Whitegrove Pre-School

Safeguarding children, young people and vulnerable adults - Procedures

Responding to safeguarding or child protection concerns

The designated safeguarding lead is Carol Waterton, **the back-up designated safeguarding lead is** Natalie Kelly, **the designated officer is** Kate Sillett

Safeguarding roles

- All staff recognise and know how to respond to signs and signals that may indicate a child is suffering from or likely to be suffering from harm. They understand that they have a responsibility to act immediately by discussing their concerns with the designated person or a named back-up designated person.
- The manager and deputy are the designated safeguarding lead and back-up designated safeguarding lead, responsible for co-ordinating action taken by the setting to safeguard vulnerable children and adults. The designated safeguarding lead is also responsible for liaising with local statutory children's services and wit the Local Safeguarding Partnership.
- All concerns about the welfare of children in the setting, at home or elsewhere should be reported to the designated safeguarding lead or the back-up designated safeguarding lead in their absence.
- The designated safeguarding lead ensures that all Practitioners are alert to the indicators of abuse and neglect and understand how to identify and respond to these.
- The setting should not operate without an identified designated safeguarding lead at any time.
- The line manager of the designated safeguarding lead is the designated officer.
- The designated safeguarding lead informs the designated officer about serious concerns as soon as they arise and agree the action to be taken, seeking further clarification if there are any doubts that the issue is safeguarding.
- If it is not possible to contact the designated officer, action to safeguard the child is taken first and the designated officer is informed later. If the designated officer is unavailable advice is sought from their line manager or equivalent.
- Issues which may require notifying to Ofsted are notified to the designated officer to decide regarding notification. The designated safeguarding lead and designated officer must remain up to date with Ofsted reporting and notification requirements.
- If there is an incident, which may require reporting to RIDDOR the designated officer immediately seeks guidance. There continues to be a requirement that the designated officer follows legislative requirements in relation to reporting to RIDDOR. This is fully addressed in the Health and Safety procedures.
- The setting follow procedures of Bracknell Forest Council Local Safeguarding Partners (LSP) for safeguarding and any specific safeguarding procedures such as responding to radicalisation/extremism concerns. Procedures are followed for managing allegations against staff, as well as for responding to concerns and complaints raised about quality or practice issues, through whistle-blowing and escalation.

Responding to marks or injuries observed

- If a member of staff observes or is informed by a parent/carer of a mark or injury to a child that happened at home or elsewhere, the member of staff makes a record of the information given to them by the parent/carer in the child's personal file, which is signed by the parent/carer.
- The member of staff advises the designated safeguarding lead as soon as possible if there are safeguarding concerns about the circumstance of the injury. If there are concerns about the circumstances or explanation given, by the parent/carer and/or child, the designated safeguarding lead decides the course of action to be taken.
  If the mark or injury is noticed later in the day and the parent is not present, this is raised with the designated safeguarding lead.
- If there are concerns about the nature of the injury, and it is unlikely to have occurred at the setting, the designated safeguarding lead decides the course of action required, taking into consideration any explanation given by the child.
- If there is a likelihood that the injury is recent and occurred at the setting, this is raised with the designated safeguarding lead.
- If there is no cause for further concern, a record is made in the Accident Record, with a note that the circumstances of the injury are not known.
- If the injury is unlikely to have occurred at the setting, this is raised with the designated safeguarding lead who informs the designated officer.
- The parent/carer is advised at the earliest opportunity.
- If the parent/carer believes that the injury was caused at the setting this is still recorded in the Accident Record and an accurate record made of the discussion is made on the child's personal file.

Responding to the signs and symptoms of abuse

- Concerns about the welfare of a child are discussed with the designated safeguarding lead without delay.
- A written record is made of the concern as soon as possible.
- Concerns that a child is in immediate danger or at risk of significant harm are responded to immediately and if a referral is necessary this is made on the same working day.

Responding to a disclosure by a child

- When responding to a disclosure from a child, the aim is to get just enough information to take appropriate action.
- The Practitioner listens carefully and calmly, allowing the child time to express what they want to say.
- Staff do not attempt to question the child but if they are not sure what the child said, or what they meant, they may prompt the child further by saying *'tell me more about that'* or *'show me again'.*
- After the initial disclosure, staff speak immediately to the designated safeguarding lead. They do not further question or attempt to interview a child.
- If a child shows visible signs of abuse such as bruising or injury to any part of the body and it is age appropriate to do so, the key person will ask the child how it happened.

- When recording a child's disclosure their exact words are used as well as the exact words with which the member of staff responded.
- If marks or injuries are observed, these are recorded on a body diagram.

Decision making (all categories of abuse)

- The designated safeguarding lead makes a professional judgement about referring to other agencies, including Social Care using the Local Safeguarding Partnership (LSP) threshold document:
  - Level 1: Child's needs are being met. Universal support.
  - Level 2: Universal Plus. Additional professional support is needed to meet child's needs.
  - Level 3: Universal Partnership Plus. Targeted Early Help. Coordinated response needed to address multiple or complex problems.
  - Level 4: Specialist/Statutory intervention required. Children in acute need, likely to be experiencing, or at risk of experiencing significant harm.
- Staff are alert to indicators that a family may benefit from early help services and should discuss this with the designated safeguarding lead also writing up the findings.

