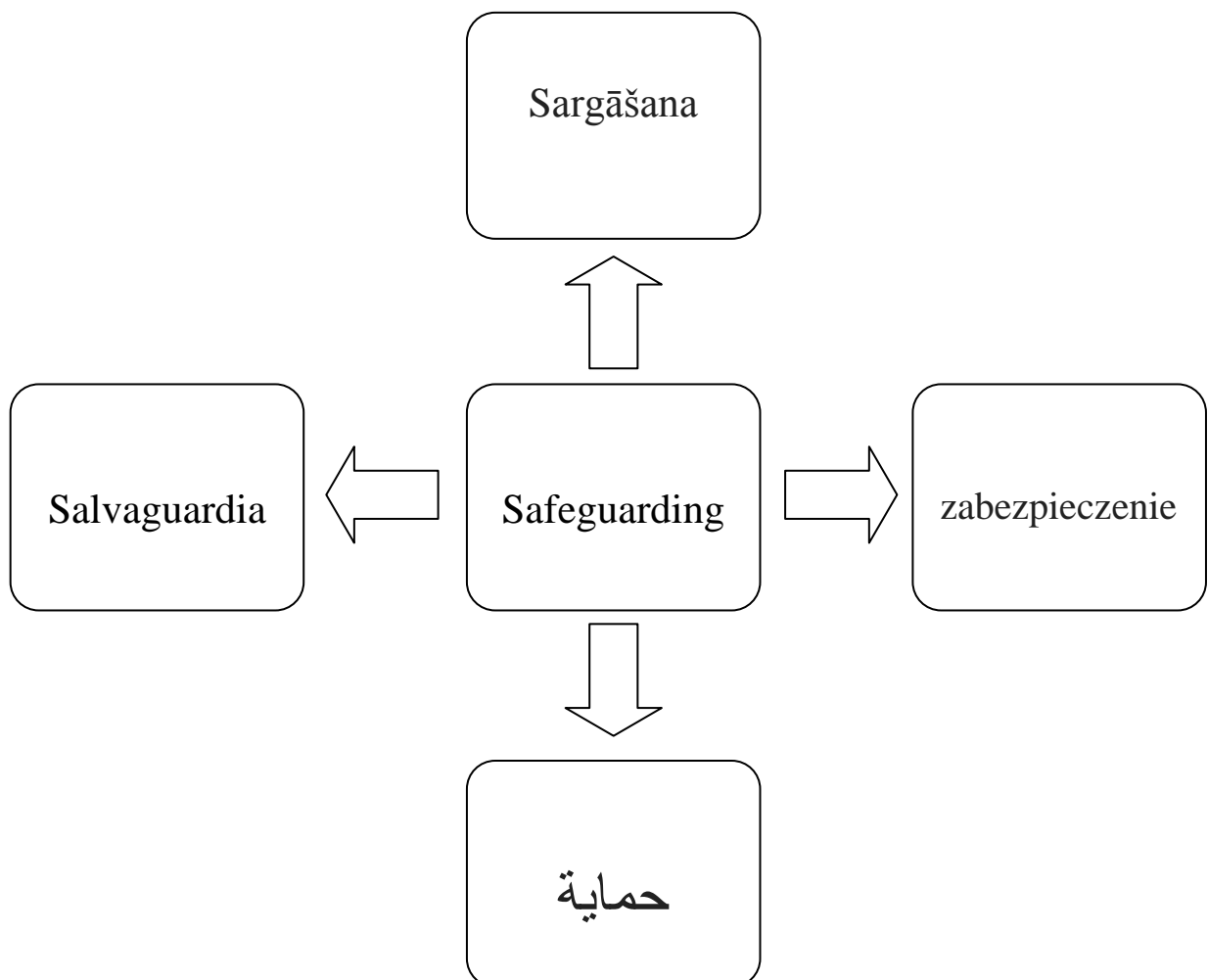


Safeguarding Policy & Procedures



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Policy Booklet Issues and Updates

<i>Pages</i>	<i>Issue No.</i>	<i>Article</i>	<i>Date Amended</i>	<i>Name</i>
All	1	All	12.06.2012	Asu
All	2	All	17.12.2012	Amy
All	3	All	04.06.2013	Amy
All	4	All	19.12.2013	Amy
All	5	All	28.10.2014	Amy
All	6	All	30.03.2015	Amy
All	7	All	31.07.2015	Amy
All	8	All	09.12.2015	Amy
All	9	All	15.02.2016	Amy
All	10	All	31.05.2016	Amy
All	11	All	21.09.2016	Amy
All	12	All	31.10.2016	Amy
All	13	All	24.02.2017	Amy
All	14	All	01.06.2017	
	15			
	16			
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Leadership and Management of Safeguarding

Kingston Nursery has a responsibility to protect and safeguard the welfare of children and young people they come into contact with. The need for guidelines and procedures is important to ensure that this is done with understanding and clarity.

