

Safeguarding children, young people and vulnerable adults' policy

Alongside associated procedures in 06.1-06.10 Safeguarding children, young people and vulnerable adults, this policy was adopted by *Blakeney Preschool* on 28.2.2024

Contacts

Role	Name	Contact Details
Designated safeguarding lead (DSL)	Rachael Thomas – manager	01594 510270 Blakeneyunderfives@eygloucestershire.co.uk
Deputy DSL	Cathy Rowlands - manager	01594 510270 Blakeneyunderfives@eygloucestershire.co.uk
Trustee	Rachel Maher	01594 510270 Blakeneyunderfives@eygloucestershire.co.uk
	Children and Families Front Door	01452 426565 (Monday to Friday 9am to 5pm).
	Emergency Duty team	01452 614758 (out of hours)
Local authority designated officer (LADO) – for allegations management		Allegations Management Co-Ordinator 01452 426994 Amadmin@gloucestershire.gov.uk

national police Prevent advice line		0800 011 3764
NSPCC		0808 800 5000

Aim

We are committed to safeguarding children, young people and vulnerable adults and will do this by putting young people and vulnerable adult's right to be '*strong, resilient and listened to*' at the heart of all our activities.

Our 'four key commitments' are:

1. Blakeney Preschool is committed to empowering children, young people, and vulnerable adults, promoting their right to be '**strong, resilient, actively listened to, and heard**'.
2. Blakeney Preschool upholds a culture of safety in which children, young people and vulnerable adults are protected from abuse and harm in all areas of its curriculum and service delivery.
3. Blakeney Preschool is committed to preventing harm and responding promptly and appropriately to all incidents or concerns of abuse that may occur. Working with statutory agencies to achieve the best possible outcomes for every child.
4. Blakeney Preschool is dedicated to increasing safeguarding confidence, knowledge and good practice through training and learning programmes.

A 'vulnerable adult' (see guidance to the Care Act 2014) as: '*a person aged 18 years or over, who is in receipt of or may need community care services by reason of 'mental or other disability, age or illness and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation*'. In early years, this person may be a service user, parent of a service user, or a volunteer.

Key Commitment 1

- All staff receive adequate training in child protection matters and have access to the setting's policy and procedures for reporting concerns of possible abuse and the safeguarding procedures of the Local Safeguarding Partners.
- All staff have adequate information on issues affecting vulnerability in families such as, domestic violence, mental illness etc, together with training that takes account of factors that affect children that arise from inequalities of race, gender, disability, language, religion, sexual orientation, or culture.
- We use available curriculum materials for young children, taking account of information in the Early Years Foundation Stage, that enable children to be *strong, resilient, and listened to and heard*.
- All services seek to build the emotional and social skills of children and young people who are service users in an age-appropriate way, including increasing their understanding of how to stay safe.
- We adhere to the EYFS Safeguarding and Welfare requirements.

Key Commitment 2

- There are procedures in place to prevent known abusers from coming into the organisation as employees or volunteers at any level.
- Safeguarding is the responsibility of every person undertaking the work of the organisation in any capacity.
- There are procedures for dealing with allegations of abuse against a member of staff, or any other person undertaking work whether paid or unpaid for the organisation, where there is an allegation of abuse or harm of a child. Procedures differentiate clearly between an allegation, a concern about quality of care or practice and complaints.
- There are procedures in place for reporting possible abuse of children or a young person in the setting.
- There are procedures in place for reporting safeguarding concerns where a child may meet the s17 definition of a child in need (Children Act 1989) and/or where a child may be at risk of significant harm, and to enable staff to make decisions about appropriate referrals using local published threshold documents.

- There are procedures in place for reporting possible abuse of a vulnerable adult in the setting.
- There are procedures in place in relation to escalating concerns and professional challenge.
- There are procedures in place for working in partnership with agencies involving a child, or young person or vulnerable adult, for whom there is a protection plan in place. These procedures also take account of working with families with a 'child in need' and with families in need of early help, who are affected by issues of vulnerability such as social exclusion, radicalisation, domestic violence, mental illness, substance misuse and parental learning disability.
- These procedures take account of diversity and inclusion issues to promote equal treatment of children and their families and that take account of factors that affect children that arise from inequalities of race, gender, disability, language, religion, sexual orientation, or culture.
- There are procedures in place for record keeping, confidentiality and information sharing, which are in line with data protection requirements.
- We follow government and Local Safeguarding Partners guidance in relation to extremism.
- The procedures of the Local Safeguarding Partners must be followed.

