultural, religious, ethnic and racial origin**, respecting the diverse characteristics of neighbourhoods, families and individuals; whilst recognising that parents have the primary responsibility to protect and promote the welfare of the children within their own family. Wherever possible, we will work with parents to assist in these responsibilities.
3. **We will take our responsibilities seriously** and will play a full and active role in the protection of children; raising the awareness of all our practitioners and highlighting their own individual responsibilities in relation to safeguarding, identifying and reporting concerns. We believe that safeguarding is everybody's responsibility.
4. **We will monitor the well-being of all children**, with particular regard to those who are vulnerable, such as those with Child Protection or Child in Need Plans, looked-after children, those with additional needs or who have English as an additional language.
5. **We will encourage effective information sharing protocols** to ensure the early identification of children who are at potential risk of significant harm; maintaining confidential, accurate and factual records of any concerns, allegations or disclosures, together with the actions taken in response to these.
6. **We will have a Designated Person for Safeguarding (DPS)** responsible for managing all safeguarding and child protection issues and concerns and for ensuring all practitioners receive regular, appropriate and up-to-date levels of training.
7. **We will provide a caring, positive, safe and stimulating environment** in which children learn and develop, feel secure, valued and respected, giving them the confidence to talk to and share information with familiar adults.
8. **We will employ safer recruitment practices** and carry out appropriate checks to ensure the suitability of practitioners working with or having access to children.
9. **We will take all allegations made against any practitioner seriously**, and will follow agreed and identified procedures in accordance with Children's Social Care (CSC), and in consultation with the Local Authority Designated Officer (LADO).
10. **We will work within the South West Child Protection Procedures**, in line with the Government guidance, '*What to do if you are worried a child is being abused*'; ensuring regular reviews and up-dating of information, which will be shared with both practitioners and families.

Everyday safeguarding practice:

Safeguarding is part of our everyday practice and is integral to the service we offer as we seek to promote the well-being of children, and aim to provide a safe and secure environment where they are protected from harm.

These everyday safeguarding practices, include:

Meeting Ofsted requirements

As an Ofsted registered provider, we offer a care and learning environment which meets the requirements of the Early Years Foundation Stage and/or Childcare Register as applicable. We meet statutory requirements, which are subject to inspection by Ofsted on an unannounced basis. Ofsted can take enforcement action should any of these requirements not be met, including our duty to safeguard and promote the welfare of children.

Promoting partnership with parents

We are open and honest with parents from initial contact about what information we may share, to whom, and why. We make it clear in what circumstances consent to share information will be requested and in what situations it wouldn't. We ask parents to agree to our information sharing protocols when they first register their children with our setting.

We make parents aware of our responsibilities with regards to safeguarding.

We inform parents who the DPS and deputy are and provide information on their roles and responsibilities. The names of the DPS and deputy are displayed in our setting, and parents are welcome to contact either practitioner for information, advice and assistance, or to share any relevant information at any time.

We recognise and value the role of parents as primary carer's, and appreciate their unique and central responsibility for ensuring the well-being of their own children. We respect, therefore, that parents have the most extensive knowledge of their own children, and request they share any relevant information with us which may have an impact on their

well-being. This is particularly important when such information could offer an explanation to any changes in a child's behaviour pattern.

Sharing such information will enable us to provide the necessary support to both the child and the family, and where appropriate, help them to receive additional guidance from other relevant external agencies who offer specialist advice and assistance. If external support is required beyond the capacity and capabilities of our setting, parents will be requested to consent to and contribute to an Early Help Assessment (EHAT) Form.

We recognise that such information may be of a sensitive nature, and we will therefore endeavour to observe confidentiality, subject to our information sharing protocols. We have a duty to share any concerns relating to child protection with relevant agencies, including Children's Social Care and the Police, and in all instances the protection of the child will override any issues of maintaining confidentiality.

We provide all practitioners access to a copy of this safeguarding policy, procedures, and guidance. We ensure that all new practitioners receive this information, together with the name of the DPS, as part of their induction within their first week of employment.

Adopting safer working practices

We aim to ensure that all practitioners are competent, confident and safe to work with children. We therefore encourage practitioners to act professionally and responsibly at all times.