The person with lead responsibility for safeguarding within the organisation is:



Safeguarding Lead – Amy Wilkinson



Deputy Leader – Asuman Aydin

Training within Kingston Nursery

The lead for safeguarding has completed additional training to fulfil this role (list training including dates)

- **Safeguarding Children – A Shared Responsibility – Awareness, Recognition & Responses –**
Date: Updated course 01.07.2015 - Amy Wilkinson
Updated course 23.09.2015 - Asuman Aydin
Updated course 25.01.2016 - Darren Aydin
- **Safeguarding Thresholds Training –**
Date: Updated course 07.07.2016 - Asuman Aydin
Updated course 01.11.2016 - Amy Wilkinson
- **Safeguarding Children – A Shared Responsibility – Working Together Effectively – Processes, Principles and Dilemmas –**
Date: Updated course 16.11.2016 - Asuman Aydin
Updated course 10.01.2017 - Amy Wilkinson
- **Safer recruitment multi agency-**
Date: Updated course 14.09.2016 - Asuman Aydin
Updated course 06.12.2016 - Amy Wilkinson
Updated course 14.09.2016 – Alex Aydin

Additional courses - All practitioners

- **Safeguarding children- A shared responsibility Level-**

Jodie Morgan - 02.02.2017

Sarah Brunning - 02.02.2017

Ashleigh Clarkson - 25.01.2016

Darren Aydin - 25.01.2016

Alex Aydin - 25.01.2016

Laura Agustus - 29.09.2015

Tracy Sibley - 29.09.2015

Robyn Morgan - 20.07.2015

Amy Wilkinson - 01.07.2015

Asuman Aydin - 23.09.2015

- **Prevent duty training**

Amy Wilkinson - 26.07.2015

Asuman Aydin - 12.08.2015

Alex Aydin – 21.01.2016

Darren Aydin – 21.01.2016

Robyn Morgan - 26.06.2015

Laura Agustus – 21.01.2016

Ashleigh Clarkson - 26.07.2015

Sarah Brunning - 27.05.2015

Jodie Morgan – 23.11.2016

Tracy Sibley - 21.01.2016

- **E safety- Protecting children online-**

Alex Aydin - 12.01.2017

Ashleigh Clarkson - 12.01.2017

Amy Wilkinson - 10.11.2016

- **The vulnerability of babies-**

Ashleigh Clarkson - 13.12.2016

- **Female Genital Mutilation-**

Jodie Morgan - 26.01.2017

Robyn Morgan - 02.02.2016

Amy Wilkinson - 02.02.2016

Ashleigh Clarkson - 12.05.2016

Sarah Brunning - 12.05.2016

Tracy Sibley - 12.05.2016

Laura Agustus - 12.05.2016

- **Preparation for & attendance at child protection conference-**

Robyn Morgan - 17.01.2017

Laura Agustus - 17.01.2017

- **Dealing with allegations against people who work with children-**

Amy Wilkinson - 08.02.2017

Practitioner Declaration

All staff and volunteers should be made aware of this policy, and be able to demonstrate an understanding of their responsibilities for safeguarding and promoting the welfare of children, including how to respond to any child protection concerns and how to make a referral to local authority children's social care or the police if necessary. This is discussed with all team members during their induction, through reading and signing the policy cover sheet and through updates at staff meetings/after training.

- I have read the contents of this Safeguarding pack.

The Nursery team will review our policies at team and staff meetings. If there are any areas that you need to discuss, be clearer about or question, talk to your Manager or raise the issue at a staff meeting.

- Sign below at each re-read, review or update of policy file.

Date	Name	I had read and understood this section. Please tick.	Sign

Safeguarding and Promoting the Welfare of Children

Safeguarding

A unique child + positive relationships + Enabling environments = Learning and development

Safeguarding and promoting the welfare of children- *Definitions of the policy*

- **Children** - *Brief statement of who this policy applies to*
- **Early Help** - *Extra support and where to find in Hull*
- **Child Protection** - *Brief statement of what child protection is*

Definitions of harm - *To make staff aware of indicators of harm*

- Abuse
- Physical abuse
- Emotional abuse
- Sexual abuse
- Neglect
- Other specific sources of harm / FGM

Recognition of harm- *How and why*

- Young carers

Acting on concerns- *How to do this*

- Seeking Medical Attention
- Managing a disclosure
- Referring concerns about a child - *When and how we refer*
- Consent
- Preparing to Discuss Concerns about a Child with Children's Social Care
- Questions Children's Social Care may ask at Initial Contact
- The Hull Safeguarding Children Board Contact and Referral Form
- Expectation of feedback

Allegations against staff members / volunteers – *What we do as a setting/how?*

Recruitment and selection- *How we safely recruit and the processes we use*

Radicalisation and anti terrorism- *How we combat this and where we can find help*

British Values and the prevent duty- *The areas and how we promote within nursery*

E-Safety- *Protecting children/ practitioner responsibilities*

Contacts- *Local Safeguarding Board contacts including LADO, Hull, East Riding of Yorkshire*

Extra information- *Brief bullet points on amendments and additions to the policy*

Appendix 1 - Seven Golden rules of information sharing

Appendix 2 – Consideration when contacting another agency

Safeguarding and promoting the welfare of children

Defined for the purposes of this guidance as:

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

1. Children

Anyone who has not yet reached their 18th birthday. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, does not change his/her status or entitlements to services or protection

2. Early Help

Children and their families will experience a range of needs at different times in their lives. All children require access to high-quality universal services (such as schools, health visitors and nurseries), but some will also benefit from extra support to address additional needs. In Hull this support is called Early Help. “Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child’s life, from the foundation years through to the teenage years” (Working Together to Safeguard Children 2015).

