CHILD PROTECTION POLICY 2025/2026

For the Pen Green and Kingswood Integrated Centre

(comprising Pen Green Nursery School, Early Years Setting, Research & Training Base, Integrated Services and Corby Children Centres)

Policy Review

These policies will be reviewed in full by the Governing Body annually.

The policy was last reviewed and agreed by the Governing Body in September 2025

It is due for review in September 2026

Angela Prodger, Designated Safeguarding Lead (DSL)	
Signature: 	Date: 1st September 2025
Angela Prodger, Head of Centre	
Signature: 	Date: 1st September 2025
Adam Cooper, Chair of Governors	
Signature: 	Date: 1st September 2025

Keeping Children Safe in Education (2025) use the term Local Authority Designated Officer (LADO), however in North Northamptonshire Council refer to this role as the Designated Officer – DO (formerly known as LADO). Throughout this document we will make reference to the LADO.

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The Purpose of this Child Protection Policy

To inform staff, parents/carers, volunteers and governors about the Integrated Centre's responsibilities for child protection. To enable everyone to have a clear understanding of how these responsibilities should be carried out.

This policy should be read in conjunction with the Safeguarding Policy, Safer Recruitment Policy, Behaviour Policy, Anti-Bullying Policy, Staff Code of Conduct, Online Safety Policy and NCC Acceptable Usage Policy.

Safeguarding, Child Protection and promoting the welfare of children is everyone's responsibility. Everyone who comes into contact with children and their families and carers has a role to play in safeguarding children. In order to fulfil this responsibility effectively, all professionals should make sure their approach is child centred. This means that they should consider, at all times, what is in the best interests of the child. *Keeping Children Safe in Education, DfE, September 2025*

Northamptonshire Safeguarding Children Partnership Inter-agency Child Protection and Safeguarding Children Procedures

The Integrated Centre follows the procedures established by the Northamptonshire Safeguarding Children Partnership; a guide to procedure and practice for all agencies in Northamptonshire working with children and families: Home - Northamptonshire SCP

Integrated Centre Staff & Volunteers

All staff at the Integrated Centre have a responsibility to provide a safe environment in which children can learn.

School staff and volunteers are particularly well placed to observe outward signs of abuse, changes in behaviour and failure to develop because they have daily contact with children.

All staff members should receive appropriate safeguarding and child protection training which is regularly updated. In addition, all staff members should receive safeguarding and child protection updates (for example, via email, e-bulletins, and staff meetings), as required, but at least annually, to provide them with relevant skills and knowledge to safeguard children effectively. This will ensure that they are knowledgeable and aware of their role in the early recognition of the indicators of abuse or neglect and of the appropriate procedures to follow. All staff will be required to complete the Declaration for Staff (Appendix 2).

Sessional staff, students and volunteers will be made aware of the child protection and safeguarding policies and procedures by the Designated Safeguarding Lead - including the staff Code of Conduct.

Mission Statement

Establish and maintain an environment where children feel secure, are encouraged to talk, and are listened to when they have a worry or concern.

Establish and maintain an environment where all staff, volunteers and students feel safe, are encouraged to talk and are listened to when they have concerns about the safety and well-being of a child.

Ensure children know that there are adults in the Integrated Centres who they can approach if they are worried.

Establish an environment where families feel safe and are encouraged to talk and are listened to when they have concerns about the safety and well-being of a child.

Ensure that children, who have additional/unmet needs are supported appropriately. This could include referral to early help services or specialist services if they are a child in need or have been / are at risk of being abused and neglected.

Consider how children and families may be taught about safeguarding, including online, through teaching and learning opportunities, as part of providing a broad and balanced curriculum.

Staff members, students and volunteers working with children are advised to maintain an attitude of 'it could happen here' where safeguarding is concerned. When concerned about the welfare of a child, staff members should always act in the interests of the child.

Implementation, Monitoring and Review of the Child Protection Policy

The policy will be reviewed annually by the governing body. It will be implemented through the Integrated Centre's Induction and Training programme, and as part of day-to-day practice. Compliance with the policy will be monitored by the Designated Safeguarding Lead and through staff performance measures.

What the Integrated Centre Staff/Volunteers should do if a child is in danger or at risk of harm

If a child is in immediate danger or is at risk of harm staff need to call 999 immediately and notify the Police/ambulance. Staff then need to notify a member of CLT (all Deputy Designated Safeguarding Leads) immediately. A referral should be made to the Multi-Agency Safeguarding Hub (MASH) as soon as possible after notifying the police. Anyone can make a referral. Referrals can be made to MASH using the online referral link.
https://nctrust.co.uk/report-a-concern-or-request-support/

Where referrals are not made by the Designated Safeguarding Lead, the Designated Safeguarding Lead should be informed as soon as possible that a referral has been made. The contact number for MASH is 0300 126 7000, Option 1.

The Designated Safeguarding Lead (DSL) or a Deputy DSL (DDSL) should always be available to discuss safeguarding concerns. If in exceptional circumstances, the DSL (or Deputy) who are the named person on the Duty rota for that day are not available, this should not delay appropriate action being taken. Staff should speak to a member of the Centre Leadership Team (CLT) and/or take advice from local children's social care. In these circumstances, any action taken should be shared with the Duty DSL (or Deputy) as soon as is practically possible.

The Designated Safeguarding Lead role is undertaken by Angela Prodger (Head of Centre).
The Centre Leadership Team are trained Designated Safeguarding Leads and referred to as Deputy Designated Safeguarding Leads (DDSL) who concerns can be shared with. These are: Jo Benford, Felicity Dewsbery, Flavia Ribeiro, Michele Duffy, Kerry McNulty and Amy Devine. In addition, further Deputies (DDSLs) are located in all domains across the Integrated Centre. These are Carol MacFarlane, Elaine Young and Claire Hall, Tracy Studders, Louise King, Kinga Szkudlarz and Lesley Hill.

A member of CLT (who are Deputy Designated Safeguarding Leads) will be on call during weekends and out of the usual working hours when additional activities are scheduled to take place at these times. Contact numbers for the Duty Member of CLT will be given to staff working outside of the normal 8.00 – 6.00 working day.

Staff should not assume a colleague, or another professional will act and share information that might be critical in keeping children safe. They should be mindful that early information sharing is vital for effective identification, assessment, and allocation of the appropriate service provision. Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents, and carers supports staff who have to make decisions about sharing information. This advice includes the seven golden rules for sharing information.

Integrated Centre staff/volunteers should be aware of the main categories of maltreatment: **physical abuse, emotional abuse, sexual abuse, and neglect**.

The Role of the Designated Safeguarding Lead in the Integrated Centre

'Governing bodies and proprietors should ensure that the school or college designates an appropriate senior member of staff to take lead responsibility for child protection. This person should have the status and authority within the school to carry out the duties of the post including committing resources and, where appropriate, supporting and directing other staff.' (Keeping Children Safe in Education, September 2025)

During the normal opening times of the Integrated Centre the DSL (or a DDSL) will always be available for staff/volunteers/governors to discuss any safeguarding concerns (please see Appendix 6). For staff/volunteers/governors working outside of normal opening times individual arrangements will be in place for contact with the DSL or DDSL. There are a number of DDSLs who, with the DSL operate a rota to ensure there is always appropriate cover (please see Safeguarding Notices around the Centre).

Whilst the activities of the Designated Safeguarding Lead can be delegated to appropriately trained DDSL, the ultimate **lead responsibility** for child protection, as set out above, remains with the Designated Safeguarding Lead; this **lead responsibility** should not be delegated. (*Annex C: Keeping Children Safe in Education 2025*.)

The Designated Safeguarding Lead (DSL) for Child Protection in the Integrated Centre is Angela Prodger.

The Deputy Designated Safeguarding Leads (DDSLs) for Child Protection in the Integrated Centre include members of Centre Leadership Team (Rota is in Reception) and a range of staff across all domains. See Appendix 6.

The Designated Safeguarding Lead (DSL) and any Deputies (DDSLs) should liaise with the three safeguarding partners and work with other agencies in line with the NSPCC What to do if you suspect child abuse | NSPCC should help Designated Safeguarding Leads understand when they should consider calling the police and what to expect when they do.

The Designated Safeguarding Lead requires DDSLs to inform them of issues- especially ongoing enquiries under section 47 of the Children Act 1989 and police investigations. This should include being aware of the requirement for children to

have an Appropriate Adult. Further information can be found in the Statutory guidance - PACE Code C 2019.

The Role of the Governing Body

The Governing Body for the Integrated Centre must ensure that they comply with their duties under legislation. They must also have regard to this guidance to ensure that the policies, procedures, and training in the Integrated Centre are effective and comply with the law at all times.

The nominated governors for child protection are **Sian Owens and Karen Royle.**

The responsibilities placed on the Governing Body include:

- Their contribution to inter-agency working, which includes providing a coordinated offer of early help when additional needs of children are identified

- Ensuring that an effective child protection policy is in place, together with a staff behaviour policy/staff code of conduct.

- Ensuring staff are provided with Part One of Keeping Children Safe in Education (DfE 2025) and Annex A and are aware of specific safeguarding issues (see Appendix 7)

- Ensuring that staff induction is in place with regard to child protection and safeguarding

- Appointing an appropriate senior member of staff to act as the Designated Safeguarding Lead. It is a matter for individual schools and colleges as to whether they choose to have one or more Deputy Designated Safeguarding Lead

- Ensuring that the role of the DSL is explicit in the role-holder's job description (see Annex B Keeping Children Safe in Education (DfE 2025), which describes the broad areas of responsibility and activities related to the role.

- Ensuring that all the Designated Safeguarding Leads (including deputies) should undergo formal child protection training every two years (in line with Northamptonshire Safeguarding Children Partnership (NSCP) guidance) and receive regular (annual) safeguarding refreshers (for example via e-bulletins, meeting other DSLs, or taking time to read and digest safeguarding developments).

- Prioritising the welfare of children and young people and creating a culture where staff are confident to challenge senior leaders over any safeguarding concerns

Additional information to support governing bodies and proprietors is provided in Annex C of Keeping Children Safe in Education (DfE 2025).

Thresholds for Intervention

Please see Appendix 3: What to do if you are worried a child is being abused flowchart.

If our staff have any concerns about a child's welfare, they should act on them immediately. If staff have a concern, they should follow this child protection policy and speak to the DSL (or deputy).

The DSL will decide on the most appropriate course of action and whether the concerns should be referred to Children's Social Care refer to:
Thresholds / Making A Referral - Northamptonshire SCP

If it is decided to make a referral to Children's Social care the parent will be informed, unless to do so would place the child at further risk or undermine the collection of evidence e.g., obtaining forensic evidence. All concerns, discussions and decisions will be recorded in writing. NB: Informing parents does not require seeking their consent to share the information with professionals who need to know.

The DSL will provide guidance on the appropriate action. Options will include:

- Managing any support for the child internally via the school's own pastoral support processes
- An Early Help Assessment or
- A referral for statutory services e.g., the child is or might be in need or suffering or likely to suffer significant harm

Early Help - If Early Help is appropriate, the DSL will generally lead on liaising with other agencies and setting up an inter-agency assessment as appropriate. Staff may be required to support other agencies and professionals in an early help assessment, in some cases acting as the lead practitioner. Any such cases should be kept under constant review and consideration given to a referral to Children's Social Care for assessment for statutory services if the child's situation does not appear to be improving or is getting worse.

