This policy applies to all staff, volunteers and children, including OOSC. We comply with local child Protection procedures approved by the Area Child Protection Committee (A.C.P.C). The protection of the child is our first priority.

This policy works alongside the Looked After Child (LAC) policy and e safety policy to cover all aspects of child protection

**Introduction**

The staff at Clarecroft Day Nursery fully recognise the contribution they make to safeguarding children. We recognise that all staff, including volunteers, have a full and active part to play in protecting our children from harm.

Our staff believe that the Nursery should provide a caring, positive, safe and stimulating environment that promotes the social, physical and moral wellbeing of the child.

**What is safeguarding and child protection?**

Safeguarding is a term which is broader than ‘child protection’ and relates to the action taken to promote the welfare of children and protect them from harm. Safeguarding is everyone’s responsibility.

In practice, Safeguarding is the policies and practices that schools and Governing Bodies employ to keep children safe and promote their well-being.  This means everything from security of the buildings, to the safe recruitment of staff and everything in between.   Child Protection is one aspect of Safeguarding.  Child Protection is a term used to describe the activity that is undertaken to protect specific children who are suffering or likely to suffer significant harm.

**Aims**

The aims of this policy are

· To support each child’s wellbeing in ways that will foster security,

 confidence and independence

· To raise the awareness of all staff, of the need to safeguard children, and of their responsibilities in identifying and reporting possible cases of abuse

. Ensure all staff are able to identify the signs and indicators of abuse, including the softer signs of abuse, and know what action to take

· To provide a systematic means of monitoring children known, or thought to be, at risk of harm

· To emphasize the need for good levels of communication between all members of staff

. To develop a structured procedure within the nursery, which will be followed by all members of the nursery, in cases of suspected safeguarding issues.

· To develop and promote effective working relationships with other agencies, especially the Children & Young People Services

· To ensure that all adults within our nursery, who have access to children, have been checked as to their suitability.

Staff will receive in house training following their induction which will be updated at least annually via staff meeting. Also, regular updates and discussions about safeguarding take place at monthly staff/room leader meetings. An opportunity to discuss the training and its contents will take place before and after. Free confidential support can also be gained from the Samaritan helpline 116 123.

As a nursery we fully support the Every Child Matters agenda, to ensure all children have the support they need to

· Be healthy

· Stay safe

· Enjoy and achieve

· Make a positive contribution

· Achieve economic well-being

**Legal framework**

* Children Act 1989 and 2004
* Childcare Act 2006
* Safeguarding Vulnerable Groups Act 2006
* Children and Social Work Act 2017
* The Statutory Framework for the Early Years Foundation Stage (EYFS) 2017
* Working together to safeguard children 2018
* Keeping children safe in education 2021
* Inspecting Safeguarding in Early years 2021
* Data Protection Act 2018
* What to do if you’re worried a child is being abused 2015
* Counter-Terrorism and Security Act 2015.
* Domestic Abuse Act 2021

**Policy Intention**

Clarecroft Day Nursery is committed to building a 'culture of safety' in which children are protected from abuse and harm. The designated Safeguarding Lead (DSL) is Gemma Richardson

* All staff and volunteers will undertake child protection training annually to develop their understanding of the signs and indicators of abuse, and the importance of responding to disclosures of abuse through an in-house refresher course for all staff annually. The designated lead will undertake refresher training annually as a minimum
* Applicants for posts within the setting are informed of the need to carry out 'enhanced disclosure' checks with the Criminal Records Bureau before posts can be confirmed and must be registered on the online update list.
* We have a strict vetting system in place, in respect of references and DBS checks for staff and volunteers, to ensure that no disqualified person or unsuitable person works at the setting or has access to the children.
* The nursery operates Safer Recruitment procedures – see Safer Recruitment Policy and Procedures.
* Volunteers or those on work experience are not left unsupervised with the children and do not support children with toileting needs. They must also have a DBS check done on them, before they can work at the nursery. \*For more information on The Vetting and Barring Scheme Log on: [www.gov.uk/disclousre-barring-service-check/overview](http://www.gov.uk/disclousre-barring-service-check/overview)
* We abide by the Protection of Children Act requirements in respect of any person who is dismissed from our employment, or resigns in circumstances that would otherwise have lead to dismissal for reasons of child protection concerns.
* We have procedures for recording the details of visitors to the setting.
* We take security steps to ensure that we have control over who comes into the setting so that no unauthorised person has unsupervised access to the children.
* The layout of the rooms allows for constant supervision. No child is left alone with staff or volunteers in a one to one situation without being visible to others.
* We have procedures in place for recording nappy changes, including details of which member of staff changed a nappy and at what time.
* Staff and visitors to the setting are **not allowed** to use mobiles phones/cameras/ any other mobile device with imaging and sharing capacity in the setting. Please see Clarecroft Day Nursery introduction policy for staff mobile phone and camera restrictions.
* We ensure that staff identify, minimise and manage risks while caring for children.
* All staff are required to fill in a health and safety questionnaire prior to starting employment with details of specific needs inclusive of medication. It is their duty to seek doctor advice on ability to work with children at any point of commencement of or whilst taking medication.
* All child protection records will be held on file for twenty-one years.

Safeguarding and promoting the welfare of children, in relation to this policy, is defined as:

* Providing help and support to meet the needs of children as soon as problems emerge
* Protecting children from maltreatment, whether that is within or outside the home, including online
* Preventing impairment of children’s mental and physical health or development
* Ensuring that children grow up in circumstances consistent with the provision of safe and effective care
* Promoting the upbringing of children with their birth parents, or otherwise family network through a kinship care arrangement, wherever possible and where this is in the best interests of the children
* Taking action to enable all children to have the best outcomes in line with the outcomes set out in the Children’s Social Care National Framework.

To safeguard children and promote their welfare we will:

* Develop a safe culture where staff are confident to raise concerns about professional conduct
* Ensure all staff are able to identify the signs and indicators of abuse, including the softer signs of abuse, and know what action to take
* Understand and be sensitive to factors, including economic and social circumstances and ethnicity, which can impact children and families’ lives
* Share information with other agencies as appropriate.

