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06 Local Multi Agency Safeguarding Arrangement

The Children and Social Work Act 2017 (the Act) replaces Local Safeguarding Children Boards with new local safeguarding arrangements led by three safeguarding partners (local authorities, chief officers of police, and clinical commissioning groups). The Act places a duty on those partners to decide for themselves, and relevant agencies they deem appropriate, to work together for the purpose of safeguarding and promoting the welfare of children in their area. Education is one of the relevant agencies. In Luton, the arrangements continue to be referred to as the Local Safeguarding Children and Adult’s Board.

Safeguarding policy

Introduction

Safeguarding is defined as –

- protecting children from maltreatment.
- preventing impairment of children’s mental and physical health or development.

- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and
- taking action to enable all children to have the best outcomes.

[\(Keeping Children Safe In Education \(2022\)\)](#)

Child Protection is defined as –

- the activity that is undertaken to protect specific children who are suffering or likely to suffer significant harm.

[\(Working Together, DfE 2018\)](#)

This includes, but is not limited to, safeguarding children in specific circumstances:

Neglect	Physical abuse
Emotional abuse	Sexual abuse
Bullying, including online and prejudice-based bullying	Racist, disability and homophobic or transphobic abuse
Gender based violence / violence against women and girls	Radicalisation and /or extremist behaviour
Child Sexual Exploitation and trafficking	The impact of new technologies on sexual behaviour: e.g., Youth produced sexual imagery
Teenage relationship abuse	Substance abuse
Gang / youth violence including initiation / hazing	Domestic abuse / violence
Female Genital Mutilation	Forced marriage
Fabricated / induced illness	Poor parenting
Online including grooming via social networking, online gaming, video messaging	Child on child abuse
Self-harm behaviours	Children with mental health difficulties or illness

Working Together 2018 sets out that Early Years providers have a duty under section 40 of the Childcare Act 2006 to comply with the safeguarding and welfare requirements of the Early Years Statutory Framework (3.7 EYFS). Under the Statutory Framework (3.4 EYFS) “Providers must be alert to any issues for concern in the child’s life at home or elsewhere.” Procedures are in place to

safeguard children in line with the policies and procedures of [Luton Safeguarding Children Board Procedures](#).

All staff should be aware of the guidance issued by Luton Local Safeguarding Children's Board (LSCB) within the Effective Support document in order to secure support and intervention for children and young people at the earliest possible opportunity in the least intrusive way. As part of the procedures in Luton there are safeguarding case recording materials that are used for recording safeguarding concerns – see Safeguarding form, Chronology form, Body Map, Tracking monitoring form.

Wigmore Under Fives is committed to safeguarding and promoting the welfare of all its children. We believe that:

- all children have an equal right to be protected from harm
- all children have the right to speak freely and voice their values and beliefs
- all children must be encouraged to respect each other's values and support each other
- all children have the right to be supported to meet their emotional and social needs as well as their educational needs
- our early years setting can and does contribute to the prevention of abuse, victimisation, bullying, exploitation, extreme behaviours, discriminatory views, and risk-taking behaviours
- All staff, volunteers and visitors have an important role to play in safeguarding children and protecting them from abuse.

The Designated Safeguarding Officer (DSO)

Designated Safeguarding Officer (DSO) Lead at **Wigmore Under Fives** is **Maria Robinson** who takes lead responsibility for coordinating all child protection activity within our early years setting. They will provide support to staff members to carry out their safeguarding duties and will liaise closely with other services such as the Multi Agency Safeguarding Hub (MASH), Luton Children and Families Social Care Service, Family Partnership Service, Health, Police etc. This person has lead responsibility and management oversight for safeguarding and child protection **(3.5 EYFS)**

The Deputy Designated Safeguarding Officer (DSO) Lead is trained to the same level as the Designated Safeguarding Officer (DSO) Lead and will undertake this role in their absence

