



# Safeguarding and Child Protection Policy and Procedures

Written in accordance with the Statutory Framework for the Early Years Foundation Stage (2025): Safeguarding:

#### Introduction

3.1 Children learn best when they are healthy, safe, secure, when their individual needs are met, and when they have positive relationships with the people caring for them.

3.2 This section of the framework sets out the safeguarding and welfare requirements providers must meet. They are designed to help providers create a high-quality, welcoming, and safe setting where children can enjoy learning and grow in confidence.

3.3 Providers must take all necessary steps to keep children safe and well. The requirements in this section explain what early years providers must do to:

- Safeguard children.
- Ensure the people who have contact with children are suitable.
- Promote good health.
- Support and understand behaviour.
- Maintain records, policies, and procedures.

Safeguarding policies and procedures

3.4 In every setting, a practitioner must be designated to take lead responsibility for safeguarding children. The designated safeguarding lead (DSL) is responsible for liaison with local statutory children's services agencies, and with the Local Safeguarding Partners (LSPs). All practitioners must be alert to any issues of concern in the child's life at home or elsewhere.

3.5 Providers must have and implement policies and procedures to keep children safe and meet EYFS requirements. Schools are not required to have separate policies to cover EYFS requirements provided the requirements are already met through an existing policy. Where providers are required to have policies and procedures as specified below, these policies and procedures should be recorded in writing. Policies and procedures should be in line with the guidance and procedures of the relevant LSP.

3.6 Safeguarding policies must include:

- The action to be taken when there are safeguarding concerns about a child.
- The action to be taken in the event of an allegation being made against a member of staff.
- How mobile phones, cameras and other electronic devices with imaging and sharing capabilities are used in the setting.
- Procedures to follow to check the suitability of new recruits.
- Detail of how safeguarding training is delivered and how practitioners are supported to put this into practice.

Providers may find it helpful to read 'Safeguarding children and protecting professionals in early years settings: online safety considerations'.

#### Concerns about children's safety and welfare

3.9 If providers have concerns about children's safety or welfare, they must immediately notify their local authority children's social care team, in line with local reporting procedures, and, in emergencies, the police. Providers must also take into account the government's statutory guidance 'Working Together to Safeguard Children' and 'Prevent duty guidance for England and Wales'. All schools are required to have regard to the government's statutory guidance 'Keeping Children Safe in Education', and other childcare providers may also find it helpful to read this guidance.

3.10 Registered providers must inform Ofsted, or the CMA with which a provider of CoDP is registered, of any allegations of serious harm or abuse by anyone living, working, or looking after children at the premises. This must happen whether the allegations of harm or abuse are alleged to have been committed on the premises or elsewhere, for example, on a visit. Registered providers must also notify Ofsted/ their CMA of the 14 Under section 175(4) of the Education Act 2002. 23 action they have taken in response to the allegations. Ofsted/the CMA must be notified as soon as is reasonably practicable, but in

any event within 14 days of the allegations being made. A registered provider who, without a reasonable excuse, fails to do this, commits an offence<sup>15</sup>. Child absences

Date of last review	May 2026
Signature of registered provider	Kylie Jones

**Contacts**

Designated safeguarding lead	Kylie Jones
Deputy designated safeguarding lead	Kim Baker
Registered provider	Kylie Jones
Setting manager	Kylie Jones
Family Front Door (Children’s Social Care in Worcestershire)	01905 822666 Weekdays 9.00 to 5.00pm (4.30 Fridays) 01905 768020 (evenings and weekends)
Police	Call 999 in an emergency, e.g. when a crime is in progress, when there is danger to life or when violence is being used or threatened. For less urgent issues call local police on 101.
Ofsted	0300 123 4666

Worcestershire County Council Early Years Team	01905 844048 <a href="mailto:eycc@worcestershire.gov.uk">eycc@worcestershire.gov.uk</a>
Local Authority Designated Officer (LADO)	01905 846221 (or via the FFD make an online referral to LADO)
Related policies	
<ul style="list-style-type: none"> <li>• Safer Recruitment and suitability of people</li> <li>• Supervision</li> <li>• Health &amp; Safety Policy</li> </ul>	<ul style="list-style-type: none"> <li>• Safer Sleeping</li> <li>• Behaviour policy</li> <li>• Complaints Policy and Procedure</li> </ul>

## Introduction

The actions we take as professionals and as a society, to promote the welfare of children and protect them from harm, are referred to as 'safeguarding'.