Seeking consent from parents/carers to share information before making a referral for early help (Tier 2/3*)

Parents/carers are made aware of the setting's Privacy Notice which explains the circumstances under which information about their child will be shared with other agencies. When a referral for early help is necessary, the designated safeguarding lead must always seek consent from the child's parents/carers to share information with the relevant agency.

- If consent is sought and withheld and there are concerns that a child may become at risk of significant harm without early intervention, there may be sufficient grounds to over-ride a parental decision to withhold consent.
- If a parent/carer withholds consent, this information is included on any referral that is made to the local authority. In these circumstances a parent should still be told that the referral is being made beforehand (unless to do so may place a child at risk of harm).

**Tier 2: Children with additional needs, who may be vulnerable and showing early signs of abuse and/or neglect; their needs are not clear, not known or not being met. Tier 3: Children with complex multiple needs, requiring specialist services in order to achieve or maintain a satisfactory level of health or development or to prevent significant impairment of their health and development and/or who are disabled.*

Informing parents when making a child protection referral

In most circumstances consent will not be required to make a child protection referral, because even if consent is refused, there is still a professional duty to act upon concerns and make a referral. When a child protection referral has been made, the designated safeguarding lead contacts the parents/carers (only if agreed with social care) to inform them that a referral has been made, indicating the concerns that have been raised, unless social care advises that the parent/carer should not be

contacted until such time as their investigation, or the police investigation, is concluded. Parents/carers are not informed prior to making a referral if:

- there is a possibility that a child may be put at risk of harm by discussion with a parent/carer, or if a serious offence may have been committed, as it is important that any potential police investigation is not jeopardised
- there are potential concerns about sexual abuse, fabricated illness, FGM or forced marriage.
- contacting the parent/carer puts another person at risk; situations where one parent may be at risk of harm, e.g. abuse; situations where it has not been possible to contact parents/carers to seek their consent may cause delay to the referral being made

The designated safeguarding lead makes a professional judgment regarding whether consent (from a parent/carer) should be sought before making a child protection referral as described above. They record their decision about informing or not informing parents along with an explanation for this decision. Advice will be sought from the appropriate children's social work team if there is any doubt.

Referring

- The designated safeguarding lead or back-up follows their LSP procedures for making a referral.
- If the designated safeguarding lead or their back-up is not on site, the most senior member of staff present takes responsibility for making the referral to social care.
- If a child is believed to be in immediate danger, or an incident occurs at the end of the session and staff are concerned about the child going home that day, then the police and/or social care are contacted immediately.
- If the child is 'safe' because they are still in the setting, and there is time to do so, the senior member of staff contacts the setting's designated officer for support.
- Arrangements for cover (stated previously) when the designated safeguarding lead and back-up designated safeguarding lead are not on-site are agreed in advance by the setting manager and clearly communicated to all staff.

Further recording

- Information is recorded and a short summary entered**.** Discussion with parents/carers and any further discussion with social care is recorded**.** If recording a conversation with parents/carers that is significant, regarding the incident or a related issue, parents/carers are asked to sign and date a record of the conversation. It should be clearly recorded what action was taken, what the outcome was and any follow-up.
- If a referral was made, copies of all documents are kept and stored securely and confidentially (including copies in the child's safeguarding file).
- Each member of staff/volunteer who has witnessed an incident or disclosure should also make a written statement.
- Follow up phone calls to or from social care are recorded in the child's file; with date, time, the name of the social care worker and what was said.
- Safeguarding records are kept up to date and made available for confidential access by the designated officer to allow continuity of support during closures or holiday periods.

Reporting a serious child protection incident

- The designated safeguarding lead is responsible for reporting to the designated officer and seeking advice if required prior to making a referral as described above.
- For child protection concerns at Tier 3 and 4** it will be necessary for the designated safeguarding lead to complete an incident report form and send it to the designated officer.
- Further briefings are sent to the designated officer when updates are received until the issue is concluded.

** Tier 3: Children with complex multiple needs, requiring specialist services in order to achieve or maintain a satisfactory level of health or development or to prevent significant impairment of their health and development and/or who are disabled.

Tier 4: Children in acute need, who are suffering or are likely to suffer significant harm.

Professional disagreement/escalation process

If a Practitioner disagrees with a decision made by the designated safeguarding lead not to make a referral to social care they must initially discuss and try to resolve it with them.
If the disagreement cannot be resolved with the designated safeguarding lead and the practitioner continues to feel a safeguarding referral is required, then they discuss this with the designated officer.
If issues cannot be resolved the whistle-blowing policy should be used, as set out below.
Supervision sessions are also used to discuss concerns but this must not delay making safeguarding referrals.

Whistleblowing

The setting will ensure that all staff are familiar with the whistleblowing procedure

The whistle blowing procedure must be followed in the first instance if:

- a criminal offence has been committed, is being committed or is likely to be committed
- a person has failed, is failing or is likely to fail to comply with any legal obligation to which he or she is subject. This includes non-compliance with policies and procedures, breaches of EYFS and/or registration requirements
- a injustice has occurred, is occurring or is likely to occur
- the health and safety of any individual has been, is being or is likely to be endangered
- the working environment has been, is being or is likely to be damaged;
- that information tending to show any matter falling within any one of the preceding clauses has been, is being or is likely to be deliberately concealed

There are 3 stages to raising concerns as follows:

1. If staff wish to raise or discuss any issues which might fall into the above categories, they should normally raise this issue with their manager/Designated safeguarding lead.
2. Staff who are unable to raise the issue with their manager/Designated safeguarding lead should raise the issue with their line manager's manager/Designated Officer.
3. If staff are still concerned after the investigation, or the matter is so serious that they cannot discuss it with a line manager, they should raise the matter with Rebbecca Young, Quality Development Officer, Bracknell Forest Council.