From the perspective of a child, it is clearly best to receive help before they have any, or have only minor, adverse experiences.

In Hull, Locality Early Help hubs offer a range of support for practitioners who need advice, guidance or a short intervention when working with children and families with additional needs.

All staff and volunteers should understand the importance of intervening early, before and problems become entrenched, and know how to access additional support for children, young people and families through the Early Help Hubs.

The consent of parents / carers (and children depending on their age and understanding) should always be sought before making a request for a service to the Early Help Hubs.

If at any time the concerns about the child become more serious, they should be referred to Children’s Social Care (See Section 7)

3. Child Protection

Part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

Definitions of Harm

Abuse - A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults, or another child or children.

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

Emotional abuse - The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including online bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Sexual abuse- Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Neglect- 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, neglect may involve a parent or carer failing to: provide adequate food, clothing and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate care-givers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

This is not an exhaustive list and it must be recognised that it is not the role of staff / volunteers to make an assessment of whether children or young people have suffered harm. Staff / volunteers / child protection co-ordinator do have a duty to report any concerns about harm in accordance with the Hull Safeguarding Children Board, Procedures and Practice Guidance.

Other specific sources of harm

Staff / volunteers also need to be aware of other specific sources of harm which may include [Female Genital Mutilation \(FGM\)](#), [Radicalisation](#) and [Child Sexual Exploitation \(CSE\)](#). **For a more comprehensive list of specific sources of harm, please refer to the practice guidance in HSCB guidelines and procedures <http://hullscb.proceduresonline.com>**

Female genital mutilation (FGM) FGM is the partial or total removal of external female genitalia for non--medical reasons. It's also known as female circumcision, cutting or sunna. There are four types which are all are illegal and have serious health risks. It is nearly always carried out on minors (between infancy and age 15). Religious, social or cultural reasons are sometimes given for FGM. However, FGM is child abuse. It's dangerous and a criminal offence. There are no medical reasons to carry out FGM. It doesn't enhance fertility and it doesn't make childbirth safer. It is used to control female sexuality and can cause severe and long lasting damage to physical and emotional health. FGM has been a criminal offence in the UK since 1985. In 2003 it also became a criminal offence for UK nationals or permanent UK residents to take their child abroad to have female genital mutilation. We will work with all families to protect those possibly at risk and information will be available for parents. All practitioners have completed the Local safeguarding board FGM training (see individual practitioner files for certificates) and would treat the same as other safeguarding concerns in accordance with this policy document.

Recognition of Harm

Everybody working with children and families must be alert to the needs of children and any risks of harm - including to unborn children, babies, older children, young carers, children who are disabled, those with special educational needs, are living away from home or are Looked After by the local authority. All staff and volunteers should be able to recognise, and know how to act upon, evidence that a child's health or development is being impaired or that the child is suffering, or is likely to suffer significant harm.

The harm or potential harm to a child may come to your attention in a number of possible ways;

- Information given to you by the child, his/ her friends, a family member or close associate.
- The child's behaviour may become different from the usual, be significantly different from the behaviour of their peers, be bizarre or unusual or may involve 'acting out' a harmful situation in play.
- An injury which arouses suspicion because;
 - It does not make sense when compared with the explanation given.
 - The explanations differ depending on who is giving them (*e.g.*, differing explanations from the parent / carer and child).
 - The child appears anxious and evasive when asked about the injury;
 - They are a pre mobile baby with bruising.
- Suspicion being raised when a number of factors occur over time, for example, the child fails to progress and thrive in contrast to his/her peers.
- A young person having contact with an individual or individuals who have been identified as presenting a risk or potential risk of harm to children.
- The parent's behaviour before the birth of a child may indicate the likelihood of significant harm to an unborn child, for example substance misuse, or, previous children removed from their carers.

Young carers

Children and young people under 18 who provide or intend to provide care assistance or support to another family member are called young carers. They carry out on a regular basis, significant or substantial caring tasks and assume a level of responsibility, which would usually be associated with an adult. The person receiving care is often a parent but can also be a sibling, grandparent or other relative who is disabled, has some chronic illness, mental health problem or other condition connected with a need for care support or supervision. Young carers can be particularly vulnerable and, under the Children and Families Act (2014) are entitled to an assessment of their own needs by the local authority.

Acting on Concerns

No professional should assume that someone else will pass on information which they think may be critical to keeping a child safe. If a professional has concerns about a child's welfare and believes they are suffering or likely to suffer harm, then they have a responsibility to share the information with local authority children's social care. (Working Together to Safeguard Children 2015) (For more information about information sharing and effective communication see appendices 1 and 2)

Seeking Medical Attention

If a child has a physical injury, and there are concerns about abuse, medical attention should be sought immediately by telephoning for an ambulance, attending the Emergency Department or Minor Injury Unit (depending on the severity of the injury). The procedures for referring a child to Children's Social Care should then be followed.

Any safeguarding concerns should be shared with the Ambulance staff / Medical and Nursing staff in order that they can appropriately assess and treat the child, and share relevant information.

Contacting emergency services for urgent medical treatment must not be delayed for any reason.