Key Commitment 3

- We have a 'designated safeguarding lead person', who is responsible for carrying out child, young person, or adult protection procedures.
- The 'designated safeguarding lead' ensure they have links with statutory and voluntary organisations regarding safeguarding children.
- The 'designated safeguarding lead' and the 'designated officer (Committee member)' ensure they have received appropriate training on child protection matters and that all staff are adequately informed and/or trained to recognise possible child abuse in the categories of physical, emotional and sexual abuse and neglect.
- The 'designated safeguarding lead' ensure all staff are aware of the additional vulnerabilities that affect children that arise from inequalities of race, gender, disability, language, religion, sexual orientation or culture and that these receive full consideration in child, young person or adult protection related matters.

- The 'designated safeguarding lead ensures that staff are aware and receive training in social factors affecting children's vulnerability
- The 'designated safeguarding lead' ensure that staff are aware and receive training in other ways that children may suffer significant harm and stay up to date with relevant contextual safeguarding matters.

Key commitment 4

- There are procedures in place to ensure staff recognise children and families who may benefit from early help and can respond using local early help processes. Staff understand how to identify and respond to families who may need early help.
- Staff are supported to make the right decisions that enable timely and appropriate action to be taken.

Legal references

Primary legislation

Children Act 1989 – s 47

Protection of Children Act 1999

Care Act 2014

Children Act 2004 s11

Children and Social Work Act 2017

Safeguarding Vulnerable Groups Act 2006

Counter-Terrorism and Security Act 2015

General Data Protection Regulation 2018

Data Protection Act 2018

Modern Slavery Act 2015

Sexual Offences Act 2003

Serious Crime Act 2015

Criminal Justice and Court Services Act (2000)

Human Rights Act (1998)

Equalities Act (2006)

Equalities Act (2010)

Disability Discrimination Act (1995)

Data Protection Act (2018)

Freedom of Information Act (2000)

Legal references

Working Together to Safeguard Children (HMG 2023)

Statutory Framework for the Early Years Foundation Stage 2023

What to Do if You're Worried a Child is Being Abused (HMG 2015)

Prevent duty guidance for England and Wales: guidance for specified authorities in England and Wales on the duty of schools and other providers in the Counter-Terrorism and Security Act 2015 to have due regard to the need to prevent people from being drawn into terrorism' (HMG 2015)

Keeping Children Safe in Education 2022

Education Inspection Framework (Ofsted 2023)

The framework for the assessment of children in need and their families (DoH 2000)

The Common Assessment Framework (2006)

Statutory guidance on inter-agency working to safeguard and promote the welfare of children (DfE 2015)

Further guidance

Information sharing advice for safeguarding practitioners (DfE 2018)

The Team Around the Child (TAC) and the Lead Professional (CWDC 2009)

The Common Assessment Framework (CAF) – guide for practitioners (CWDC 2010)

Multi-Agency Statutory Guidance on Female Genital Mutilation (HMG. 2016)

Multi-Agency Public Protection Arrangements (MAPPA) (Ministry of Justice, National Offender Management Service and HM Prison Service 2014)

Safeguarding Children from Abuse Linked to a Belief in Spirit Possession (HMG 2010)

Safeguarding Children in whom Illness is Fabricated or Induced (HMG 2007)

Safeguarding Disabled Children: Practice Guidance (DfE 2009)

Safeguarding Children who may have been Trafficked (DfE and Home Office 2011)

Child sexual exploitation: definition and guide for practitioners (DfE 2017)

Handling Cases of Forced Marriage: Multi-Agency Practice Guidelines (HMG 2014)

Date of policy	
Review date	
Read and signed 7.4.25 Name CATHY ROWLANDS signature 	Read and signed 7.4.25 Name Rachael Thomas signature 

06.1 Responding to safeguarding or child protection concerns.

The designated safeguarding lead is Rachael Thomas, the deputy designated safeguarding lead is Cathy Rowlands, our trustee responsible for safeguarding is Rachel Maher

Safeguarding roles

- All staff recognise and know how to respond to signs and symptoms 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 DSL.
- The managers are the designated safeguarding lead deputy designated safeguarding lead, responsible for co-ordinating action taken by the setting to safeguard vulnerable children and adults.
- All concerns about the welfare of children in the setting should be reported to the designated safeguarding lead or the deputy designated safeguarding lead.
- 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.
- Blakeney Preschool will not operate without an identified designated safeguarding lead at any time.
- The designated safeguarding lead agrees 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 DSL, action to safeguard the child is taken first and the DSL is informed later. If the DSL is unavailable advice is sought from the deputy DSL or R Maher.
- Issues which may require notifying to Ofsted are notified to the DSL to make a decision regarding notification. The DSL will remain up to date with Ofsted reporting and notification requirements.
- If there is an incident, which may require reporting to RIDDOR the DSL immediately seeks guidance from the trustees. There continues to be a requirement that the DSL follows legislative requirements in relation to reporting to RIDDOR. This is fully addressed in section 01 Health and Safety procedures.