After a concern has been raised, the manager/line manager will decide how to respond in a reasonable and appropriate manner. Normally this will involve making internal enquires first, but it may be necessary to carry out an investigation.

Whilst it is hoped that such disclosures will never be necessary, the setting management recognises that it may find itself in circumstances which are new to it. Each case will be treated on its own merits.

Managers' responsibilities

Managers/line managers notified of concerns under this policy are expected to:

- Ensure that all staff and volunteers are familiar with the policy
- Ensure that concerns raised are taken seriously;

Treat the matter in confidence, within the parameters of the case;
Where appropriate, investigate properly and make an objective assessment of the concern;
Keep the person raising the concern updated with progress, without breaching confidentiality;
Ensure that the action necessary to resolve a concern is taken;
Take appropriate steps to ensure that the employee's working environment and/or working relationships is/are not prejudiced by the fact of disclosure.

If an issue cannot be resolved and the member of staff believes a child remains at risk because the setting or the local authority have not responded appropriately, the NSPCC have introduced a whistle-blowing helpline 0800 028 0285 for professionals who believe that:

- their own or another employer will cover up the concern
- they will be treated unfairly by their own employer for complaining
- if they have already told their own employer and they have not responded

The setting will ensure that all staff are aware of the NSPCC whistleblowing helpline

Female genital mutilation (FGM)

Practitioners should be alert to symptoms that would indicate that FGM has occurred, or may be about to occur, and take appropriate safeguarding action. Designated safeguarding lead should contact the police immediately as well as refer to children's services, local authority social work if they believe that FGM may be about to occur.

It is illegal to undertake FGM or to assist anyone to enable them to practice FGM under the Female Genital Mutilation Act 2003, it is an offence for a UK national or permanent UK resident to perform FGM in the UK or overseas. The practice is medically unnecessary and poses serious health risks to girls. FGM is mostly carried out on girls between the ages of 0-15, statistics indicate that in half of countries who practise FGM girls were cut before the age of 5. LSCB guidance must be followed in relation to FGM, and the designated safeguarding lead is informed regarding specific risks relating to the culture and ethnicity of children who may be attending their setting and shares this knowledge with staff.

Symptoms of FGM in very young girls may include difficulty walking, sitting or standing; painful urination and/or urinary tract infection; urinary retention; evidence of surgery; changes to nappy changing or toileting routines; injury to adjacent tissues; spends longer than normal in the bathroom or toilet; unusual and /or changed behaviour after an absence from the setting (including increased anxiety around adults or unwillingness to talk about home experiences or family holidays); parents are reluctant to allow child to undergo normal medical examinations; if an older sibling has undergone the procedure a younger sibling may be at risk; discussion about plans for an extended family holiday

Further guidance
NSPCC 24-hour FGM helpline: 0800 028 3550 or email fgmhelp@nspcc.org.uk
Government help and advice: www.gov.uk/female-genital-mutilation

Children and young people vulnerable to extremism or radicalisation

Our setting has a duty to identify and respond appropriately to concerns of any child or adult at risk of being drawn into terrorism. LSP's have procedures which cover how professionals should respond to concerns that children or young people may be at risk of being influenced by or being made vulnerable by the risks of extremism.

There are potential safeguarding implications for children and young people who have close or extended family or friendship networks linked to involvement in extremism or terrorism.

The designated safeguarding lead is required to familiarise themselves with LSP procedures, as well as online guidance including:

Channel Duty guidance: Protecting people vulnerable to being drawn into terrorism
www.gov.uk/government/publications/channel-and-prevent-multi-agency-panel-pmap-guidance
Prevent Strategy (HMG 2011) www.gov.uk/government/publications/prevent-strategy-2011
The prevent duty: for schools and childcare providers
www.gov.uk/government/publications/protecting-children-from-radicalisation-the-prevent-duty

The designated safeguarding lead should follow LSP guidance in relation to how to respond to concerns regarding extremism and ensure that staff know how to identify and raise any concerns in relation to this with them.

The designated safeguarding lead must know how to refer concerns about risks of extremism/radicalisation to their LSP safeguarding team or the Channel panel, as appropriate.

The designated safeguarding lead should also ensure that all staff working are aware of their responsibilities with regard to equality and inclusion and children's rights.

The designated safeguarding lead also ensures that all staff complete *The Prevent Duty in an Early Years Environment* and *Understanding Children's Rights* and *Equality and Inclusion in Early Years Settings* online.

The designated safeguarding lead should understand the perceived terrorism risks in relation to the area that they deliver services in.

Parental consent for radicalisation referrals

LSP procedures are followed in relation to whether parental consent is necessary prior to making a referral about a concern that a child or adult may be at risk of being drawn into terrorism. It is good practice to seek the consent of the person, or for very young children, the consent of their parent/carer prior to making a referral, but it is not a requirement to seek consent before referring a concern regarding possible involvement in extremism or terrorism if it may put a child at risk, or if an offence may have been or may be committed. Advice should be sought from line managers and local agencies responsible for safeguarding, as to whether consent should be sought on a case-by-case basis. Designated safeguarding leads is to be mindful that discussion regarding potential referral due to concerns may be upsetting for the subject of the referral and their family. Initial advice regarding whether an incident meets a threshold for referral can be sought from the relevant local agency without specific details such as names of the family being given in certain circumstances.