Children in Need - A child in need is defined under the *Children Act 1989* as a child who is unlikely to achieve or maintain a reasonable level of health or development,

or whose health and development is likely to be significantly or further impaired, without the provision of services; or a child who is disabled. The Local Authority is required to provide services for children in need for the purposes of safeguarding and promoting their welfare. Children in need may be assessed under section 17 of the *Children Act 1989*.

Children suffering or likely to suffer significant harm - Local Authorities, with the help of other organisations as appropriate, have a duty to make enquiries under section 47 of the *Children Act 1989* if they have reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm. Such enquiries enable them to decide whether they should take any action to safeguard and promote the child's welfare and must be initiated where there are concerns about maltreatment, including all forms of abuse and neglect, female genital mutilation or other so-called honour-based violence, and extra-familial threats like radicalisation and sexual exploitation.

The DSL should refer all cases of suspected abuse or neglect to the Multi Agency Safeguarding Hub (MASH), Police (cases where a crime may have been committed) and to the Channel programme where there is a radicalisation concern.

Safeguarding Referrals must be made in one of the following ways:

- By telephone contact to the Multi-Agency Safeguarding Hub (MASH): 0300 126 7000 Option 1
- By using the online referral form found at: https://nctrust.co.uk/report-a-concern-or-request-support/
- In an emergency outside office hours, contact children's social care out of hours team on **01604 626938** or the Police
- If a child is in immediate danger at any time, left alone or missing, you should contact the police directly and/or an ambulance using 999

When to be concerned

See Appendix 4 of this policy for information on indicators of abuse.

Please refer to the NSCP (Northamptonshire Safeguarding Children Partnership) website for specific guidance on identification of neglect:
Neglect - Northamptonshire SCP

Staff should also be aware of the indicators of maltreatment and **specific safeguarding issues** so that they are able to identify cases of children who may be in need of help or protection.

Equality Statement

Some children have an increased risk of abuse, and additional barriers can exist for some children with respect to recognising or disclosing it. We are committed to anti-discriminatory practice and recognise children's diverse circumstances. We ensure that all children have the same protection, regardless of any barriers they may face.

We give special consideration to children who:

- Have special educational needs or disabilities
- Are young carers
- May experience discrimination due to their race, ethnicity, religion, gender identification or sexuality
- Have English as an additional language
- Are known to be living in difficult situations – for example, temporary accommodation or where there are issues such as substance abuse or domestic violence
- Are at risk of FGM, sexual exploitation, forced marriage, or radicalisation
- Are asylum seekers.

Children with Special Educational Needs and Disabilities:
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; including for example: ADHD or other specific behavioural problems/diagnosis, mood and injury relate to the child's impairment without further exploration
- Assumptions that children with SEN and disabilities can be disproportionally impacted by things like bullying - without outwardly showing any signs
- Communication barriers and difficulties
- Reluctance to challenge carers, (professionals may over empathise with carers because of the perceived stress of caring for a disabled child)
- Disabled children often rely on a wide network of carers to meet their basic needs and therefore the potential risk of exposure to abusive behaviour can be increased
- A disabled child's understanding of abuse
- Lack of choice/participation
- Isolation.

Directory Of Services for Children with Disabilities:
Supporting Children and Young People with Disabilities

Northamptonshire's Local Offer:
North Northamptonshire SEND Local Offer

Child on Child Abuse

Education settings are an important part of the inter-agency framework not only in terms of evaluating and referring concerns to Children's Services and the Police, but also in the assessment and management of risk that the child or young person may pose to themselves and others in the education setting.

See Keeping Children Safe in Education 2025, Part 1 – 30-33 'Child-on-child abuse'

See also Keeping Children Safe in Education 2025 Part 2 - 134 'Online Safety'

Safeguarding and supporting the alleged perpetrator(s) and children and young people who have displayed harmful sexual behaviour

If an incident occurred of harmful sexual behaviour in the Integrated Centre, we would act swiftly to deal with the incident whilst also paying regard to the support that may be needed by the alleged perpetrator.

We would always consider the age and developmental stage of the perpetrator, the nature of the allegation and frequency of allegations. This will be a stressful situation for the child who is the subject of the allegations and/or negative reactions from peers.

We would give consideration to the proportionality of the response. Any actions would be considered on a case-by-case basis. Harmful sexual behaviour in young children may be and often is a symptom of either their own abuse or exposure to abusive practices and materials.

For more information and advice please see links below:

The Lucy Faithfull Foundation in collaboration with the Home Office has developed a toolkit and an online resource.

- Stop_It_Now_harmful_sexual_behaviour_prevention_toolkit_Oct_2020.pdf
- Home - Shore
- Harmful sexual behaviour (HSB) or peer-on-peer sexual abuse | NSPCC Learning
- HSB framework and audit | NSPCC Learning
- Beyond Referrals - Schools | Lucy Faithfull Foundation
- Change for Good | Harmful sexual behaviour (HSB) intervention | NSPCC Learning

See Keeping Children Safe in Education 2025 p.139-143.

The Integrated Centre actively encourages children and families to promote respect for each other (See Behaviour Policy).

What staff, visitors and volunteers should do if they have concerns about a child.

(*Please see Appendix 2 and 3: Where there are concerns about a child*)

Never go home without talking to someone

If any member of staff/volunteer is concerned about a child, he or she initially discuss it with their domain lead and together decide if the concern is of a child protection or of a safeguarding nature.

They need to inform your DDSL or DSL. Your DDSL or the DSL will decide whether the concerns should be referred to Children's Services. If it is decided to make a referral to Children's Services this will be discussed with the parents, unless to do so would place the child at further risk of harm.

Whilst it is the DSL's role to make referrals to MASH, any **staff member** can make a referral to Children's Services. If a child is in immediate danger or is at risk of harm (e.g., concern that a family might have plans to carry out FGM), a referral should be made to Children's Services and/or the Police immediately. Where referrals are made by the DDSL, the DSL must be informed as soon as possible.

If a **teacher** (persons employed or engaged to carry out teaching work at schools and other institutions in England), in the course of their work in the profession, discovers that an act of Female Genital Mutilation (FGM) appears to have been carried out on a girl under the age of 18 **the teacher must report** this to the police after informing the Designated Safeguarding Lead Person. This is a mandatory reporting duty.

See Appendix 1 and Keeping Children Safe in Education (DfE 2025): Annex B p.162-163 for further details.

Early Years practitioners do not have a duty to report however if this is discovered then they must speak to their Deputy Designated Safeguarding Lead, or the DSL and a referral will be made to the MASH.

- The member of staff must record information regarding the concerns on the same day. The recording must be a clear, precise, factual account of the observations. Particular attention will be paid to the attendance and development of any child about whom the Integrated Centre has concerns, or who has been identified as being the subject of a child protection plan and a written record will be kept. The Cause for Concern is the form to be used for recording and the original given to your DDSL or DSL (Use the cause for concern documentation in the filing cabinet in reception).

- If a child who is/or has been, the subject of a child protection plan changes nursery setting/transitions to school, the Deputy Designated Safeguarding Lead for this domain will inform the social worker responsible for the case. The DDSL will transfer the appropriate records to the named Designated

Safeguarding Lead at the receiving setting/school, in a secure manner, and separate from the child's academic file.

Dealing with a disclosure

Where a disclosure of abuse has been made by an individual, the member of staff/volunteer should:

- Listen to what is being said without displaying shock or disbelief
- Accept what is being said
- Allow them to talk freely
- Reassure them, but not make promises which it might not be possible to keep
- Never promise that they will not tell anyone - as this may ultimately not be in their best interests
- Reassure him or her that what has happened is not his or her fault
- Stress that it was the right thing to tell
- Listen, only asking questions when necessary to clarify
- Not criticise the alleged perpetrator
- Explain what has to be done next and who has to be told
- Make a written record (see Record Keeping)
- Pass the information and records to the Deputy Designated Safeguarding Lead in their domain or the DSL without delay.

Support

It is essential that all victims are reassured that they are being taken seriously and that they will be supported and kept safe. A victim should never be given the impression that they are creating a problem by reporting an incident. Nor should a victim ever be made to feel ashamed for making a report.

All staff should be aware that children may not feel ready or know how to tell someone that they are being abused, exploited, or neglected, and/or they may not recognise their experiences as harmful. For example, children may feel embarrassed, humiliated, or being threatened. This could be due to their vulnerability, disability and/or sexual orientation or language barriers. This should not prevent staff from having a professional curiosity and speaking to the DSL if they have concerns about a child.

Dealing with a disclosure from a child, and safeguarding issues can be stressful. The member of staff/volunteer should, therefore, consider seeking support for him/herself and discuss this with the Lead in their domain and if necessary, Duty worker who will be either the Designated Safeguarding Lead or a deputy.

There is a Daily Duty System in place for the Integrated Centre, which is overseen by the Designated Safeguarding Lead, Angela Prodger.

The worker who has been involved in a situation and reporting a concern must:

- Record as soon as possible after the conversation. Use the Disclosure Form sheet (In the filing cabinet in main reception) *Appendix 7*
- Do not destroy the original notes in case they are needed by a court.
- Record the date, time, place and any noticeable non-verbal behaviour and the words used by the child
- Draw a diagram to indicate the position of any injuries
- Record statements and observations rather than interpretations or assumptions

All records need to be given to the Designated Safeguarding Lead promptly. **Staff or volunteers must not** retain any **paper or electronic records.**

The Designated Safeguarding Lead will ensure that all safeguarding records are managed in accordance with the Education (Pupil Information) (England) Regulations 2005. The Integrated Centre's Archive & Retention Strategy is aligned to the Local Authority Retention Schedule relating to records of children accessing Early Help and statutory support.

Confidentiality

Safeguarding children raises issues of confidentiality that must be clearly understood by all staff/volunteers in the Integrated Centre

- All staff in the Integrated Centre, both teaching and non-teaching staff, have a responsibility to share relevant information about the protection of children with other professionals, particularly the investigative agencies (Children's Services and the Police).

- Staff/volunteers who receive information about children and their families in the course of their work should share that information only within appropriate professional contexts.

Communication with Parents/Carers

The Integrated Centre will ensure the Child Protection Policy is available publicly via the Centre website.

Parents/carers should be informed prior to referral, unless it is a disclosure of physical/sexual abuse or it is considered that to do so might place the child at increased risk of significant harm by:

- The behavioural response it prompts e.g. A child being subjected to abuse, maltreatment or threats/forced to remain silent if alleged abuser informed
- Leading to an unreasonable delay
- Leading to the risk of loss of evidential material.

(The Integrated Centre may also consider not informing parent(s) where this would place a member of staff at risk).

Ensure that parents, have an understanding of the responsibilities placed on the Integrated Centre and staff for safeguarding children.

The parent of the child concerned should be contacted as soon as possible by the most appropriate worker: (unless agreed with your DDSL or DSL) and asked to meet so that the concern can be shared, and the written record shown to the parent(s). The parent(s) will be asked to sign and date that they have seen the statement. The parent(s) will be informed if the information is also being passed on to another named agency.

When a decision is made that a referral is required to the MASH then the online referral form will be completed as soon as possible.
https://nctrust.co.uk/report-a-concern-or-request-support/

Why all of this is important?
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. Poor practice includes failing to act on and refer the early signs of abuse and neglect; poor record keeping; failing to listen to the views of the child; failing to re-assess concerns when situations do not improve; sharing information too slowly; and a lack of challenge to those who appear not to be taking action.