We promote:

* Always listening to children
* Positive images of children
* Children developing independence and autonomy as appropriate for their age and stage of development
* Safe and secure environments for children
* Tolerance and acceptance of different beliefs, cultures and communities
* British values
* Providing intervention and help for children and families in need.

**Types and definitions of abuse**

Child Abuse means

 **Physical injury · Emotional abuse · Sexual abuse · Neglect .Domestic abuse**

Safeguarding and promoting the welfare of children, in relation to this policy is defined as:

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

*(Definition taken from the HM Government document ‘Working together to safeguard children 2023).*

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

**Indicators of child abuse**

* Failure to thrive and meet developmental milestones
* Fearful or withdrawn tendencies
* Unexplained injuries to a child or conflicting reports from parents or staff
* Repeated injuries
* Unaddressed illnesses or injuries
* Significant changes to behaviour patterns.

Softer signs of abuse as defined by National Institute for Health and Care Excellence (NICE) include:

Emotional states:

* Fearful
* Withdrawn
* Low self-esteem.

Behaviour:

* Aggressive
* Oppositional habitual body rocking.

Interpersonal behaviours:

* Indiscriminate contact or affection seeking
* Over-friendliness to strangers including healthcare professionals
* Excessive clinginess, persistently resorting to gaining attention
* Demonstrating excessively 'good' behaviour to prevent parental or carer disapproval
* Failing to seek or accept appropriate comfort or affection from an appropriate person when significantly distressed
* Coercive controlling behaviour towards parents or carers
* Lack of ability to understand and recognise emotions
* Very young children showing excessive comforting behaviours when witnessing parental or carer distress.

**Further types of abuse and definitions**

Safeguarding action may be needed to protect children and learners from:

**Child-on-child abuse**

We are aware that child-on-child abuse does take place, so we include children in our policies when we talk about potential abusers. This may take the form of bullying, physically hurting another child, emotional abuse or sexual abuse. We will report this in the same way we do for adults abusing children, and will take advice from the appropriate bodies on this area; to support for both the victim and the perpetrator, as they could also be a victim of abuse. We know that children who develop harmful sexual behaviour have often experienced abuse and neglect themselves.

**Neglect**

Working Together to Safeguard Children defines Neglect as 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:

a. Provide adequate food, clothing and shelter (including exclusion from home or abandonment)

b. Protect a child from physical and emotional harm or danger

c. Ensure adequate supervision (including the use of inadequate caregivers)

d. Ensure access to appropriate medical care or treatment.

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

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

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

Action should be taken if the staff member has reason to believe that there has been any type of neglect of a child.

**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.

**Fabricated illness**

Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child. The parent or carer may seek out unnecessary medical treatment or investigation; they may exaggerate a real illness and symptoms or deliberately induce an illness through poisoning with medication or other substances or they may interfere with medical treatments. Fabricated illness is a form of physical abuse and any concerns will be reported, in line with our safeguarding procedures.

 All children can suffer injuries during their early years as they explore and develop. If an explanation of how a child received their injury doesn’t match the injury itself or if a child’s injuries are a regular occurrence or there is a pattern to their injuries then you must report your concerns.

**Sexual abuse**

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. Sexual abuse can take place online and technology can be used to facilitate offline abuse. Adult males do not solely perpetrate sexual abuse; women can also commit acts of sexual abuse, as can other children.

Action must be taken if a staff member witnesses an occasion(s) where a child indicates sexual activity through words, play, drawing, has an excessive preoccupation with sexual matters; or has an inappropriate knowledge of adult sexual behaviour, or language, for their developmental age. This may include acting out sexual activity on dolls/toys or in the role-play area with their peers; drawing pictures that are inappropriate for a child, talking about sexual activities or using sexual language or words.

If a child is being sexually abused you may see both emotional and physical symptoms.

Emotional signs:

* Being overly affectionate or knowledgeable in a sexual way inappropriate to the child's age
* Personality changes such as becoming insecure or clingy
* Regressing to younger behaviour patterns such as thumb sucking or bringing out discarded cuddly toys
* Sudden loss of appetite or compulsive eating
* Being isolated or withdrawn
* Inability to concentrate
* Lack of trust or fear of someone they know well, such as not wanting to be alone with a carer
* Becoming worried about clothing being removed
* Suddenly drawing sexually explicit pictures or acting out actions inappropriate for their age
* Using sexually explicit language

Physical Signs:

* Bruises
* Bleeding, discharge, pains or soreness in their genital or anal area
* Sexually transmitted infections
* Pregnancy

**Child sexual exploitation (CSE)**

*Keeping Children Safe in Education (2024)* describes CSE as: CSE occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. CSE does not always involve physical contact; it can also occur through the use of technology. CSE can affect any child or young person (male or female) under the age of 18 years, including 16 and 17 year olds who can legally consent to have sex. It can include both contact (penetrative and non-penetrative acts) and non-contact sexual activity and may occur without the child or young person’s immediate knowledge (e.g. through others copying videos or images they have created and posted on social media).

Signs and indicators may include:

* Physical injuries such as bruising or bleeding
* Having money or gifts they are unable to explain
* Sudden changes in their appearance
* Becoming involved in drugs or alcohol, particularly if you suspect they are being supplied by older men or women
* Becoming emotionally volatile (mood swings are common in all young people, but more severe changes could indicate that something is wrong)
* Using sexual language that you wouldn’t expect them to know
* Engaging less with their usual friends
* Appearing controlled by their phone
* Switching to a new screen when you come near the computer
* Nightmares or sleeping problems
* Running away, staying out overnight, missing school
* Changes in eating habits
* Talk of a new, older friend, boyfriend or girlfriend
* Losing contact with family and friends or becoming secretive
* Contracting sexually transmitted diseases.

**Child Criminal Exploitation (CCE)**

CCE is where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child into any criminal activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial or other advantage of the perpetrator or facilitator and/or (c) through violence or the threat of violence. The victim may have been criminally exploited even if the activity appears consensual. CCE does not always involve physical contact; it can also occur through the use of technology.