Consent is required prior to any individual engaging with a Channel intervention. Consent is usually sought by Channel partners, but LSP procedures should be followed regarding this.

If there is a concern that a person is already involved in terrorist activity this must be reported to the Anti-Terrorist Hot Line 0800 789 321-Text/phone 0800 0324 539. Police can be contacted on 101.

Concerns about children affected by gang activity/serious youth violence

Practitioners are aware that children can be put at risk by gang activity, both through participation in and as victims of gang violence. Whilst young children will be very unlikely to become involved in gang activity they may potentially be put at risk by the involvement of others in their household in gangs, such as an adult sibling or a parent/carer. The designated safeguarding lead is familiar with their LSP guidance and procedures in relation to safeguarding children affected by gang activity and ensure this is followed where relevant.

Forced marriage/Honour based violence

The setting is aware that forced marriage is a marriage in which one or both spouses do not consent to the marriage but are forced into it and will act accordingly. Duress

can include physical, psychological, financial, sexual, and emotional pressure. In the cases of some vulnerable adults who lack the capacity to consent coercion is not required for a marriage to be forced. A forced marriage is distinct from an arranged marriage. An arranged marriage may have family involvement in arranging the marriages, but crucially the choice of whether to accept the arrangement remains with the prospective spouses.
Forced marriage became criminalised in 2014. There are also civil powers for example a Forced Marriage Protection Order to protect both children and adults at risk of forced marriage and offers protection for those who have already been forced into marriage.
Risks in relation to forced marriage are high and it is important that Practitioners ensure that anyone at risk of forced marriage is not put in further danger.

If someone is believed to be at risk it is helpful to get as much practical information as possible, bearing in mind the need for absolute discretion, information that can be helpful will include things likes, names, addresses, passport numbers, national insurance numbers, details of travel arrangements, dates and location of any proposed wedding, names and dates of birth of prospective spouses, details of where and with whom they may be staying etc. Forced marriage can be linked to honour-based violence, which includes assault, imprisonment and murder. Honour based violence can be used to punish an individual for undermining what the family or community believes to be the correct code of behaviour.
In an emergency police should be contacted on 999.

Forced Marriage Unit can be contacted either by professionals or by potential victims seeking advice in relation to their concerns. The contact details are below.
- Telephone: +44 (0) 20 7008 0151
- Email: fmu@fco.gov.uk
- Email for outreach work: fmuoutreach@fco.gov.uk

Further guidance

Multi-agency practice guidelines: Handling cases of Forced Marriage (HMG 2014)
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/322307/HMG_MULTI_AGENCY_PRACTICE_GUIDELINES_v1_180614_FINAL.pdf

Concerns and allegations of serious harm or abuse against staff, volunteers or agency staff

Concerns may come from a parent/carer, child, colleague or the public. Allegations or concerns must be referred to the designated safeguarding lead without delay - even if the person making the allegation later withdraws it.

What is a low-level concern?

The NSPCC defines a low-level concern as *'any concern that an adult has acted in a way that:*
- *is inconsistent with the staff code of conduct, including inappropriate conduct outside of work*
- *doesn't meet the threshold of harm or is not considered serious enough…to refer to the local authority.*

Low-level concerns are part of a spectrum of behaviour. This includes:

- *inadvertent or thoughtless behaviour*
- *behaviour that might be considered inappropriate depending on the circumstances*
- *behaviour which is intended to enable abuse*

Examples of such behaviour could include:

- *being over friendly with children*
- *having favourites*
- *adults taking photographs of children on their mobile phone*
- *engaging with a child on a one-to-one basis in a secluded area or behind a closed door*
- *using inappropriate sexualised, intimidating or offensive language'*

(NSPCC Responding to low-level concerns about adults working in education)

Responding to low-level concerns

Any concerns about the conduct of staff, students or volunteers must be shared with the designated safeguarding lead and recorded. The designated safeguarding lead should be informed of all concerns, including those that may initially be considered 'low level' and make the final decision on how to respond. Where appropriate this can be done in consultation with their line manager.

Reporting concerns about the conduct of a colleague, student or volunteer contributes towards a safeguarding culture of openness and trust. It ensures that adults consistently model the setting's values and helps keep children safe. It protects adults from potential false allegations or misunderstandings.

If it is not clear that a concern meets the local authority threshold, the designated safeguarding lead should contact the LADO for clarification.

In most instances, low-level concerns about staff conduct can be addressed through supervision, training, or disciplinary processes where an internal investigation may take place.

Identifying concerns about serious harm or abuse

An allegation against a member of staff, volunteer or agency staff constitutes serious harm or abuse if they:

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

Informing

All staff report allegations to the designated safeguarding Lead.