Safeguarding can be defined as:

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

('Working Together to Safeguard Children', DfE 2023)

Child Protection is part of safeguarding and promoting welfare. It refers to activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

This policy has been developed in line with the following legislation and guidance:

[The Children Act 1989 \(opens in new window\)](#)

[The Education Act 2002 \(opens in new window\)](#)

[The Sexual Offences Act 2003 \(opens in new window\)](#)

[The FGM Act 2003 \(opens in new window\)](#)

[The Children Act 2004 \(opens in new window\)](#)

[The Childcare Act \(2006\) \(opens in new window\)](#)

[Safeguarding Vulnerable Groups Act \(2006\) \(opens in new window\)](#)

[The Childcare \(Disqualification\) Regulations \(2009\) \(opens in new window\)](#)

[The Prevent duty 2023](#)

[Children and Social Work Act \(2017\) \(opens in new window\)](#)

[Statutory framework for the early years foundation stage for group and school providers \(opens in new window\)](#)

[Early years inspection handbook- GOV.UK \(opens in new window\)\)](#)

[Keeping Children Safe in Education 2023 \(opens in new window\)](#)

[Safeguarding children and protecting professionals in early years settings: online safety guidance for practitioners \(opens in new window\)](#) [Neglect toolkit 2024](#)

[Content and publishing guidance for government \(opens in new window\)](#)

## **Roles and responsibilities**

Safeguarding is everyone's responsibility and therefore all adults working in the setting will:

- Take all necessary steps to keep children safe and well
- Promote good health
- Manage behaviour
- Be alert to any issues of concern in the child's life (at home or elsewhere)
- Meet the requirements of the Statutory Framework for the Early Years Foundation Stage (EYFS 2024)
- Follow the policies and procedures of the setting and notify the relevant person or agency without delay if concerns arise
- Keep appropriate records
- Promote online safety in both setting and children's homes.

**In addition, the registered provider ensures that they:**

- Have a designated safeguarding lead (DSL) and Deputy DSL in place and give them the time, training and resources to fulfil this role to a high standard
- Have regard to the government's statutory guidance 'Working Together to Safeguard Children 2024' and to the 'Prevent duty guidance for England and Wales 2023
- Implement the requirements of the Early Years Foundation Stage (2024)
- Create a culture of vigilance where children's welfare is promoted and where appropriate and timely action is taken when necessary to safeguard children

- Make specific arrangements for children’s safety and wellbeing, including the requirements for first aid, policies and procedures for responding to children who are ill or infectious and those for administering medicines
- Have effective nappy changing procedures are in place to protect children and staff
- Are confident safer sleeping practices are adhered to, and staff have reviewed NHS safer sleeping guidelines
- Keep a written record of accidents or injuries and first aid treatment and inform parents and/or carers of any accident or injury sustained by the child in a timely manner
- Have premises that are fit for purpose, are compliant with health and safety legislation and complete appropriate risk assessment
- Have an evacuation procedure and suitable fire detection and control equipment
- Have lockdown procedures in place
- Deploy staff to meet the needs of all children and ensure their safety
- Implement a robust key person system
- Notify local child protection agencies and Ofsted of any serious accident, illness or injury to, or death of, any child while in their care, and of the action taken
- Only release children into the care of individuals who have been notified to the provider by the parent and ensure that children do not leave the premises unsupervised
- Take all reasonable steps to prevent unauthorised persons entering the premises
- Record the required information about each child, to include name, date of birth, name and address of every parent and/or carer who is known to the provider, information about any other person who has parental responsibility for the child, which parent(s) and/or carer(s) the child normally lives with and emergency contact details for parents and/or carers
- Record the required information about the registered provider and adults in regular contact with children in line with the EYFS Statutory requirements
- Have a complaints procedure and records
- Keep attendance records
- Notify Ofsted of any changes e.g. a new manager, the address of the premises, the name or address of the provider, any proposal to change the hours during which childcare is provided, or any other significant event
- Ensure any online devices in the setting are suitable and monitored to protect children and staff.

**The Designated Safeguarding Lead (DSL) ensures that they:**

- Take lead responsibility for safeguarding children in their setting and attend relevant training to fulfil the role of DSL

- Liaise with local statutory children's services agencies
- Provide support, advice and guidance to other staff, on any specific safeguarding issues as required
- Share child protection information with the DSL of any receiving setting or school when children leave the setting.

The role is explicit in the DSL's job description, and they are given sufficient time, resources and funding to fulfil their role. They attend a training course which enables them to identify, understand and respond appropriately to signs of possible abuse and neglect and renew this bi-annually.

The provider nominates a deputy DSL in order to ensure availability at all times during the hours of operation, but the DSL retains overall responsibility.

### **Use of technology**

The setting provides a mobile phone for outings. Practitioners are not permitted to use their own devices in the setting except in the staff room. This includes all devices with cameras.