CCE can include children being forced to work in cannabis factories, being coerced into moving drugs or money across the country forced to shoplift or pickpocket, or to threaten other young people. Some of the following can be indicators of CCE:

* Children who appear with unexplained gifts or new possessions;
* Children who associate with other young people involved in exploitation;
* Children who suffer from changes in emotional well-being;
* Children who misuse drugs and alcohol;
* Children who go missing for periods of time or regularly come home late; and
* Children who regularly miss school or education or do not take part in education.

**Emotional abuse**

Working Together to Safeguard Children defines emotional abuse as the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child’s emotional development. It may 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 cyber 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.

Signs and indicators may include:

* Physical, mental and emotional development lags
* Sudden speech disorders
* Overreaction to mistakes
* Extreme fear of any new situation
* Neurotic behaviour (rocking, hair twisting, self-mutilation)
* Extremes of passivity or aggression
* Appear unconfident or lack self-assurance.

Action should be taken if the staff member has reason to believe that there is a severe, adverse effect on the behaviour and emotional development of a child, caused by persistent or severe ill treatment or rejection. Children may also experience emotional abuse through witnessing domestic abuse and alcohol and drug misuse by adults caring for them.

**Domestic Abuse**

The cross-government definition of domestic violence and abuse is: any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to: psychological; physical; sexual; financial; and emotional.

Domestic abuse can happen to anyone regardless of gender, age, social background, religion, sexuality or ethnicity, and domestic abuse can happen at any stage in a relationship. In England, The Domestic Abuse Act 2021 recognises in law, for the first time, that children are victims if they see, hear or otherwise experience the effects of domestic abuse.

We aim to develop staff knowledge of recognising the signs and symptoms of domestic abuse. These signs may include:

* Changes in behaviour: for example, becoming very quiet, anxious, frightened, tearful, aggressive, distracted, depressed etc.
* Visible bruising or single, or repeated, injury with unlikely explanations
* Change in the manner of dress: for example, clothes that do not suit the climate which may be used to hide injuries
* Partner or ex-partner stalking employee/parent in or around the workplace; this may include excessive phone calls or messages
* Partner or ex-partner exerting an unusual amount of control or demands over work schedule
* Frequent lateness or absence from work.

All children can witness and be adversely affected by domestic abuse in the context of their home life where domestic abuse occurs between family members. Exposure to domestic abuse and/or violence can have a serious, long lasting emotional and psychological impact on children.

Signs that children may have witnessed domestic abuse include:

* Anxiety
* Regressive behaviours
* Constant or regular sickness, such as colds or headaches
* Difficulties with concentration
* Emotional and behavioural difficulties
* Withdrawal
* Low self-esteem.

We will raise awareness of domestic abuse within our setting by:

* Ensuring all staff can identify the signs and symptoms of domestic abuse and know how to report concerns
* Sharing information with external organisations that can offer support with incidents of domestic abuse. The information will be displayed in visible spaces within the setting
* Providing all stakeholders with the telephone number for the free 24 hour National Domestic Abuse Helpline ( 0808 2000 247)
* Sharing our domestic abuse policy and Child Protection and Safeguarding policies with all stakeholders.

If we are concerned that domestic abuse is happening within a home and a child is at risk, we will follow our safeguarding policies’ reporting procedures.

Where incidents of domestic abuse are shared by an employee or parent/carer, we will respect confidentiality at all times and not share information without their permission. However, we will share this information, without permission, in cases of child protection or where we believe there is an immediate risk of serious harm to the person involved.

**County Lines**

The National Crime Agency (NCA) describe county lines as a term used to describe gangs and organised criminal networks involved in exporting illegal drugs from big cities into smaller towns, using dedicated mobile phone lines or other form of ‘deal line.’ Customers will live in a different area to where the dealers and networks are based, so drug runners are needed to transport the drugs and collect payment.

Offenders will often use coercion, intimidation, violence (including sexual violence) and weapons to ensure compliance of victims. Children can be targeted and recruited into county lines in a number of locations including schools, further and higher educational institutions, pupil referral units, special educational needs schools, children’s homes and care homes.

Signs and indicators to be aware of include:

* Changes in the way young people you might know dress
* Unexplained, sometimes unaffordable new things (e.g. clothes, jewellery, cars etc.)
* Missing from home or schools and/or significant decline in performance
* New friends or relationships with those who don't share any mutual friendships with the victim or anyone else
* May be carrying a weapon
* Receiving more texts or calls than usual
* Sudden influx of cash, clothes or mobile phones
* Unexplained injuries
* Significant changes in emotional well-being
* Young people seen in different cars/taxis driven by unknown adults
* Young people seeming unfamiliar with your community or where they are
* Truancy, exclusion, disengagement from school
* An increase in anti-social behaviour in the community
* Unexplained injuries
* Gang association or isolation from peers or social networks.

**Cuckooing**

Cuckooing is a form of county lines crime in which drug dealers take over the home of a vulnerable person in order to criminally exploit them as a base for drug dealing, often in multi-occupancy or social housing properties. Signs that this is happening in a family property may be an increase in people entering or leaving the property, an increase in cars or bikes outside the home; windows covered or curtains closed for long periods, family not being seen for extended periods; signs of drug use or an increase in anti-social behaviour at the home.

If we recognise any of these signs, we will report our concerns as per our reporting process.

**Contextual safeguarding**-

As young people grow and develop they may be vulnerable to abuse or exploitation from outside their family. These extra-familial threats might arise at school and other educational establishments, from within peer groups, or more widely from within the wider community and/or online.

As part of our safeguarding procedures we will work in partnership with parents/carers and other agencies to work together to safeguard children and provide the support around contextual safeguarding concerns.

**Extremism – the Prevent Duty**

Under the Counter-Terrorism and Security Act 2015 we have a duty to safeguard at risk or vulnerable children under the Counter-Terrorism and Security Act 2015 to have “due regard to the need to prevent people from being drawn into terrorism and refer any concerns of extremism to the police (In Prevent priority areas the local authority will have a Prevent lead who can also provide support).