- when the early years setting has concerns about a child, the Designated Safeguarding Officer (DSO) will decide what steps should be taken in accordance with the Effective Support document and strategy to initiate a response accordingly
- the DSO will refer to the Model Setting Concern Process if a concern becomes apparent regarding a child. For further information, please see appendix 11
- the DSO will support staff who make referrals to the Local Authority Children's Social Care and act as a source of support, advice, and expertise for all staff **(EYFS 3.5)**

- the DSO will refer cases to the Police where a crime may have been committed
- the DSO seek advice in regard to safeguarding matters related to radicalisation and make referrals to Channel as required
- the DSO will liaise with the Committee Safeguarding Officer for allegations to ensure where necessary referrals have been made to the Disclosure and Barring Service when a person is dismissed or resigned due to risk/harm to a child
- the DSO will lead regular case monitoring reviews of vulnerable children as per the EYFS statutory framework, also known as safeguarding supervision. These reviews, together with any actions arising from the review and the rationale for decision-making will be recorded in case files
- the DSO will ensure safeguarding and child protection information will be dealt with in a confidential manner and in accordance with the LSCB's information sharing guidance.
- staff will be informed of relevant details only when the Designated Safeguarding Officer feels their having knowledge of a situation will improve their ability to deal with an individual child and / or family.
- a written record will be made of what information has been shared with whom, and when
- the DSO will ensure safeguarding and child protection records will be stored securely in a central place separate from academic record Individual files will be kept for each child
- the DSO will ensure access to safeguarding and child protection records by staff other than by the Designated Safeguarding Officer will be restricted, and a written record will be kept of who has had access to them and when.
- the DSO will refer cases to the Police where a crime may have been committed
- the DSO will ensure parents are usually (subject to the point below) aware of information held on their children and are kept up to date regarding any concerns or developments by the appropriate members of staff
- general communications with parents will be in line with any setting policies and give due regard to which adults have parental responsibility. The Designated Safeguarding Officer (DSO) Lead will seek advice in regard to safeguarding matters related to radicalisation via the Channel team and Multi Agency Safeguarding Hub, and follow their guidance
- the DSO will undertake regular case monitoring reviews of vulnerable and looked after children recorded within the A-Z Chronology and within individual case files. These reviews will be discussed within staff safeguarding supervision sessions. Any actions arising from the review and the reasoning for decision making will be recorded in the child's individual case file and a copy of this will also be filed in the staff member's personal supervision folder.

The Designated Safeguarding Officer will not disclose to a parent any information held on a child if this would put the child at risk of significant harm. In such circumstances, advice will be sought from Children’s Social Care.

- if a child moves from our early years setting, the DSO will ensure all child protection records are forwarded on to the DSO at the new early years setting or school, with due regard to their confidential nature and in line with national government guidance on the transfer of such records. We will record the date, where and to whom the records have been passed and request a signature on receipt of the child’s records. The practice guidance produced by the Luton Local Safeguarding Children’s Board (LSCB) will be adhered to in relation to archiving child protection records. Professional judgment will determine if other safeguarding recordings need to be archived or forwarded on to transitioning schools
- if sending by post, children’s records will be sent by “Special/Recorded Delivery.” For audit purposes a note of all children’s records transferred or received should be kept in either paper or electronic format. This will include the child’s name, date of birth, where and to whom the records have been sent and the date sent and/or received. When a Designated Safeguarding Officer resigns their post or no longer has child protection responsibility, there should be a full face-to-face handover/exchange of information with the new post holder - this exchange should be recorded as part of the incoming role holder’s induction/performance management

Safer Recruitment

Our early years setting implements Safer Recruitment practices **(3.9 to 3.18 EYFS)** and taking into consideration the ‘Keeping Children Safe in Education’ (KCSIE 2022). Safer recruitment practice includes scrutinising applicants, obtaining professional and character references, checking previous employment history, ensuring that a candidate has the health and physical capacity for the job, verifying identity and academic or vocational qualifications via the [government qualification](#) checker.