We promote safer working practices to increase the self-awareness of all practitioners, encouraging them to avoid situations that may leave them vulnerable; and/or where their actions could be open to misinterpretation and potentially give rise to allegations being made against them.

We follow, where applicable, the code of conduct detailed in the DCSF commissioned booklet '*Guidance for safer working practice for adults who work with children and young people*'.

Ensuring all practitioners receive appropriate safeguarding training

We provide all practitioners, with regular internal and/or external training to ensure they develop their understanding of the signs and

indicators of abuse. We ensure everyone knows how to respond to a child who discloses information, and the procedures to be followed in appropriately sharing a concern of possible abuse or a disclosure of abuse.

We ensure all external training we access meets the requirements of the Plymouth Safeguarding Children's Board. All practitioners up-date their training at least once every three years.

We have our own induction procedures for all staff, and also ensure that all practitioners carry out appropriate safeguarding training. During induction we ensure staff are aware of what constitutes inappropriate behaviour displayed by other members of staff.

Providing a safe and secure environment

We ensure all visitors to our setting are accompanied at all times, and have no unsupervised access to children. We check the ID of all visitors not known to the setting, and a record of the visit is made, including, name of the visitor, purpose of visit, arrival and departure times. If we are unable to verify the ID of any visitor, we will not allow them entry to the setting, until such time that we can.

We will ensure the security of the premises (and outside areas) at all times to make sure no access can be gained by unauthorised visitors or intruders and no children can leave unattended. Where other people may be in the building, we ensure that all practitioners are aware of their presence, and take steps to ensure that other users working on the premises do not impact on the security of our setting. We have CCTV in place for security and safeguarding purposes and its use is monitored as per our CCTV policy that is available on our website and upon request.

We will not release children to people unknown to us or who are not authorised. We require prior, notification and authorisation from parents, should a child be picked up by anyone other than those persons named on the child's registration form. We will require notification of an agreed password on collection of the child and where possible, a photograph to verify identity.

Ensuring electronic safety and security

We may take photographs of children to record their learning and development and to provide a diary of some of the activities we

undertake. We request the permission of parents or carers for the taking and use of such photographs, which are only used for professional purposes. We will safeguard the privacy, dignity, safety and well-being of the children at all times when taking photographs, and will only take them if the children and parents are happy for us to do so.

We recognise that many people nowadays have mobile phones which can be used to take photographs and record videos. We do not permit any practitioner to take photographs, record videos or share images of children electronically on their own mobile phones, or any other personal equipment. Practitioners are not permitted to take photographs of children for their personal use. Under no circumstances should personal cameras, mobile phones or smart watches be anywhere in the nursery except the staff lockers outside the office.

We also ensure all photographs taken are stored safely and are disposed of securely. We will remove all photographs from a camera memory card once they have been used, and we do not permit practitioners to use work camera equipment for their own purposes. Where we store photographs on a computer, they are stored securely in line with data protection procedures, and in no circumstances will any images be shared or displayed on-line without the parents permission.

If promotional photographs are taken by an external agency, permission will again be sought from parents or carers, preferably before the photograph is taken. Where photographs are going to be published in a newspaper or other publication, we will not release a child or young person's surname and parents and carers will have the opportunity to view and agree the use of the photograph before publication.

We do encourage children to access computers within our setting. Where internet access is used, we ensure all necessary controls and restrictions are in place, to ensure children do not gain access to unsuitable material or images.

We also allow practitioners access to our computers to research learning, development and welfare materials to enhance our work within the setting. Under no circumstances are practitioners permitted to use the internet within the work environment for any other purposes, and we regularly check user history. We have a zero tolerance policy with regards to misuse of work or personal computers and under no circumstances will this be justified. We would consider any practitioner

found to misuse computers as a significant and potential threat to children, and will report any relevant incidences to the LADO and the police, at the earliest opportunity.

7

Role and responsibilities of the Designated Person for Safeguarding (DPS)

We have a named DPS who undertakes as a minimum, the Plymouth Safeguarding Children's Board 'Understanding Child Protection' Level 2 training course and the level 3 Working Together to Safeguard Children and up-dates training regularly or a minimum of at least once every two years. We also have a named deputy who has also undertaken relevant training and who has been briefed in the roles and responsibilities of the DPS. The deputy will act in the DPS's absence or in circumstances where an allegation is made against the DPS.