Children can be exposed to different views and receive information from various sources. Some of these views may be considered radical or extreme. Radicalisation is the way a person comes to support or be involved in extremism and terrorism. It’s a gradual process so young people who are affected may not realise what’s happening.

Radicalisation is a form of harm. The process may involve:

• Being groomed online or in person

• Exploitation, including sexual exploitation

• Psychological manipulation

• Exposure to violent material and other inappropriate information

• The risk of physical harm or death through extremist acts

We have a Prevent Duty Policy in place. Please refer to this for specific details including information further information about reporting concerns specifically relating to extremism and radicalization and Channel Panel.

**Female Genital Mutation (FGM)**

Female Genital Mutilation (FGM) comprises of all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural or non-therapeutic reasons.

FGM is considered child abuse in the UK and a grave violation of the human rights of girls and women. In all circumstances where FGM is practised on a child it is a violation of the child’s right to life, their right to their bodily integrity, as well as their right to health. The UK Government has signed a number of international human rights laws against FGM, including the Convention on the Rights of the Child. Girls are at particular risk of FGM during school summer holidays. This is the time when families may take their children abroad for the procedure. Many girls may not be aware that they may be at risk of undergoing FGM. UK communities that are most at risk of FGM include Kenyans, Somalis, Sudanese, Sierra Leoneans, Egyptians, Nigerians and Eritreans. However women from non-African communities that are at risk of FGM include Yemeni, Kurdish, Indonesian and Pakistani women.

In light of this information Clarecroft Day Nursery has the following

1. Attendance monitoring- parents will be contacted if any child is absent for two or more sessions in a row without communication. Parents of those who fail to repeatedly attend allocated funded sessions will, themselves, be liable to pay the cost used to the county council.
2. FGM training for Designated safeguarding leads and in house training for all staff

Indications that FGM has taken place:

• Prolonged absence from the setting with noticeable behaviour change – especially after a return from holiday.

• Spend long periods of time away from the setting during the day.

• A child who has undergone FGM should be seen as a child protection issue.

 Indications that a child is at risk of FGM:

• The family comes from a community that is known to practice FGM - especially if there are elderly women present.

• In conversation a child may talk about FGM.

• A child may express anxiety about a special ceremony.

• The child may talk or have anxieties about forthcoming holidays to their country of origin.

• Parent/Guardian requests permission for authorised absence for overseas travel or you are aware that absence is required for vaccinations.

If a woman has already undergone FGM – and it comes to the attention of any professional, consideration needs to be given to any Child Protection implications e.g. for younger siblings, extended family members and a referral made. The staff member who is witness to a disclosure (if any form) of FGM must make the referral, following the process set out below. They can seek the support of the Designated safeguarding lead.

**Online Safety**

We take the safety of our children very seriously and this includes their online safety. Please refer to the E-Safety policy for further details.

**Adult sexual exploitation**

As part of our safeguarding procedures we will also ensure that staff and students are safeguarded from sexual exploitation.

**Up skirting/ down blousing**

Up skirting and down blousing involves taking a picture of someone’s genitals, buttocks or other intimate images under their clothing without them knowing, either for sexual gratification or in order to humiliate, or distress, the individual. This is a criminal offence and any such action would be reported following our reporting procedures. Up skirting and down blousing are criminal offences.

**Breast Ironing/ Flattening**

Breast ironing also known as "breast flattening" is the process where young girls' breasts are ironed, massaged and/or pounded down through the use of hard or heated objects in order for the breasts to disappear or delay the development of the breasts entirely. It is believed that by carrying out this act, young girls will be protected from harassment, rape, abduction and early forced marriage. Although this is unlikely to happen to children in the nursery due to their age, we will ensure any signs of this in young adults or older children are followed up using the usual safeguarding referral process.

**Human Trafficking and Slavery**

The Modern Slavery Act, received Royal Assent on 26 March 2015. The act consolidates slavery and trafficking offenses and introduces tougher penalties and sentencing rules.

Child trafficking and modern slavery is becoming a more frequent form of child abuse. Children are recruited, moved, transported and then exploited, forced to work or are sold on.

Modern slavery is a term that covers:

* Slavery
* Servitude and forced or compulsory labour
* Human trafficking.

Victims of modern slavery are also likely to be subjected to other types of abuse such as physical, sexual and emotional abuse. This policy should be used alongside the following policies to ensure all children, staff, parents and visitors are fully safeguarded:

* Safeguarding and child protection
* Whistleblowing
* Equality and inclusion

**Honour Based Abuse**

Honour based abuse (HBA) can be described as ‘a collection of practices, which are used to control behaviour within families or other social groups to protect perceived cultural and religious beliefs and/or honour’; such as being held against their will, sexual or psychological abuse, threats of violence, assault or forced marriage.

Such abuse can occur when perpetrators perceive that a relative has shamed the family and/or community by breaking their honour code. It is a violation of human rights and may be a form of domestic and/or sexual abuse. There is no honour or justification for abusing the human rights of others.

We aim to develop staff knowledge of recognising the signs and symptoms of HBA. These signs may include:

* Changes in how they dress or act, they may stop wearing ‘western’ clothing or make-up
* Visible injuries, or repeated injury, with unlikely explanations.
* Signs of depression, anxiety or self-harm
* Frequent absences
* Restrictions on friends or attending events.

We will raise awareness of domestic abuse within our setting by:

* Sharing information with external organisations that can offer support with incidents of HBA. The information will be displayed in visible spaces within the setting
* Sharing our HBA, child protection and safeguarding policies with all stakeholders.

Where incidents of HBA are shared by an employee or parent/carer, we will respect confidentiality at all times and not share information without their permission. However, we will share this information without permission in cases of child protection, or where we believe there is an immediate risk of serious harm to the person involved.

**Forced Marriage**

A forced marriage is defined as ‘a marriage in which one, or both spouses, do not consent to the marriage but are coerced into it. Duress can include physical, psychological, financial, sexual and emotional pressure. In the cases of some vulnerable adults who lack the capacity to consent, coercion is not required for a marriage to be forced’.