Managing a disclosure

- Listen to what the child has to say with an open mind.
- Do not ask probing or leading questions designed to get the child to reveal more.
- Never stop a child who is freely recalling significant events.
- Make note of the discussion, taking care to record the timing, setting and people present, as well as what was said.
- Do not ask children to write a statement.
- Never promise the child that what they have told you can be kept secret. Explain that you have responsibility to report what the child has said to someone else.
- The designated lead for child protection within your organisation must be informed immediately.

Referring Concerns About a Child

The designated safeguarding lead will act on behalf of Kingston Nursery in referring concerns or allegations of harm to Local Authority Access and Assessment Team or the Protecting Vulnerable People Unit. In the case of it being out of hours the Immediate Help Team should be contacted.

If the designated safeguarding lead is in any doubt about making a referral it is important to remember that advice can be sought from the Access and Assessment Team. The name of the child and family should be kept confidential at this stage and will be requested if the enquiry proceeds to a referral.

It is not the role of the designated safeguarding lead to undertake an investigation into the concerns or allegation of harm. It is the role of the designated safeguarding lead to collate and clarify details of the concern or allegation and to provide this information to the Access and Assessment Team, or Locality Team if Children's Social Care is already involved, whose duty it is to make enquiries in accordance with Section 47 of the Children Act 1989.

Consent

Issues of consent should always be considered.

Before making a referral, parents/carers must be informed that you are making contact with Children's Social Care – including the reasons for you doing this – and be asked to give consent to the referral being made. This includes protecting a child from Significant Harm.

There are circumstances when it may appropriate to dispense with the requirement to obtain consent to share information ; this includes when :

- Discussion with the parents/ carers could place the child or other family members at risk ;
- The child is in immediate danger (e.g. requires medical attention)
- Discussion with parents / carers may place you or another member of staff at risk

It should be noted that when parents, carers or child may not agree to information being shared, but this does not prevent professionals from being able to make a referral where child protection concerns persist. When sharing information without consent it is important to record why any such decision has been made.

Preparing to Discuss Concerns about a Child with Children's Social Care

Try to sort out in your mind why you are worried, is it based on:

- What you have seen;
- What you have heard from others;
- What has been said to you directly.

Try to be as clear as you can about why you are worried and what you need to do next:

- This is what I have done;
- What more do I need to do?
- Are there any other children in the family?
- Is the child in immediate danger?

In the conversation that takes place the duty Social Worker will seek to clarify:

- The nature of the concerns;
- How and why they have arisen;
- What appear to be the needs of the child and family; and
- What involvement they are having or have had with the child and / or family.

Questions Children's Social Care may ask at Initial Contact

- Agency (i.e. school, etc) address and contact details of referrer;
- Has consent to make the referral been gained? Information regarding parents' knowledge and views on the referral;
- Where consent has not been sought prior to making a referral you will be asked to explain what informed your decision making;
- Where consent has been sought but refused and child protection concerns persist you will be asked what informed your decision making ;
- Full names, dates of birth and gender of children;
- Family address and, where relevant, school/nursery attended;
- Previous addresses;
- Identity of those with **Parental Responsibility**;
- Names and dates of birth of all members of the household;
- Ethnicity, first language and religion of children and parents;
- Any special needs of the children or of the parents and carers;
- Any significant recent or past events;
- Cause for concern including details of allegations, their sources, timing and location;

- The child's' current location and emotional and physical condition;
- Whether the child needs immediate protection;
- Details of any alleged perpetrator (name, date of birth, address, contact with other children);
- Referrer's relationship with and knowledge of the child and his or her family;
- Known involvement of other agencies;
- Details of any significant others;
- Gain consent for further information sharing / seeking;
- The referrer should be asked specifically if they hold any information about difficulties being experienced by the family/household due to domestic violence, mental illness, substance misuse and/or learning difficulties.

Other information may be relevant and some information may not be available at the time of making contact. REMEMBER - the collation of additional information should not result in a delay in making a referral.

The Hull Safeguarding Children Board Contact and Referral Form

All telephone referrals made by professionals should be followed, within 48 hours by a written referral giving specific and detailed information. A template Contact and Referral Form has been developed for this purpose.

If you have secure email the form should be sent to The Access and Assessment Team accesspodgc@hullcc.gcsx.gov.uk

If you do not have a secure email system it should be faxed to 01482 444145

Click on a link below to view the Contact and Referral Form

- [Contact and Referral Form \(Hand Written\)](#)
- [Contact and Referral Form \(Electronic\)](#)

Children's Social Care Action following a Referral

Children's Social Care should acknowledge a **written referral within one working day** of receiving it. If the referrer has not received an acknowledgement within **3 working days**, they should contact Children's Social Care again.

Allegations against Staff Members / Volunteers

If any member of staff or volunteer has concerns about the behaviour or conduct of another individual working within the group or organisation such as:

- Behaved in a way that has harmed, or may have harmed a child;
- Possibly committed a criminal offence against, or related to, a child or
- Behaved towards a child or children in a way that indicates s/he is unsuitable to work with children. This could include children within the employee's workplace or outside of it, including their own children.

The nature of the allegation or concern should be reported to the Designated Officer for dealing with allegations within the organisation immediately.

The member of staff who has a concern or to whom an allegation or concern is reported should not question the child or investigate the matter further.