The DPS is a senior member of the team who is responsible for:

- Acting as a key point of contact for practitioners and parents to discuss concerns and to offer them information, advice and assistance.
- Co-ordinating and managing all responses to disclosures and other child protection issues.
- Making referrals.
- Dealing with allegations of abuse against staff members.
- Liaising with other agencies and professionals and attending relevant meetings.
- Keeping and maintaining appropriate confidential accurate, up-to-date records and for ensuring effective information sharing protocols are followed, subject to confidentiality and data protection.
- Training and up-dating other practitioners within the team.
- Ensuring all practitioners are aware of the safeguarding policy and procedure, and know how to recognise and refer any concerns.
- Reviewing and up-dating the safeguarding policy and procedure, and sharing such information with both practitioners and parents.
- Keeping their knowledge up to date to enable them to effectively fulfil their role, including attending relevant training provided by the PSCB and/or Plymouth City Council.

If we have concerns about a child's welfare...

Referrals to Children's Social Care Gateway Service

If we have concerns about a child or young person's welfare, we will follow our procedures for child protection concerns.

When assessing our concerns, we will use the categories of abuse as defined in the Government guidance 'What to do if you are worried a child is being abused?' and which are outlined below.

***Physical abuse** may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocation 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.*

***Female Genital Mutilation (FGM)**, is a form of physical abuse against children. FGM is also known as female circumcision or female genital cutting. FGM has no health benefits and it harms girls and women in many ways. It involves removing and damaging healthy and normal female genital tissue and interferes with the natural functions of girls and women's bodies. FGM is defined by the World Health Organisation as 'all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons'. FGM has no health benefits for girls and women and procedures can cause severe bleeding and problems urinating and later cysts, infections or infertility as well as complications in childbirth.*

***Emotional abuse** is the persistent emotional maltreatment of a child as to cause severe and persistent adverse effects on the child's emotional development, It may involve conveying to the child that s/he are worthless or unloved, inadequate or valued only in so far as they meet the needs of another person. It may include interactions that are beyond the 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 also involve serious bullying, causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some levels of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.*

***Sexual abuse** involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including, penetrative (for example, rape, buggery or oral sex) or non-penetrative acts. They may include non-contact activities, such as involving children looking at, or in the production of, sexual on-line images, watching sexual activities, or encouraging children to behave in sexually inappropriate ways.*

***Neglect** is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born it may involve a parent 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).*

It may also include neglect of, or unresponsiveness, to a child's basic emotional needs.

As well, as the categories of abuse defined above, we are also aware that exposure to **domestic violence** can have a serious impact on a child's development and emotional well-being. We will therefore take appropriate action if we believe any child is directly or indirectly a recipient of this type of abuse. We will also take action, if a child presents with a significant unexplained injury, which may have occurred either at the setting, or in the home.

Prevent Duty

We have a duty to keep children safe from the dangers of radicalisation and extremism. The EYFS focuses on children's personal, social and emotional development and supports children in age appropriate ways to learn right from wrong, mix, and share with other children and value others views, know about similarities and differences between themselves and others and challenge negative attitudes and stereotypes.

Protecting children from the risk of radicalisation is part of our safeguarding duty and should be responded to as such. All staff will receive prevent awareness training.

Modern Slavery

Modern Slavery encompasses slavery, servitude, human trafficking and forced labour. Bright Sparks child care has a zero tolerance approach to any form of slavery. We have rigorous employment checks and have implemented systems and checks to help identify and prevent slavery and human trafficking with our setting.

Female Genital Mutilation (FGM) the 2003 Act:

The 2003 Act covers mutilation of the whole or any part of a girl's or woman's labia, majora, labia minora or clitoris. It is an offence for any person (regardless of their Nationality or Residence Status) to:

- Perform FGM in England or Wales (section 1 of the Act)
- Assist a girl to carry out FGM on herself in England or Wales (section 2 of the Act)
- Assist (from England or Wales) a non-UK person to carry out FGM outside of the UK on a UK National or UK Resident (section 3 of the Act)

Any person found guilty of an offence under sections 1, 2 or 3 of the Act is liable to a maximum of 14 years imprisonment, a fine or both. It is also an offence to fail to protect a girl from the risk of FGM (section 3 of the Act). Any person found guilty of an offence under section 3 of the Act is liable to a maximum of 7 years imprisonment, a fine or both.