If we suspect or receive information about a forced marriage being planned then we will follow our safeguarding reporting procedures. If the person concerned is under the age of 18 years then we will report the incident to the children’s social care team.

If we believe a person is in imminent danger of being forced into a marriage we may contact the Police and the Governments Forced Marriage Unit (FMU) on 020 7008 0151.

**Child abuse linked to faith or belief (CALFB)**

Child abuse linked to faith or belief (CALFB) can happen in families when there is a concept of belief in:

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

**Gaslighting**

Gaslighting means a form pf psychological manipulation and abuse in which the perpetrator makes his or her partner question and doubt their own perceptions, memory, judgement and sanity. Whilst it usually occurs in a domestic setting and against one person, it can be directed at individual members of a particular group. In a domestic relationship it is a manipulation tactic used to gain power and can amount to coercive and controlling behaviour. It is a highly effective form of emotional domestic abuse. Examples include:

* seclusion – isolating the victim from their friends and family.
* questioning and ridiculing the victim’s memory.
* accusing the victim of lying or fabrication.
* reneging on, or simply denying previously made promises or something they have said.
* withholding information from the victim**.**
* misdirecting the victim to do something, then questioning the victim’s actions.
* persistent denial – denying a previous incident or conversation took place.
* constantly contradicting or discounting information that comes from the victim.
* belittling the victim’s worth. Making them seem unimportant and treating them as inferior.
* trivialising and ridiculing the victim’s thoughts or feelings.
* withdrawing affection and/or physical intimacy.
* blatant and constant lying.
* blaming – accusing the victim of messing up, failing them, not caring about the abuser, making the victim feel inadequate and like they have failed.
* put downs – comments that they can easily find someone else, that the victim can be replaced by someone more attractive or who isn’t “useless” like the victim.
* silent and sulky treatment – ignoring the victim for days and giving them the cold shoulder, often over something trivial. Putting the victim through a guilt trip.
* dismissive language – such as “you’re mad, “you’re paranoid”, “you’re hysterical”, “don’t be so sensitive”, “can’t you take a joke”, “don’t be so dramatic”, or “you are imagining things”.
* creating inexplicable incidents to either blame the victim or so that they doubt themselves.
* verbal abuse.
* manipulate and mould the way the victim looks, dresses and acts.
* monitoring and surveillance.

Possible indicators may include:

* they may constantly second-guess themselves.
* act confused, disoriented and behaviour might be erratic.
* constantly apologetic to the abuser.
* constantly questioning their worth.
* makes excuses for the abuser’s behaviour to friends and family.
* loss of confidence
* Eventually they may experience, anxiety, low self-esteem, trauma and depression.

**Safeguarding Children with SEN &/ Disability**

The Equality Act 2010 defines a disabled person as someone who has “a physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.”

Disabled children and young people should be seen as children first. Having a disability should not and must not mask or deter an appropriate enquiry where there are child protection concerns. This premise is relevant to all those involved with disabled children and is particularly relevant to health care workers given the key role they play and their close involvement with many disabled children and their families.

Disabled children at risk of or who have experienced abuse should be treated with the same degree of professional concern accorded to non- disabled children.

Whilst at times, it is immediately apparent that a non-disabled child has suffered significant harm, it is not always so and lengthy enquiries are often necessary. Where there are safeguarding concerns about a disabled child, there is a need for greater awareness of the possible indicators of abuse and/or neglect, as the situation is often more complex. However, it is crucial when considering whether a disabled child has been abused and/or neglected that the disability does not mask or deter an appropriate investigation of child protection concerns. Any such concerns for the safety and welfare of a disabled child should be acted upon in the same way as that for a non-disabled child, as set down in *Working Together to Safeguard Children* (2018).

When undertaking an assessment (and considering whether significant harm might be indicated) professionals should always take into account the nature of the child’s disability. The following are some indicators of possible abuse or neglect:

* A bruise in a site that might not be of concern on an ambulant child, such as the shin, might be of concern on a non-mobile child
* Not getting enough help with feeding leading to malnourishment
* Poor toileting arrangements
Lack of stimulation
Unjustified and/or excessive use of restraint
* Rough handling, extreme behaviour modification e.g. deprivation of liquid, medication, food or clothing
* Unwillingness to try to learn a child’s means of communication
Ill-fitting equipment e.g. calipers, sleep boards, inappropriate splinting;
* misappropriation of a child’s finances
* Invasive procedures which are unnecessary or are carried out against the child’s will.

**Bullying, including online bullying and prejudice-based bullying** For further online safety information please refer to the E safety policy

This is not an exhaustive list and there will be other examples where children have been harmed when adults think that their actions have brought bad fortune.

And/or there are issues that may be specific to a local area or population, for example gang activity and youth violence

All staff are also required to be alert to harmful behaviours by influential adults in a child’s life. These may include discriminatory and/or extremist discussions between parents, family and/or staff members. Staff are also expected to be alert to children who may be vulnerable to radicalization and to report concerns when identified.

**Monitoring child attendance**

We collate and monitor attendance information for **all** children including those on a child protection plan or during referral, in line with safeguarding good practice. All parents are made aware of the expectation that they inform the nursery by telephone or email on the first day of absence during the initial show round and settling in process. If a child is absent for a second day without notification the school will contact the family by telephone to find out the reason for the absence. If the child is known to Social Services they will be informed of the unauthorised absence. If after one week there has been no contact Clarecroft Day Nursery will send a letter/email to the family. If there is still no response after a further week we will inform the MASH hub. If after one month there has been no contact the child's name will be removed from the register and the place allocated to another child on the waiting list. The Local Authority will be informed that the child has left the nursery.

**Private Fostering**

Staff are also required to be alert to Private fostering. If a child under the age of 16 (or 18 if disabled) is living in a private arrangement with someone who is not their parent, step-parent, grandparent, aunt/uncle or adult sibling, for 28 days or more, then the local authority must be notified, as this is likely to be a ‘private fostering’

arrangement.