### **Safeguarding as part of the curriculum**

We support children's personal, social and emotional development, and as part of this we teach children how to keep themselves and others safe. For example, we teach children independence, self-care and confidence, and we ensure that children understand personal boundaries and acceptable behaviour towards others and themselves. More specifically we support children in understanding healthy and positive relationships and issues of privacy and respect.

### **Recognising abuse and neglect**

We recognise that there are many factors which contribute to a child's well-being, and their development, including the parenting capacity of carers and the family home environment, and we are in a unique position to observe any changes in a child's behaviour or appearance which might suggest that they are in need of support or at risk of harm.

We understand that abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm which in itself harms a child. Children may be abused in a family or in an institutional or community setting, by those known to them or more rarely by a stranger, for example via the internet. They may be abused by an adult or adults, or another child or children. When the abuser is a child, it is

important to remember that they may also be at risk and these concerns should be raised with the appropriate agencies too.

### **Physical abuse**

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

Emotional abuse 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. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

### **Sexual abuse**

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

### **Neglect**

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

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- Protect a child from physical and emotional harm or danger
- Ensure adequate supervision (including the use of inadequate caregivers), or
- Ensure access to appropriate medical care or treatment
- Neglect may also include unresponsiveness to a child's basic emotional needs.

### **Domestic abuse**

Domestic abuse/violence refers to any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. Domestic abuse can encompass, but is not limited to, the following types of abuse: • psychological • physical • sexual • financial • emotional.

We recognise exposure to domestic abuse can have a serious, long-lasting effect on children and young people and are aware of support systems to support families experiencing domestic violence:

**Operation Encompass:** A notification service between the police and early years settings to inform of any domestic abuse incidents in the home.

**MARAC** (multi agency risk assessment conference): Information relating to children who are victims of domestic abuse will be shared with representatives from the local authority (WCF early years team) who will share the voice of the child at MARAC, this information is confidential and supports keeping children safe.

### Being Alert

We are alert to possible signs of possible abuse and neglect, for example:

- Bruising on parts of the body which do not usually get bruised accidentally, e.g. around the eyes, behind the ears, back of the legs, stomach, chest, cheek and mouth (especially in a young baby), etc
- Any bruising or injury to a very young, immobile baby
- Burns, scald or bite marks
- Any injuries or swellings, which do not have a plausible explanation
- Bruising or soreness to the genital area
- Faltering growth, weight loss and slow development
- Unusual lethargy
- Any sudden uncharacteristic change in behaviour, e.g. child becomes either very aggressive or withdrawn
- A child whose play and language indicates a sexual knowledge beyond his/her years
- A child who flinches away from sudden movement
- A child who gives over rehearsed answers to explain how his/her injuries were caused
- An accumulation of a number of minor injuries and/or concerns
- A child whose attendance is erratic, or suddenly ceases, without any contact from the family

- A parent's behaviour or presentation, e.g. evidence of possible alcohol or drug misuse, mental health difficulties, or domestic violence
- Arrangements for the collection of the child give rise to concern
- Hunger/thirst at the start of the day
- Lack of attention to child's basic hygiene needs
- A child who discloses something which may indicate he/she is being abused.

We are aware and will respond appropriately to contextualised safeguarding, responding to children's experiences of significant harm beyond their family and home.

### **Children and the court system**

Children are sometimes required to give evidence in criminal courts, either for crimes committed against them or for crimes they have witnessed.

### **Children missing from education**

Children below statutory school age are not required to attend a setting regularly if at all, but once registered most do attend regularly and most parents will let the setting know if they are not going to be present. Therefore, we give consideration to children not attending and seek to assure ourselves that the child's absence is not a cause for concern.

### **Children with family members in prison**

These children are at risk of poor outcomes including poverty, stigma, isolation and poor mental health.

### **Child Exploitation**

Child exploitation occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18. This may be child sexual exploitation, which does not always involve physical contact, it can also occur through the use of technology and can still be abuse even if the sexual activity appears consensual. It could also be child criminal exploitation, e.g. 'county lines', which is a geographically widespread form of harm involving drug networks or gangs, who groom and exploit children and young people to carry drugs and money from urban areas to suburban and rural areas, market and seaside towns. Exploitation may also involve modern slavery and trafficking, which is not always from country to country, sometimes children are trafficked within the local area.

## **Homelessness**

Being homeless or being at risk of becoming homeless presents a real risk to a child's welfare. Indicators that a family may be at risk of homelessness include household debt, rent arrears, domestic abuse and anti-social behaviour.

## **Honour-based abuse**

Encompasses incidents or crimes which have been committed to protect or defend the honour of the family and/or the community, including domestic abuse, threats to kill, female genital mutilation (FGM), forced marriage, and practices such as breast ironing. All forms of HBV are abuse (regardless of the motivation) and will be handled and escalated as such.