The Designated Officer for your organisation will report the matter to the Local Authority Designated Officer (LADO).

Allegations against staff in their personal lives or which occur in the community

If an allegation or concern arises about a member of staff, outside of their work with children, and this may present a risk of harm to children for whom the member of staff is responsible, the general principles outlined in this policy will still apply.

If the member of staff lives in a different authority area to that which covers their workplace, liaison should take place between the relevant agencies in both areas and a joint Strategy Meeting / Discussion or Professional's Meeting should be held.

In some cases, an allegation of abuse against someone closely associated with a member of staff (e.g. partner, member of the family or other household member) may present a risk of harm to children for whom the member of staff is responsible. In these circumstances, a Strategy or Professional's Meeting / Discussion should be held to consider:

- The ability and/or willingness of the member of staff to adequately protect the children;
- Whether measures need to be put in place to ensure their protection;
- Whether the employment role of the member of staff is compromised.

Anti – Bullying Policy

Bullying and racism are considered seriously matters. Young children even at an early age know that certain types of behaviour are not acceptable. We work with the children to engage nicely with each other and have a mutual respect for everyone. In a situation where we feel a child has or is being bullied we would work together with both families to help both children involved.

Physical Restraints: We would only use physical restraints a child if they were a danger to themselves or to others.

We have forms that we will fill in if any incidents occur.

No physical punishments are used.

British Values

British are a set of four values introduced to help keep children safe and promote their welfare.

What are British Values?

- Democracy
- The rule of law
- Individual liberty
- Mutual respect and tolerance of different faiths and beliefs

Childcare and Early Years Providers subject to the **Prevent Duty** will be expected to demonstrate activity in the following areas:

- Demonstrate that they are protecting children and young people by having robust safeguarding policies.
- Ensure that their safeguarding arrangements take into account the policies and procedures of the Local Safeguarding Children Board.
- Make sure that staff have training that gives them the knowledge and confidence to identify children at risk and to challenge extremist ideas.
- Expected to ensure children are safe from extremist material when accessing the internet.

As a childcare and early years provider we have a critical part to play. Early years providers serve arguably the most vulnerable and impressionable members of society.

In England, the Early Years Foundation Stage (EYFS) accordingly places clear duties on providers to keep children safe and promote their welfare.

It makes clear that to protect children in their care, providers must be alert to any safeguarding and child protection issues in the child's life at home or elsewhere (paragraph 3.4 EYFS).

Taking each value in turn, here are some of the ways we aim to meet this important requirement:

Democracy

- We let children know their views count and encourage them to value each other's opinions and values. We help demonstrate democracy in action, for example, by letting children share views on what activity should come next with a show of hands/voting with picture cards.
- We provide activities that involve turn-taking, sharing and collaboration
- We give children opportunities to develop enquiring minds by creating an atmosphere in our nursery where all questions are valued

Rule of Law

- We help and support the children to understand their own and others' behaviour and its consequences, helping them to distinguish right from wrong
- We work with children to create the rules and the codes of behaviour, such as agreeing the rules about tidying up, and also ensuring children understand that the rules apply to everyone

Individual Liberty

- We provide opportunities for children to develop their self-knowledge, self-esteem and increase their confidence in their own abilities, for example, through allowing children to take risks on an obstacle course and talking about their experiences and learning
- We encourage a range of experiences that allow children to explore the language of feelings and responsibility, reflect on their differences and understand everyone is free to have different opinions

Mutual Respect and Tolerance

- We encourage and explain to the children about the importance of tolerant behaviours, such as sharing and respecting each other's opinions
- We promote diverse attitudes and challenge stereotypes, for example, by sharing stories that reflect and value the diversity of children's experiences
- We provide resources and activities that challenge gender, cultural and racial stereotyping
- We create an ethos of inclusivity and tolerance within our nursery where views, faiths, cultures and races are valued
- We aim to arrange visits whereby children can engage with the wider community
- We encourage children to acquire a tolerant, appreciation and respect for their own and other cultures by discussing with them the similarities and differences between themselves and their friends; and among families, faiths, communities, cultures and traditions
- We share and discuss practices, celebrations and experiences

E – Safety Policy

We have a duty of care towards all children and will protect them online. Within the setting we use tablets and computers which the children can access themselves. The computers have parental locks and are updated and checked each session by a nursery practitioner.

We work with children from an early age and discuss using the internet and how others may speak to them online. We help them children to recognise dangers and discuss this with a nursery practitioner, school teacher or their parent/carer. We embrace apps and games and encourage the children to show us how they work and how to play. This gives us a good insight to the games and how others may contact children. We also provide posters in the nursery and information via leaflets to our families.

Families can download app to monitor children's movements online and put all safe app into one space.

<https://www.nspcc.org.uk/fighting-for-childhood/news-opinion/azoomee-launches-to-keep-children-safe-online/>

ICT and related technology such as email, the internet and mobile devices are an expected part of our daily working life. This policy is designed to make sure that all staff are aware of their professional responsibilities when using any form of ICT. All staff are expected to sign this policy and adhere at all times to its content. If you have any concerns or need clarification you can talk to Amy Wilkinson (E safety lead).

Practitioners will comply with the Kingston Nursery Social Media policy.

Practitioners understand that using the setting's ICT system for a purpose not permitted by Kingston Nursery may result in disciplinary or criminal procedures.

