



SAFEGUARDING AND CHILD PROTECTION POLICY AND PROCEDURES

Version date: February 2025

Review date: February 2026

Policy Statement

We are committed to safeguarding and promoting the welfare of all children and take positive steps to safeguard children using our service. This includes training our staff, having clear policies and procedures and working effectively with other agencies. Snowy's Nursery and Pre-school fully recognises the contribution it can make to protecting children from harm and supporting and promoting the welfare of all children. The elements of our policy are prevention, protection and support.

Snowy's provides a safe, caring, positive and stimulating environment which promotes the social, physical and moral development of the individual child free from discrimination or bullying where children can learn and develop happily.

Our policy applies to all children, volunteers, visitors and staff. (Staff sign to confirm they have read the policy and visitors sign to say they have read the safeguarding leaflet).

We recognise that all staff and members of the Management Committee have a full and active part to play in protecting our children from harm, and that the child's welfare is our paramount concern.

Our aim is to provide a safe and supportive environment, which secures the well-being and very best outcomes for our children. We want all children to feel safe and secure at all times by putting the child's needs first. We strive to encourage children to be confident and assertive. We want children to feel able to communicate their needs and feelings, especially if they are worried or concerned about something, to any member of staff, volunteer or regular visitor through the use of language, expression and play.

The aims of this policy are:

- to demonstrate the setting's commitment to safeguarding children
- to demonstrate how we aim to create a culture of vigilance
- to provide staff with clear information to enable them to meet their statutory responsibilities to promote and safeguard the wellbeing of children
- to develop a trusting and respectful relationship with the children in our care, so they understand that they will be listened to and believed.
- to ensure we have clear procedures in place to deal with concerns in relation to safeguarding and child protection
- to ensure we meet our legal obligations and reference the latest versions of; Norfolk County Council Threshold Guidance, Early Years Foundation Stage, Keeping Children safe In Education and Working Together to Safeguard Children.
- to support the child's development in ways that will foster security, confidence and independence
- to raise staff awareness of the importance of safeguarding children
- to raise staff awareness of the need to fulfil their responsibilities in identifying and reporting possible abuse
- to provide children with activities and opportunities that will equip them with the skills they need to stay safe and develop essential life skills
- to emphasise the need for good levels of communication and establish effective working relationships between members of staff and between staff and parents/carers
- to ensure that all staff/volunteers/students that have access to children are suitable to do so and have a valid, satisfactory DBS check
- to ensure all staff/volunteers working directly/indirectly with children receive regular and up to date safeguarding and child protection training
- to ensure that we work effectively, collaboratively and constructively with other agencies involved in safeguarding children
- to ensure consistent good practice across the setting

Safeguarding and promoting the welfare of children refers to the process of protecting children from abuse or

neglect, preventing the impairment of their health or development, ensuring that children grow up in circumstances consistent with the provision of safe, effective and nurturing care and undertaking that role so as to enable those children to have optimum life chances and to enter adulthood successfully.

- **Child Protection** refers to the processes undertaken to meet statutory obligations laid out in the [Children Act 1989/2004](#) and associated guidance (see the latest version of [Working Together to Safeguard Children, An Interagency Guide to Safeguard and Promote the Welfare of Children](#)) in respect of those children who have been identified as suffering, or being at risk of suffering harm.
- **Staff** refers to all those working for or on behalf of Snowy's full time or part time, in either a paid or voluntary capacity.
- **Child** refers to all young people who have not yet reached their 18th birthday.
- **Parent** refers to birth parents and other adults who are in a parenting role, for example step-parents, foster carers and adoptive parents.
- **SLP** refers to the Safeguarding Lead Practitioner or the Deputy SLP in the absence of the SLP.
- **Setting/Our organisation** refers to Snowy's Nursery and Pre-School.

INFORMATION ABOUT SAFEGUARDING/CHILD PROTECTION FOR ALL STAFF, VOLUNTEERS, STUDENTS AND FAMILIES

When new staff, volunteers or regular visitors join Snowy's they are informed of the safeguarding procedures in place. They are given a copy of our Safeguarding and Child Protection policy and told who our SLP and deputy is. This information is also displayed on the staff notice boards and in the synopsis document. They are also shown the recording format, given information on how to complete it and who to pass it to.

Every new member of staff or volunteer undergoes the necessary pre-employment checks and has an induction period includes essential safeguarding and child protection information. This induction period includes safeguarding training through the Safer Programme relating to signs and symptoms of abuse, how to manage a disclosure from a child, how to record concerns, and issues of confidentiality. The induction also reminds staff and volunteers of their responsibility to safeguard all children and the remit of the role of the SLP. All staff and volunteers are asked to read this policy annually after it has been reviewed and updated if necessary. They sign to say they have read and understood the policy. We display the reporting and referral flowchart when Snowy's is operating.

All parents and carers are informed of our Safeguarding and Child Protection Policy and are provided with a copy of the policy (and updated documents as necessary). They are also able to access the policy at the setting and on the Snowy's website. Parents and carers are informed of our legal duty to assist our colleagues in other agencies with child protection enquiries and what happens should we have cause to make a referral to Children's Services.

Parents sign a consent form at the start of their child's involvement with Snowy's, which includes any vital health or otherwise notable information. It also requests permission for photographs to be taken for promotional purposes only. This also includes a statement making parents/carers aware by signing they consent to us sharing information with the relevant authorities if we have concerns about the welfare of their child/children, but that we do not have to seek consent if there are serious concerns about harm or likely harm to their child/children.

TRAINING AND SUPERVISION

Every member of staff undertakes appropriate safeguarding training through the NSCB Safer Programme every three years with annual in-house updates. Safeguarding refresher activities take place at all staff meetings. The SLP and Deputy SLP receive additional training.

We actively encourage all our staff to keep up to date with the most recent local and national safeguarding advice and guidance. This can be accessed via Norfolk Local Safeguarding Children Partnership [Safeguarding Children and Young People in Norfolk NSCP \(norfolkscb.org\)](#).