Staff at Bright Sparks Child Care undergo FGM training as part of our ongoing Child Protection Training.

If you have any concerns about a child you suspect may be at risk of FGM or has undergone FGM you should contact the NSPCC's FGM helpline on 08000283550 for advice or email: fgmhelp@nspcc.org.uk.

When considering a child's welfare, we will seek to determine if the child is at risk of significant harm and/or is a child in need. We understand that there are no absolute criteria on which to rely on when judging what constitutes significant harm. We will therefore use our professional judgement, knowledge of the child and family, and where appropriate information from other agencies when making this assessment. If in doubt, we will always seek advice from Children's Social Care Gateway Service. If we determine that a child is suffering or at risk of significant harm, we will immediately complete a MASH contact form and submit it that day.

We consider a child as being 'in need', as defined under the Children Act 1989, as a child *'whose vulnerability is such that without the support of additional services is unlikely to reach or maintain a satisfactory level of health or development, or their health and development will be significantly impaired without intervention'*. This includes disabled children.

We will make a referral to Gateway, when we consider actions by parents may prevent a child receiving the necessary support they need, and in doing so puts them at risk of significant harm; or where we consider a child is at risk of being separated from their family unless services are provided.

We recognise that the scope of the definition of a 'child in need' could, and does, include a significant number of children and therefore not every child in need requires a referral to Gateway. A child in need who is able to or is receiving the necessary support from other agencies, and is thriving will not be referred. We will however, consider undertaking a EHAT assessment, if appropriate.

Action Following a child protection referral

The designated senior person or other appropriate member of staff will:

- Maintain contact with the allocated social worker
- Contribute to the Strategy Discussion and Strategy meeting
- Provide a report for, attend and contribute to any Initial and Review Child Protection Conference
- Share the content of this report with the parent, prior to the Child Protection Conference
- Attend Core Group meetings for any child subject to a Child Protection Plan or Child in Need meeting for a child subject to a Child in Need Plan

- Where a child on a Child Protection Plan moves from the setting or goes missing, immediately inform the key worker in social care department

Dealing With Disagreement and Escalation of Concerns

The designated senior person or other appropriate adult will:

- Contact the line manager in children's social care if they consider that the social care response to a referral has not led to the child being adequately safeguarded and follow this up in writing
- Contact the line manager in children's social care if they consider that the child is not being adequately safeguarded by the child protection plan and follow this up in writing
- Use the Plymouth Safe Guarding Boards escalation policy if this does not resolve the concern.
- If disagreement or escalation of concern relates to a member of staff or the premises then refer to the whistle blowing policy.

Early Help Assessment Tool (EHAT)

If we believe that a child is in need, we will consider whether we have the resources and skills to most effectively meet the needs of that child and their family within our setting. If we determine, that a child and their family would benefit from other more specialised services beyond our capabilities, we will consider submitting a EHAT, in full consultation and agreement with the parents, and where appropriate the child. If we are aware that a Educational Health Care Plan is already in place, we will contact the Lead Professional involved in the case, where known, for further advice.

The EHAT is a National, standardised assessment framework, which enables practitioners from all agencies to work together to assess and meet the needs of children and their families where they require targeted, multi-agency support.

We will consider undertaking an EHAT assessment where we seek the involvement of an agency, which **we do not** routinely have access to, or are not able to access easily. We do not need to complete an EHAT assessment if we already have an established relationship with another agency and are able to readily access their services. Some of the additional services we could help introduce families to include those in relation to Education, Health, Behaviour, Parenting or Family Support.

N.B. We will not complete an EHAT assessment if a child is suffering or at risk of significant harm as we will make an instant referral to GATEWAY in this instance.

We will not process an EHAT assessment without the consent of the parents or carers. However, if we consider that through refusing consent, a child is put at risk of significant harm, we will again make a referral to GATEWAY.

How we will support children who disclose information.