Practitioners will comply with the ICT system and not disclose any passwords provided by the manager.

Practitioners will only use the setting's e mail/ internet for professional purposes.

Practitioners will not use the setting's ICT system to access personal e mails.

Practitioners will not install any hardware or software without the permission of Amy Wilkinson.

Practitioners will not browse, download, upload or distribute any material that could be considered offensive, illegal or discriminatory.

Practitioners will make sure that my online activity both inside and outside the setting will not bring their professional role and the settings reputation into disrepute.

Practitioners will support the setting's safeguarding policy, social media and help children to be safe and responsible in their use of ICT and related technologies.

Practitioners will report any incidents of concern regarding children's safety to the e – safety lead, the Child Protection Officer or Manager.

Practitioners understand that sanctions for disregarding any of the above will be in line with the setting's disciplinary procedures and serious infringement may be referred to the police.

All practitioners agree to follow this agreement and to support the safe use of ICT throughout the setting.

Female Genital Mutilation Policy

Staff / volunteers also need to be aware of other specific sources of harm which may include Female Genital Mutilation (FGM), Radicalisation and Child Sexual Exploitation (CSE). **For a more comprehensive list of specific sources of harm, please refer to the practice guidance in HSCB guidelines and procedures <http://hullscb.proceduresonline.com>**

Female genital mutilation (FGM) FGM is the partial or total removal of external female genitalia for non--medical reasons. It's also known as female circumcision, cutting or sunna. There are four types which are all illegal and have serious health risks. It is nearly always carried out on minors (between infancy and age 15). Religious, social or cultural reasons are sometimes given for FGM. However, FGM is child abuse. It's dangerous and a criminal offence. There are no medical reasons to carry out FGM. It doesn't enhance fertility and it doesn't make childbirth safer. It is used to control female sexuality and can cause severe and long lasting damage to physical and emotional health. FGM has been a criminal offence in the UK since 1985. In 2003 it also became a criminal offence for UK nationals or permanent UK residents to take their child abroad to have female genital mutilation. We will work with all families to protect those possibly at risk and information will be available for parents. All practitioners have completed the Local safeguarding board FGM training (see individual practitioner files for certificates) and would treat the same as other safeguarding concerns in accordance with this policy document.

Radicalisation & Extremism Policy

Kingston Nursery is in compliance with the Prevent Duty guidance and its aim to protect children from radicalisation, extremism and being drawn into terrorism. All team members complete the Prevent Duty training to recognise signs of radicalisation and extremism. The certificates are available individual practitioner files.

Kingston Nursery promotes the Fundamental British Values of democracy, the rule of law, individual liberty and mutual respect. If we had a concern regarding a child or family this would be reported to-

Helpline

Preventing extremism in schools and children's services

Email: counter.extremism@education.gsi.gov.uk

Telephone 020 7340 7264

If you are concerned about extremism in a school or organisation that works with children, or if you think a child might be at risk of extremism, contact our helpline.

Open Monday to Friday from 9am to 6pm (excluding bank holidays).

We may also contact the access and assessment team for more advice and/or to discuss a concern.

The child protection policy is under review by the LSCB and will be updated accordingly.

Safer Recruitment Policy and Procedure

When recruiting paid staff and volunteers it is important to always follow the processes set out in the organisation's safer recruitment policy. This will ensure potential staff and volunteers are screened for their suitability to work with children and young people.

Recruitment & Selection at Kingston Nursery

During the recruitment and selection process at Kingston everyone must be interviewed and partake in a trial period within the setting. Monitored closely by the manager. Everyone who is taken on for this period must be fully DBS checked and we require 2 referees names towards the post available.

Staff employed by Kingston Nursery are all qualified as Level 2/3 or working towards a qualification. Upon gaining a position at Kingston Nursery we contact the named referees and request a reference before employment.

It is important when recruiting paid staff and volunteers to adhere to the organisations recruitment policy. This will ensure potential staff and volunteers are screened for their suitability to work with children and young people.

- All paid staff and volunteers with access to children and young people or sensitive information relating to children will be required to undertake an enhanced DBS check.
- Staff and volunteers working directly with children or with access to sensitive information will be required to complete LSCB Child Protection Training. Their training will be reviewed in supervision.
- All staff and volunteers will be required to read the Child Protection Policy. This will be reviewed to ensure up to date knowledge.
- All staff and volunteers to complete an application form, including details of previous employment, details of any conviction for criminal offences (including spent convictions under the Rehabilitation of Offenders Act 1974), agreement for an enhanced DBS check, permission to contact two referees, including their current or most recent employer (which should be taken up).
- The potential staff member or volunteer will be interviewed for their suitability for the post
- Staff and volunteers will be subject to a probationary period (3 – 6 months) during which they will be supervised and monthly meetings will take place with their manager / supervisor to identify any concerns, training and support needs.
- Staff and volunteers will have a period of induction where they will complete any induction training and access internal policies.

Increased safeguards were introduced through the creation of two new barred lists (regulated and controlled) to replace the existing POCA, POVA and List 99. These lists are maintained by the Independent Safeguarding Authority (ISA).

The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups, including children.