The SLP or Deputy will keep staff up to date with changes in legislation or procedures and new information in relation to Safeguarding and Child Protection immediately or at their regular staff meetings.

The SLP should be used as a first point of contact for concerns and queries regarding any safeguarding concern. The Deputy SLP should be contacted in the absence of the SLP. Contact details are at the end of this policy and

are displayed on notice boards. In the unlikely event of both staff members being unavailable, reports should be made to the Committee member with responsibility for Safeguarding or the Chair of the Committee.

Staff receive regular supervisions, which include the opportunity to discuss any issues relating to children's development or wellbeing – including child protection concerns. They should also receive support, coaching and training within a culture of mutual support, teamwork and continuous improvement. For further information see Employee Health and Wellbeing Policy.

Safeguarding Leads receive half termly supervision from the Committee Member who holds the responsibility for Safeguarding.

Snowy's ensures that there is at least one person with current paediatric first aid certificate (PFA) on site at all times. To achieve this all members of staff receive this training. All newly qualified members of staff (Level 2 and 3) will have a full or emergency PFA certificate as soon as possible.

SAFER STAFF AND VOLUNTEERS

All adults who come into contact with our children have a duty of care to safeguard and promote their welfare. There is a legal duty placed upon us to ensure that all adults who work with or on behalf of our children are competent, confident and safe to do so.

We ensure we adhere to the principles of safer recruitment as per our policy and also the guidance from Norfolk Safeguarding Children Board. We ensure that we:

- Carefully consider the job description and person specification
- Circulate all external vacancies widely and ensure all staff have the opportunity to apply for any internal vacancies
- Prepare an information pack
- Stress that Safeguarding, Child Protection and Prevent duties are paramount within the organisation.
- Ask for a written application form
- Define our selection criteria
- Ask for a written declaration with regards to criminal convictions, spent or otherwise
- Ask for identification
- Employ staff who have completed a high level of training and have a good understanding of the care and safeguarding of children. We only employ staff who are trained to a Level 2 or above at the setting.
- Ask for originals of any qualifications
- Conduct interviews with at least two people present (at least one will have completed the Safer Recruitment training)
- Ask for at least two references, including the last employer
- Gain enhanced DBS checks where we are required to by current Government guidance
- Organise a comprehensive induction period which includes familiarisation with our safeguarding policies, procedures and safeguarding training through the Safer Programme.
- Our contracts, and job descriptions highlight the principles of Safeguarding and Prevent duty.

Following appointment, it is the employee's duty to inform the employer if they become disqualified from working with children. The employee will no longer be allowed to work at Snowys. This will be reported to Ofsted within 14 days. This will be regarded as a significant event.

Volunteers complete and interview and have an induction process which includes Safeguarding information. They are asked to complete the online Safeguarding training.

Our aim is to provide a safe and supportive environment, which secures the well-being and very best outcomes for our children. We do recognise that sometimes the behaviour of adults may lead to an allegation of abuse being made.

Allegations sometimes arise from a differing understanding of the same event, but when they occur, they are distressing and difficult for all concerned. We also recognise that some allegations are genuine and there are some adults who deliberately seek to harm or abuse children. We take all possible steps to safeguard our children

and to ensure that the adults in our organisation are safe to work with our children. We always ensure that the Norfolk Safeguarding Children Partnership's procedures are followed.

VISITORS TO SNOWYS

Visitors are met at the locked gate by a member of staff and accompanied during their time on site. They sign the visitors book in the office and are given a lanyard to wear. At the end of their visit, they sign out and are accompanied to the exit gate. At no time are they allowed unsupervised access to children.

ALLEGATIONS MADE AGAINST A MEMBER OF STAFF

All adults who come into contact with children are made aware of the steps that will be taken if an allegation is made against a member of staff. We seek appropriate advice from the Local Authority Designated Officer (LADO) within 24 hours of a concern or allegation being made. The LADO can be contacted via the referral/consultation forms under 'how to make a referral' at www.norfolkscb.org or a message left on **01603 223473**. Further information regarding referrals to the LADO is displayed on the staff notice board.

Staff do not investigate these matters. We seek and work with the advice that is provided. Should an allegation be made against the SLP or Deputy, this is reported by the staff member or volunteer raising the concern to the Chair of the Management Committee. Concerns about the Chair of the Management Committee should be reported directly to the LADO.

There are sensible steps that every adult should take in their daily professional conduct with children. This can be found in the NSCB **Safer Programme Safer Working Practice**.

STAFF TAKING MEDICATION OR OTHER SUBSTANCES

Staff members must not be under the influence of alcohol or other substance which may affect their ability to care for children. All medication on the premises must be securely stored and out of reach of children at all times. All staff complete a Staff Suitability Declaration form annually. This also directs them to advise managers immediately if they are taking any medication which would hamper their ability to care for children appropriately. This is also discussed and recorded as part of the return to work interview.

CHILDREN WITH SPECIAL EDUCATIONAL NEEDS AND DISABILITIES

We recognise that children with special educational needs (SEN) and disabilities can face additional safeguarding challenges. This policy reflects the fact that additional barriers can exist when recognising abuse and neglect in this group of children. This can include:

- assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration;
- children with SEN and disabilities can be disproportionately impacted by things like bullying without outwardly showing any signs; and
- communication barriers and difficulties in overcoming these barriers.

All staff should be vigilant. Some children will require more physical contact with staff than their able bodied peers. Their disabilities mean that many children require intimate care and they are more likely to have different people involved in their care. Children may have additional communication and learning difficulties all of which make them particularly vulnerable.

CATEGORIES OF ABUSE

All staff should be aware that abuse, neglect and safeguarding issues are rarely standalone events that can be covered by one definition or label. In most cases multiple issues will overlap with one another.

ABUSE

Abuse is 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. The law recognises the following categories of abuse under the Children's Act 1989: Physical, emotional and sexual abuse and neglect.