The designated safeguarding lead alerts the designated officer for the setting. If the designated officer is unavailable the designated person contacts their equivalent until they get a response- which should be within 3-4 hours of the event. Together they should form a view about what immediate actions are taken to ensure the safety of the children and staff in the setting, and what is acceptable in terms of fact-finding.
It is essential that no investigation occurs until and unless the LADO has expressly given consent for this to occur, however, the person responding to the allegation does need to have an understanding of what explicitly is being alleged.
The designated safeguarding lead must take steps to ensure the immediate safety of children, parents, and staff on that day within the setting.
The Local Authority Designated Officer (LADO) is contacted as soon as possible and within one working day. If the LADO is on leave or cannot be contacted the LADO team manager is contacted and/or advice sought from the point of entry safeguarding team/mash/point of contact, according to local arrangements.
A child protection referral is made if required. The LADO, line managers and local safeguarding children's services can advise on whether a child protection referral is required.

The designated safeguarding lead asks for clarification from the LADO on the following areas:

- what actions the designated safeguarding lead must take next and when and how the parents/carers of the child are informed of the allegation
- whether or not the LADO thinks a criminal offence may have occurred and whether the police should be informed and if so, who will inform them
- whether the LADO is happy for the setting to pursue an internal investigation without input from the LADO, or how the LADO wants to proceed
- whether the LADO thinks the person concerned should be suspended, and whether they have any other suggestions about the actions the designated safeguarding lead has taken to ensure the safety of the children and staff attending the setting

The designated safeguarding lead records details of discussions and liaison with the LADO including dates, type of contact, advice given, actions agreed and updates on the child's case file.
Parents/carers are not normally informed until discussion with the LADO has taken place, however in some circumstances the designated safeguarding lead may need to advise parents/carers of an incident involving their child straight away, for example if the child has been injured and requires medical treatment.
Staff do not investigate the matter unless the LADO has specifically advised them to investigate internally. Guidance should also be sought from the LADO regarding whether suspension should be considered. The person dealing with the allegation must take steps to ensure that the immediate safety of children, parents/carers and staff is assured. It may be that in the short-term measures other than suspension, such as requiring a staff member to be office based for a day, or ensuring they do not work unsupervised, can be employed until contact is made with the LADO and advice given.
If after discussion with the designated safeguarding lead, the LADO decides that the allegation is not obviously false, and there is cause to suspect that the child/ren is

suffering or likely to suffer significant harm, then the LADO will normally refer the allegation to children's social care.
Notification to Ofsted is required for ay allegations made against a member of staff, therefore the designated safeguarding lead will inform Ofsted as soon as possible, but no later than 14 days after the event has occurred. The designated safeguarding lead will liaise with the designated officer about notifying Ofsted.
Ofsted must be updated of the actions taken by the setting, even if the LADO decides the allegation does not meet their threshold for investigation. The designated safeguarding lead ensures that an incident report is completed and sent to the designated officer. If the designated officer is unavailable their equivalent must be contacted.
Avenues such as performance management or coaching and supervision of staff will also be used instead of disciplinary procedures where these are appropriate and proportionate. If an allegation is ultimately upheld the LADO may also offer a view about what would be a proportionate response in relation to the accused person.
The designated safeguarding must consider revising or writing a new risk assessment where appropriate, for example if the incident related to an instance where a member of staff has physically intervened to ensure a child's safety, or if an incident relates to a difficulty with the environment such as where parents/carers and staff are coming and going and doors are left open.
All allegations are investigated even if the person involved resigns or ceases to be a volunteer.

Allegations against the designated safeguarding lead

- If a member of staff has concerns that the designated safeguarding lead has behaved in a way that indicates they are not suitable to work with children as listed above, this is reported to the designated officer following the setting's whistleblowing process, who will investigate further.
- During the investigation, the designated officer will identify another suitably experienced person to take on the role of designated safeguarding lead.
- If an allegation is made against the designated officer, then Rebecca Young from Bracknell Forest Council is informed.

Recording

- A record is made of an allegation/concern, along with supporting information. This is then entered in the file of the child.
- If the allegation refers to more than one child, this is recorded in each child's file.
- If relevant, a child protection referral is made, with details held on the child's file.

Disclosure and Barring Service

- If a member of staff is dismissed because of a proven or strong likelihood of child abuse, inappropriate behaviour towards a child**,** or other behaviour that may indicate they are unsuitable to work with children such as drug or alcohol abuse, or other concerns raised during supervision when the staff suitability checks are done, a referral to the Disclosure and Barring Service is made.

Escalating and whistleblowing concerns

- If a member of staff believes at any time that children may be in danger due to the actions or otherwise of a member of staff or volunteer, they must discuss their concerns immediately with the designated safeguarding lead.
- If after discussions with the designated safeguarding lead**,** they still believe that appropriate action to protect children has not been taken they must speak to the designated officer.
- If there are still concerns then the whistle blowing procedure must be followed, as set out in Responding to safeguarding or child protection concerns.

Visitor or intruder on the premises

The safety and security of the premises is maintained at all time and staff are vigilant in areas that pose a risk, such as shared premises. A risk assessment is completed to ensure that unauthorised visitors cannot gain access.

Visitors with legitimate business - generally a visitor will have made a prior appointment

- On arrival, any visitors are asked to verify their identity and confirm who they are visiting.
- Staff will ask them to sign in and explain the procedures for the use of mobile phones and emergency evacuation.
- Visitors (including visiting VIPs) are never left alone with the children at any time.
- Visitors to the setting are monitored and asked to leave immediately should their behaviour give cause for concern.

Intruder

An intruder is an individual who has not followed visitor procedures and has no legitimate business to be in the setting; he or she may or may not be a hazard to the setting.