If a child discloses information, we will communicate with them in a way that is appropriate to their age, understanding and preference. The nature of this communication will also depend on the substance and seriousness of the concerns; and we may seek advice from A & A or the police to ensure that neither the safety of the child nor any subsequent investigation is jeopardised. Where concerns arise as a result of information given by a child, we recognise the importance of offering reassurance, but we cannot promise confidentiality.

We recognise that an allegation or disclosure of child abuse or neglect may lead to a criminal investigation. We will be mindful of this in all communications with a child and will not ask leading questions or attempt to investigate the allegations of abuse. If a child discloses information to us, we will:

- offer reassurance
- believe him/her
- listen
- allow him/her to talk at their own pace
- keep responses short, simple, slow, quiet and gentle and not interrogate
- tell him/her that he/she has done the right thing and are
- not to blame
- remain calm and not make judgments
- not promise to keep it a secret
- not examine him/her
- be observant for any non-verbal communications
- say what we are going to do next, who we are going to contact, and when.
- record any visible marks/injuries on a skin map

We will make accurate factual records of the conversation as soon as is reasonably practical, including what was said, who was present, and any relevant antecedent or subsequent events.

We recognise that a child who is abused, who witnesses violence or who lives in a violent environment may feel helpless and humiliated, may blame him/herself, and find it difficult to develop and maintain a sense of self-worth. We accept that research shows that the behaviour of a child in these circumstances may range from that which is perceived to be normal to aggressive or withdrawn.

We recognise that our setting may provide the only stability in the lives of children who have been abused or who are at risk of harm. We therefore aim to encourage the development of self-esteem and resilience in all aspects of our work, by promoting and providing a caring, safe and stimulating environment and developing positive relationships with children and their families.

If we receive an allegation against a member of staff and/or volunteer...

Referrals to the Local Authority Designated Officer

All practitioners take care not to place themselves in vulnerable positions with children; and as much as is reasonably practical, one to one situations with an individual child will be avoided.

We understand that a child may make an allegation against any practitioner within the setting. We recognise that dealing with such allegations is difficult but we will endeavour to take such incidents seriously and deal with them carefully and fairly.

We will instigate procedures for dealing with an allegation against a practitioner, where it is alleged that s/he has:

- behaved in a way that has harmed a child, or may have harmed a child, *or*,
- possibly committed a criminal offence against or related to a child, *or*
- behaved in an inappropriate way towards a child which may indicate that he or she is unsuitable to work with children.

We may also apply such procedures where:

- there are concerns about a practitioner's behaviour towards their own children, *or*
- children unrelated to their employment or voluntary work, and where there has been a recommendation from a strategy discussion that consideration should be given to the risk posed to those s/he works with, or
- when an allegation is made about abuse that took place some time ago and the accused practitioner may still be working with or having contact with children.

In some cases, we will be clear that we must make an immediate referral to Gateway, the LADO, and/or the police for investigation. This will apply where a child has appeared to have been hurt or at risk of harm, or where a criminal act appears to have been committed. However in other cases, it may be difficult to make a judgement based on the information available, and allegations may relate more to inappropriate, unprofessional behaviour rather than 'abuse'. We, however, do not have a duty to investigate such allegations or the power to make an assessment of whether a concern relates to 'abuse' or 'inappropriate behaviour'. We therefore treat all such allegations seriously, dealing with them objectively in a timely manner, and referring to the LADO for further advice. We will act on the advice of the LADO at all times within 24 hours.

If it is deemed as a result of an allegation, a child has been injured and/or there is clear evidence of significant harm or risk of significant harm, we will make an immediate referral to Gateway and/or to the police in line with our child protection procedures. This will be in addition to our duty to contact the LADO.

Suspension

We consider suspension as a neutral act. This means that suspension does not indicate whether an accused practitioner is guilty or not. Suspension is considered a necessary step in certain situations to enable a full and fair enquiry to be carried out into any allegations made.

A decision to suspend can only be made after full consultation with, and by the registered person, who is responsible for the employment of staff. Where possible, except in an emergency situation, we will

also seek advice from the LADO before making any decision to formally suspend any accused practitioner. If a decision to suspend cannot be made in a timely manner, we will insist the accused practitioner takes a few days leave whilst further actions are considered. We will seek the necessary human resources and legal advice and ensure guidelines are followed in line with our setting's disciplinary procedures.