PHYSICAL ABUSE

Physical abuse is 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. Signs and indicators include:

Bruises

- commonly on the head but also on the ear or neck or soft areas - the abdomen, back and buttocks
- defensive wounds commonly on the forearm, upper arm, back of the leg, hands or feet
- clusters of bruises on the upper arm, outside of the thigh or on the body
- bruises with dots of blood under the skin
- a bruised scalp and swollen eyes from hair being pulled violently
- bruises in the shape of a hand or object

Bite marks

- usually oval or circular in shape
- visible wounds, indentations or bruising from individual teeth

Fractures or broken bones

- fractures to the ribs or the leg bones in babies
- multiple fractures or breaks at different stages of healing

Other injuries and health problems

- scarring
- effects of poisoning such as vomiting, drowsiness or seizures
- respiratory problems from drowning, suffocation or poisoning

EMOTIONAL ABUSE

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and 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 cyberbullying), 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, although it may occur alone. Changes in emotions are a normal part of growing up, so it can be really difficult to tell if a child is being emotionally abused.

A child who is being emotionally abused may:

- develop risk taking behaviours such as stealing, bullying and running away
- develop mental health problems which can increase the risk of eating disorders and self-harming
- have restricted emotional development including their ability to feel and express a full range of emotions appropriately and to control their emotions
- experience self-confidence and anger problems if they are constantly berated and belittled
- not get the love and care they need from their parents/carers and may find it difficult to develop and maintain healthy relationships with other people in later life
- change the way they behave
- might not care how they act or what happens to them (also known as - negative impulsive behaviour)

Babies and pre-school children who are being emotionally abused or neglected may:

- be overly-affectionate towards strangers or people they haven't known for very long
- lack confidence or become wary or anxious
- not appear to have a close relationship with their parent, e.g. when being taken to or collected from nursery
- be aggressive or nasty towards other children and animals.

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 (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.

Children who are sexually abused may:

- stay away from certain people or avoid being alone with people such as family members or friends
- seem frightened of a person or reluctant to socialise with them
- show sexual behaviour that is inappropriate for their age
- might become promiscuous
- use sexual language or knowhow that you wouldn't expect them to
- have anal or vaginal sores
- have an unusual discharge
- have a sexually transmitted infection

NEGLECT

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

Signs and indicators:

They may:

- be smelly or dirty
- have unwashed clothes
- have inadequate clothing, e.g. not having a winter coat
- seem hungry or turn up to school without having breakfast or any lunch money · have frequent and untreated nappy rash in infants.

They may have:

- untreated injuries, medical and dental issues
- repeated accidental injuries caused by lack of supervision
- recurring illnesses or infections
- not been given appropriate medicines
- missed medical appointments such as vaccinations
- poor muscle tone or prominent joints
- skin sores, rashes, flea bites, scabies or ringworm
- thin or swollen tummy
- anaemia
- tiredness
- faltering weight or growth and not reaching developmental milestones (known as failure to thrive)
- poor language, communication or social skills.

They may be:

- living in an unsuitable home environment for example dog mess being left or not having any heating
- left alone for a long time
- taking on the role of carer for other family members.

PEER ON PEER ABUSE

Peer on peer abuse occurs when a young person is exploited, bullied and/or harmed by their peers who are the same or similar age; everyone directly involved in peer-on-peer abuse is under the age of 18. Signs and indicators of peer-on-peer abuse:

A child or young person may:

- miss school or college
- truant from lessons
- be withdrawn
- experience break down of family relationships
- be anxious
- be aggressive or argumentative
- self-harm
- become involved in alcohol or substance misuse.

Peer-on-peer abuse can impact on children and young people in many ways. The child or young person may think that it is part of normal friendships or relationships.

ONLINE ABUSE

Computers, tablets and smartphones give children and young people access to a wealth of information and opportunities for communication. They allow young people access to the internet and social media, to keep in touch with friends and make new ones, but they also bring challenges and risks, particularly when children and their parents don't know enough about keeping themselves safe.

The breadth of issues classified within online safety is considerable, but can be categorised into three areas of risk: content:

- Being exposed to illegal, inappropriate or harmful material contact
- Being subjected to harmful online interaction with other users
- Personal online behaviour that increases the likelihood of, or causes, harm.

Online risks

Children can be put at risk of:

- seeing inappropriate images
- being groomed
- being the victim of online bullying
- being contacted and manipulated by an adult for sexual purposes
- sharing personal and identifying information with strangers
- sending or receiving sexually explicit films, images or messages of themselves or others (this is known as sexting when sent by mobile phone)
- being radicalised to commit acts of terror.

FABRICATED OR INDUCED ILLNESS

Fabricated or induced illness (FII) is a rare form of child abuse (FII also known as Munchausen Syndrome by Proxy). It occurs when a parent or carer, usually the child's biological mother, exaggerated or deliberately causes symptoms of illness in the child. In fabricated or induced illness, the parent may present the child as ill when they are healthy, deliberately induce symptoms of illness, manipulate test results, or exaggerate or lie about symptoms.

Why does fabricated or induced illness occur?

The carer may benefit from the attention in some way. There may be somatoform disorders in the carer, where they have multiple, ongoing medically unexplained symptoms. Personality disorders can have an impact, and the opportunity for financial gain. Often, many of these issues occur together.

Fabricated or induced illness is often unreported, undetected, and is emotionally harmful. It is very complex issue. Usually involving the child's mother, most cases are children under five at the start. It is, however, very rare.

Fabricated or induced illness is really an interaction between three key variables: the child's health, the parent's view, and the medical view. Fabricated or induced illness covers a wide range of behaviours in carers, from anxiety to deliberately causing symptoms. Some psychiatric illnesses and conditions may also affect the carer's perception. Some of the indicators of fabricated or induced illness, include:

- the medical history doesn't make sense
- treatment is ineffective
- the symptoms disappear when the carer isn't around, and
- they can be seen repeatedly by different professionals looking for different things.

In all cases, the child's normal life is restricted. Cases of fabricated or induced illness are very complex. Where fabricated and induced illness is suspected, referrals should be made and where appropriate (i.e., putting the child at risk of significant harm) without alerting the child's carer.