<https://www.gov.uk/government/organisations/disclosure-and-barring-service/about>

A person who is barred from working with children or vulnerable adults will be breaking the law if they work or volunteer, or try to work or volunteer with those groups. If Kingston nursery knowingly employs someone who is barred to work with those groups they will also be breaking the law. If there is an incident where a member of staff or volunteer has to be dismissed because they have harmed a child or vulnerable adult, or would have been if they had not left, Kingston Nursery will notify the DBS.

RECRUITMENT PROCESS

Kingston Nursery Limited follows the recruitment Guidelines and Steps identified by Safer Recruitment Consortium. The procedure is as follows:

Recruitment and selection checklist

Planning - Timetable decided: job specification, description, and other documents to be provided to applicants, reviewed and updated as necessary. Application form seeks all relevant information and includes relevant statements about references etc.

Vacancy advertised (where appropriate) Advertisement includes reference to safeguarding policy, that is, statement of commitment to safeguarding and promoting welfare of children and need for successful applicant to be DBS checked

Applications on receipt - Scrutinised – any discrepancies/anomalies/gaps in employment noted to explore if candidate considered for short-listing

Short-list prepared

References – seeking Sought directly from referee on short-listed candidates; ask recommended specific questions; include statement about liability for accuracy

References – on receipt Checked against information on application; scrutinised; any discrepancy/issue of concern noted to take up with referee and/or applicant (at interview if possible)

Invitation to interview - Includes all relevant information and instructions

Interview arrangements - At least two interviewers; panel members have authority to appoint; have met and agreed issues and questions/assessment criteria/standards

Interview - Explores applicants' suitability for work with children as well as for the post

Note: identity and qualifications of successful applicant verified on day of interview by scrutiny of appropriate original documents; copies of documents taken and placed on file

Conditional offer of appointment: Offer of appointment is made conditional on satisfactory completion of the following pre- appointment checks and, for non-teaching posts, a probationary period

References: (if not obtained and scrutinised previously)

Identity (if that could not be verified at interview)

Qualifications (if not verified on the day of interview)

Permission to work in UK, if required

DBS certificate - where appropriate satisfactory DBS certificate received

DBS Barred list – person is not prohibited from taking up the post

Prohibition – (for teaching posts) the teacher has not been included in the prohibition list or interim prohibition list

Prohibition from management (independent / free schools and academies only) – anyone appointed to a management position is not barred from management by the Secretary of State

[n/a] Disqualification from childcare – applies only to those providing early years or later years childcare

RECRUITMENT POLICY

Aims: To promote equal opportunities for staff, parents, students.

At Kingston nursery, if we require a member of staff, then the manager will advertise in the Hull Daily mail and the children's information services.

- The manager (*has at least a level 3 qualification also 2 years experience of working in a day care setting)/provider will interview all applicants and will appoint the best person for each job and treat all applicants fairly and those appointed regardless of race/religion of age etc. To make sure all are treated the same
- All interviewees will be asked to provide two reference names and proof of full employment history and qualification. References will be contacted after the interview.

- To make it clear our policy on equal opportunities
- The registered day-care provider will remain responsible for ensuring that those in their employment, or living and working on the premises, are suitable to look after or be in contact with children, and this responsibility is being clarified in the law so that Ofsted can check that the provider is operating properly. (Part XA of children Act 1989,as amended by the children Act 2004)
- We will check for medical suitability.
- If the registered person, staff and volunteers is disqualified from the CAPITA from the DBS check then we will tell them they have been disqualified and why? This person will not able to work with the children under Children Act 1989 as long as the defence is under Children Act e.g. If anything with children.
- This person must apply to Ofsted to have disqualification waived. Ofsted will make a decision.
- Ofsted helpline on 08456 40 40 45
- All applicants are aware if they get the job they will be on a 3-month trail.
- All managers, staff and volunteers should suitable both mentally and physically to care for children.
- All staff will learn to carry out their responsibilities effectively so they need to understand how the setting works and knows what is expected of them.
- All new member of staff will be supervised never been left alone until we have enhanced DBS disclosure from CAPITA.
- All new members have an induction/job description, which informs the staff about the way the nursery operates when they start.

Contacts

Hull

Children's Social Care (Local Authority)

Access and Assessment (01482) 448879

Immediate Help (out of office hours) (01482) 300304

Local Authority Designated Officer (01482) 790933

Protecting Vulnerable People Unit 101

Hull Safeguarding Children Board (01482) 379090

www.hullsafeguardingchildren.co.uk

East Riding of Yorkshire

Children's Social Care (Local Authority)