**Sensitive information**

Staff members have the responsibility to record sensitive information disclosed by a parent or carer regarding a child’s family circumstances or any other sensitive information that may have an impact upon the child’s time within the setting. Staff are to complete a sensitive information log and take it to the management team who will assess whether further action is required which could mean sharing information with other staff, other professionals, holding information on a child’s file or raising a safeguarding concern. The sensitive information log is not to record any safeguarding concerns.

**Responding to a spontaneous disclosure from a child**

If a child starts to talk openly to a member of staff about abuse they may be experiencing then staff will:

* Give full attention to the child or young person
* Keep body language open and encouraging
* Be compassionate, be understanding and reassure them their feelings are important. Phrases such as ‘you’ve shown such courage today’
* Take time and slow down: we will respect pauses and will not interrupt the child – let them go at their own pace
* Recognise and respond to their body language
* Show understanding and reflect back
* Make it clear you are interested in what the child is telling you
* Reflect back what they have said to check your understanding – and use their language to show it’s their experience
* Reassure the child that they have done the right thing in telling you. Make sure they know that abuse is never their fault
* Never talk to the alleged perpetrator about the child’s disclosure. This could make things a lot worse for the child.

 Any disclosure will be reported to the nursery manager or DSL and will be referred to the local authority children’s social care team immediately, following our reporting procedures

**Reporting/Whistle blowing Procedures**

All staff have a responsibility to report safeguarding concerns and suspicions of abuse regardless of the level of concern. This includes any behaviours that may be classed as low level concern. **A low-level concerns** falls within a spectrum of behaviour. This may include but is not specific to any inadvertent or thoughtless behaviour or behaviour that might be considered inappropriate depending on the circumstances. Any behviour that causes unease or a ‘nagging doubt’- that an adult working on behalf of the nursery may have acted in a way which is inconsistent with the staff code of conduct, including inappropriate conduct outside of work.

These concerns will be discussed with the designated safeguarding lead (DSL) as soon as possible.

* Staff will report their concerns to the DSL Gemma Richardson (in the absence of the DSL they will be reported to the Deputy DSL) Claire Smith
* Any signs of marks/injuries to a child or information a child has given will be recorded and stored securely.
* For children who arrive at nursery with an existing injury, a form will be completed along with the parent’s/ carers explanation as to how the injury happened. Staff will have professional curiosity around any explanations given, any concerns around existing injury’s will be reported.
* If appropriate, any concerns/or incidents will be discussed with the parent/carer and discussions will be recorded. Parents will have access to these records on request in line with GDPR and data protection guidelines.
* If there are queries/concerns regarding the injury/information given, then the following procedures will take place:

The designated safeguarding lead will:

* Contact the Local Authority children’s social care team to report concerns and seek advice immediately, or as soon as it is practical to do so . If it is believed a child is in immediate danger we will contact the police. If the safeguarding concern relates to an allegation against an adult working or volunteering with children then the DSL will follow the reporting allegations procedure (see below).
* Record the information and action taken relating to the concern raised
* Speak to the parents (unless advised not do so by LA children’s social care team)
* The designated safeguarding lead will follow up with the Local Authority children’s social care team if they have not contacted the setting within the timeframe set out in Working Together to Safeguarding Children (2018). We will never assume that action has been taken.

Keeping children safe is our highest priority and if, for whatever reason, staff do not feel able to report concerns to the DSL or deputy DSL they should call the Local Authority children’s social care team, the Police or the NSPCC and report their concerns anonymously.

**Recording suspicions of abuse and disclosures**

* The staff member with the support of the Designated Safeguarding Lead will make a record of the following through the child disclosure form:
	+ the child's name;
	+ the child's address;
	+ the age of the child;
	+ the date and time of the observation or the disclosure;
	+ a record of the observation or disclosure;
	+ the exact words spoken by the child as far as possible;
	+ the name of the person to whom the concern was reported, with date and time; and
	+ the names of any other person present at the time.
* These records are signed and dated and kept in the child's personal file.
* If a child arrives at Nursery with a pre-existing injury, a pre-existing injury form should be completed and passed onto the Designated safeguarding lead. These forms will be kept in the child’s personal file.
* Everything must be kept confidential.

We give staff members, volunteers and students regular opportunities to declare changes that may affect their suitability to care for the children. This includes information about their health, medication or about changes in their home life such as child protection plans for their own children

**Responsibilities**

All staff are responsible in ensure the welfare of each child. It is a staff members responsibility to report any concerns including low level concern, to the Designated safeguarding lead or deputy safeguarding lead. In their absence concerns can be shared with the nursery managers or in the absence of this role the nursery owner. If staff members feel that a concern raised has not been dealt with appropriately they too can make their own referral. Please see the contact numbers and referral flow chart for further information. The designated safeguarding Lead are responsible for adhering to Safeguarding Procedures, with regard to referring a child if there are concerns about possible abuse. Contact with the appropriate welfare agency should be made within 24 hours of a disclosure or suspicions of abuse. Unless child is immediate danger or left alone the police would be contacted immediately.

**Tailgating**

Tailgating is a term used when an employee unintentionally gives access to the setting to an unauthorised person, this is considered a security breach. It is important that all employees ensure gates and doors are closed behind them and no unauthorised person has followed them into the setting.

**Allegations against staff**

An allegation against a member of staff/student/volunteer/supply staff or any other person may relate to a person who has:

* behaved in a way that has harmed a child, or may have harmed a child;
* possibly committed a criminal offence against or related to a child;
* behaved towards a child or children in a way that indicates he or she may pose a risk of harm to children; or
* behaved or may have behaved in a way that indicates they may not be suitable to work with children.

**At Clarecroft Day Nursery**

* We ensure that all parents know how to complain about staff or volunteers within the setting, which may include an allegation of abuse.
* We follow the guidance of the Local Authority Local Safeguarding Children’s Partnership when responding to any complaint that a member of staff or volunteer has abused a child.
* We respond to any disclosure by children or staff that abuse by a member of staff may have taken, or is taking place, by first recording the details of any such alleged incident in a staff witness disclosure form and return to the safeguarding lead as soon as possible.
* We refer any such complaint or any child protection issues immediately to the Local Authorities Designated Officer (DO) to investigate and in conjunction with this follow advice given. This is to be done via email and a referral form completed.
* We co-operate entirely with any investigation carried out by the DO in conjunction with the police, Mutli Agency Safeguarding Hub and Ofsted
* Our policy is to suspend the member of staff on full pay for the duration of the investigation; this is not an indication of admission that the alleged incident has taken place but is to protect the staff as well as children and families throughout the process.
* Any staff allegations must be made directly to the Designated safeguarding lead or in their absence the Deputy Designated safeguarding lead.