DOMESTIC ABUSE/VIOLENCE

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
- emotional

What is controlling and coercive behaviour?

Domestic abuse can be coercive or controlling behaviour. Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim. All children living with abuse are under stress.

Indicators of domestic abuse:

- being withdrawn
- being angry
- being anxious or depressed
- fear of being abandoned
- problems in school
- truancy and low attendance to school
- speech problems, difficulties with learning
- nightmares or poor sleep patterns
- bed-wetting
- drug or alcohol abuse
- self-harm, for example, eating disorders, cutting
- general poor health

Where physical violence is present there is an additional danger to children. Exposure to domestic abuse and/or violence can have a serious, long lasting emotional and psychological impact on children. In some cases, a child may blame themselves for the abuse or may have had to leave the family home as a result.

CHILD SEXUAL EXPLOITATION (CSE)

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 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. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

Signs and Indicators:

- Acquisition of money, clothes, mobile phones etc. without plausible explanation · Gang-association and/or isolation from peers/social networks
- Exclusion or unexplained absences from school, college or work
- Leaving home/care without explanation and persistently going missing or returning late · Excessive receipt of texts/phone calls
- Returning home under the influence of drugs/alcohol
- Inappropriate sexualised behaviour for age/sexually transmitted infections
- Evidence of/suspicious of physical or sexual assault
- Relationships with controlling or significantly older individuals or groups
- Multiple callers (unknown adults or peers)
- Frequenting areas known for sex work
- Concerning use of internet or other social media
- Increasing secretiveness around behaviours
- Self-harm or significant changes in emotional well-being

FEMALE GENITAL MUTILATION (FGM)

Female genital mutilation (FGM) is a procedure where the female genitals are deliberately cut, injured or changed, but where there's no medical reason for this to be done. It's also known as "female circumcision" or "cutting", and by other terms such as sunna, gudniin, halalays, tahur, megrez and khitan, among others.

FGM is usually carried out on young girls between infancy and the age of 15, most commonly before puberty starts. It is illegal in the UK and is child abuse. It's very painful and can seriously harm the health of women and girls. It can also cause long-term problems with sex, childbirth and mental health. Whilst staff should speak to the SLP (or deputy) with regard to any concerns about FGM there is a specific legal duty on teachers. If a teacher in the course of their work in the profession, discovers that an act of FGM appears to have been carried out on a girl under the age of 18, the teacher must report this to the police.

Signs and indicators:

- A family arranging a long break abroad during the summer holidays
- unexpected, repeated or prolonged absence from school
- have difficulty walking, standing or sitting
- spend longer in the bathroom or toilet
- appear withdrawn, anxious or depressed
- have unusual behaviour after an absence from school or college
- be particularly reluctant to undergo normal medical examinations
- ask for help, but may not be explicit about the problem due to embarrassment or fear.

SO-CALLED HONOUR BASED VIOLENCE AND FORCED MARRIAGE HBV/FM

HBV 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 violence can occur when perpetrators perceive that a relative has shamed the family and/or community by breaking their honour code. A FM is a marriage conducted without the valid consent of one or both parties and where duress is a factor. FM is a specific offence under s121 of the Anti-Social Behaviour, Crime and Policing Act 2014.

Other forms of HBV include practices performed by perpetrators on victims for cultural or socio-conventional motives which have harmful consequences. Some of these practices include (this list should not, however, be considered as complete: FGM; Breast Ironing; and dowry abuse. Breast ironing is a form of child abuse and whilst there is no specific offence it can still be prosecuted under UK law. (Breast ironing is when girls aged between 9 and 15 have hot pestles, stones or other implements rubbed on their developing breast to stop them growing further. In the vast majority of cases breast ironing is carried out by mothers or grandmothers and the men in the family are unaware.)

Signs and indicators of HBV and FM:

- family history of relatives gone missing, self-harm or suicide
- relatives making decisions on behalf of the victim

- victims may truant or have extended absences from school due to policing at home · victims may report that they are being kept at home against their will
- there may be a decline in academic or work performance
- the victim may report threats to kill which tend to be credible
- victims may report they are being emotionally blackmailed
- victims may be isolated due to physical, financial or cultural barriers
- victims may suffer from depression, self harm or attempt suicide
- psycho-somatic symptoms
- emotional and/or physical abuse
- others insisting on accompanying to appointments
- others insisting on interpreting for the victim
- older siblings or relatives may have a history of forced marriage

CHILD CRIMINAL EXPLOITATION AND COUNTY LINES

Exploitation involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive ‘something’ (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them completing a task on behalf of another individual or group of individuals; this is often of a criminal nature. Child criminal exploitation often occurs without the child’s immediate recognition, with the child believing that they are in control of the situation. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person’s limited availability of choice resulting from their social/economic and/or emotional vulnerability.

These gangs groom, threaten or trick children into trafficking their drugs for them. They might threaten a young person physically, or they might threaten the young person’s family members. They become trapped in county lines the young people involved feel as if they have no choice but to continue doing what the gangs want.

Signs and indicators of criminal exploitation and county lines:

- Returning home late, staying out all night or going missing
- Being found in areas away from home
- Increasing drug use, or being found to have large amounts of drugs on them
- Being secretive about who they are talking to and where they are going
- Unexplained absences from school, college, training or work
- Unexplained money, phone(s), clothes or jewellery
- Increasingly disruptive or aggressive behaviour
- Using sexual, drug-related or violent language you wouldn’t expect them to know
- Coming home with injuries or looking particularly dishevelled
- Having hotel cards or keys to unknown places

SPECIFIC SAFEGUARDING ISSUES

All staff have an awareness of safeguarding issues, some of which are listed below. Staff are made aware that behaviours linked to the likes of drug taking, alcohol abuse, truanting and sexting put children in danger.