- An individual who appears to have no business in the setting will be asked for their name and purpose for being there.
- The staff member identifies any risk posed by the intruder.
- The staff member ensures the individual follows the procedure for visitors.
- The setting manager is immediately informed of the incident and takes necessary action to safeguard children.
- If there are concerns for the safety of children, staff evacuate them to a safe place in the building and contact police. In some circumstance this could lead to ‘lock-down’ of the setting and will be managed by the responding emergency service (see procedure Terrorist threat/attack and lock-down).
- The designated safeguarding lead informs their designated officer of the situation at the first opportunity.
- In the case of a serious breach where there was a perceived or actual threat to the safety of the children, the Manager/Designated person completes a safeguarding incident report and copies in the Director on the day of the incident. The Director ensures a robust organisational response and ensure that learning is shared.

Further guidance

Visitors Signing In Record (Publication)

Uncollected child

If a child is not collected by closing time, or the end of the session and there has been no contact from the parent/carer, or there are concerns about the child's welfare then this procedure is followed.

- The designated safeguarding lead is informed of the uncollected child as soon as possible and attempts to contact the parents/carers by phone.
- If the parents cannot be contacted, the designated safeguarding lead uses the emergency contacts to inform a known carer of the situation and arrange collection of the child. The setting will endeavour to get more than two emergency contacts were possible.
- After one hour, the designated safeguarding lead contacts the local social care out-of-hours duty officer if the parents/carers or other known carer cannot be contacted and there are concerns about the child's welfare or the welfare of the parents/carers.
- The designated safeguarding lead should arrange for the collection of the child by social care.
- Where appropriate the designated safeguarding lead should also notify police.

Members of staff do not:

- go off the premises to look for the parents/carers
- leave the premises to take the child home or to another carer
- offer to take the child home with them to care for them in their own home until contact with the parent/carer is made

- A record of conversations with parents/carers should be made and recorded on the child's file with parents/carers being asked to sign and date the recording.
- This is logged on the child's personal file along with the actions taken. Safeguarding incident report should also be completed if there are safeguarding and welfare concerns about the child, or if Social Care have been involved due to the late collection.
- If there are recurring incidents of late collection, a meeting is arranged with the parents/carers to agree a plan to improve time-keeping and identify any further support that may be required.

Missing child

In the building

- As soon as it is noticed that a child is missing, the member of staff informs the designated safeguarding lead who initiates a search within the setting.
- If the child is found on-site, the designated safeguarding lead checks on the welfare of the child and investigates the circumstances of the incident.
- If the child is not found on site, one member of staff searches the immediate vicinity, if there is no sign of the child, the police are called immediately. The parents/carers are then called and informed.

- The designated safeguarding lead contacts their designated officer.

Off-site (outing or walk)

- As soon as it is noticed that a child is missing, the senior staff present carries out a headcount.
- One member of staff searches the immediate vicinity.
- If the child is not found, the senior staff calls the police and then contacts the designated safeguarding lead (if not already on the outing).
- The designated safeguarding lead informs the parents/carers.
- Members of staff return the children to the setting as soon as possible if it is safe to do so. According to the advice of the police, one senior member of staff should remain at the site where the child went missing and wait for the police to arrive.
- The designated safeguarding lead contacts the designated officer.

Recording and reporting

A record is made of the incident and shared with the designated Officer on the same day that the incident occurred.

The investigation

- Ofsted are informed as soon as possible (and at least within 14 days).
- The designated officer carries out a full investigation.
- The designated safeguarding lead and the designated officer speak with the parents/carers together and explain the process of the investigation
- Staff present during the incident writes a full report which is filed in the child's file. Staff do not discuss any missing child incident with the press.

Incapacitated parent

Incapacitated refers to a condition which renders a parent/carer unable to take responsibility for their child; this could be at the time of collecting their child from the setting or on arrival. Concerns may include:

- appearing drunk
- appearing under the influence of drugs
- demonstrating angry and threatening behaviour to the child, members of staff or others
- appearing erratic or manic

Informing

- If a member of staff is concerned that a parent/carer display any of the above characteristics, they inform the designated safeguarding lead as soon as possible.
- The designated safeguarding lead assesses the risk and decides if further intervention is required.
- If it is decided that no further action is required, a record of the incident is made.
- If intervention is required, the designated safeguarding lead speaks to the parent/carer in an appropriate, confidential manner.

- The designated safeguarding lead will, in agreement with the parent/carer, use emergency contacts listed for the child to ask an alternative adult to collect the child.
- The emergency contact is informed of the situation by the designated safeguarding lead and of the setting's requirement to inform social care of their contact details.
- The designated officer is informed of the situation as soon as possible and provides advice and assistance as appropriate.
- If there is no one suitable to collect the child social care are informed.
- If violence is threatened towards anybody, the police are called immediately.
- If the parent/carer takes the child from the setting while incapacitated the police are called immediately and a referral is made to social care.

Recording

All information, i.e. calls, meetings are recorded and kept in the safeguarding file.

Death of a child on-site

Identifying

- If it is suspected that a child has died in the setting, emergency resuscitation will be given to the child by a qualified First Aider until the ambulance arrives.
- Only a medical practitioner can confirm a child has died.