There are other possible options after the discussion with the DSL

- In house pastoral care support
- Early Help Assessment - ensure that you are clear about the outcome of the discussion

Children who may require Early Help

All staff should be aware of the **Early Help process**, and understand their role in identifying emerging problems, sharing information with other professionals to support early identification and assessment of a child's needs. It is important for children to receive the right help at the right time to address risks and prevent issues escalating.

This also includes staff keeping the child under constant review and monitoring the situation and feeding back to the Designated Safeguarding Lead any ongoing/escalating concerns so that consideration can be given to a referral to

Children's Services if the child's situation does not appear to be improving or is getting worse.

Any child may benefit from early help, but all staff should be particularly alert to the potential need for early help for a child who:

- is disabled and has specific additional needs
- has special educational needs (whether or not they have a statutory education, health and care plan)
- is a young carer
- is showing signs of being drawn in to anti-social or criminal behaviour, including gang involvement and association with organised crime groups
- is frequently missing/goes missing from care or from home
- is misusing drugs or alcohol themselves
- is at risk of modern slavery, trafficking, or exploitation
- is in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health problems or domestic abuse
- has returned home to their family from care
- is showing early signs of abuse and/or neglect
- is at risk of being radicalised or exploited
- is a privately fostered child.

Early Help Links:
Early Help Advice for Professionals - Help and protection for children (nctrust.co.uk)
Early Help - Northamptonshire SCP

Children with special educational needs and disabilities or physical health issues

All staff are aware that children with special educational needs or disabilities (SEND) or certain health conditions can face additional safeguarding challenges. Governors and the CLT will ensure this policy reflects the fact that additional barriers can exist when recognising abuse and neglect in this group of children. These can include:

- assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's condition without further exploration
- these children being more prone to peer group isolation or bullying (including prejudice-based bullying) than other children
- the potential for children with SEND or certain medical conditions being disproportionally impacted by behaviours such as bullying, without outwardly showing any signs

and

- communication barriers and difficulties in managing or reporting these challenges.

Governors and CLT will ensure that this reflects the above and to address these additional challenges by considering extra pastoral support, home visiting and attention for these children, along with ensuring any appropriate support for communication is in place.

Please also refer to the Integrated Centre's Inclusion Policy.

Further information can be found in the following documents:

https://www.gov.uk/government/publications/send-code-of-practice-0-to-25

https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3

And from specialist organisations such as:

The Special Educational Needs and Disabilities Information and Support Services (SENDIASS). SENDIASS offer information, advice and support for parents and carers of children and young people with SEND. All local authorities have such a service: Find your local IAS service **https://councilfordisabledchildren.org.uk/about-us-0/networks/information-advice-and-support-services-network/find-your-local-ias-service**

https://www.mencap.org.uk/ - Represents people with learning disabilities, with specific advice and information for people who work with children and young people.

Children suffering or likely to suffer significant harm

Local Authorities, with the help of other organisations as appropriate, have a duty to make enquires under section 47 of the Children Act 1989 if they have reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm.

Such enquiries enable them to decide whether they should take any action to safeguard and promote the child's welfare and must be initiated where there are concerns about maltreatment, including all forms of abuse and neglect, female genital mutilation or other so-called honour-based violence, and extra-familial threats like radicalisation and sexual exploitation.

As previously described in the policy if there are any concerns speak to your DDSL or the DSL and the local children's social care or the Safeguarding in Education Team
Children and families | North Northamptonshire Council
Safeguarding in Education Service | North Northamptonshire Council

Where a child is suffering, or is likely to suffer from harm, it is important that a referral to children's social care MASH (and if appropriate the police) is made immediately.

The Multi-Agency Safeguarding Hub (MASH)
The MASH can advise on whether a family needs early help or whether they meet the threshold for statutory child protection.

Telephone: 0300 126 7000 select option 1

To make a referral to the MASH please use the multi-agency referral form:

https://nctrust.co.uk/report-a-concern-or-request-support/

Safeguarding and promoting the welfare of children is defined as protecting children from maltreatment; preventing impairment of children's health or development; ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and taking action to enable all children to have the best outcomes. *(Keeping Children Safe in Education DfE, September 2025).*

In the instance of a referral to MASH being considered as 'no further action' following screening by social work colleagues in which the referring agency is not totally satisfied with the outcome then the NSCP case conflict resolution procedure should be considered:

Resolving Conflicts - Northamptonshire SCP

Please also cross-reference with the Integrated Centre's Safeguarding Policy.

Children in need

A child in need is defined under the Children Act 1989 as a child who is unlikely to achieve or maintain a reasonable level of health or development, or whose health and development is likely to be significantly or further impaired, without the provision of services; or a child who is disabled. Local Authorities are required to provide services for children in need for the purposes of safeguarding and promoting their welfare. Children in need may be assessed under section 17 of the Children Act 1989.

What will the Local Authority do?
The Local Authority should make a decision, within one working day of a referral being made, about the type of response that is required and should let the referrer know the outcome. This will include determining whether:

- the child requires immediate protection and urgent action is required
- whether the child is in need, and should be assessed under section 17
- there is reasonable cause to suspect the child is suffering, or likely to suffer, significant harm, and whether enquiries must be made, and the child assessed under section 47
- any services are required by the child and family and what type of services; and
- further specialist assessments are required in order to help the Local Authority to decide what further action to take.

The referrer should follow up if this information is not forthcoming.

If social workers decide to carry out a statutory assessment, staff should do everything they can to support that assessment supported by the DDSL (or DSL) as required.

If, after a referral, the child's situation does not appear to be improving, the referrer should consider following local escalation procedures to ensure their concerns have been addressed and, most importantly, that the child's situation improves.

Children potentially at greater risk of harm

Children may need a social worker due to safeguarding or welfare needs. Children may need this help due to abuse, neglect and complex family circumstances. A child's experiences of adversity and trauma can leave them vulnerable to further harm, as well as educationally disadvantaged in facing barriers to attendance, learning, behaviour and mental health.

The Local Authority shares the fact a child has a social worker, and the Designated Safeguarding Lead holds and uses this information so that decisions can be made in the best interests of the child's safety, welfare, and educational outcomes. This is considered as a matter of routine.

Where children have a social worker, this informs decisions about safeguarding (for example, responding to unauthorised absence or missing education where there are known safeguarding risks) and about promoting welfare (for example, considering the provision of pastoral and/or academic support, alongside action by statutory services).

Further information can be found in:
Findings from the Children in Need review,
https://www.gov.uk/government/publications/review-of-children-in-need/review-of-children-in-need

'Improving the educational outcomes of Children in Need of help and protection' contains further information; the conclusion of the review, 'Help, protection, education' sets out action Government is taking to support this. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/809236/190614_CHILDREN_IN_NEED_PUBLICATION_FINAL.pdf

Child on Child Sexual Violence, Sexual Harassment and Child on Child Abuse
Staff, volunteers and Governors should respond to all signs, reports and concerns of child-on-child sexual violence and sexual harassment, including those that have happened outside of the Centre premises, and/or online. All staff working with children are advised to maintain an attitude of 'it could happen here', and this is especially important when considering child-on-child abuse.

Children who are victims of sexual violence and sexual harassment wherever it happens, may find the experience stressful and distressing. This will, in all likelihood, adversely affect their educational attainment and will be exacerbated if the alleged perpetrator(s) attends the Centre.

Whilst any report of sexual violence or sexual harassment should be taken seriously, staff should be aware it is more likely that girls will be the victims of sexual violence and sexual harassment and more likely it will be perpetrated by boys. Children with special educational needs and disabilities (SEND) are also three times more likely to be abused than their peers. Ultimately, it is essential that all victims are reassured that they are being taken seriously and that they will be supported and kept safe.

It is important that schools and colleges are aware of sexual violence and the fact children can, and sometimes do, abuse other children in this way and that it can happen both inside and outside of school/college. When referring to sexual violence in this advice, we do so in the context of child-on-child sexual violence.

It is essential that all victims are reassured that they are being taken seriously, regardless of how long it has taken them to come forward, and that they will be supported and kept safe. Abuse that occurs online or outside of the Centre should not be downplayed and should be treated equally seriously.

A victim should never be given the impression that they are creating a problem by reporting sexual violence or sexual harassment. Nor should a victim ever be made to feel ashamed for making a report. It is important to explain that the law is in place to protect children and young people rather than criminalise them, and this should be explained in such a way that avoids alarming or distressing them.

Whilst we acknowledge the seriousness of child-on-child sexual violence and have a zero tolerance approach, this is predominantly primary to secondary stage children and not the early years.

The following resource provides practical guidance for schools and colleges on how to prevent, identify early and respond appropriately to child-on-child abuse

Farrer&Co:https://www.farrer.co.uk/globalassets/clients-and-sectors/safeguarding/addressing-child-on-child-abuse/

Using Mobile Phones, Cameras and IT within the Centre

Mobile/Smart Phones/Smart Watches & Sport Watches

Staff/Volunteers/Students/Governors

- Personal mobile phones are permitted in the Integrated Centre grounds, **but are to be used during break times only, within designated areas away from children.**

- Personal mobile phones and access to smart and sport watches which are capable of receiving/sending data and/or communications are permitted on the Integrated Centre grounds, but are to **be used during break times only, within designated areas away from children.**

- The wearing of smart and sport watches by children attending any of the settings in the Integrated Centre is not allowed given the potential for unauthorised or unintentional, taking of photographs and/or video recording within the setting.

- Staff/Volunteers should not have phones on their person during work hours, if you see a colleague using their mobile phone within work time there is the expectation that you will challenge this inappropriate use and request the phone be put away. Should this practice continue despite a colleague's challenge it **must** be reported to a member of CLT.

- Personal mobile phones must **never** be used to contact children or their families, nor should they be used to take videos or photographs of children.

- Integrated Centres' issued devices only should be used for this purpose and, if containing sensitive information or photographs of children, should not leave the premises unless encrypted and this must be acknowledged in the policy.

- Appropriate staff are issued with work mobiles, these are to be used for work purposes only. All staff issued with a work mobile are required to complete and sign the LGSS Mobile phone policy and by signing the document agree that they have read, understood and agree to comply with the policy.

- All staff will complete Safeguarding training which will include an element of online safety training – specifically filtering and monitoring.

- Staff are required to undertake annual mandatory Data Protection and Cyber Security training facilitated by the Local Authority.

Whilst considering their responsibility to safeguard and promote the welfare of children and provide them with a safe environment in which to learn, the Governing Body should be doing all that they reasonably can to limit children's exposure to any risks from the Centre's IT system. As part of this process, the Governing Body should ensure the Integrated Centre has appropriate filters and monitoring systems in place and regularly review their effectiveness. (please refer to the Integrated Centre Online Policy).

Parents / Visitors / Centre Users

Mobile phones can be brought into the Integrated Centre, and can be used when needed, with the exception of the Couthie, including Crèche, Den, Studio and Kingswood Community Nursery **or in the immediate area prior** to entering the Domain space as above. If staff see photographs or videos being taken using a mobile phone, they will approach the person taking the image and will ask to view the images. If they include children other than those who the person has legal responsibility for, they will be deleted immediately.

Visitors are not allowed to take any photographs involving children in **any** childcare space within the Integrated Centre. Opportunities for taking photographs of the physical spaces when not inhabited by children can be made available. In addition, visitors can request material from the Integrated Centre's Marketing Officer, for which there may be a charge incurred.

Parents/carers are currently discouraged from accessing their mobile phones during groups and within the shared spaces areas. However, if they need to take or make a call, they will be encouraged to step outside of the group or shared space.