Checks also include undertaking interviews, appropriate enhanced checks through the [Disclosure and Barring Service \(DBS\)](#)

Our role in the prevention of abuse

In accordance with Working Together 2018, our early years setting recognises the need to safeguard children from:

- neglect
- emotional abuse
- physical abuse
- sexual abuse

Appendix 1 contains more information about definitions and indicators of abuse.

Additional policies linked to safeguarding children in our early years setting.

Safer Recruitment	Physical Restraint
Code of Conduct	Visitor / External speakers
Disqualification	Online safety
Whistleblowing	Health and Safety
Bullying	Managing Children's Behaviour
Peer on Peer abuse	Physical restraint

All staff must be able to identify signs of possible abuse and neglect at the earliest opportunity and to respond in a timely and appropriate way. These may include:

- significant changes in children's behaviour
- deterioration in children's general well-being
- unexplained bruising, marks or signs of possible abuse or neglect
- children's comments which give cause for concern
- any reasons to suspect neglect or abuse outside the setting, for example in the child's home or that a girl may have been subjected to (or is at risk of) female genital mutilation
- inappropriate behaviour displayed by other members of staff, or any other person working with the children. For example: inappropriate sexual comments, excessive one-to-one attention beyond the requirements of their usual role and responsibilities or inappropriate sharing of images (3.6 EYFS)

What settings should look out for:

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

- is disabled and has specific additional needs
- has special educational needs (whether or not they have a statutory Education, Health, and Care Plan)
- young people or family are a young carer
- is frequently missing/goes missing from care or from home
- is at risk of modern slavery, trafficking, or exploitation
- is at risk of being radicalised or exploited

- is in a family circumstance presenting challenges, such as drug and alcohol misuse, adult mental health issues and domestic abuse
- has returned home to their family from care and is a privately fostered child

The Committee

The early years Committee will ensure that:

- the nominated Committee member for child protection at our early years setting is **Cathie Barr**. She is responsible for liaising with the Preschool DSO over all matters regarding child protection issues.
- they comply with their duties under legislation. They will comply with The Early Years Foundation Stage (EYFS 2021) Framework and the Luton Local Safeguarding Children's Board (LSCB) to ensure that the policies, procedures, and training in our early years setting are effective and offer supervision including safeguarding supervision to the DSO Leader.
- a member of the Committee is nominated to liaise with the Local Authority Designated Officer (LADO) and partner agencies in the event of allegations of abuse made against the Preschool Supervisor of the early years setting.
- all permanent staff, temporary staff and volunteers are made aware, understand, and implement our early years setting's policies and procedures for safeguarding children and child protection (3.6 EYFS)
- staff and volunteers receive appropriate training on safeguarding at induction that is updated regularly (3.20 EYFS)
- committee chairperson receives appropriate safeguarding and child protection training at induction, and then at regular intervals
- training will provide them with the knowledge to ensure their early years setting safeguarding policies and procedures are effective (3.21 EYFS)

Key processes

- staff training includes discussions and briefings on local Serious Case Reviews (SCR's) accessed from Local Multi Agency Safeguarding Arrangement (LMASA) website.
- our early years setting provides an appropriate safeguarding response in accordance with the Luton Local Safeguarding Children's Board (LSCB) [Effective Support Luton document](#) in order to safeguard children
- our early years setting follows local procedures for sharing intelligence in relation to Child Sexual Exploitation with Bedfordshire Police and the Single Point of Contact for CSE within Luton, including the use of the [Multi Agency Submission form](#)