- Blakeney Preschool follow procedures of Gloucestershire Children 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, whistleblowing, 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 on an 'existing injury form' which is signed by the parent/carer.
- The member of staff advises the DSL 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 DSL decides the course of action to be taken after reviewing 06.1a Child welfare and protection summary and completing 06.1b Safeguarding incident reporting form.
- If the mark or injury is noticed later in the day and the parent is not present, this is raised with the DSL.
- If there are concerns about the nature of the injury, and it is unlikely to have occurred at the setting, the designated person decides the course of action required and 06.1b Safeguarding incident reporting form is completed as above, 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 DSL.
- If there is no cause for further concern, a record is made in the Accident book 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 DSL.
- The parent/carer is advised at the earliest opportunity.

- If the parent believes that the injury was caused at the setting this is still recorded in the Accident book and an accurate record made of the discussion is made in the initial concerns folder.

Responding to the signs and symptoms of abuse

- Concerns about the welfare of a child are discussed with the DSL without delay.
- A written record is made of the concern on 06.1b Safeguarding incident reporting form 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 on 06.1b Safeguarding incident reporting form, 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 DSL makes a professional judgement about referring to other agencies -
 - 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 person, also completing 06.1b Safeguarding incident reporting form if they have not already done so.

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

Parents 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 person must always seek consent from the child's parents 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 override a parental decision to withhold consent.
- If a parent 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 DSL contacts the parents

(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 should not be contacted until such time as their investigation, or the police investigation, is concluded.

Parents 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 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 to seek their consent may cause delay to the referral being made.

The DSL makes a professional judgment regarding whether consent (from a parent) 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. Advice can also be sought from the DSL.

Referring

- The designated safeguarding lead or deputy follows Gloucestershire Safeguarding children Partnerships procedures for making a referral.
- If the designated safeguarding lead or deputy is not on site, the most senior member of staff present takes responsibility for making the referral.
- 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 GSCP are contacted immediately.

Further recording

- Information is recorded using 06.1b Safeguarding incident reporting form, and a short summary entered on 06.1a Child welfare and protection summary. Discussion with parents and any further discussion with social care is recorded. If recording a conversation with parents that is significant, regarding the incident or a related issue,

parents are asked to sign and date it 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 on 06.1b Safeguarding incident reporting form, as above.
- The referral is recorded on 06.1a Child welfare and protection summary.
- 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 DSL to allow continuity of support during closures or holiday periods.

Reporting a serious child protection incident using 06.1c Confidential safeguarding incident report form

- For child protection concerns at Tier 3 and 4** it will be necessary for the DSL to complete 06.1c Confidential safeguarding incident report form.
- Further information is sent to the DSL 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 and the practitioner continues to feel a safeguarding referral is required, then they discuss this with the deputy DSL.
- 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 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 miscarriage of justice 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 the co-manager / deputy DSL.
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 Rachel Maher.

Ultimately, 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

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 leads

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. LSP guidance must be followed in relation to FGM, and the designated person 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

Early years settings, schools and local authorities have 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 local safeguarding 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 local safeguarding team or the Channel panel, as appropriate.
- The designated safeguarding lead should also ensure that they and all other staff working with children and young people understand how to recognise that someone may be at risk of violent extremism.
- The designated safeguarding lead also ensures that all staff complete The Prevent Duty training.
- 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

GCSP 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 or not consent should be sought on a case-by-case basis. Designated safeguarding leads should 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 GSCP 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 should be aware that children can be put at risk by gang activity, both through participation in and as victims of gang violence. Whilst very 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. Designated safeguarding leads should be familiar with their GSCP guidance and procedures in relation to safeguarding children affected by gang activity and ensure this is followed where relevant.

Forced marriage/Honour based violence.