**For further advise on allegations about staff members please refer to the whistle blowing policy**

**Disciplinary action**

Where a member of staff or a volunteer is dismissed from the setting or internally disciplined because of misconduct relating to a child, we notify the Department of Health administrators and Ofsted so that their name may be included on the List for the Protection of Children and Vulnerable Adults.

**Informing parents**

* Parents are normally the first point of contact.
* If a suspicion of abuse is recorded, parents are informed then a referral is made, except where the discussing the referral could place a child(ren) in immediate danger
* This will usually be the case where the parent is the likely abuser. In these cases the investigating officers will inform parents.

**Confidentiality**

All suspicions and investigations are kept confidential and shared only with those who need to know. Any information is shared under the guidance of the Local Authority/ Local Safeguarding Partners. Any information is shared in line with guidance from the local authority. All staff, students and volunteers are bound by confidentiality and any information will not be discussed out of work, or this will become a disciplinary matter.

The Nursery has due regard to the data protection principles as in the Data Protection Act 2018 and General Data Protection Regulations (GDPR). These do not prohibit the collection and sharing of personal information, even without consent if this would put the child at further risk. We will follow the principles around data collection and information sharing, and ensure any information is recorded and shared in an appropriate way.

 **Record Keeping**

Confidential records kept on a child are shared with the child's parents or those who have parental responsibility for the child, only if appropriate and in line with guidance of the local authority with the proviso that the care and safety of the child is paramount. We will do all in our power to support and work with the child's family.

The nursery keeps appropriate records to support the early identification of children and families that would benefit from support. Factual records are maintained in a chronological order with parental discussions. Records are reviewed regularly by the DSL to look holistically at identifying children’s needs.

**Support to families**

* The setting believes in building trusting and supportive relationships with families, staff and volunteers in the setting.
* The setting makes clear to parents it’s role and responsibilities in relation to Safeguarding & Child Protection, such as the reporting of concerns, providing information, monitoring of the child, and liaising at all times with the local Children & Young People’s services department.
* Where appropriate, the setting continues to welcome the child and the family whilst investigations are being made in relation to any alleged abuse.
* We follow the Safeguarding Child Protection Plan as set by the Children & Young People services department in relation to the setting's designated role and tasks in supporting the child and the family, subsequent to any investigation.
* Confidential records kept on a child are shared with the child's parents or those who have parental responsibility for the child in accordance with the procedure and only if appropriate under the guidance of the Local Safeguarding Children Board. These records will only be shared with parents consent unless consent is over ridden in public interest.

**Looked after children**

As part of our safeguarding practice we will ensure our staff are aware of how to keep looked after children safe. In order to do this we ask that we are informed of:

* The legal status of the child (e.g. whether the child is being looked after under voluntary arrangements with consent of parents or on an interim or full care order)
* Contact arrangements for the biological parents (or those with parental responsibility)
* The child’s care arrangements and the levels of authority delegated to the carer by the authority looking after him/her
* The details of the child’s social worker and any other support agencies involved
* Any child protection plan or care plan in place for the child in question.

Please refer to the Looked After Children policy for further details.

**Staffing and volunteering**

Our policy is to provide a secure and safe environment for all children. We follow safer recruitment practices including obtaining references and all staff employed to work with children will have enhanced criminal record checks from the Disclosure and Barring Service (DBS) before being able to carry out intimate care routines or be left unsupervised with children.

We will obtain enhanced criminal records checks (DBS) for volunteers in the setting. Volunteers and visitors will never have unsupervised access to children.

All staff will attend child protection training and receive initial basic child protection training during their induction period. This will include the procedures for spotting signs and behaviours of abuse and abusers/potential abusers, recording and reporting concerns and creating a safe and secure environment for the children in the nursery. During induction staff will be given contact details for the local authority children’s social care team’s, the local safeguarding children partnership and Ofsted to enable them to report any safeguarding concerns, independently, if they feel it necessary to do so.

Ongoing suitability of staff is monitored through:

* regular appraisals and supervision meetings
* peer observations
* annual declaration of staff suitability
* safeguarding competencies
* regular review of DBS using the online update service

**Designated Safeguarding Lead**

We have named persons within the nursery who take lead responsibility for safeguarding and co-ordinate child protection and welfare issues, known as the Designated Safeguarding Leads (DSL), there is always at least one designated person on duty during the opening hours of the setting. The designated persons will receive comprehensive training at least every two years

 and update their knowledge on an ongoing basis, but at least once a year.

The nursery DSL’s liaise with the local authority children’s social care team, undertakes specific training, including a child protection training course, and receives regular updates to developments within this field. They in turn support the ongoing development and knowledge of the staff team with regular safeguarding updates.

**The role of the Designated Safeguarding Lead:**

* Ensure that the settings safeguarding policy and procedures are reviewed and developed in line with current guidance; and develop staff understanding of the settings safeguarding policies
* Take the lead on responding to information from the staff team relating to child protection concerns
* Provide advice, support and guidance on an on-going basis to staff, students and volunteers.
* To identify children who may need early help or who are at risk of abuse
* To help staff to ensure the right support is provided to families
* To liaise with the local authority and other agencies with regard to child protection concerns
* Ensure the setting is meeting the requirements of the EYFS Safeguarding requirements
* To ensure policies are in line with the local safeguarding procedures and details
* Disseminate updates to legislation to ensure all staff are kept up to date with safeguarding practices
* To manage and monitor accidents, incidents and existing injuries; ensuring accurate and appropriate records are kept
* Attend meetings with the child’s key person
* Attend case conferences and external safeguarding meetings, as requested, by external agencies.