- our early years setting initiates appropriate safeguarding responses to children who go missing while in the care of the setting in line with our Lost Child Policy **(3.63 EYFS)**
- our early years setting has a Code of Conduct which should include staff/child relationships and communications plus the use of social media and other online platforms **(3.20, 3.21 EYFS)**
- our early years setting has procedures for managing allegations and concerns about adults that work or volunteer with children and that these include the procedures for making referrals to the Disclosure and Barring Service **(3.6 EYFS)**
- that people looking after children are suitable and there must be an enhanced criminal record from the Disclosure and Barring Service in place for every person aged sixteen or over who works directly with children, works on the premises on which childcare is provided (unless they do not work there during the times when children are present) **(3.10 EYFS)**
- our early years setting operates safer recruitment procedures and ensures that appropriate checks and vetting is carried out on all new staff and relevant volunteer records must be easily accessible and available
- confidential information and records about staff and children are held securely and only accessible and available to those who have a right or professional need to see them
- our setting is aware of their responsibilities under the General Data Protection Act (GDPA) 2018 and where relevant the Freedom of Information Act 2000
- all staff understand the need to protect the privacy of the children in their care and promote confidentiality at all times **(3.70, 3.71 EYFS)**
- records relating to individual children are retained for a reasonable period of time after they have left the provision
- we record the following information for each child in their care: full name, date of birth, name, and address of every parent and/or carer who is known to the provider (and 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 **(3.69–3.73 EYFS)**
- the Designated Safeguarding Officer (DSO) Lead and any Deputies undertake Local Safeguarding Children's Board (LSCB) multi-agency higher level training to ensure they have the appropriate training, skills, and knowledge to carry out this role. In addition, the Designated Safeguarding Officer lead and any Deputies will update their knowledge by receiving safeguarding updates. This may include support from the Local Authority Designated Safeguarding Officer (DSO) sessions, attendance at training and learning events offered by the local Luton Local Safeguarding Children's Board (LSCB), online updates via NSPCC or attendance at professional development events.

- all staff have up-to-date knowledge of safeguarding issues **(3.6 EYFS)** staff know what to do in the event of a safeguarding concern and know who to speak to.

A safer culture

A safer culture of working practice supports safeguarding in practice across all aspects of the setting this is implemented throughout our practice by ensuring the following:

- clear risk assessments are in place and respond consistently to protect children which enable them to take age appropriate and reasonable risks – see daily/annual risk assessment
- staff respond with clear boundaries about what is safe and acceptable, and they seek to understand the triggers for children’s behaviour.
- in the event where physical restraint is used that the parents are informed on the same day **(3.54 EYFS)** – See managing children’s behaviour policy
- the culture of this early year’s setting is one that is safe for children and unsafe for adults that may pose a risk to children
- there is a belief that safeguarding is the responsibility of all adults working or volunteering within the early years setting and that all concerns will be reported to the Designated Safeguarding Officer or preschool supervisor when concerns relate to an adult
- the early years setting has a culture of listening to, and hearing the voice of the child
- the early years setting takes allegations of abuse seriously and will respond accordingly via the local safeguarding referral pathways

Inspection

[Early Years inspection handbook](#) will come into force from September 2022

This handbook describes the main activities that inspectors undertake when they carry out inspections of early years providers

Safeguarding in specific circumstances

Our early years setting pays due regard to the need to safeguard children in specific circumstances and training will incorporate Child Sexual Exploitation (CSE), vulnerability to radicalisation, Female Genital Mutilation (FGM), peer on peer abuse which can include gang initiation or hazing type related violence, cyberbullying, sexually harmful behaviours, or youth produced sexual imagery. See appendix 5, 6, 7 and 8, 9

Sexualised behaviours

Where children display sexualised behaviours, the behaviours will be considered in accordance with the children’s developmental understanding, age, and impact on the alleged victim. Tools such as Brook Traffic Light Tool will be used to assist in determining whether the behaviour is developmental or a cause for concern. This will assist in ensuring the child/ren receive the right

support at the right time either via the Family Partnership Service and the Multi Agency Safeguarding Hub (MASH).

In all cases of child on child abuse the early years setting will consider the vulnerability of all children including those alleged to have caused the harm and those alleged to be victims and provide a safeguarding response consistent with the Effective Support document.

Further guidance around harmful sexual behaviours can be on the Government's [Sexual violence and sexual harassment between children in schools and colleges page](#).

Child Sexual Exploitation (CSE) and Criminal Exploitation (CCE)

CSE is a form of child sexual abuse. Sexual abuse 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 clothing. It may include non-contact activities, such as involving children in the production of sexual images, forcing children to look at sexual images or watch sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse including via the internet.