Up skirting is the practice whereby mobile phones can be used to take images under a person's clothing without their knowledge with the intention of viewing their genitals or buttocks to obtain sexual gratification or cause the victim humiliation, distress or alarm. It is now a criminal offence. Mobile phone usage in the Domain spaces as outlined above, or in the immediate area prior to entering the Domain space by parents/carers will be continually monitored and challenged appropriately by staff.

Photography and Video

Digital photographs and videos are an important part of the learning experience in the Integrated Centre and, as such, staff have a responsibility to ensure that they not only educate children about the safe and appropriate use of digital imagery, but also model good practice themselves. To this end, there are strict policies and procedures for staff and children about the use of digital imagery and videos.

- Written consent must be obtained from parents or carers before photographs or videos of young people will be taken or used within the Integrated Centre including displays, learning journeys, Integrated Centre website and other marketing materials.

- Written consent must also be obtained from staff, students, volunteers and governors before any image is produced and used for Integrated Centre purposes (please see the Online Safety Policy for examples of consent)

- Staff will ensure that children are at ease and comfortable with images and videos being taken.

- Staff must not use personal devices, such as cameras, video equipment or camera phones, to take photographs or videos of children.

- Integrated Centre issued devices only should be used for this purpose and, if containing sensitive information or photographs of children, should not leave the premises unless encrypted and this must be acknowledged in the policy. In the case of an outing, all data must be transferred/deleted from the Integrated Centre camera/device before leaving the premises.

For further information on the use of IT within the Integrated Centre please refer to the Online Safety Policy. In addition, the DfE Teaching Online Safety in School (2023) can be referenced for further guidance.

Online Safety (please also refer to the Integrated Centre Online Safety & Security Policy)

It is important that children and young people receive consistent messages about the safe use of technology and, can recognise and manage risks posed both in the real world and the virtual world.

Terms such as 'e-safety', 'online', 'communication technologies' and 'digital technologies' refer to all fixed and mobile technologies that adults and children may encounter, now and in the future, which allow them access to content and communications that could raise issues or pose risks to their well-being.

It is essential that children are safeguarded from potentially harmful and inappropriate online material. An effective whole school and college approach to online safety empowers a school or college to protect and educate pupils, students, and staff in their use of technology and establishes mechanisms to identify, intervene in, and escalate any concerns where appropriate.

The breadth of issues classified within online safety is considerable and ever evolving, but can be categorised into four areas of risk:

- content: being exposed to illegal, inappropriate, or harmful content, for example: pornography, fake news, racism, misogyny, self-harm, suicide, anti-Semitism, radicalisation, and extremism.

- contact: being subjected to harmful online interaction with other users; for example: peer to peer pressure, commercial advertising and adults posing as children or young adults with the intention to groom or exploit them for sexual, criminal, financial or other purposes.

- conduct: online behaviour that increases the likelihood of, or causes, harm; for example, making, sending and receiving explicit images (e.g. consensual and non-consensual sharing of nudes and semi-nudes and/or pornography, sharing other explicit images and online bullying, and;

- commerce: risks such as online gambling, inappropriate advertising, phishing and or financial scams. If you feel your pupils, students or staff are at risk, please report it to the Anti-Phishing Working Group (**https://apwg.org/**).

Best Practice:

- **Whole Setting Approach:** Staff recognise and are aware of online safety issues and the Designated Safeguarding Lead, DDSLs and leadership team should make online safety a priority.
- **Policies:** Designated Safeguarding Lead, DDSLs and leadership team must ensure that all the relevant online safety policies and procedures are in place and implemented.
- This includes having an awareness of the relevant sections of the EYFS Statutory Framework which relate to Safeguarding.
- **Monitoring and Evaluation:** Risk assessment is taken seriously and used to promote online safety. There are appropriate filters and monitoring systems in place to protect children from harmful online material.
- **Management of Personal Data:** Data is managed securely and in accordance with the requirements of the General Data Protection Regulations (2019).

For further information on the use of IT within the Integrated Centre please refer to the Online Safety Policy. In addition the DfE Teaching Online Safety in School (2023) can be referenced for further guidance.

As the Integrated Centre is increasingly the amount of work online, it is essential that children and students are safeguarded from potentially harmful and inappropriate online material. To endeavour to keep children safe online

(including when they are online at home) please refer to Annex C of Keeping Children Safe in Education 2025.

Sexting and Social Media Guidance

Introduction

'Sexting' is "*the exchange of sexual messages and images, creating, sharing and forwarding sexually suggestive nude or nearly nude images through mobile phones and the internet*" (NSPCC)

Understanding 'Sexting'

'Sexting' affects girls and boys. Although girls are adversely affected, it should not be seen as a 'girl' problem. Initiatives to tackle 'Sexting' need to take account of the different experiences of boys and girls. Rather than an issue in isolation, 'Sexting' is part of a much wider picture of sexual pressure including pornography, sexual exploitation, body image and appearance.

For boys, boasting about their sexual knowledge or experiences is applauded by peers, whereas girls who do the same would be labelled negatively. Gender differences need to be explored sensitively and it might be appropriate to organise children into single sex groups to discuss the issues.

'Sexting' can be seen as an unwanted consequence of access to technology. The reality is that mobile technology and social networking is a constant presence in young people's lives.

So banning technology is not a solution. 'Sexting' needs to be seen as part of a wider picture which has received a lot of recent media coverage and has been called the 'sexualisation of children'.

This includes issues such as pornography, gender based bullying and coercive sexual pressure placed on young people.

Online lessons in schools have been successful in alerting children and young people to the dangers of engaging with strangers on-line and the NSPCC research supports this. The young people interviewed said they would dismiss approaches by a stranger online very quickly. The challenge in helping children to understand about 'Sexting' is that it occurs between peers or online 'friends'; sometimes this can be adults pretending to be children or peers.

Use of Social Media

Following feedback from parents, Facebook, X and Instagram accounts were created for the Nursery, Early Years provision and Corby Children Centres. These accounts aim to provide the same standards as the Nursery, Early Years provision and Corby Children Centres:

- Create an environment of openness, trust and goodwill
- Help parents feel confident and able to express their views, feelings and concerns
- Know that their comments will be treated with respect, and will receive an appropriate response

These are used as a virtual notice board keeping parents up-to-date with events and key messages from the Integrated Centre.

Platforms like Facebook open up new and exciting opportunities for services. However, there are a number of challenges to consider:

Safeguarding; Privacy and Data Protection; Account management; Training

Safeguarding
Ensuring that when using social media vulnerable children or families are protected from harm or abuse is the number one priority.

Key members of staff were shown how to alter account settings to provide the most secure environment for parents to access.

Parents are encouraged to access our social media accounts and interact with us. This activity is monitored by members of staff who would alert CLT to anything posted causing concern. Notifications of posts to the social media accounts are instant and monitored regularly.

Privacy and Data Protection
At the Integrated Centre our group work programme provides a great way for organisations to communicate with the public. However, having open groups present risks of inappropriate information being shared, specifically, details that might reveal private information about parents or their children. In groups at the Integrated Centre we inform parents about Online, privacy settings and the risks of sharing information in the public domain.

Privacy in social media is a complex issue. Many people are comfortable with different levels of openness and adjust their privacy settings to suit. It is important at the Integrated Centre that we understand the needs of the parents that want to engage in this platform whilst protecting their information (See Online Safety policy).

Account management
The Integrated Centres' social media accounts have been created and are administered by key members of staff. This allows them to manage the pages, connect with parents and comment in groups. They will also be responsible for monitoring the content of the accounts as well as each other's activity.

If there should be any items raising cause for concern a member of CLT will be alerted immediately. There is a central record of all passwords connected to social media which may be accessed by CLT and the administrators of the account.

Training

Online training sessions are run at different stages internally and via North Northamptonshire Council to help bring all the staff up to a standard of knowledge which would allow them to effectively manage their page/groups.

Training involves a run through of account and security settings, the potential of using pages and groups and also their limitations (open, private and secret).

The Integrated Centre has an Online Security Policy which clearly outlines the appropriate use of all forms of electronic usage. All staff administering the social media accounts are expected to adhere to these guidelines.

Opportunities to teach Safeguarding

The Integrated Centre use a range of processes to ensure that children are protected and taught about Safeguarding, including online safety. This is as part of providing a broad and balanced curriculum. Within the Integrated Centre the focus for this is the Learning to be Strong programme for personal interactions whilst access to IT is strictly monitored to be age appropriate.

The following resources can support staff and parents;

DfE advice for schools: teaching online safety in schools:
https://www.gov.uk/government/publications/teaching-online-safety-in-schools

UK Council for Internet Safety (UKCIS)27 guidance: Education for a connected-world:
https://www.gov.uk/government/publications/education-for-a-connected-world

National Crime Agency's CEOP education programme:
https://www.thinkuknow.co.uk/

Public Health England: Rise Above
https://campaignresources.phe.gov.uk/schools/topics/mental-wellbeing/overview

Child Exploitation and Online Protection (CEOP):
http://ceop.police.uk/
0870 000 3344

Online safety training and advice contact:
E-safety@northamptonshire.gov.uk

Online safety policy examples:

http://swgfl.org.uk/products-services/Online/resources/online-safety-policy-templates

Early Years Foundation Stage Statutory Framework:
https://www.gov.uk/government/publications/early-years-foundation-stage-framework--2

Keeping Children Safe in Education
https://www.gov.uk/government/publications/keeping-children-safe-in-education--2

NSPCC
NSPCC | The UK children's charity | NSPCC
0808 800 5000

Online safety training and advice contact: **Onlinesafety@northamptonshire.gov.uk**

Whilst it is essential that the Governing body ensure that appropriate filters and monitoring systems are in place, they should be careful that "over blocking" does not lead to unreasonable restriction.

Use of school premises for non-school activities

When services or activities are provided by the governing body or proprietor, under the direct supervision or management of school/Centre staff, our child protection policy will apply. However, where services or activities are provided separately by another body this is not necessarily the case.

The DSLs will seek assurance that the provider concerned has appropriate safeguarding and child protection policies and procedures in place (including inspecting these as needed); and ensure that there are arrangements in place for the provider to liaise with the school/Centre on these matters where appropriate. It may be that both policies need to be followed as a dual process.

This applies regardless of whether the children who attend any of these services or activities are children on the school/nursery roll. The Personnel agreement will specify that safeguarding requirements are a condition of use and occupation of the premises; and that failure to comply with this would lead to termination of the agreement.

The guidance on keeping children safe in out-of-school settings details the safeguarding arrangements that schools and colleges should expect these providers to have in place.

Please see Annex E for full details, Keeping Children Safe in Education, 2025 Annex E pg. 181

Safeguarding Concerns and Allegations Made About Staff, Including Governors, Volunteers and Contractors

An allegation is any information which indicates that any of the above individuals may have:

- Behaved in a way that has, or may have harmed a child
- Possibly committed a criminal offence against/related to a child
- Behaved towards a child or children in a way which indicates she/he would pose a risk of harm if they work regularly or closely with children
- Behaved or may have behaved in a way that indicates they may not be suitable to work with children.

The last bullet point above includes behaviour that may have happened outside of the Centre, that might make an individual unsuitable to work with children, this is known as transferable risk.

Where appropriate an assessment of transferable risk to children with whom the person works should be undertaken. If in doubt seek advice from the Local Authority Designated Officer (known as the LADO).