All staff are made aware that safeguarding issues can manifest themselves via peer-on-peer abuse. This is most likely to include, but not limited to: bullying (including cyber bullying), physical abuse such as hitting, kicking, shaking, biting, hair pulling or otherwise causing physical harm, sexual violence/sexual harassment, sexting (also known as youth produced sexual imagery) and initiation/hazing type violence and rituals. Staff are clear about our policy and procedures with regards to peer-on-peer abuse.

All staff are aware that safeguarding incidents and/or behaviours can be associated with factors outside the setting and/or can occur between children outside the setting. All staff, but especially the SLP (or deputy) should be considering the context within which such incidents and/or behaviours occur. This is known as contextual safeguarding, which simply means assessments of children should consider whether wider environmental factors are present in a child’s life that are a threat to their safety and/or welfare. Children’s social care assessments should consider such factors so it is important that the setting and colleges provide as much information as possible as part of the referral process. This will allow any assessment to consider all the available evidence and

the full context of any abuse.

Safeguarding relates to broader aspects of care and education. Staff are trained and/or have knowledge of the following aspects of safeguarding:

- Child Sexual Exploitation
- So-called Honour Based Violence
- Forced Marriage
- Female Genital Mutilation
- Child Criminal Exploitation, including County Lines
- Extremism and its associated risks - The Prevent Duty
- Children Missing from Education
- Children's and learners' health and safety and well-being
- Positive Handling - Physical Intervention (Step On)
- Meeting the needs of children with medical conditions
- Providing first aid
- Educational visits
- Intimate care and emotional well-being
- Online safety
- Appropriate arrangements to ensure children's security, taking into account the local context

ONLINE SAFETY AND ACCEPTABLE USE OF TECHNOLOGY INCLUDING MOBILE PHONES AND CAMERAS

We recognise that it is crucial to safeguard children from potentially harmful and inappropriate online material. As such we ensure appropriate filters and appropriate monitoring systems are in place. Our E-safety policy, set out in a separate document, reflects the consideration we give to keeping children safe when they are using the internet. Our Mobile Phone and Camera policy provides further guidance on safe usage of mobile phones, smart watches, smart speakers and cameras (see also E-safety and Mobile Phone and Camera policies).

SOCIAL MEDIA

Staff are advised to manage their personal security settings to ensure that their information is only available to people they choose to share information with.

- Staff/volunteers should not establish or seek to establish social media contact with children or their parents/carers for the purpose of securing a friendship or to pursue or strengthen a relationship.
- If a child or parent seeks to establish social contact, or if this occurs coincidentally, the member of staff should exercise her/his professional judgement in making a response and seek advice from the Setting Manager.
- In the event that staff name Snowy's in any social media, either directly or indirectly (e.g. by referencing 'work') they do so in a way that is not detrimental to Snowy's or the families that use Snowy's.
- Staff observe confidentiality and refrain from discussing any issues relating to work.
- Staff should not share information on social media they would not want children, parents or colleagues to view. Staff should report any concerns or breaches to the Setting Manager.

POSITIVE HANDLING AND PHYSICAL INTERVENTION

Our staff are trained in positive handling, positive behaviour management and de-escalation techniques. We use positive handling techniques only if physical restraint is absolutely necessary.

CHILD GOING MISSING AT OR AWAY FROM THE SETTING

We take every precaution to ensure that children are safe and secure at Snowy's. Refer to our 'Child Going Missing at or Away from the Setting' Policy and Procedure for further information on what we do if a child goes missing from the setting.

UNCOLLECTED CHILDREN

If a child is not collected at the end of the day staff follow the guidelines set out in our Uncollected Child Policy and Procedure to ensure the safety of the child.

CHILD ABSENCE

Absence is followed up on the day and thereafter. Patterns of absence are monitored by the SLP and this informs further action if required (see also Children's Absence Policy).

BABYSITTING

In principle, Snowy's does not encourage or approve of babysitting by members of staff. Our Babysitting Policy provides guidance on how Snowy's and its staff handle requests from parents to provide babysitting services.

OPPORTUNITIES TO TEACH CHILDREN ABOUT SAFEGUARDING

We ensure our children are taught about keeping themselves safe, including online, through teaching and learning opportunities, as part of a broad and balanced curriculum. The "All About Me" booklet identifies beliefs and faiths and these are incorporated into the curriculum where possible to increase the relevance for all children.

HEALTH

Good health is promoted and medicines will be administered in line with the policy on Administering Medicines.

FOOD AND DRINK

Snacks are provided by parents/carers. They are encouraged to provide healthy options. Fresh drinking water is always available.

ACCIDENT OR INJURY

Information regarding accidents or injury are contained in our Accident and Injury Policy. This gives guidance on recording keeping and informing parents/carer. With regard to serious injury or death, Ofsted must be informed as soon as possible but, in any event, within 14 days of the incident occurring. Local Authorities must also be informed immediately of any serious injury or death of a child.

ALLEGATIONS OF ABUSE MADE AGAINST OTHER CHILDREN (PEER ON PEER ABUSE)

We recognise that children are capable of abusing their peers. In a situation where child abuse is alleged to have been carried out by another child, our child protection procedures should be adhered to for both the victim and the alleged abuser; this means it should be considered as a childcare and protection issue for both children.

PREVENT DUTY

The Prevent strategy, published by the Government in 2011, is part of our overall counter-terrorism strategy. The aim of the Prevent strategy is to reduce the threat to the UK from terrorism by stopping people becoming terrorists or supporting terrorism (see also Prevent Duty Policy).

In the Act this has simply been expressed as the need to "prevent people from being drawn into terror". Radicalisation can be difficult to spot. Signs that may indicate a child is being radicalised include:

- isolating themselves from family and friends
- talking as if from a scripted speech
- unwillingness or inability to discuss their views
- a sudden disrespectful attitude towards others
- increased levels of anger
- increased secretiveness, especially around internet use

Children who are at risk of radicalisation may have low self-esteem or be victims of bullying or discrimination. Extremists might target them and tell them they can be part of something special, later brainwashing them into cutting themselves off from their friends and family.