Forced marriage is a marriage in which one or both spouses do not consent to the marriage but are forced into it. Duress can include physical, psychological, financial, sexual, and emotional pressure. In the cases of some vulnerable adults who lack the capacity to consent coercion is not required for a marriage to be forced. 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 like, 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: fmufco.gov.uk
- Email for outreach work: fmufcooutreach.gov.uk

Further guidance

[Accident Record](#) (Alliance Publication)

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

[Creating a culture of safeguarding](#) (Alliance Publication)

Date of policy	
Review date	
<p>Read and signed 7.4.25.</p> <p>Name CATHY ROWLANDS</p> <p>signature </p>	<p>Read and signed 7.4.25.</p> <p>Name Rachael Thomas</p> <p>signature </p>

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

Concerns may come from a parent, child, colleague, or the public. Allegations or concerns must be referred to the DSL 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.*
- *does not 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 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

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 safeguarding trustee. 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 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 GSCP.
- A child protection referral is made if required. The LADO, line managers and local safeguarding children's partnership can advise on whether a child protection referral is required.
- The DSL asks for clarification from the LADO on the following areas:
 - what actions they must take next and when and how the parents 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 person has taken to ensure the safety of the children and staff attending the setting.
- The DSL 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 are not normally informed until discussion with the LADO has taken place, however in some circumstances the DSL may need to advise parents 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 or not suspension should be considered. The person dealing with the allegation must take steps to ensure that the immediate safety of children, parents 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.

- The designated safeguarding lead ensures staff fill in 06.1b Safeguarding incident reporting form.
- If after discussion with the DSL, 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.
- If notification to Ofsted is required the DSL 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 trustees.
- The designated safeguarding lead ensures that the 06.1c Confidential safeguarding incident report form is completed and sent to the trustees.
- 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 lead 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 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 agency staff

Any allegations against agency staff must be responded to as detailed in this procedure. In addition, the designated person must contact the agency following advice from the LADO.

Allegations against the designated safeguarding lead.

- If a member of staff has concerns that the DSL has behaved in a way that indicates they are not suitable to work with children as listed above, this is reported to the deputy DSL or the safeguarding trustee who will investigate further.

- During the investigation, the safeguarding trustee will identify another suitably experienced person to take on the role of DSL.
- If an allegation is made against the Safeguarding trustee, then the remaining trustees are informed.

Recording

- A record is made of an allegation/concern, along with supporting information. This is then entered on the file of the child, and the 06.1a Child welfare and protection summary is completed and placed in the front of the child's file.
- 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. This can be completed online - <https://www.gov.uk/guidance/making-barring-referrals-to-the-dbs#how-to-make-a-referral>, or advice can be sought on 03000 200 190.

Escalating 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 DSL.
- If after discussions with the DSL, they still believe that appropriate action to protect children has not been taken they must speak to the deputy DSL or safeguarding trustee.
- If there are still concerns then the whistle blowing procedure must be followed, as set out in 06.1 Responding to safeguarding or child protection concerns.

Date of policy	
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06.3 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, they 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 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 / manager identifies any risk posed by the intruder.
- The staff / manager ensures the individual follows the procedure for visitors.
- The manager is immediately informed if not aware of the incident and takes necessary action to safeguard children.
- If there are concerns for the safety of children, staff evacuate them to the main room, lock all doors and windows and close blinds, and contact police – then the main school office. In some circumstance this could lead to ‘lock-down’ of the setting and will be managed by the responding emergency service (see procedure 01.21 Terrorist threat/attack and lock-down).
- In the case of a serious breach where there was a perceived or actual threat to the safety of the children, the manager completes 06.1c Confidential safeguarding incident report form) and copies in the chairperson on the day of the incident. The committee ensure a robust organisational response and ensure that learning is shared.

Date of policy	
Review date	
Read and signed 22.5.25. Name CATHY ROWLANDS signature 	Read and signed 20.5.25 Name Rachael Thomas signature 

06.4 Late or Uncollected child

Late collections

Late collections must be avoided, if possible, as they can disrupt the end of the Preschool day, upset the child and delay staff from their many closedown duties.

Our opening hours are 8.15am-3pm. There will be an additional charge if your child is not collected on time and vacated the premises by 3pm or 12pm for half days.

The fees are payable the following day in cash and will not be added to invoices. Our Payment policy will be followed in the event of nonpayment.

Fees payable

Late arrival by 1-10 minutes – £10.00

Every 5 minutes thereafter – £10.00

Consistent late collections may result in your child's place being withdrawn.