This applies to any child the member of staff/volunteer has contact within their personal, professional or community life.
What staff/students/volunteers should do if they have concerns about safeguarding practices within the Integrated Centre, any concern should be reported without delay:

- All staff and volunteers should feel able to raise concerns about poor or unsafe practice and potential failures in the Integrated Centre's safeguarding arrangements.
- Appropriate whistle blowing procedures, which are suitably reflected in staff training and staff behavior policies, are in place for such concerns to be raised with the Head of Centre and the Centre Leadership Team.
- **If staff members have concerns about another staff member, then this should be referred to the Head of Centre. Where there are concerns about the Head of Centre, this should be referred to the Chair of Governors.**

The Chair of Governors is **Adam Cooper.** CONTACT NUMBER**: 01536 400068**

In the event of allegations of abuse being made against the Head of Centre, or where a staff member feels unable to raise an issue with their employer or feels that

their genuine concerns are not being addressed, allegations should be reported directly to the Local Authority Designated Officer (see below).

All staff and volunteers should feel able to raise concerns about poor or unsafe practice and potential failures in the Integrated Centre's safeguarding regime and know that such concerns will be taken seriously by the Centre Leadership Team.

Appropriate whistleblowing procedures, (please refer to the Local Authority Whistleblowing Policy) which are suitably reflected in staff training and staff behaviour policies, are in in place for such concerns to be raised with the Integrated Centre's Leadership Team.

Where a staff member feels unable to raise an issue with their employer or feels that their genuine concerns are not being addressed, other whistleblowing channels may be open to them. The NSPCC (National Society for Prevention of Cruelty to Children) whistleblowing helpline **https://www.gov.uk/government/news/home-office-launches-child-abuse-whistleblowing-helpline** is available for staff who do not feel able to raise concerns regarding child protection failures internally. Staff can call 0800 028 0285 – line is available from 8:00 AM to 8:00 PM, Monday to Friday and email: **help@nspcc.org.uk**

The person to whom an allegation is first reported should take the matter seriously and keep an open mind. She/he should not investigate or ask leading questions if seeking clarification; it is important not to make assumptions. Confidentiality should not be promised, and the person should be advised that the concern will be shared on a 'need to know' basis only.

Actions to be taken include making an immediate written record of the allegation using the informant's words – including time, date, and place where the alleged incident took place, brief details of what happened, what was said and who was present. This record should be signed, dated, and immediately passed on to the Head of Centre.

The recipient of an allegation must **not** unilaterally determine its validity, and failure to report it in accordance with procedures is a potential disciplinary matter.

The Head of Centre/Chair of Governors will not investigate the allegation itself, or take written or detailed statements, but will assess whether it is necessary to refer the concern to the Local Authority Designated Officer.

There are two aspects to consider when an allegation is made:

- Looking after the welfare of the child - the Designated Safeguarding Lead is responsible for ensuring that the child is not at risk and referring cases of suspected abuse to the local authority children's social care.

- Investigating and supporting the person subject to the allegation - the Head of Centre(the case manager) should discuss with the LADO, the nature, content, and context of the allegation, and agree a course of action.

Local Authority Designated Officer

The Local Authority Designated Officer (LADO) should be informed of all cases in which it is alleged that a person who works with children has:

- Behaved in a way that has harmed, or may have harmed, a child
- Possibly committed a criminal offence against children, 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, for example if their conduct falls within any of these categories of abuse: Physical, Emotional, Sexual, Neglect.

Allegations made against workers who are paid, unpaid, volunteer, agency, casual and self-employed as well as foster carers, and adoptive parents of children on Placement Orders should all be reported to the LADO. This should be done within 24 hours of the incident. To make a referral to the LADO email:

LADOConsultations@NCTrust.co.uk

Andy Smith – 07850 854309 / Sian Edwards 07738 636449 / Francesca Hamilton 07712 718701

For referrals regarding adults in education and other information on the role of the LADO follow the link below:

Designated Officer / LADO - Northamptonshire SCP

If the allegation meets any of the three criteria set out at the start of this section, contact should always be made with the LADO without delay.

If it is decided that the allegation does not meet the threshold for safeguarding, it will be handed back to the employer for consideration via the school's internal procedures.

The Head of Centre should, as soon as possible, **following briefing** from the Designated Officer inform the subject of the allegation.

Safer working practice
To reduce the risk of allegations, all staff should be aware of safer working practice and should be familiar with the guidance contained in the staff handbook/school code of conduct/staff behaviour policy and Safer Recruitment Consortium document Working together to safeguard children 2024: statutory guidance

The document seeks to ensure that the responsibilities of education leaders towards children and staff are discharged by raising awareness of illegal, unsafe, unprofessional, and unwise behaviour. This includes guidelines for staff on positive behaviour management in line with the ban on corporal punishment (School Standards and Framework Act 1998). Please see the Integrated Centre's behaviour management policy for more information.

The Prevent Duty

The **Prevent Strategy** published by the Government in 2011 is part of an overall counter-terrorism strategy CONTEST. The aim of the **Prevent Strategy** is to reduce the threat to the UK from terrorism by stopping people becoming terrorists or supporting terrorism (DfE guidance July 2015).

In order to demonstrate compliance with the duty, under section 26 of the Counter Terrorism and Security Act 2015, to have "*due regard to the need to prevent people from being drawn into terrorism",* the Integrated Centre will:

- Review and work within the Integrated Centre's existing framework of wider safeguarding duties.

- The Integrated Centre will continue to promote fundamental British values as part of children's personal, social and emotional development and understanding of the world, see Early Years Foundation Stage (DfE, 2025) and Pen Green's Behaviour as Communication document.

- It is our view at the Integrated Centre that British values also represent a humanistic approach to working with children and adults these are characterised by warmth, companionship, openness, interest and cultural humility.

- A fresh emphasis will be placed on identifying children or adults vulnerable to radicalisation.

- A fresh emphasis will be placed on challenging extremist argument or behaviour in supervision or within an appropriate safe space within the Integrated Centre.

- To this end the staff/volunteers/governors at the Integrated Centre will work with existing partnership arrangements, e.g. The Local Authority, Police, Social Services, NSCP, other agencies, and parents, to familiarise themselves with potential dangers and risks within the local as well as wider context

- The Integrated Centre's Designated Safeguarding Lead, and other senior staff, will undertake awareness raising training. They will ensure that all staff are aware of how to better use their professional judgement in identifying behavioural changes and appropriate ways of acting where there may be concerns that a child or adult might be vulnerable to radicalisation.

- All staff will take action to protect children from harm and will be alert to harmful behaviour by other adults in the child's life.

- Senior staff who have completed the training will be identified in each area (see table below). The training will support them in recognising vulnerability to being drawn into terrorism, be aware of what action to take in response to concerns, when it is appropriate to make a referral to the Channel Programme and how to receive additional advice and support.

- If staff have concerns about a child or family in relation to radicalisation and being drawn into terrorism the designated person in their area that has completed the training will be used as the first point of call for advice about next steps. The senior person will then make the decision to contact MASH for further support and advice.

Senior person that has completed training on **The Prevent Duty**	Area of work
Gail Woolley	Reception and administration staff
Michele Duffy	Couthie/Creche/Kingswood
Claire Hall	0-4 groups
Angela Prodger	Nursery – Den, Studio
Carol MacFarlane	Family Support
Jo Benford	Community Education
Fliss Dewsbery	Research, Development and Training
Michele Duffy	Kitchen staff
Angela Prodger	Site staff

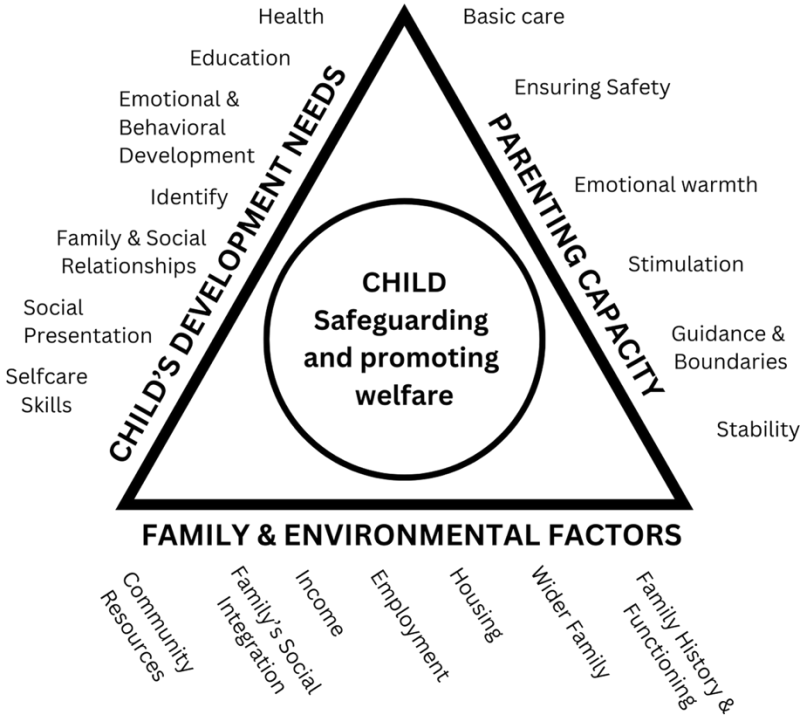
Existing arrangements for filtering online material when accessing the internet onsite will be regularly checked to ensure that children and young people are safe when using the Integrated Centres' computers (please refer to the Integrated Centre Online Policy).

Since the Integrated Centre is engaged in family and adult education as well as the education of young children, it will continue to provide a safe environment for exploring sensitive or controversial issues. The Integrated Centre will place renewed energy on promoting effective ways of resisting undesirable pressures, resilience, determination, self-esteem, and confidence.

Definitions of Abuse

Descriptors Relating to Abuse

The framework for understanding children's needs:



In addition to the above, from Working Together to Safeguard Children (DfE 2024), refer to Northamptonshire Safeguarding Children Partnership.
Home - Northamptonshire SCP

Physical abuse ***Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child.***	
Child	
Bruises – shape, grouping, site, repeat or multiple	Withdrawal from physical contact
Bite-marks – site and size Burns and Scalds – shape, definition, size, depth, scars	Aggression towards others, emotional and behaviour problems
Improbable, conflicting explanations for injuries or unexplained injuries	Frequently absent from school
Untreated injuries	Admission of punishment which appears excessive
Injuries on parts of body where accidental injury is unlikely	Fractures
Repeated or multiple injuries	Fabricated or induced illness
Parent	**Family/environment**
Parent with injuries	History of mental health, alcohol or drug misuse or domestic violence.
Evasive or aggressive towards child or others	Past history in the family of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault
Explanation inconsistent with injury	Marginalised or isolated by the community.
Fear of medical help / parents not seeking medical help	Physical or sexual assault or a culture of physical chastisement.
Over chastisement of child	
Emotional abuse ***Emotional abuse is 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 children that they are worthless or unloved, not giving the child opportunities to express their views, 'making fun' of what they say or how they***	

communicate - hearing the ill-treatment of another and serious bullying (including cyber bullying).	
Child	
Self-harm	Over-reaction to mistakes / Inappropriate emotional responses
Chronic running away	Abnormal or indiscriminate attachment
Drug/solvent abuse	Low self-esteem
Compulsive stealing	Extremes of passivity or aggression
Makes a disclosure	Social isolation – withdrawn, a 'loner' Frozen watchfulness particularly pre school
Developmental delay	Depression
Neurotic behaviour (e.g., rocking, hair twisting, thumb sucking)	Desperate attention-seeking behaviour
Parent	**Family/environment**
Observed to be aggressive towards child or others	Marginalised or isolated by the community.
Intensely involved with their children, never allowing anyone else to undertake their child's care.	History of mental health, alcohol or drug misuse or domestic violence.
Previous domestic violence	History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
History of abuse or mental health problems	Past history in the care of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault
Mental health, drug or alcohol difficulties	Wider parenting difficulties
Cold and unresponsive to the child's emotional needs	Physical or sexual assault or a culture of physical chastisement.
Overly critical of the child	Lack of support from family or social network.
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.***	