If a member of staff at Snowy's has a concern about a particular child, they should follow the setting's safeguarding procedures by filling in a Cause for Concern Form and passing it immediately to the SLP. The SLP, Deputy SLP, Designated Safeguarding Committee member and others are trained in Prevent Duty.

RECORDS AND CONFIDENTIALITY

If we receive a disclosure, we follow the process of; Receive, Re-assure, React, Record, Report, detailed below. If we are concerned about the welfare or safety of any child, we record our concerns immediately on a Cause for Concern Form. We sign and date the Cause for Concern Form and give this to the SLP straight away.

All concerns, discussions and decisions made, and the reasons for those decisions, should be recorded in writing on a Cause for Concern Form. These forms and all recorded information are kept confidentially in a separate named Safeguarding file, in a secure cabinet and not with the child's file. These files will be the responsibility of

the SLP and information will only be shared within Snowy's on a need to know basis for the protection of the child.

Any safeguarding information is kept in the Safeguarding file and will be added to. Copies of referrals are stored in the file. All matters relating to child protection are confidential, however if there is a safeguarding or child protection concern about a child, then information can be shared with other agencies, namely the Police or Children's Services.

It is important for children to receive the right help at the right time to address risks and prevent issues escalating. Research and serious case reviews have repeatedly shown the dangers of failing to take effective action. Examples of this poor practice include:

- failing to act on and refer the early signs of abuse and neg
- poor record keeping
- failing to listen to the views of the child
- failing to re-assess concerns when situations do not improve
- not sharing information
- sharing information too slowly
- a lack of challenge to those who appear not to be taking action

ROLES AND RESPONSIBILITIES

Our SLP liaises with Children's Services and other agencies where necessary and makes referrals to Children's Services using the procedure below.

- Any concern for a child's safety or welfare is recorded on a Cause for Concern Form which is dated and signed and given to the SLP (or deputy if the SLP is unavailable).
- The SLP is responsible for ensuring that all staff members and volunteers are aware of our policy and the procedure they need to follow.
- The SLP ensures that all staff and volunteers have received appropriate Safeguarding and Child Protection information during induction and have been trained by the Safer Programme.
- The Management Committee takes an active role in Safeguarding which includes; receiving appropriate training, visits to the setting to check the facilities and displays, talking with staff to check that they are knowledgeable and discussing their wellbeing.
- A representative of the Management Committee takes a lead for Safeguarding, working closely with the SLP in the setting and providing regular supervision and support.
- The SLP and management committee carry out an annual Safeguarding and Prevent audit.
- The SLP and management committee ensures that our Safeguarding Policy is in place and is reviewed at least annually. The content of our policy has been written following consultation with the Safer Programme.
- At all times the management committee ensures that safer recruitment practices are followed.

Snowy's Nursery and Pre-school undertakes to remedy without delay any weakness in regard to our safeguarding arrangements that are brought to their attention.

All staff must act in an appropriate manner at all times when children are present. The relationships between staff and children are by no means simple and, whilst not wanting to inhibit actions that constitute comforting and laughing and joking together, all staff should be aware of and sensitive to each child's reactions to such activities and how this can be misconstrued by other adults.

It is recognised that staff are particularly vulnerable to allegations of abuse due to the nature of their work requiring physical and sometimes intimate contact with children and innocent actions may be misconstrued. In addition, the limited means of communication of many children means the finer words of language are unavailable to them e.g., the single word for 'bad' can have a range of meanings from 'naughty' to 'nasty taste' to the safeguarding children's definition of causing significant harm.

PROCEDURES FOR HANDLING DISCLOSURES RECEIVE

Always stop and listen straight away to someone who wants to tell you about their worries, incidents or suspicions of abuse. Listen quietly and actively, giving your undivided attention. Allow silences when needed. Do not show shock or disbelief but take what is said seriously. In some circumstances you may receive

information without a disclosure. Be receptive to your observation of signs and signals that give cause for concern such as significant changes in behaviour, patterns of absenteeism, deterioration in general wellbeing, unexplained bruising, marks and a child acting out undesirable behaviour. Always fill in a Cause for Concern form to record your observations. This may be key information and provide a vital part of the overall information gathered.

REASSURE

Stay calm, no judgements, empathise. Never make a promise that you can keep what a child has said a secret. Give reassurance that only those who need to know will be told. Reassure the child that they were right to tell you.

REACT

React to the child only as far as is necessary for you to establish whether or not you need to refer this matter, but don't interrogate for full details. Don't ask leading questions – keep to questions, e.g. 'is there anything else you want to say?' If you need to try to get more details, again keep to open questions, "tell me a bit more about that" **If you do ask questions remember to record the questions you ask as well as the responses the child gives.** Do not criticise or empathise with the perpetrator; the child may have affection for him/her. Explain what you will do next – inform SLP, someone will talk to them again later.

RECORD

If possible, make brief notes about what they are actually telling you at the time. Keep these notes, however rough they are. If you are unable to make notes at the time complete a Cause for Concern Form and record what was said immediately or as soon as you can.

Record what was said by the child on a Cause for Concern form. Ensure you record exactly what was said rather than your interpretation of what they are telling you, be factual at all times. Record the date, time, place, the names of any other adults present at the time, and any noticeable nonverbal behaviour on the cause for Concern form and ensure you sign it before handing it to the SLP.

REPORT

Report the incident to the SLP whilst handing over the Cause for Concern form and do not tell any other adults or children what you have been told. Do not leave the Cause for Concern Form on a desk or with another member of staff. Hand directly to the SLP or Deputy SLP if the SLP is unavailable.

A child may decide to disclose information that may indicate they are suffering from abuse or neglect. A child chooses to speak to an adult because they feel that they will listen and that they can trust them. The adult needs to listen to what the child has to say and be very careful not to 'lead' the child or influence in any way what they say.