Informing

- The designated safeguarding lead ensures emergency services have been contacted, ambulance and police.
- The parents/carers are contacted and asked to come to the setting immediately, informing them that there has been an incident involving their child and that an ambulance has been called, asking them to come straight to the setting or hospital as appropriate.
- The designated safeguarding lead calls the designated officer and informs them of what has happened.
- The directors are contacted, Confidential safeguarding incident report prepared by the designated safeguarding lead and designated officer.
- A member of staff is delegated to phone all parents/carers to collect their children. The reason given must be agreed by the designated officer and the information given should be the same to each parent/carer.
- The decision on how long the setting will remain closed will be based on police advice.
- Ofsted are informed of the incident by the nominated person and a RIDDOR report is made.
- Staff will not discuss the death of a child with the press.

Responding

- The directors will decide how the death is investigated within the organisation after taking advice from relevant agencies.

- The directors will coordinate support for staff and children to ensure their mental health and well-being.

Looked after children

Identification.

A 'Looked after Child' is a child in public care, who is placed with foster carers, in a residential home or with parents/carers or other relatives.

Services provided to Looked After Children

Under two-year-olds (18 Months)
- Places will not normally be provided for under two-year-olds who are in public care.
- We can offer services that enable a child to play/engage with other children while the carer stays.
- Where the child is already in attendance and has a secure attachment with an existing key person a continuation of the existing place will be offered.

Two-year-olds
- Places will be offered to two-year-old children who are looked after; where the placement in the setting will normally last a minimum of three months.
- Where the child is already in attendance and has a secure attachment with an existing key person a continuation of the existing place will be offered.

Three- and four-year-olds
- Places will be offered for funded children who are looked after; where the placement in the setting will normally last a minimum of six weeks.
- If a child who attends a setting is taken into care and is cared for by a local carer the place will continue to be made available to the child.

Additional Support

- The designated safeguarding lead and key person liaise with agencies and professionals involved with the child, and their family, and ensure appropriate information is gained and shared.
- A meeting of professionals involved with the child is convened by the setting at the start of a placement. A Personal Education Plan (PEP) for children over 3 years old is put in place within 10 days of the child becoming looked after.
- Following this meeting, a Care plan for looked after children is completed. The care plan is reviewed after two weeks, six weeks, three months, and thereafter at three to six monthly intervals.
- We will have regular contact with the social worker and this will be maintained through planned meetings, which will include contribution to the PEP which is reviewed annually.

E-safety (including all electronic devices with imaging and sharing capabilities)

An E-safety audit is included in these procedures to assist with compliance to the revised EYFS 2025

Online Safety

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

Terms such as 'e-safety', 'online', communication technologies' and 'digital technologies' refer to 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.The issues are:

Content – being exposed to illegal, inappropriate or harmful material
Contact – being subjected to harmful online interaction with other users
Conduct – personal online behaviour that increases the likelihood of, or causes, harm

I.C.T Equipment

- The setting manager ensures that all computers have up-to-date virus protection installed.
- Staff follow the additional guidance provided with the system

Internet access

- Children never have unsupervised access to the internet.
- The setting manager ensures that risk assessments in relation to e-safety are completed.
- Only reputable sites with a focus on early learning are used (e.g. CBeebies).
- Video sharing sites such as YouTube are not accessed due to the risk of inappropriate content.
- Children are taught the following stay safe principles in an age appropriate way:
  - only go online with a grown up
  - be kind online **and** keep information about me safely
  - only press buttons on the internet to things I understand
  - tell a grown up if something makes me unhappy on the internet
  -
- Staff support children's resilience in relation to issues they may face online, and address issues such as staying safe, appropriate friendships, asking for help if unsure, not keeping secrets as part of social and emotional development in age-appropriate ways.

- All computers for use by children are sited in an area clearly visible to staff.
- Staff report any suspicious or offensive material, including material which may incite racism, bullying or discrimination to the Internet Watch Foundation at www.iwf.org.uk.

The setting manager ensures staff have access to age-appropriate resources to enable them to assist children to use the internet safely.

Strategies to minimise risk include:

- Check apps, websites and search results before using the with children.
- Children in Early Years should always be supervised when accessing the internet.
- Ensure safety modes and filters are applied – default settings tend not to ensure a high level of privacy or security. But remember you still need to supervise children closely.
- Role model safe behaviour and privacy awareness. Talk to children about safe use, for example ask permission before taking a child's picture even if parental consent has been given.
- Make use of home visits to inform your understanding of how technology is used within the home and the context of the child with regards to technology.
- Check privacy settings to make sure personal data is not being shred inadvertently or inappropriately.

Personal mobile phones – staff and visitors (includes internet enabled devices)

- Personal mobile phones and internet enabled devices are not used by staff during working hours. This does not include breaks where personal mobiles may be used off the premises or in a safe place e.g., Kitchen. The setting manager completes a risk assessment for where they can be used safely.
- Personal mobile phones are switched off and stored in a box in the kitchen.
- In an emergency, personal mobile phones may be used in the privacy of the office with permission.
- Staff ensure that contact details of the setting are known to family and people who may need to contact them in an emergency.
- Staff do not take their mobile phones on outings.
- Members of staff do not use personal equipment to take photographs of children.
- Parents and visitors do not use their mobile phones on the premises. There is an exception if a visitor's company/organisation operates a policy that requires contact with their office periodically throughout the day phones still should be stored away from ay areas that children access and setting phone number given to visitors so that thy are still contactable. Visitors are advised of a private space where they can use their mobile.
- This **excludes** the mobile phones that the Director/Manager has as this is required as point of contact for parents and other persons.