## **Faith abuse**

Children can be at risk of abuse linked to faith or belief, and could be caused by, a belief in witchcraft, spirit or demonic possession, ritual or satanic abuse features; or when practices linked to faith or belief are harmful to a child.

## **Online safety**

Children are often more adept at using technology than the adults around them, but do not necessarily understand the risks posed by those who they 'meet' online. In many cases parents are not fully aware of the risks and we therefore endeavour to inform and empower parents and carers.

## **Child on child abuse**

Children can abuse other children. Abuse and can take many forms, this can include (but is not limited to) bullying (including cyberbullying); sexual violence and sexual harassment; physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm; sexting and initiating/hazing type violence and rituals. In such circumstances we would consider the potential needs of the perpetrator as well as the victim.

## **Poor mental health**

Poor parental mental health can be a significant risk factor for children, and we would consider this in our assessment of children's needs. We also acknowledge that children's own mental health is an important factor in their health and development in both the short and long term, and we therefore work to promote good mental health and consider signs and indicators of poor mental health in children, as part of our safeguarding responsibilities.

## **Preventing radicalisation**

Children are vulnerable to extremist ideology and radicalisation. Similar to protecting children from other forms of harms and abuse, protecting children from this risk is a part of a setting's safeguarding approach. As with other safeguarding risks, staff are alert to changes in children's behaviour which could indicate that they may be in need of help or protection. All staff complete training on Prevent and British values.

## **Sexual violence and sexual harassment between children**

Sexual violence and sexual harassment can occur between two children of any age and sex. It can also occur through a group of children sexually assaulting or sexually harassing a single child or group of children. It can occur online and offline (both physical and verbal) and are never acceptable.

## **Special education needs and disabilities**

Children with SEND are far more likely to be abused or neglected, possibly because of the challenges faced by parents and carers, or because they are particularly vulnerable if they have delayed cognitive and language development, and possibly because signs and symptoms of abuse and neglect can sometimes be attributed to their condition.

We acknowledge and understand that unwanted behaviour in particular can be an indicator of trauma as a result of abuse and neglect and would therefore consider all needs holistically in order to determine the right kind of support for the child and family.

## **Procedures for responding to concerns**

Any adult working in the setting who is concerned about a child or who identifies that a child or family may need extra help and support, will discuss this with the DSL. They may also want to have a discussion with their SENCo and/or a colleague from another agency to get a better understanding of the child and their family, and this will be with the family's consent.

As a team we recognise the importance of context, i.e. the family and wider environment in which the child lives. Our effective keyperson system allows us to know our families well and understand the challenges they may face.

## **Emerging concerns**

We may find that general concern begins to build up around a child's behaviour, demeanour or presentation. Concerns may include what is seen or heard and may include the way family members relate to the child and/or the setting. Such concerns may not seem to be very

significant on their own, but together may indicate a need for family support that should not be ignored. Therefore, concerns are always recorded factually and accurately along with any decisions or action taken in order to support the decision-making process.

### **Responding to disclosure**

A disclosure occurs when a child or young person indicates directly, or through play or drawings for example, that he or she has been or is being abused in some way. Occasionally a disclosure may be very clear and contain specific details about whom, or what was involved, or where and when apparent abuse took place. More commonly disclosure emerges as part of routine activity or conversation.

#### **If a child makes a disclosure we will:**

- Contain our reaction as far as possible – try not to express shock or disbelief
- Listen to the child, accept what they say and communicate to them that we accept it
- Not make any promises to the child about not passing on the information – the child needs to know that someone who will be able to help them will be spoken to
- Record the information as accurately and quickly as possible, including the timing, setting and those present, as well as what was said
- Discuss with the DSL to determine the most appropriate course of action
- Not interrogate the child. We may ask for clarification but will not ask leading questions. We will use 'TED' questions, i.e. 'Tell me what happened', 'please explain what you mean when you say ...' and 'can you describe the person?' or 'can you describe the place?'.

### **Sharing concerns with parents and carers**

Concerns will generally be shared with the child's parents/carers. This can eliminate misunderstandings and can help us better understand the needs of the child and the family situation. It also ensures that our relationship with parents is built on trust and openness. Parents are fully involved in decision making and we seek consent to share information.

However, in some circumstances we would not share information with parents or seek consent to share others, for example if:

- Sexual abuse is suspected
- It is considered that discussing the issue with parents may put the child at further risk of significant harm
- A criminal offence may have been committed

- Organised abuse is suspected
- Fabricated illness is suspected
- An explanation is given by parents/carers which is felt to be inconsistent or unacceptable.