We will consider suspension where:

- there is cause to suspect, or it is clearly evident that a child is at risk of or has suffered significant harm
- the allegation warrants a police investigation
- the allegation is so serious that it might be grounds for dismissal.
- The continued presence of the accused practitioner at the setting may hinder or impinge on any investigations carried out by CSC and the police.

We will evaluate the possible risks to children by the accused practitioner and how the situation can be effectively managed in order to ensure the safety of the individual child involved, and all children within the setting.

We will also consider if suspension is necessary in the best interest of the accused practitioner, to protect them from harassment or any other undue treatment.

If allegations are substantiated, we will proceed with our disciplinary procedures, only after liaison with the LADO, CSC and the police where appropriate, to avoid any interference with or jeopardy to any on-going external investigations. We will report the incident to the Safeguarding Children's Unit as appropriate.

Whistle blowing

The nursery encourages all adults involved in the care of children, to recognise the symptoms of possible concerns or protection issues and to follow the whistle blowing procedure if necessary.

We recognise that children cannot be expected to raise concerns in an environment where practitioners fail to do so; and therefore we have a formal Whistle Blowing Policy.

We therefore encourage practitioners to feel confident in raising concerns and to question and act upon them. We provide avenues for practitioners to raise these concerns with the DPS, the Deputy DPS and/or senior management; and we also ensure that we feedback on any action we may take as a result. We allow practitioners to take the matter further if they are dissatisfied with our response.

We will do our utmost to protect a practitioner's identity when they raise a concern and do not want their name to be disclosed, however this cannot always be guaranteed. In recognition of this, we will aim to protect any practitioner from harassment, and reassure them that they will be protected from reprisals for whistleblowing in good faith in accordance with our policy. If, however, individuals make malicious or vexatious allegations, disciplinary action may be considered and implemented.

How we support practitioners

We recognise that practitioners working in our setting, who have become involved with a child who has, or may have suffered harm, are likely to find the situation stressful and upsetting.

We therefore support such practitioners by providing an opportunity for them to talk through their anxieties with the DPS or Deputy DPS. If necessary, we will support practitioners in seeking external support and professional guidance such as counselling. We also recognise the sensitive nature of the DPS role, and that they themselves may also need further professional support and advice.

We understand that being the recipient of an allegation can be distressing. We will therefore provide practitioners with guidance and details of the procedures we must follow, should an allegation be made against them. We aim to keep practitioners as up-to-date and informed as possible, subject to any information sharing restrictions imposed as the result of such allegations, on the advice of CSC, the LADO, and/or the police.

Information sharing and confidentiality

We ensure that all practitioners are aware that they have a professional responsibility to share relevant information with other agencies in order to safeguard children. We are acutely aware that often, it is only when information from a number of sources has been shared, collated and analysed, that it becomes clear that a child is suffering or is likely to suffer significant harm. We therefore work in line with the Government publication '*Information sharing: Practitioners guide*'.

We recognise that all matters in relation to child protection are confidential, and therefore we will only disclose such information on a need to know basis.

We will ensure that all practitioners are aware that they cannot promise a child to keep secrets which may compromise their safety or well-being or that of others.

We will always undertake to share our intention to refer a child to A & A with their parents, **unless** we consider that to do so could put the child at greater risk of harm or impede a criminal investigation. If we are in doubt over whether it is appropriate to inform parents of a proposed referral, we will consult first with A & A and act upon their advice and direction.

Where we propose to share information about families, we will endeavour to be as open and honest as possible about the information we will share, with whom and why. We will respect the wishes of the parents, if they do not wish information to be shared, unless a child will be placed at risk of significant harm should we not do so.

Where we seek consent from parents to share information, we will ensure that they are aware of:

- what will happen to the information
- who will be told what
- who they will then tell
- why people are being told the information.

This will enable parents to make an informed decision.

We will ensure that all information shared is accurate, up to date, relevant and necessary, and only shared with those who need to know. Such information will always be shared securely. We will record the reason for the decision to share or not share information as appropriate.