Child	
Failure to thrive - underweight, small stature	Low self-esteem
Dirty and unkempt condition	Inadequate social skills and poor socialisation
Inadequately clothed	Frequent lateness or non-attendance at school
Dry sparse hair	Abnormal voracious appetite at school or nursery
Untreated medical problems	Self-harming behaviour
Red/purple mottled skin, particularly on the hands and feet, seen in the winter due to cold	Constant tiredness
Swollen limbs with sores that are slow to heal, usually associated with cold injury	Disturbed peer relationships
Parent	**Family/environment**
Failure to meet the child's basic essential needs including health needs	Marginalised or isolated by the community.
Leaving a child alone	History of mental health, alcohol or drug misuse or domestic violence.
Failure to provide adequate caretakers	History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
Keeping an unhygienic dangerous or hazardous home environment	Past history in the family of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault
Unkempt presentation	Lack of opportunities for child to play and learn
Unable to meet child's emotional needs	Dangerous or hazardous home environment including failure to use home safety equipment; risk from animals
Mental health, alcohol or drug difficulties	

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 or non-contact activities, such as involving children in looking at sexual images or being groomed online / child exploitation.***	
Child	
Self-harm - eating disorders, self-mutilation, and suicide attempts	Poor self-image, self-harm, self-hatred
Running away from home	Inappropriate sexualised conduct
Reluctant to undress for PE	Withdrawal, isolation, or excessive worrying
Pregnancy	Sexual knowledge or behaviour inappropriate to age/stage of development, or that is unusually explicit
Inexplicable changes in behaviour, such as becoming aggressive or withdrawn	Poor attention/concentration (world of their own)
Pain, bleeding, bruising or itching in genital and /or anal area	Sudden changes in schoolwork habits, become truant
Sexually exploited or indiscriminate choice of sexual partners	Unsupervised access to inappropriate social media channels. i.e., TikTok, lack of cookie restrictions by parent/carer on YouTube, lack of parental control settings for TV and electronic devices. Lack of checks on browsing history.
Parent	**Family/environment**
History of sexual abuse	Marginalised or isolated by the community
Excessively interested in the child	History of mental health, alcohol or drug misuse or domestic violence
Parent displays inappropriate behaviour towards the child or other children	History of unexplained death, illness, or multiple surgery in parents and/or siblings of the family
Conviction for sexual offences	Past history in the care of childhood abuse, self-harm, somatising disorder, or false allegations of physical or sexual assault

Comments made by the parent/carer about the child	Grooming behaviour
Lack of sexual boundaries	Physical or sexual assault or a culture of physical chastisement.

We must also consider the risks and abuse associated with Chid Criminal Exploitation, Child Sexual Exploitation and Extra Familial Harm. Staff need to look out from signs and symptoms which may be associated with these categories.

APPENDIX 1: Keeping Children Safe in Education (DfE 2025)

Part One: Information for all school and college staff

Annex A: Further information

It is essential that all staff have access to this online document and read Part 1 and Annex A. Keeping Children Safe in Education Annex B contains important additional information about specific forms of abuse and safeguarding issues. CLT and staff working directly with children should read Annex B:

- Children and the court system
- Children missing from education
- Children with family members in prison
- Child sexual exploitation
- Child on Child Sexual Violence and Sexual Harassment
- Domestic abuse
- Homelessness
- So-called 'honour-based' violence including Forced Marriage and FGM
- Preventing radicalisation
- Peer on peer abuse
- Sexual violence and sexual harassment between children in schools and colleges
- What is sexual violence and sexual harassment
- Up skirting
- The response to a report of sexual violence or sexual harassment

This is to assist staff to understand and discharge their role and responsibilities as set out in this guidance.

It is highly recommended that staff are asked to sign to say they have read these sections (please see Appendix 2) and should subsequently be re-directed to these online documents again should any changes occur.

https://www.gov.uk/government/publications/keeping-children-safe-in-education--2

APPENDIX 2: Declaration for Staff

Child Protection Policy, Safeguarding Policy and Keeping Children Safe in Education (DfE 2025)

School/College name: **Pen Green and Kingswood Nursery School, Early Years Setting and Nursery, Early years provision and Corby Children Centres**

Academic Year:

Please sign and return the Integrated Centre Project & Policy Officer by 30th September

I, _____ have read and am familiar with the contents of the following documents and understand my role and responsibilities as set out in these document(s):

(1) The Integrated Centre Child Protection Policy
(2) The Integrated Centre Safeguarding Policy
(3) **Part 1 and Annex A** of **Keeping Children Safe in Education** DfE Guidance, 2025
(4) Annexe B of **Keeping Children Safe in Education** (DfE Guidance 2025) for staff who work directly with children.

I am aware that the DSL/DDSLs are:

_____
_____
_____
_____
_____

And I able to discuss any concerns that I may have with them.

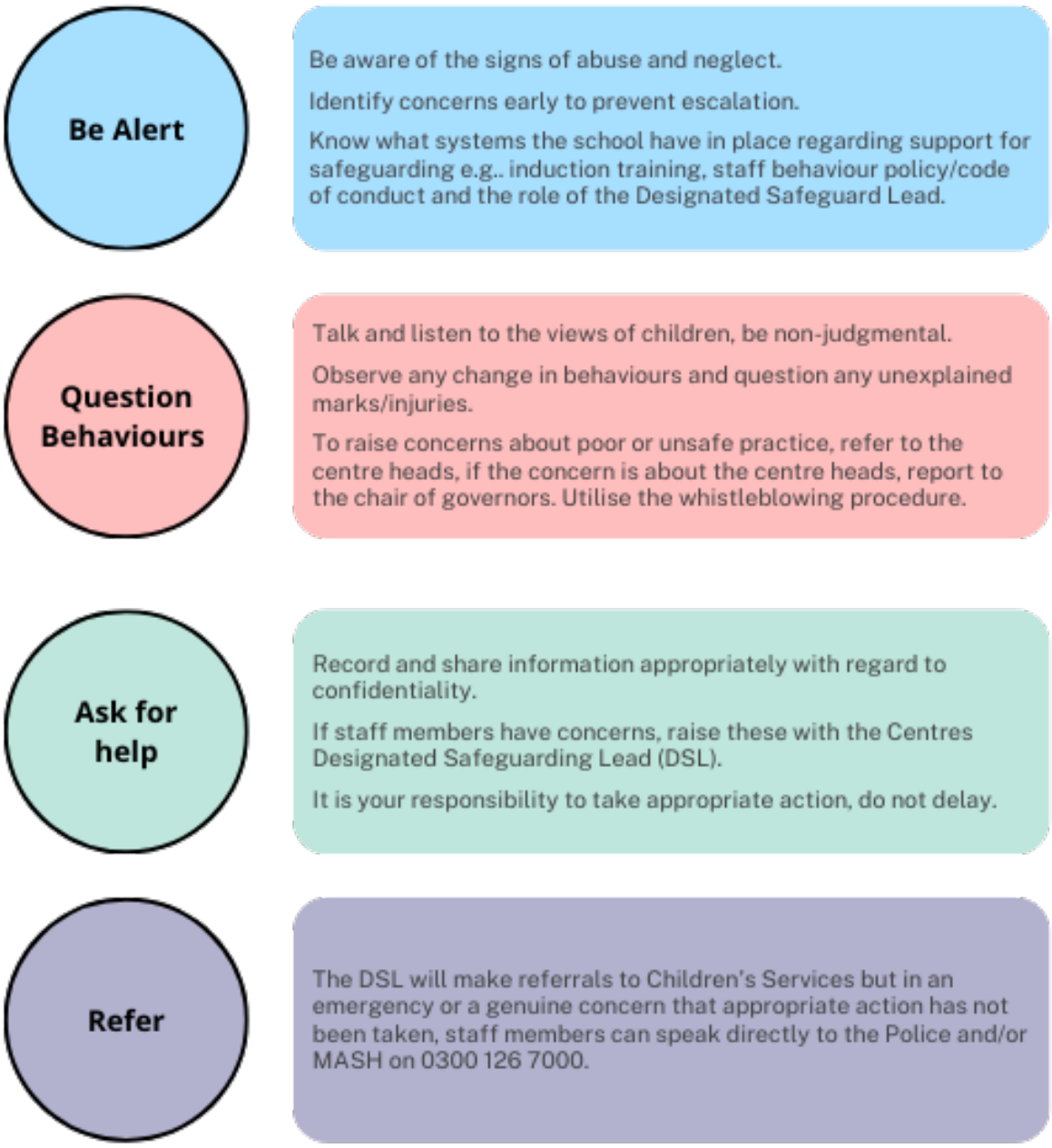
I know that further guidance is available from the DSL/DDSL's, and a copy of the policy are available on Teams and a hard copy of the policy is available in Reception.