## **Understanding the child and families need**

We use the WSCP Levels of need guidance to support our understanding of the child's needs and our decision making. In some circumstances we may be able to offer additional support ourselves. Sometimes we might need to work with another agency or possibly more than one. If possible, we will avoid a formal process, but when a child's situation becomes more complex or there appears to be increased risk, it may be necessary to draw up more formal plans with the family in order to coordinate the work.

### **Level 1**

Represents children with no identified additional needs. Their needs are met through the routine services they receive from early years services, schools and health services, such as the GP or public health nurses, and hospitals some may also be receiving services from housing and voluntary sector organisations. Most children will successfully develop and thrive at this level of need. These are known as universal services available to all children and young people.

### **Level 2**

Represents children with additional presenting needs which can include parenting support, emotional wellbeing, housing, finances, and vulnerabilities in their community known as contextual safeguarding. These extra needs can be met by a universal service providing single agency additional support and/ or co working with one or more partner or voluntary agencies to address the identified additional needs. An offer of early help and support will build on a family's existing strengths and focusing on whole family working to respond to the child's identified needs, safety and wellbeing with a focus on addressing and preventing an escalation of those needs and vulnerabilities.

If further support is required, we would (with the engagement of the family) carry out an Early Help Assessment and seek consent to involve other professionals as appropriate, and/or talk to a community social worker for advice and support.

### **Level 3**

Represents children and young people who have complex needs themselves and/ or their family do, which impacts upon their safety, wellbeing and family life adversely. This may include multiple adverse childhood experiences, risk of family breakdown, poor emotional and mental health, inadequate parenting, domestic and/ or substance misuse. They will require several agencies working together with the family in a co-ordinated way to help

the family make changes and improve the family functioning and outcomes for the children.

#### **Level 4**

Represents children who need statutory and/or specialist interventions including:

- Children in need, including those in need of protection
- Children looked after and privately fostered
- Young people who have committed an offence
- Children with acute mental health needs

The definition of 'child in need' is defined by the Children Act 1989 s17 (10), which provides that a child is to be taken as 'in need' if

- s/he is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by a local authority . . .; or
- her/his health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services; or
- s/he is disabled. You are disabled under the Equality Act 2010 if you have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities.

A child in need of protection is described in Section 47 of the Children Act 1989, Paragraph (1):

'Where a local authority has reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or is likely to suffer, significant harm, the authority shall make, or cause to be made, such enquiries as they consider necessary to enable them to decide whether they should take any action to safeguard or promote the child's welfare'.

Children and young people who are looked after children under section 20 or section 31 of the Children Act 1989 will all be receiving services from children's social care at level 4.

### **Family Front Door**

We recognise Family Front Door as the referral point for all referrals where members of the community and professionals refer children and young people living in Worcestershire where they are worried about their safety and welfare.

Where we have concerns about a child, we would contact the Family Front Door on 01905 822666 weekdays 9.00am to 5.00pm (until 4:30pm on a Friday). Or, if the child concern is not immediate use our local authority online form to raise the concern. During out of office hours (5.00pm to 9.00am weekdays and all-day weekends and bank holidays) we would contact the Emergency Duty team on 01905 768020.

However, if the child needs immediate protection, we contact the Police on 999, and if a child is brought to us with serious injuries, we telephone for an ambulance

Referral forms are printed and saved in the child's safeguarding file.

If we are not in agreement with the Family Front Door about the level of need and appropriate action, we will use the levels of need guidance to support a professional discussion with the

decision maker, and if still unsatisfied we would use the WSCP Escalation policy. [Escalation-Policy-Resolution-of-ProfessionalConcerns.pdf \(safeguardingworcestershires.org.uk\)](https://safeguardingworcestershires.org.uk/Policy-Resolution-of-ProfessionalConcerns.pdf)

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In the meantime, we would continue to observe the child and support them and their family.

If necessary, we would make another referral.

### **Open cases**

If there is new information about a child who already has an allocated social worker, we share this directly with them.

### **Supporting children**

We recognise that children who are abused or witness violence may find it difficult to develop a sense of self-worth. They may feel helplessness, humiliation and some sense of blame. We acknowledge that settings may be the only stable, secure and predictable element in the lives of children who have been abused or who are at risk of harm, and we are aware that research shows that their behaviour may be challenging and defiant or they may be withdrawn.

As part of our support staff members are made aware of how adverse childhood experiences (ACES) can impact their overall development.