Referrals (01482) 395500

For Help and Advice (01482) 393339

Emergency Duty Team (out of office hours) (01377) 241273

Local Authority Designated Officer (01482) 396999

Police Public Protection Team 101

East Riding Safeguarding Children Board (01482)396998/9

Extra Information

- Cameras are used at Kingston nursery to take photos of the children's play, learning and development. These are also taken on trips away from the setting. One staff member is responsible for the where about of the camera. All parents during the induction period sign to state that there children can have photos taken of them. Staff will not use mobile photos to take digital images.
- **ALL STAFF/VOLUNTEERS- ARE TO KEEP MOBILE PHONES IN THEIR OWN BAG AND ONLY USE ON LUNCH BREAK AND WHEN OUT OF THE SETTING. IN AN EMERGENCY THE NURSERY PHONE MAY BE USED OR MOBILE PHONE CHECKED- WITH SUPERVISOR/MANAGER PERMISSION.**
- **VISITORS ARE TOLD WHEN THEY FIRST ARRIVE NOT TO USE THEIR MOBILE PHONES- ADVISED TO USE IN KITCHEN/OUTSIDE PREMISES.**
- **WE ARE A NO MOBILE PHONE ENVIRIONMENT AND PARENTS ARE ALSO ADVISED TO KEEP PHONES IN POCKET AND NOT IN THEIR HAND WHEN ENTERING THE ROOMS.**
- **IF PARENTS ADD THE KINGSTON NURSERY PROFILE ON FACEBOOK THE SAME OBLIGATIONS APPLY TO A CHILDS WELFARE. IF THE ADMINISTRATOR OF THE PAGE NOTICES A POST, VIDEO OR IMAGE DIRECTLY PLACING THE CHILD IN GRAVE DANGER WE WILL CONTACT THE POLICE/SOCIAL SERVICES. BY SIGNING THE ADMISSION FORMS PARENTS ARE ACCEPTING THIS STATEMENT- FOR MORE INFORMATION PLEASE SEE OUR SOCIAL MEDIA AND MOBILE PHONE POLICY.**

Appendix 1

Seven Golden rules of information sharing

Information sharing- Advice for practitioners providing safeguarding services to children, young people, parents and carers (Department for Education, March 2015) has been produced to support practitioners in the decisions they take when sharing information to reduce the risk of harm to children and young people.

Below are the 7 golden rules of information sharing that this guidance recommends.

1. Remember that the Data Protection Act 1998 and human rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately.

2. *Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.*

3. *Seek advice from other practitioners if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.*

4. *Share with informed consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, there is good reason to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be certain of the basis upon which you are doing so. Where you have consent, be mindful that an individual might not expect information to be shared.*

5. *Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.*

6. *Necessary, proportionate, relevant, adequate, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely (see principles).*

7. *Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose*

Appendix 2 - Considerations when Contacting another Agency/Service

1) Effective Communication between Agencies

Effective communication requires a culture of listening to and engaging in, dialogue within and across agencies. It is essential that all communication is as accurate and complete as possible and clearly recorded.

Accuracy is key; without it effective decisions cannot be made. Equally, inaccurate accounts can lead to children remaining unsafe, or to the possibility of wrongful actions being taken that affect children and adults

Before contacting another agency, think about why you are doing it, is it to:

- Share Information

To share information is the term used to describe the situation where practitioners use their professional judgement and experience on a case by case basis to decide whether and what personal information to share with other practitioners in order to meet the needs of a child or young person.

Decisions to request and share information must be considered in terms of whether they are necessary and proportionate.

- Signpost to Another Service

The definition to signpost is to indicate direction towards. It is an informal process whereby a professional or a family is shown in the direction of a service.

If someone is signposted to a service it is because accessing the service may enhance the family's quality of life, but there would be no increased risk to the child or young person should the service not be accessed.

No agency is responsible for the monitoring or recording of signposting.

- Seek Advice and Guidance

Seeking advice and guidance at any time, making a general query or perhaps consulting with a specialist colleague within your own organisation (or from another agency) may enhance the work that you are doing with a child, young person or family at any stage. It could be that you want further information about services available or that you want some specialist advice or perhaps need to consult about a particular issue or query for instance to ask if making a referral is appropriate.

The name of the child and family should be anonymised at this stage unless agreement to share the information has already been obtained.

It is vital that you record that you have sought information and advice in your own records. The agency you are contacting may not record this information, particularly if the case is not open or active with them. It should be agreed between agencies in this situation as to who records what information.

At the end of the conversation both parties must be clear about the next course of action.

- Facilitate Access to a Service

If you think that a family may benefit from a service then directing, signposting or facilitating is appropriate. For example, a family approaches your service and asks for some advice about leisure activities in the local area. You give them the information and directions to the nearest open access leisure centre.

- Refer a Child or Family

If you think that by not accessing a particular service, a child's situation could deteriorate then a referral is appropriate. However, a referral is only the start of the process. You as the referrer have a responsibility to monitor that the service has been taken up and the child's situation has improved.

Sometimes you may need to draw on other support services, for example when an intervention has not achieved the desired outcomes and the child/young person requires more specialist or sustained support.

A specific gap in services to meet a need or any level of concern warrants follow up and monitoring to ensure there is no risk to children.

At the end of the conversation both parties must be clear about the outcome and the next course of action.

2) Professional Differences

Where there are any professional differences about a particular decision, course of action or lack of action you should consult with a Senior Manager within your own organisation about next steps. [Resolving Interagency Disagreements Guidance](#)

3) Recording

Well kept records about work with a child and his or her family provide an essential underpinning to good professional practice. Records should be clear, accessible and comprehensive, with judgements made and decisions and interventions carefully recorded. Where decisions have been taken jointly across agencies, or endorsed by a manager, this should be made clear.

You should record your decision and the reasons for it, whether or not you decide to share information. If the decision is to share, you should record what information was shared and with whom.

You should work within your agency's arrangements for recording information and within any local information sharing procedures in place. These arrangements and procedures must be in accordance with the Data Protection Act 1998