Record keeping

We recognise that well-kept records are essential to good safeguarding practice. The records we maintain are therefore clear, straightforward, concise, accurate, contemporaneous (occurring in the same period of time) and legible. They will clearly differentiate between facts, opinion, judgments and hypothesis.

We will maintain records in chronological order, and ensure that they are all dated and signed. We will record information, such as:

- background details of the child and family, and relevant contact numbers.
- any identified additional needs
- cause for concern, including details of any allegations, their sources, timing and location
- child's current location, emotional and physical condition
- details of any existing and new injuries
- child's explanation of what happened in their own words
- adults explanation, if appropriate
- any questions that were asked
- any antecedents
- any subsequent events
- summary of observations
- witnesses present
- time and date

We will also record any information relating to the welfare of the child, for example, inappropriate clothing, excessive hunger, or unexplained absences. For each log, we will identify the action taken by whom, when and whether information was shared in-house, externally and/or with parents or not; and if not, the reason why. We will review logs regularly so that we can identify any patterns at the earliest opportunity.

We respect that information we hold on a child is subject to a duty of confidence, and should not normally be disclosed without the consent of the parent. The Children's Act 1989/2004 and Working Together to Safeguard Children, however, permits the disclosure of confidential information necessary to safeguard a child.

We hold all records securely, and restrict access to authorised personnel only. Sensitive records will not be held with children's general personal

information. We observe the requirements of the Data Protection Act (1998), for the storage of both ordinary and sensitive personal data.

We keep safeguarding records in relation to individual children for a minimum of 21 years and three months, in line with the requirements of the European Court of Human Rights.

We will keep records in relation to allegations on the relevant practitioner's confidential personal file and we will provide a copy to the individual concerned. We will keep these and all subsequent records on file until the person reaches normal retirement age or for 10 years if that is longer. This will be applied whether the allegation is considered founded or unfounded.

Meeting Ofsted requirements

As an Ofsted registered provider, we offer a care and learning environment which meets the requirements of the Revised Early Years Foundation Stage and/or Childcare Register as applicable. We meet statutory requirements, which are subject to inspection by Ofsted on an unannounced basis. Ofsted can take enforcement action should any of these requirements not be met, including our duty to safeguard and promote the welfare of children.

Agency contact numbers are:

- Gateway 01752 668000
- Social Care Team out of hours 01752 346984
- NSPCC 08088005000
- Police Child Abuse Investigation unit 01752 284522
- Local Authority Designated Officer (L.A.D.O.) 07866149043
- Early Years Safeguarding and Welfare Officer 01752 307486

Bright Sparks will take every step in its power to build up trusting and supportive relationships between families, staff and volunteers at the nursery.

Where concerns at home are suspected, Bright Sparks will continue to welcome the child and their family, while investigations proceed.

Date _____ Review date _____

Bright Sparks



Childcare

Procedure for Child Protection Concerns

- Should a member of staff have a concern about a child they should in the first instance discuss the concern confidentially with the Designated Safeguarding Person (DSP), or the Deputy DSP.
- Should there still be a concern after this discussion, but not deemed urgent at this time, a safety concern form must be completed and ensure the DSP or Deputy DSP is notified, if not already done. They will then assess and monitor.
- **Should the Concern be deemed urgent**, the DSP or Deputy DSP must be notified promptly, they will then make contact with Gateway. If the DSP or Deputy DSP are unavailable the staff member must contact Gateway directly on 308600 and follow their instructions. Alternatively you can email Gateway on gateway@plymouth.gov.uk
- Should a safeguarding referral be necessary following discussion with Gateway this will be made to Children's Social Care by completion of a Multi Agency Safeguarding Hub (MASH) contact form. If appropriate the Police and/or LADO will also be contacted.
- Should Children's Social care not confirm the referral in writing within 3 days they will be contacted again.
- In the case of a concern or allegation specifically regarding the DSP or Deputy DSP the member of staff receiving it will not approach the person it concerns.

- No staff are to ask children any leading questions or attempt to investigate further as this could jeopardise any criminal investigation.
- For further advice refer to the '**Building Support for Children, Young People and Families in Plymouth**' **guidance**, which is located at <https://plymouthscb.co.uk/building-support/>.