### **The setting will endeavour to support all children by:**

- Encouraging self-esteem and self-assertiveness, as well as promoting respectful relationships, challenging bullying and humiliating behaviour
- Promoting a positive, supportive and secure environment giving children a sense of being valued
- Consistently applying strategies to which are aimed at supporting vulnerable children, and supporting children in understanding that some behaviour is unacceptable but that they are valued and not to be blamed for any abuse which has occurred
- Liaising with other agencies that support the child such as Children's Social Care and Early Help providers
- Notifying the Family Front Door immediately where there is a significant concern, and the child could be at risk of significant harm
- Providing continued support to a child about whom there have been concerns if they leave the setting by ensuring that appropriate information is forwarded under confidential cover to their new setting. A copy of records (which may potentially be required as evidence in the future), will be retained until the child has reached the age of 25 years.

## **Positive physical intervention**

Staff only ever use physical intervention as a last resort when managing unwanted behaviour, and it is the minimal force necessary to prevent injury or damage to property.

All such incidents of physical intervention are recorded.

Physical intervention of a nature that causes injury or distress to a child may be considered under management of allegations or disciplinary procedures.

We recognise that touch is appropriate in the context of working with children and all adults in the setting have been given safer working practice guidance to ensure they are clear about their professional boundaries.

## **Record Keeping and Documenting concerns**

Our records are a factual account of what was seen and heard, containing the child's own words where appropriate and completed as soon as possible, not later than the end of the working day. The child is identified by name and date of birth on each page, and we do not use abbreviations. Blank spaces or alterations are scored through with a single line, and the original entry remains legible. They are written in permanent black ink, dated, timed, signed and stored securely.

Records describe the care and condition of the child and may include professional opinion which would be clearly indicated. They also include the comments and views of both the child and the parents/carers.

An individual file chronology is used as a summary of incidents, concerns and actions, to support monitoring.

We use a chronology for each child in the setting to support early identification of needs and these are held by the keyperson. If concerns are raised the chronology is passed to the DSL.

Safety and welfare concerns forms are used to record specific concerns and are completed by the person identifying the concern. The completed record is given to the DSL immediately, for consideration and/or action.

A safety and welfare concerns continuation form are used following the recording of a concern, to record additional information.

An individual child protection file is started for a child when:

- There are welfare and or safety concerns
- The child has been referred to the Family Front Door
- There is Children's Services Social Care involvement with the child/family
- We are participating in multi-agency support.

If concerns relate to more than one child from the same family attending the setting a separate file for each child is created and cross referenced to the records of other family members. Common records e.g. child protection conference notes are referenced in each file. Other files relating to the child, for example SEN information, are also cross referenced.

An individual child protection file includes:

- Front sheet
- Individual chronology
- All safety and welfare concern forms relating to the child
- Any notes initially recorded
- Records of discussions, telephone calls and meetings (with colleagues, other agencies or services, parents and children/young people)
- Professional consultations
- Letters sent and received
- Referral forms
- Minutes/notes of meetings (copies for each child as appropriate)
- Formal plans linked to the child (e.g. Child Protection Plan).

Security, storage, and retention of records

Individual files are stored securely and separately from the child's other information so that they are shared only on a need to know basis. The DSL reviews such records regularly so that increasing concerns can be identified and action taken to ensure that needs are met.

Parents have the right to access information held about their child so records are shared with them if they make this request, however there are some exceptions, namely those described previously in the section on sharing information with parents, for example when sharing the information would place the child at risk of significant harm.

All safeguarding records are retained until the child reaches the age of 25 years.

## **Transfer of child protection records at transition**

Records are transferred at each stage of a child's education, when they move from one establishment to another, either at normal transfer stage such as moving from nursery to school, or as the result of a move such as a transfer to a different area. They are transferred within 5 days and are passed directly and securely to the safeguarding lead in the receiving establishment.

They are transferred by hand if possible or signed for if posted.

In order to safeguard children effectively, when a child moves to a new educational establishment, the receiving establishment is immediately made aware of any current child protection concerns, by telephone prior to the transfer of records.

## **Children in more than one setting**

Where children are dual registered (e.g. on roll at a mainstream school, but receiving education in another establishment, such as a short stay school, medical education team or attending more than one early years setting), any existing child protection records are shared with the new establishment prior to the child starting, to enable the new establishment to risk assess appropriately.

We keep a copy of the transfer form along with a copy of the chronology of events and any records pertaining to the establishment (e.g. completed 'welfare concern' forms).

## **Children subject to a Child Protection (CP) plan**

If a child is the subject of a child protection plan at the time of transfer, we speak to the safeguarding lead of the receiving establishment giving details of the child's key social worker from Children's Social Care

Services and ensuring the establishment is made aware of the requirements of the child protection plan.

## **Receiving establishment unknown**

If a child, subject of a child protection plan leaves and the name of the child's new education placement is unknown, the DSL will contact the child's Social Worker to discuss how and when records should be transferred. Where the records are of prior child protection/welfare concerns, and there is not an open case or a social worker involved with the family, the DSL will inform the Family Front Door. Child protection files would be retained by us and transferred to the new setting, once known, or destroyed once the child has reached the age of 25.