KEY POINTS

It is important that the adult remembers to:

- Stay calm
- Listen and be supportive
- Not ask any leading questions, interrogate the child, or put ideas in the child's head, or jump to conclusions
- Not stop or interrupt a child who is recalling significant events
- Never promise the child confidentiality – it must be explained that information will need be to be passed on to help keep them safe
- Avoid criticising the alleged perpetrator
- Tell the child what must be done next (the safeguarding process must be followed)
- Record what was said immediately as close to what was said as possible. Also record what was happening immediately before the child disclosed. Be sure to sign and date the record in ink.
- Contact the designated person immediately
- Seek support

The SLP reviews the concern and takes appropriate action as detailed in the following section 'Handling suspicions of abuse'.

HANDLING CONCERNS/SUSPICIONS OF ABUSE/MAKING A REFERRAL

The SLP determines the best course of action which may involve observing or speaking to the child, contacting parents/carers for a confidential conversation or contacting the Norfolk County Council's Children's Advice and Duty service (CADS) for advice.

Parents are usually contacted first unless it is felt that in doing so the child would be at greater risk of harm. If the parent/carer is contacted they will be informed of how we record a cause for concern and any subsequent discussions.

If a call to Norfolk County Council's Children's Advice and Duty Service (CADS) is necessary the SLP must do so as soon as is possible after the disclosure was made. The SLP will inform the parents that a referral is going to be made and outline the reasons for the decision to refer unless informing the parents would put a child at risk of harm. Once CADS has been called, the SLP will follow the advice given by CADS.

Should we feel that a referral has not been dealt with appropriately we will follow the NSCB escalation process (<https://www.norfolkscb.org/about/policies-procedures/10-2-resolving-professional-disagreements/>).

PROCEDURES FOR HANDLING ALLEGATIONS AGAINST ADULTS IN OR ASSOCIATED WITH THE SETTING

The scope of this procedure is not limited to allegations involving Significant Harm or suffering or likely to suffer Significant Harm to a child. The procedure should be applied in all situations where it is alleged that a person who works with children has:

- Behaved in a way which has harmed a child, 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 they may pose a risk of harm to children (and therefore may be unsuitable to work with children).

Whilst some behaviours may not constitute a criminal offence, and some may not reach the threshold of Significant Harm, consideration needs to be given as to whether they may indicate unsuitability to work with children. Any such behaviour should be considered within the context of the main four categories of abuse i.e. physical, sexual and emotional abuse and neglect.

These include concerns relating to inappropriate relationships between members of staff and children:

- Having a sexual relationship with a child under 18 if in a position of trust in respect of that child, even if consensual;
- Grooming, i.e. meeting a child under 16 with intent to commit a relevant offence (see Section 16-19 Sexual Offences Act 2003);
- Other 'grooming' behaviour giving rise to concerns of a broader child protection nature e.g. inappropriate text/email messages or images, gifts, socialising etc (see Section 15 Sexual Offences Act 2003);
- Possession of indecent photographs/pseudo-photographs of children;
- Qualified/unqualified staff becoming involved in a relationship with an ex pupil under the age of 18, who is no longer at the school;
- Sexual Exploitive behaviour;
- Inappropriate Physical restraint or physical harm to a child.

These procedures will be followed for allegations received regarding any adult associated with the setting, including but not limited to paid employees, unpaid volunteers, placement students, agency staff and committee members. The allegations may relate to the person's behaviour at work, at home or in another setting. Allegations of historical abuse should be responded to in the same way as current concerns.

When an allegation is received regarding an adult associated with the setting, the following actions will be taken:

- Details of the allegation will be recorded. Where the allegation is made or received by a staff member, the staff member should record the details of the allegation on a Cause for Concern form. If a Cause for Concern form is not immediately available (e.g. if the allegation is received by a committee member, or by a staff member when they are not onsite at Snowy's), the allegation may be initially recorded elsewhere and this record subsequently attached to the Cause for Concern form.
- The Setting Manager should be informed immediately. If the Setting Manager is unavailable, or if the Setting Manager is the subject of the allegation, the Chairperson should be informed immediately.

- If there is reasonable cause to suspect that a child is suffering or is likely to suffer Significant Harm, the Setting Manager or Chairperson will immediately refer the concerns around the child to Norfolk County Council's Children's Advice and Duty Service (CADS), and at the same time refer to the LADO Service in order for the safeguarding matters around the adult of concern to be dealt with.
- The Setting Manager reports the allegation to the Local Authority Designated Officer (LADO) within one working day, by completing the LADO referral form on the Norfolk Safeguarding Children Board (NSCB) website.
- The Setting Manager / Chairperson must also report the allegation to Ofsted within one working day.
- The Police should be consulted, in any case where a criminal offence may have been committed or where the parent wishes for the allegation to be reported to the Police, as soon as practicable.
- Once the allegation has been passed to the relevant authorities, Snowy's co-operates fully with their investigations.
- Where it is deemed appropriate by the Management Committee, or advised by an outside agency, the Chairperson will suspend the individual concerned for the duration of the investigation. In the case of paid staff, the suspension will be with pay. This is not an indication of admission that the alleged incident has taken place but is to protect Snowy's as well as children and families throughout the process.
- The Setting Manager or Chairperson provides the subject of the allegation with information where they can obtain support from and advising them to inform their union or professional body as part of Snowy's duty of care to the person subject to the allegation.
- Every effort is made to maintain confidentiality and guard against publicity while an allegation is being considered or investigated.

WHISTLEBLOWING

Any member of staff, student or volunteer can call the Norfolk County Council Whistleblowing Hotline - 01603 224433 - to report concerns relating to inappropriate handling of a safeguarding issue within the setting.

INFORMATION SHARING

Sharing information is an intrinsic part of any frontline practitioners' job when working with children and young people. We follow the seven golden rules to sharing information:

- Remember that the General Data Protection Regulation (GDPR), Data Protection Act 2018 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.
- 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.
- Seek advice from other practitioners, or from the management committee, if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
- Where possible, share information with consent, and where possible, respect the wishes of those who do not consent to having their information shared. Under the GDPR and Data Protection Act 2018 you may share information without consent if, in your judgement, there is a lawful basis 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 clear of the basis upon which you are doing so. Where you do not have consent, be mindful that an individual might not expect information to be shared.
- 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.
- 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).
- 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.