If a child is not collected by the end of the session and there has been no contact from the parent, 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 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.
- After one hour, the designated safeguarding lead contacts Mash - 01452 426565 (Monday to Friday 9am to 5pm) or the local social care out-of-hours duty officer 01452 614194 if outside of these times, or if the parents or other known carer cannot be contacted and there are concerns about the child's welfare or the welfare of the parents.
- The designated safeguarding lead should follow the advice given by MASH.
- Where appropriate the designated safeguarding lead should also notify police.

Members of staff do not:

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

- Staff make a record of the incident in the safeguarding folder, along with actions taken. A record of conversations with parents should be made, with parents being asked to sign and date the recording.
- 06.1c Confidential safeguarding incident report form 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 to agree a plan to improve time-keeping and identify any further support that may be required.

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06.5 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 school office is informed. The parents are then called and informed.
- The designated safeguarding lead contacts the chair person to inform them of the situation.

Off-site (outing or walk)

- As soon as it is noticed that a child is missing, the manager carries out a headcount.
- One member of staff searches the immediate vicinity.
- If the child is not found, the manager informs the venue (if applicable) calls the police and then contacts the chairperson
- The designated safeguarding lead informs the parents.
- 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 chairperson, who attends the setting if possible.

Recording and reporting

- A record is made on 06.1a Child welfare and protection summary and 06.1b Safeguarding incident reporting form. The manager as designated safeguarding lead completes and circulates 06.1c Confidential safeguarding incident report form to 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 chairperson carries out a full investigation.
- The designated safeguarding lead and the chairperson speak with the parents together and explain the process of the investigation.
- Each member of staff present during the incident writes a full report using 06.1b Safeguarding incident reporting form, which is filed in the safeguarding file. Staff do not discuss any missing child incident with the press.

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06.6 Incapacitated parent/carer

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 displays 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 on form 06.1b Safeguarding incident reporting form.
- If intervention is required, the designated safeguarding lead speaks to the parent in an appropriate, confidential manner.
- The designated safeguarding lead will, in agreement with the parent, 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 MASH of their contact details.
- The chairperson 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 MASH are contacted.
- If violence is threatened towards anybody, the police are called immediately.
- If the parent takes the child from the setting while incapacitated the police are called immediately and a referral is made to MASH.

Recording

- The designated safeguarding lead completes 06.1b Safeguarding incident reporting form and if social care were contacted 06.1c Confidential safeguarding incident report form is completed the designated officer. If police were contacted 06.1c Confidential safeguarding incident report form should also be copied to the owners/directors/trustees.
- Further updates/notes/conversations/ telephone calls are recorded.

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06.7 Death of a child on-site

Identifying

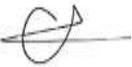
- If it is suspected that a child has died in the setting, emergency resuscitation will be given to the child by a qualified First Aider until the ambulance arrives.
- Only a medical practitioner can confirm a child has died.

Informing

- The designated safeguarding lead ensures emergency services have been contacted; ambulance and police.
- The parents 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 chairperson and informs them of what has happened.
- The committee are contacted and 06.1c Confidential safeguarding incident report form prepared by the designated safeguarding lead and chairperson.
- A member of staff is delegated to phone all parents 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.
- 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 committee will decide how the death is investigated within the organisation after taking advice from relevant agencies.
- The committee will coordinate support for staff and children to ensure their mental health and well-being.

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06.8 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 or other relatives.

Places will be offered to any looked after child if there are spaces available

Additional Support

- The designated safeguarding lead and key person liaise with agencies and professionals involved with the child, and his or her 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, 6.8a Care plan for looked after children form is completed. The care plan is reviewed after two weeks, six weeks, three months, and thereafter at three to six monthly intervals.
- Regular contact will be maintained with the social worker through planned meetings, which will include contribution to the PEP which is reviewed annually.

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06.9 E-safety (including all electronic devices with internet capacity)

Online Safety

It is important that children and young people receive consistent messages about the safe use of technology and are able to 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.
- Tablets are only used for the purposes of observation, assessment and planning and to take photographs for individual children's learning journeys.
- Tablets remain on the premises and are stored securely at all times when not in use.

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 tablets 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.

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 egg office.
- Personal mobile phones are placed in the red mobile phone box, in the cupboard in the main room.
- 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. Visitors are advised of a private space where they can use their mobile.

Cameras and videos

- Members of staff do not bring their own cameras or video recording devices 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.
- Camera and video use is monitored by the setting manager.

- Where parents request permission to photograph or record their own children at special events, general permission is first gained from all parents 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.

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 Snapchat etc 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 educator 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 follows procedure 06.2 Allegations against staff, volunteers or agency staff.

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