## **Building a safer workforce**

### **Recruiting**

The provider checks the suitability and obtains an enhanced criminal record records disclosure for anyone working directly with children.

We keep a record of the date and the serial number of the DBS certificate.

Applicants are asked to complete an application form, and we obtain two employer's references, including the most recent employer. If this is not possible, for example if the applicant is applying for their first position, we will obtain character references and complete a risk assessment.

Staff do not take up a post until checks are completed to a satisfactory level.

The registered provider and the manager of the setting have completed safer recruitment training and at least one of them is included on every interview panel.

We keep a record of ID checks, right to work in the UK, qualifications (certificates are checked), references obtained and DBS certificate details.

The same processes are used for volunteers and student DBS certificates obtained by their training provider are checked and the details recorded.

### **Induction, training and continued supervision**

All new staff, students and volunteers are given a copy of all policies and procedures and receive induction training which includes:

- An understanding of the settings safeguarding policies and procedure
- Behaviour management
- How and when mobile phones and technology can be used in the setting
- How to define and identify possible signs of harm, abuse and neglect • What to do if concerns arise
  
- What to do if concerned about the behaviour or conduct of another adult (contact LADO)
- Who is the designated safeguarding lead in the setting.

All staff complete level 2 safeguarding training at least every three years.

The DSL, deputy DSL, manager and registered provider complete designated safeguarding training and attend regular safeguarding update/forum meetings at least annually.

Safeguarding is always discussed at staff meetings and all staff are provided with updates at least annually.

Supervision meetings take place for all staff at least every other month. The purpose of this is to foster a culture of mutual support and continuous improvement by providing support, coaching and training for staff, and encouraging confidential discussion of sensitive issues. The registered provider conducts supervision meetings with the manager.

### **Disqualification**

Staff are required to disclose any convictions, cautions, court orders or reprimands and warnings which might affect their suitability to work with children, whether these occur prior to, or during, their employment at the setting. They are asked to confirm this at each supervision meeting.

### **Whistleblowing**

If staff have concerns about a colleague, they report them to the manager, provider or DSL either at their supervision meeting or preferably as the issue occurs. If they feel unable to do so they can seek guidance using the [government guidance on whistleblowing \(opens in new window\)](#).

All information relating to concerns would be handled in confidence, kept in a locked secure location and only made available to those who have a right or professional need to see them.

### **Allegations against someone working on the premises (LADO referral)**

**A complaint is an allegation of abuse if it indicates that someone:**

- Has/may have acted in a way that has harmed a child
- Acted in a way which has put a child at risk
- Possibly committed a criminal offence against or related to a child
- Behaved towards a child or children in a way that indicates he/she is unsuitable to work with children.

If a complaint (from a parent, child, staff member, member of the public, etc) includes an allegation of abuse, whether made verbally or in writing, the incident would be noted in the record of complaints (with minimal detail to ensure confidentiality) and the registered provider informed.

The registered provider/Manager or DSL will make a record of the allegation and contact LADO either through the online referral form or phone.

We will not investigate an allegation of abuse or discuss with the person involved and we will follow the advice of LADO.

The registered provider will inform Ofsted of any allegations of serious harm or abuse whether the allegations relate to harm or abuse committed on the premises or elsewhere.

- Confirmation of the allegation in writing would be sought from the person making the allegation, but action would not be delayed whilst awaiting written confirmation
- The recipient of the allegation would immediately inform the registered provider
- The registered person may delegate responsibility for action to the setting manager, but remains accountable for ensuring that the concern is shared immediately with the LADO on 01905 846221
- The manager would telephone the LADO and if this is not possible, the Family Front Door
- If the allegation is against the DSL or the manager, it will be necessary to report the concern to the person's superior. If this is not possible staff should inform the LADO directly
- If the allegation is against the registered person, the DSL should inform the LADO immediately and then notify Ofsted (or any relevant childminder agency)
- A note would be made of any actions advised by the LADO or by Ofsted and of the date and time they are implemented
- The provider would conduct a risk assessment to determine whether the staff member should be suspended
- Parents/carers would be informed unless to do so could put the child in further danger.

If no further action is recommended, we may still proceed with disciplinary procedures. If there are concerns about the suitability of the member of staff to continue to work with children, we have a statutory duty to refer to the Disclosure and Barring Service (DBS)

In all cases where an allegation against a member of staff is made, we would review all policies and procedures, and address identified training/supervision needs.

Records of allegations would be retained until the alleged perpetrator reaches normal retirement age, or for 10 years if that is longer.