More information including the 7 Golden Rules for information sharing can be found in the following document (updated to be in line with General Data Protection Regulation (GDPR) and Data Protection Act 2018):

<https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice>

MAKING A SAFEGUARDING REFERRAL TO CADS

We are clear that the Local Authority and Police must lead any investigation into any allegation regarding safeguarding. Child protection and safeguarding concerns should be discussed with Norfolk County Council's Children's Advice and Duty Service (CADS). Telephone 0344 800 8021 Monday to Friday 8am to 8pm to discuss concerns with a Consultant Social Worker via Early Help Pathway Advisors.

CADS will ask:

- All of the details known to you/your agency about the child;
- Their family composition including siblings, and where possible extended;
- Family members and anyone important in the child's life;
- The nature of the concern and how immediate it is;
- Any and what kind of work/support you have provided to the child or family to date. They will also need to know where the child is now and whether you have informed parents/carers of your concern.

This referral is followed up in writing on a NSCB1 form. Further guidance on how to make a CADS referral is displayed on the staff notice board and in the Safeguarding folder. Staff can make their own referral to CADS if they are not satisfied with the processes used by the setting.

Out of hours: Call 0344 800 8020

Emergencies: Call 999

MONITORING AND REVIEWING

The Setting Manager reports anonymised details of referrals for both Safeguarding and Prevent cases to the Committee at each meeting. This is monitored by the Manager and the Committee to assess the effectiveness of processes, risk assessments and any need to review processes. This monitoring process is enhanced by the regular Safeguarding supervision carried out by the Designated Safeguarding Lead from the Committee.

USEFUL CONTACTS

CADS	0344 800 8021
CADS Out of Hours	0344 800 8020
Children's Services	County Hall, Martineau Lane, Norwich, NR1 2DH
Norfolk Police	101 In an emergency: 999
Local Authority Designated Officers (LADO) Team. (There is always someone available during normal working hours)	01603 223473 LADO@norfolk.gov.uk cs.norfolkLADOsecure@norfolk.gcsx.gov.uk
Norfolk Safeguarding Children Board (NSCB)	www.norfolklscb.org
Safer Programme	01603 228966 safer@norfolk.gov.uk
Early Help Hub	01603 217612
Family Support process	https://www.norfolk.gov.uk/children-and-families/early-help-and-family-support/family-support-process

NAMED DESIGNATED CHILD PROTECTION OFFICER

The following designated staff are in post:

Safeguarding Lead Practitioner	Abbie Goodrum 01603 211445 / manager@snowys.org
Deputy Safeguarding Lead Practitioner	Emma Healey 01603 211445 / office@snowys.org
Management Committee Designated Safeguarding Lead	Vicki Webb 01603 211445 / office@snowys.org

COVID-19

In line with government recommendations Snowys has adopted rigid risk assessments with regards the coronavirus. These risk assessments can be found in each room and on the safeguarding board in the office.

POLICY REVIEW

We always make any changes immediately to our procedures in line with Norfolk Safeguarding Children Board's guidance on www.norfolkscb.org.

ASSOCIATED POLICIES CONNECTED SNOWY'S POLICIES AND PROCEDURES

Whistleblowing Policy
Prevent Policy
Promoting Positive Behaviour Policy
Intimate Care Policy
Child Going Missing at or Away from the Setting Policy
Uncollected Child Policy
Children's Absence Policy
Mobile Phone and Camera Policy
E-safety Policy
Babysitting Policy
Safer Recruitment Policy
Employee Health and Wellbeing Policy

LEGAL FRAMEWORK

Primary legislation

The latest versions of the following:

- DFE Keeping Children safe in Education September
- HMG Working together to Safeguard Children July
- HMG What to do if you are worried a Child is being Abused March
- DFE guidance on Sexual Violence and Sexual Harassment Between Children May
- DFE Child Sexual Exploitation
- The Early Years Foundation Stage Statutory Framework
- HMG Prevent Duty Guidance
- Children Act
- DoH Protection of Children Act
- HMG The Children Act
- DFE Safeguarding Vulnerable Groups Act
- DFE Childcare Act
- Our plan to rebuild: The UK Government's COVID-19 recovery strategy
- COVID-19: Cleaning in non-healthcare settings
- Coronavirus (COVID-19): implementing protective measures in education and childcare settings
- Actions for education and childcare settings to prepare for wider opening form

- Planning guide for early years and childcare settings

Secondary legislation

The latest versions of the following:

- HMG Sexual Offences Act 2003 (Remedial) Order
- HMG Criminal Justice and Court Services Act
- HMG Equality Act
- HMG Data Protection Act
- EU General Data Protection Regulation (GDPR)
- DFE Childcare (Disqualification) Regulation
- DFE Children and Families Act September
- DoH Care Act
- HMG Serious Crime Act March
- HMG Counter-Terrorism and Security Act February
- CPS Honour Based Violence and Forced Marriage Crime and Policing Act
- Overview of scientific advice and information on coronavirus (COVID-19)
- Supporting Early Years and Childcare settings in Norfolk to open more children
- COVID-19 Safeguarding considerations for Norfolk Early Years providers

FURTHER GUIDANCE

The latest versions of the following:

- Norfolk Safer Programme norfolklscb.org
- Revised Norfolk threshold Guide norfolklscb.org/revised-threshold-guide
- NCC Family support process and Early Help teams norfolk.gov.uk/children children and families/early help support/support for professionals
- NSPCC Learning npcc.org.uk/nspcclearning
- <https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice>
- DoH Framework for the Assessment of Children in Need and their Families 2000
- HMG Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act
- ACMD Hidden Harm – Responding to the Needs of Children of Problem Drug Users
- HMG Information Sharing Advice for practitioners providing safeguarding services to children, young people, parents and carers
- Disclosure and Barring Service: www.gov.uk/disclosure-barring-service-check
- Ofsted Inspecting Safeguarding in Early Years, Education and Skills Settings