Signed: _____

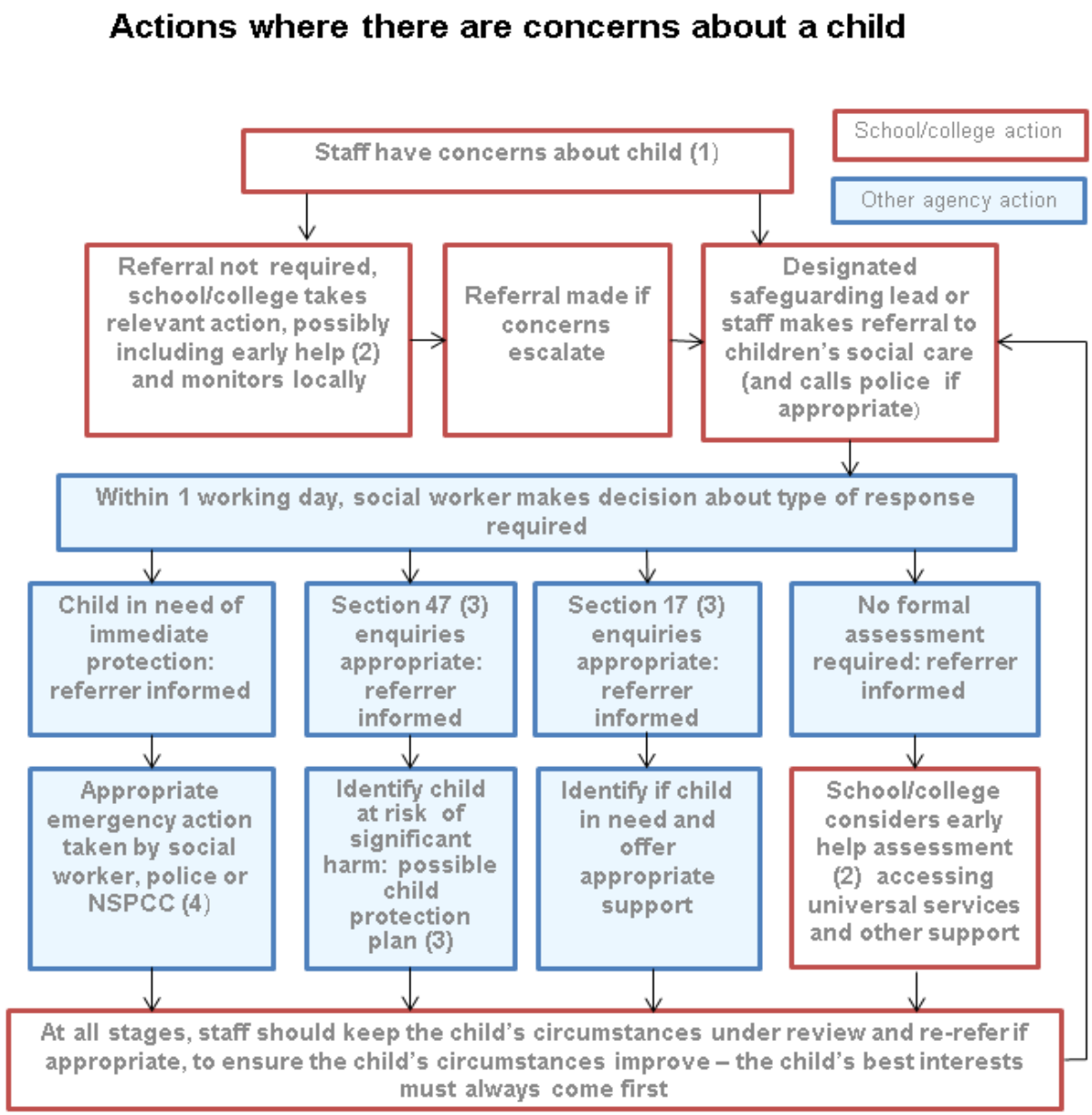
Date: _____

APPENDIX 3: What to do if you are Worried a Child is Being Abused

Advice for Practitioners (DfE 2015)



APPENDIX 4: Actions where there are concerns about a child



APPENDIX 5: Cause for Concern

Recording Concerns about Children

Name of Child:

Date of birth: Gender: M / F

Ethnicity: Religion:

Address:

Postcode:

Names of adults living at the child's address:

Name of parent(s)

Who has PR?

Name of GP and Health Visitor:

Nature of concern:

Worker's signature *(print)*: Date:

Parent(s) signature *(print)*: Date:

Action

Please outline with dates what action you took as a result of your concern.

Parent/carers comments following discussion and action:

Further actions taken with dates:

Worker's signature: Date:

Parent(s)/ Carer(s) signature: Date:

This form should be filed under the child's name in the confidential filing cabinet in the admin office. (See information sharing policy for Key holders

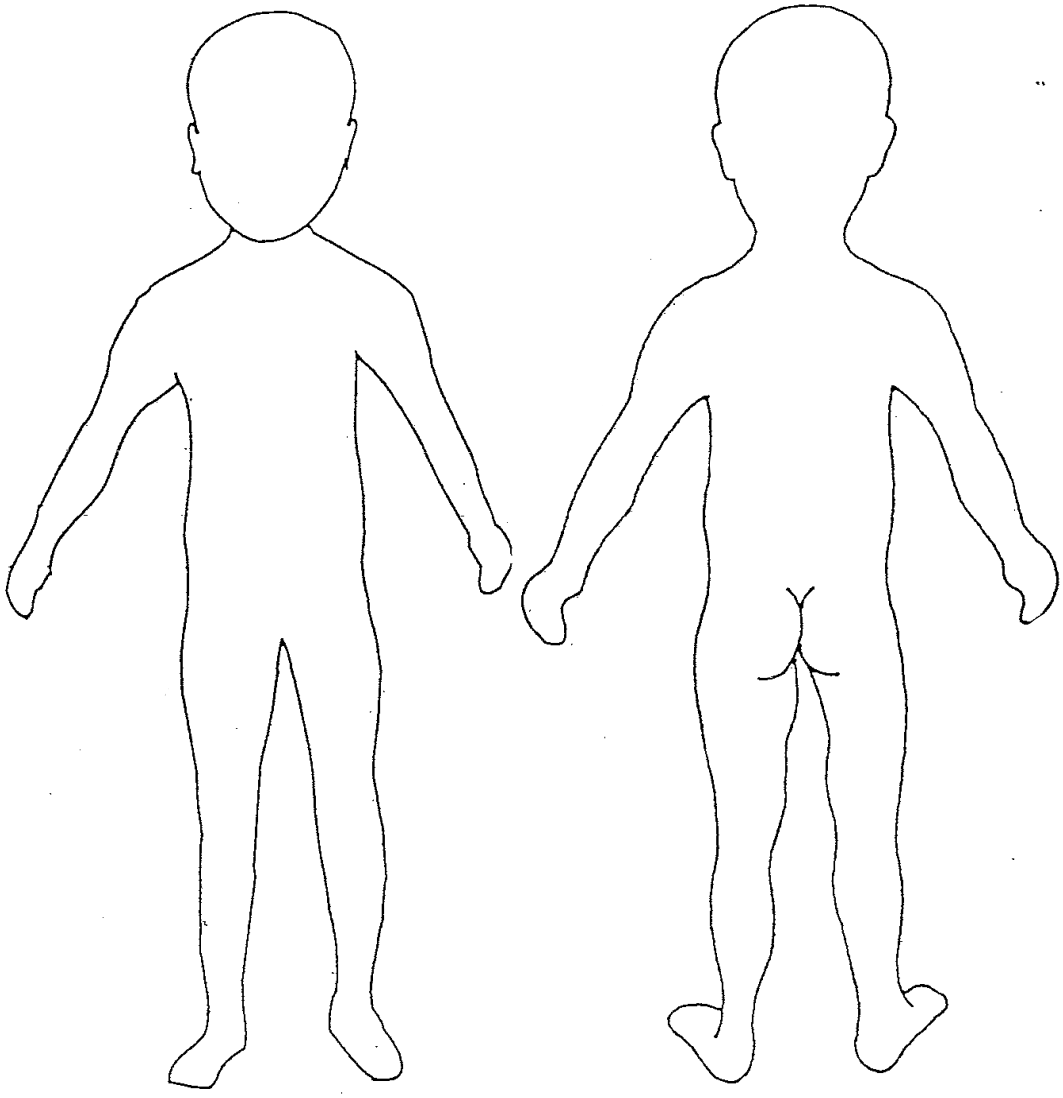
APPENDIX 6: Recording Visible Injuries

BODY MAP

Name of child: _____ Date of Birth: _____

Name of worker: _____Agency: _____

Date and Time of observation: _____/____/_____ _____AM/PM



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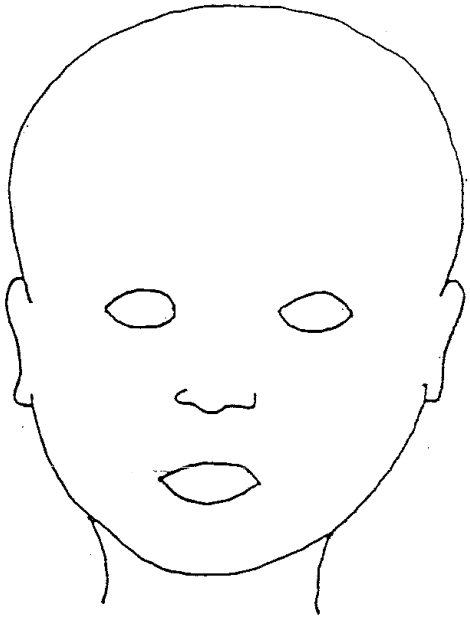
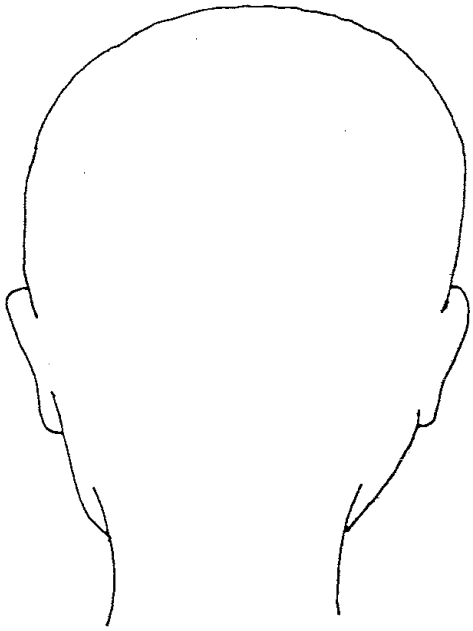


FRONT



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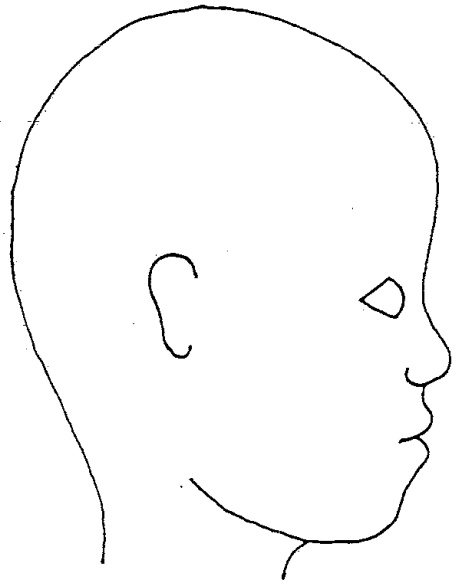

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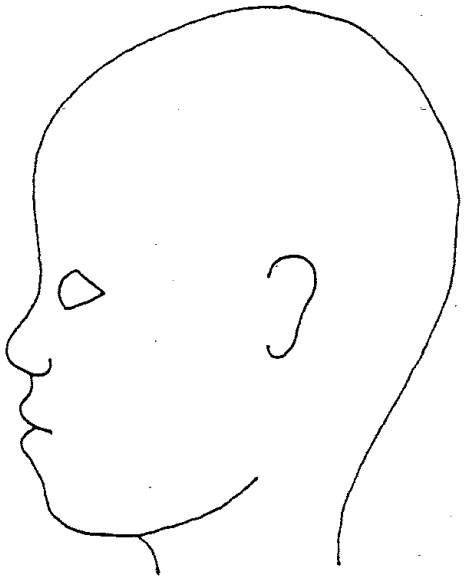