The registered provider completes training on managing allegations.

### **Concerns or allegations that do not meet the harm threshold**

We recognise the importance of ensuring staff working with children and young people remain suitable throughout their employment. This includes ensuring that all adults who work with

children either paid or voluntary do so in accordance with our settings values and policies including the Staff Code of Conduct.

### **What is a low-level concern?**

Keeping children safe in education, 2024 (KCSIE) states:

‘The term ‘low-level’ concern does not mean that it is insignificant. A low-level concern is any concern – no matter how small, and even if no more than causing a sense of unease or a ‘nagging doubt’.

**A low-level concern is therefore where an adult may have acted in a way that:**

- is inconsistent with the staff code of conduct, including inappropriate conduct outside of work, and
- does not meet the harm threshold or is otherwise not serious enough to consider a referral to the LADO.

**Examples of such behaviour could include, but are not limited to:**

- being over friendly with children
- having favourites
- taking photographs of children on their mobile phone, contrary to setting policy
- engaging with a child on a one-to-one basis in a secluded area or behind a closed door
- humiliating children
- exhibiting behaviours which breach the professional standards required by the setting as set out in the staff code of conduct.

### **Safeguarding culture**

In our duties to safeguard children and young people we recognise our responsibility to create and embed a culture of openness, trust and transparency which reflects our settings values. As part of this we ensure our staff code of conduct is understood, adhered to and reviewed in conjunction with staff. Through effective supervision and on-going training we support adults working with children to distinguish between expected and appropriate behaviour from inappropriate, problematic or concerning behaviour, in themselves and others.

### **The importance of sharing low-level concerns**

We recognise that creating an environment where low-level concerns can be shared appropriately is pivotal to our safeguarding duties and may prevent the abuse of children, either accidentally, neglectfully or deliberately.

We also recognise the sharing of low level concerns as a positive action and one which can help us address unprofessional behaviour and support the individual to correct this at an early stage.

### **Reporting a low-level concern**

The reporting of low level concerns should be direct to the settings manager. It is an expectation that the manager would then liaise with the DSL in a timely manner to discuss the low level concern and then plan the next steps.

However, if the concern is regarding the DSL and/or manager this should be directed to the registered person or if this is inappropriate the LADO.

Low level concerns raised about students, supply staff or contractors will also be reported to their employers or educational institution.

### **Self-reporting**

We encourage adults working with children to self-report where they have found themselves in a situation which may have been misinterpreted, might appear compromising to others, and/or on reflection they believe they have behaved in such a way that they consider falls below the expected professional standards.

### **Responding to low-level concerns**

Concerns will be dealt with sensitively and proportionately. To understand the concern raised the Manager will collect as much evidence as possible by speaking:

- directly to the person who raised the concern, unless it has been raised anonymously, and;
- to the individual involved and any witnesses.

Information collected will help them to categorise the type of behaviour and determine what further action may need to be taken in line with the staffs code of conduct. Potential actions could be:

- Allegations that meet the harm threshold will be referred to the LADO for advice
- Low level concerns that the setting feel may need further guidance on will be referred to the LADO for advice
- Low level concerns that the setting feel they can deal with internally will be dealt with via the settings normal processes. This can range from the requirement to revisit training, coaching and mentoring or in some cases disciplinary action.

## **Recording low-level concerns**

All low-level concerns should be recorded in writing. The record should include details of the concern, the context in which the concern arose, along with the rationale for decisions made and action taken. The name of the individual sharing their concerns should also be noted, if the individual wishes to remain anonymous then that should be respected as far as reasonably possible.

Records will be kept confidential, held securely and comply with the Data Protection Act 2018 and the UK General Data Protection Regulation (UK GDPR).

## **Reviewing low level concerns**

We recognise that reviewing low-level concerns can help us to improve our settings safeguarding processes and potentially identify any weakness or wider cultural issues which have enabled the behaviour(s) to occur. Learning from reviews will be shared with staff in the form of policy change or training to minimise risks.

Where patterns of inappropriate, problematic or concerning behaviour have been identified a course of action, will be taken either through our disciplinary procedures or where a pattern of behaviour moves from a low-level concern to meeting the harm threshold, this will be referred to the LADO.

## **References**

Low-level concerns will remain on an employee's record until the individual leaves their employment.

We will not include low-level concerns in references unless:

- the concern (or group of concerns) has met the threshold for referral to the LADO and is found to be substantiated; and/or
- the concern (or group of concerns) relates to issues which would ordinarily be included in a reference, such as misconduct or poor performance.

## **Policy review**

This policy will be reviewed annually or when an incident occurs or there are new local or national policies and procedures. The review process will be led by the registered provider and the DSL and include all those working in the setting.