Cameras and videos

- Members of staff do not bring their own cameras or video recorders to the setting.
- Photographs/recordings of children are only taken for valid reasons, e.g. to record learning and development, or for displays, and are only taken on equipment belonging to the setting. Children are given the opportunity to consent to their photograph being taken, even if parent/carer permission are in place.
- Camera and video use is monitored by the setting manager.
- Where parents/carers request permission to photograph or record their own children at special events, general permission is first gained from all parents/carers for their children to be included. Parents are told they do not have a right to photograph or upload photos of anyone else's children.

- Photographs/recordings of children are only made if relevant permissions are in place.
- If photographs are used for publicity, parental consent is gained and safeguarding risks minimised, e.g. children may be identified if photographed in a sweatshirt with the name of their setting on it.
- Should permission be given to take any images off site then all relevant details will be recorded, for example, who, what, when and why and data will be kept securely.
- All staff are responsible for ensuring that all photographs/videos are permanently wiped from memory cards, computer hard drives and portable drives or other relevant devices once the images/videos will no longer be of use. This will be monitored by the Data Protection Lead – **Kate Sillett.**
- All images will remain on site – apart from when the Director **Kate Sillett** is printing them off for use in the children's Learning Journeys or for display purposes in the setting

Cyber Bullying

If staff become aware that a child is the victim of cyber-bullying at home or elsewhere, they discuss this with the parents and refer them to help, such as: NSPCC Tel: 0808 800 5000 www.nspcc.org.uk or ChildLine Tel: 0800 1111 www.childline.org.uk

Use of social media

Staff are expected to:

- understand how to manage their security settings to ensure that their information is only available to people they choose to share information with
- ensure the organisation is not negatively affected by their actions and do not name the setting.
- are aware that comments or photographs online may be accessible to anyone and should use their judgement before posting.
- are aware that images, such as those on Snapshot may still be accessed by others and a permanent record of them made, for example, by taking a screen shot of the image with a mobile phone.
- observe confidentiality and refrain from discussing any issues relating to work.
- not share information they would not want children, parents or colleagues to view.
- set privacy settings to personal social networking and restrict those who are able to access.
- not accept service users/children/parents as friends, as it is a breach of professional conduct.
- report any concerns or breaches to the designated safeguarding lead in their setting.
- not engage in personal communication, including on social networking sites, with children and parents with whom they act in a professional capacity. There may be occasions when the Practitioner and family are friendly prior to the child coming to the setting. In this case information is shared with the manager and a risk assessment and agreement in relation to boundaries are agreed

Use/distribution of inappropriate images

- Staff are aware that it is an offence to distribute indecent images and that it is an offence to groom children online. In the event of a concern that a colleague is behaving inappropriately, staff advise the designated safeguarding lead who follow procedure 06.2 Allegations against staff, volunteers or agency staff.

Key person supervision

Staff taking on the role of key person must have supervision meetings in line with this procedure.

Structure

- Supervision meetings are held every 4-6 weeks for key persons. For part-time staff this may be less frequent but at least every 6-8 weeks
- Key persons are supervised by the setting manager or deputy.
- Supervision meetings are held in a confidential space suitable for the task
- Key persons should prepare for supervision by having the relevant information to hand.

Content

The child focused element of supervision meetings must include discussion about:

- the development and well-being of the supervisee's key children and offer staff opportunity to raise concerns in relation to any child attending. *Safeguarding concerns must always reported to the designated safeguarding lead immediately and not delayed until a scheduled supervision meeting.*
- reflection on the journey a child is making and potential well-being or safeguarding concerns for the children they have key responsibility for
- promoting the interests of children.
- coaching to improve professional effectiveness based on a review of observed practice/teaching.
- reviewing plans and agreements from previous supervisions including any identified learning needs for the member of staff
- During supervision staff can discuss any concerns they have about inappropriate behaviour displayed by colleagues but must never delay until a scheduled supervision to raise concerns.
- Staff are reminded of the need to disclose any convictions, cautions, court orders, reprimands and warnings which may affect their suitability to work with children that have occurred during their employment. New information is referred immediately to the designated officer.

Recording

- Key person supervision discussions are recorded and is retained by the Manager and a copy provided to the key person.

- The key person and Manager must sign and date the minutes of supervision within 4-6 weeks of it happening and disagreements over recorded content must be minuted.
- Each member of staff has a supervision file that is stored securely.
- Concerns raised during supervision about an individual child's welfare may result in safeguarding concerns not previously recognised as such, these are recorded and placed on the child's file. The reasons why the concerns have not previously been considered are explored.
- Additional safeguarding or welfare decisions made in relation to a child during supervision are recorded on the individual case file. The Manager (if not the designated safeguarding lead) should ensure the recording is made and the designated safeguarding lead is notified.

Checking continuing suitability

- Manager's check with staff if there is any new information pertaining to their suitability to work with children. This only needs to be recorded on the supervision meeting record.
- Where staff are on zero hours contracts or are employed as and when needed, their line manager completes the staff suitability self-declaration form quarterly, and/or at the beginning of every new period of work.

Exceptional Circumstances

Where exceptional circumstances prevent staff from conducting supervision as outlined in this procedure, the line manager is informed in writing, a copy placed on the supervision file and the appropriate actions agreed to ensure that the setting meets its obligations within the EYFS.