**The Nursery safeguards children and staff by;**

* Providing adequate and appropriate staffing resources to meet the needs of all children
* Informing applicants for posts within the nursery that the positions are exempt from the Rehabilitation of Offenders Act 1974. Candidates are informed of the need to carry out checks before posts can be confirmed. Where applications are rejected because of information that has been disclosed, applicants have the right to know and to challenge incorrect information
* Giving staff members, volunteers and students regular opportunities during supervisions and having an open door policy to declare changes that may affect their suitability to care for the children. This includes information about their health, medication or about changes in their home life such as child protection plans for their own children.
* Requesting all staff join the DBS update service on commencing employment with us (with staff consent) to re-check staff’s criminal history and suitability to work with children at regular intervals
* Abiding by the requirements of the EYFS and any Ofsted guidance in respect to obtaining references and suitability checks for staff, students and volunteers, to ensure that all staff, students and volunteers working in the setting are suitable to do so
* Ensuring we receive at least two written references BEFORE a new member of staff commences employment with us
* Ensuring all students will have enhanced DBS checks completed before their placement starts
* Volunteers, including students, do not carry out any intimate care routines and are never left to work unsupervised with children
* Abiding by the requirements of the Safeguarding Vulnerable Groups Act 2006 and the Childcare Act 2006 (amended 2018) in respect of any person who is dismissed from our employment, or resigns in circumstances that would otherwise have led to dismissal for reasons of child protection concern will be reported to the Disclosure and Barring Services (DBS)
* Having procedures for recording the details of visitors to the nursery and take security steps to ensure that that no unauthorised person has unsupervised access to the children
* Ensuring all visitors/contractors are supervised whilst on the premises, especially when in the areas the children use
* Staying vigilant to safeguard the whole nursery environment and be aware of potential dangers on the nursery boundaries such as drones or strangers lingering. We will ensure the children remain safe at all times
* Having a Staff Behaviour Policy sits alongside this policy to enable us to monitor changes in behaviours that may cause concern. All staff sign up to this policy too to ensure any changes are reported to management so we are able to support the individual staff member and ensure the safety and care of the children is not compromised
* Ensuring that staff are aware not to contact parents/carers and children through social media on their own personal social media accounts and they will report any such incidents to the management team to deal with
* Ensuring that all staff have access to, and comply with, the whistleblowing policy which provides information on how they can share any concerns that may arise about their colleagues in an appropriate manner. We encourage a culture of openness and transparency, and all concerns are taken seriously
* Ensuring all staff are aware of the signs to look for of inappropriate staff behaviour, this may include inappropriate sexual comments; excessive one-to-one attention beyond the requirements of their usual role and responsibilities; or inappropriate sharing of images. This is not an exhaustive list, any changes in behaviour must be reported and acted upon immediately
* Ensuring all staff will receive regular supervision meetings where opportunities will be made available to discuss any issues relating to individual children, child protection training, safeguarding concerns and any needs for further support or training
* Having peer on peer and manager observations in the setting to ensure that the care we provide for children is at the highest level and any areas for staff development are quickly identified. Peer observations allow us to share constructive feedback, develop practice and build trust so that staff are able to share any concerns they may have. Concerns are raised with the designated lead and dealt with in an appropriate and timely manner
* Ensuring the deployment of staff within the nursery allows for constant supervision and support. Where children need to spend time away from the rest of the group, the door will be left ajar or other safeguards will be put into action to ensure the safety of the child and the adult.

We also operate an Electronic learning journey and daily information policy and Staff induction including Social Media and devices and E-safety policy which states how we will keep children safe from these devices whilst at nursery. This also links to our Online Safety policy.

Our nursery has a clear commitment to protecting children and promoting welfare. Should anyone believe that this policy is not being upheld, it is their duty to report the matter to the attention of the nursery manager or DSL at the earliest opportunity.

**Important Contacts/ Liaison with other bodies**

These policies and procedures are consistent with the legal duty to safeguard and promote the welfare of children, as described in the Education Act 2011, children act 2006, Safeguarding Vulnerable Groups Act 2006 Children and Young Persons Act 2008, Children and Social Care Act 2017.

* We work within the Local Authority (LA)/(LSP) Local Safeguarding Partners guidelines.
* Designated Officer (DO) referral team LadoConsultations@nctrust.co.uk
* LADO referrals need to be emailed to MASH@NCTrust.co.uk Telephone for urgent enquires 0300 126 7000
* We display copies of a flow chart to show the referral method. This can be referred too.
* MASH: Northamptonshire West number - 0300 126 7000. If professionals and members of the public contact Northamptonshire North (0300 126 3000) and select option 1 and then option 1 again, you will be redirected to Northamptonshire West who will pass you onto MASH. Contacting Northamptonshire North (0300 126 3000) takes longer and as such we advise that the 0300 126 7000 is used with immediate effect.
* Early Help Advice for professionals (nctrust.co.uk) cfss@nctrust.co.uk
* Inform Ofsted of any allegations of serious harm or abuse by any person working or looking after children at the premises (whether that allegation relates to harm or abuse committed on the premises or elsewhere), or any other abuse which is alleged to have taken place on the premises and of the action taken in respect of these allegations. This will be done as soon as is reasonably practicable, but at the latest within 14 days. Tel: 0300123 4666 ([www.ofsted.gov.uk](http://www.ofsted.gov.uk))
* National Society for the Prevention of Cruelty to Children (NSPCC)

 Free phone National Helpline: 08088005000

* Police 101, if a child is in immediate danger then call 999
* Government helpline for extremism concerns **0800 789 321. 11am-3pm** counter.extremism@education.gov.uk
* Child exploitation and Online protection command (CEOP) **https://www.ceop.police.uk/safety-centre/**
* Anti-terrorist hotline: 0800 789 321
* We hope you will be satisfied with any action taken. If you are not, and if you feel it is right to take the matter outside the setting, the following are possible contact points:
* Local DO
* MASH
* RSPCC
* Ofsted
* The police.

**Designated Safeguarding Lead- Gemma Richardson**

**Deputy Safeguarding Lead- Claire Smith**