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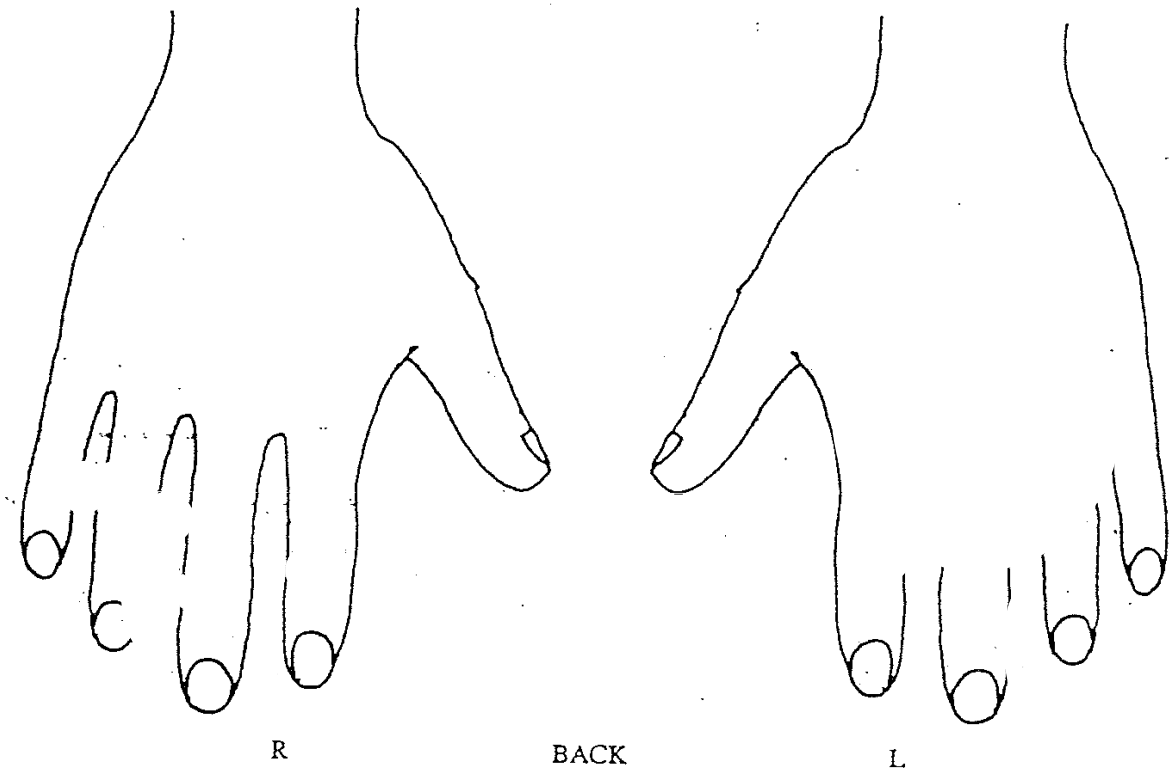
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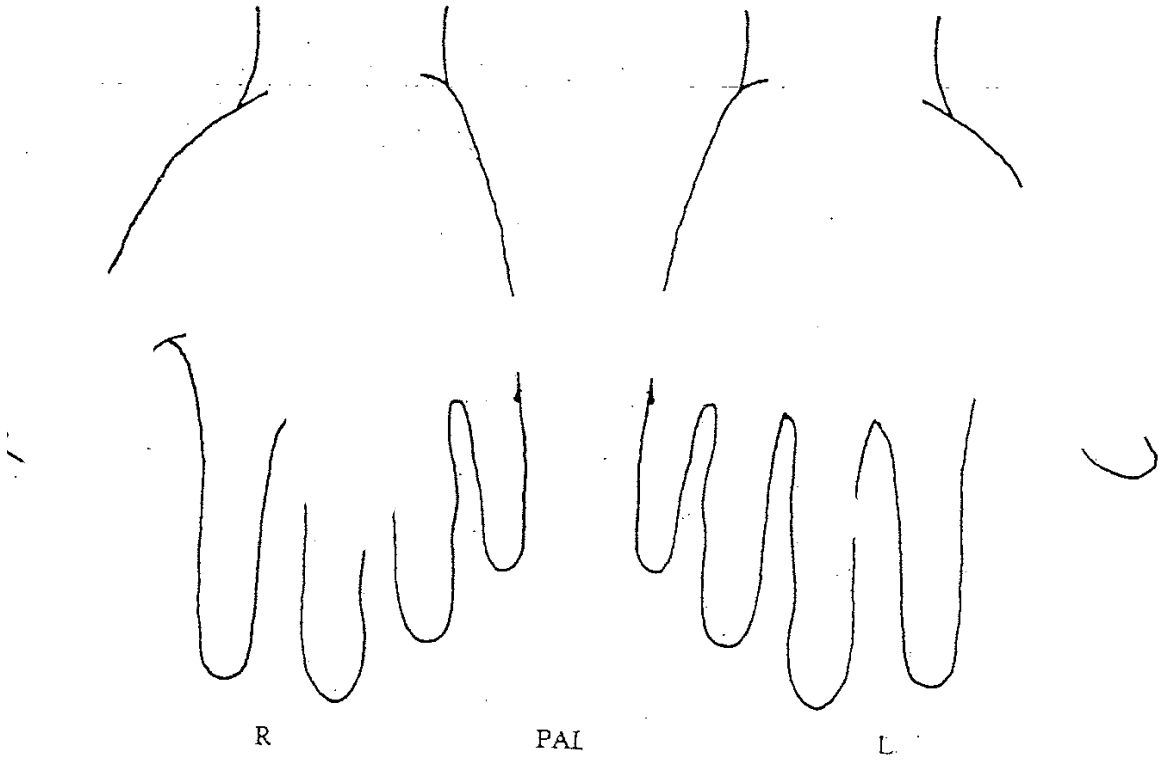
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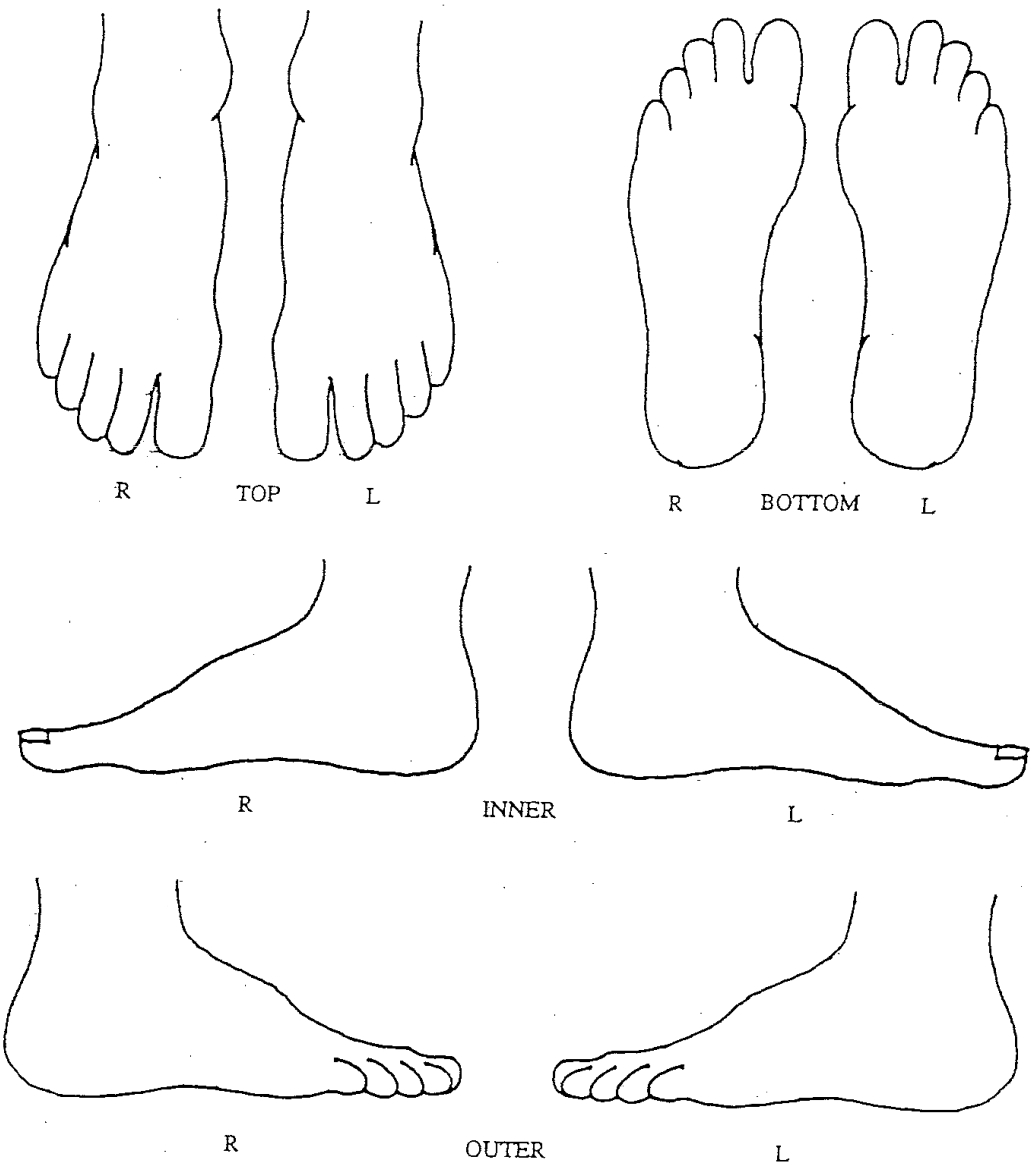

Other information (e.g., how does the child explain the injury?)

_____

_____

_____

Worker Signature: **Date:**

Parent(s) /Carer(s) Signature: **Date:**

APPENDIX 7: Designated Safeguarding Lead

Reviewed: September 2025

Designated Safeguarding Lead (DSL)

If you have a concern about the welfare of a child, you must share your concern as soon as possible and definitely before you go home.

Please speak to the lead person for your area in the first instance. The lead person will then, with you, decide if you need to involve the **Designated Safeguarding Lead.**

As a result of this discussion the lead person may suggest further consultation is required from the **Designated Safeguarding Lead**. If this is the case, please ensure you have the child's details ready for a discussion.

Area of Work	**Lead for the area**	**Deputy Designated Safeguarding Lead**
Duty for Centre	Angela Prodger	Carol MacFarlane
Den & Studio	Tracy Studders Kinga Szkudlarz Louise King Kerry McNulty Amy Devine Lesley Hill	Flavia Ribeiro
Couthie & Creche	Kerry McNulty	Michele Duffy
The 0-4 Groups	Elaine Young	Carol MacFarlane
Family Support, Family Drop-in space or Outreach	Carol MacFarlane/Claire Hall	Carol MacFarlane
Adult Education	Kat Clark	Jo Benford
Research Base	Jo Benford	Fliss Dewsbery
Administration Team	Angela Prodger (DSL)	Angela Prodger (DSL)
Site Staff	Angela Prodger (DSL)	Angela Prodger (DSL)
Catering Support Staff	Tracy Studders	Michele Duffy
Kingswood	Kerry McNulty/Claire Hall	Kerry McNulty

APPENDIX 8: Reporting a disclosure made by a child

This must be used following a disclosure of physical or sexual abuse. Please speak to the DDSL in your area or the DSL immediately before speaking to parents. It must be agreed it is appropriate to talk to parents in order not to jeopardise an investigation or put the child at risk of significant harm.

Date of disclosure: **Time:**

Name of child who made the disclosure:

Date of birth:

Ethnicity: **Religion:**

Name of person who disclosure was made to:

Name of person this was reported to:

Social care involvement or EHA current/past:

<u>Context to disclosure:</u>

Think about: *Where were you at the time? What were you doing? How had the child been prior to the disclosure? Did you have any concerns? Was there any build up?*

<u>Record the conversation verbatim - Using the child's own words record the conversation as close to how it was said as possible:</u>

Make it clear who said what, ideally record as a conversation (adult – what was said, child – what was said). If the child used slang or swear words record exactly as they had said it.

Actions taken following the disclosure:

Have you contacted the DSL? Is it appropriate to speak to the parents? What are the next steps?

To be completed by the DSL:

All conversations with professionals must be recorded on Capita to build a substantial chronology with clear actions.

Actions:

Uploaded to Capita **Yes** **No**

Date uploaded to Capita

Name of DSL: **Name of staff member:**

Signature: **Signature:**

Date: **Date:**

Staff dealing with a child disclosing abuse is difficult and can be traumatic for those involved. Never leave the building without passing the information on to the DSL or CLT. Emotional support and supervision is available regarding the disclosure and the emotional impact this may have caused.