CSE can occur over time or be a one-off occurrence, and may happen without the child's immediate knowledge e.g., through others sharing videos or images of them on social media.

CSE can affect any child, who has been coerced into engaging in sexual activities. This includes 16- and 17-year-olds who can legally consent to have sex. Some children may not realise they are being exploited e.g., they believe they are in a genuine romantic relationship.

Child Sexual Exploitation (CSE) and Criminal Exploitation (CCE)

Both CSE and CCE are forms of abuse and both occur where an individual or group takes advantage of an imbalance in power to coerce, manipulate or deceive a child into sexual or criminal activity. Whilst age may be most obvious, this power imbalance can also be due to a range of other factors including gender, sexual identity, cognitive ability, physical strength, status, and access to economic or other resources. In some cases, the abuse will be in exchange for something the victim needs or wants and/or will be to the financial benefit or other advantage (such as increased status) of the perpetrator or facilitator. This abuse can be perpetrated by individuals or groups, males or females and children or adults. The abuse can be a one-off occurrence or a series of incidents over time, and range from opportunistic to complex organised abuse. It can involve force and/or enticement based methods of compliance and may be accompanied by violence or threats of violence. Victims can be exploited even when activity appears consensual and it should be noted exploitation as well as being physical can be facilitated and/or take place online. More information including definitions and indicators are in Appendix 9.

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. [Child sexual](#)

[exploitation](#) does not always involve physical contact; it can also occur through the use of technology.

Child sexual exploitation can occur through use of technology without the child's immediate recognition, for example the persuasion to post sexual images on the internet/mobile phones with no immediate payment or gain. In all cases those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice resulting from their social/economic and/or emotional vulnerability

- the early years setting recognises that both boys and girls can be vulnerable to child sexual exploitation and as such ensure staff are alert to signs and indicators
- the setting recognises that there are various 'models' of CSE which include but not limited to:
 - gangs and groups
 - boyfriend/girlfriend model
 - child on child
 - familial
 - online
 - abuse of authority
- where concerns are identified in relation to child sexual exploitation the [Effective Support Luton document](#) will be consulted in order to ensure the child receives support at the earliest possible opportunity
- a multi-agency response via the Family Partnership Service/MASH may be initiated through a referral. Where parental consent cannot be obtained, advice will be sought from the Multi Agency Safeguarding Hub
- if a child is thought to be at risk of significant harm through child sexual exploitation a referral will be made to the Multi Agency Safeguarding Hub within Luton children's social care

in all cases intelligence will be shared with Bedfordshire Police using the [multi-agency submission](#) form which will also be copied to the Single Point Of Contact for CSE within Luton Council

County Lines

The 2018 Home Office Serious Crime Strategy states the NPCC definition of a County Line is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas [within the UK], using dedicated mobile phone lines or other form of "deal

line”. They are likely to exploit children and vulnerable adults to move [and store] the drugs and money and they will often use coercion, intimidation, violence (including sexual violence) and weapons.

A common feature in county lines drug supply is the exploitation of young and vulnerable people. The dealers will frequently target children and adults - often with mental health or addiction problems - to act as drug runners or move cash so they can stay under the radar of law enforcement.

In some cases the dealers will take over a local property, normally belonging to a vulnerable person, and use it to operate their criminal activity from. This is known as cuckooing. People exploited in this way will quite often be exposed to physical, mental and sexual abuse, and in some instances will be trafficked to areas a long way from home as part of the network's drug dealing business.

As we have seen in child sexual exploitation, children often don't see themselves as victims or realise they have been groomed to get involved in criminality. So it's important that we all play our part to understand county lines and speak out if we have concerns.

Female Genital Mutilation

FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs. It can be known as female circumcision or female genital cutting and is often carried out for cultural, religious and social reasons within families and communities. FGM is illegal in the UK and it's also illegal to take a British national or permanent resident abroad for FGM, or help someone trying to do this if the early years setting are concerned that a child / young person has experienced or is at risk of FGM. A Child Protection referral will be made to the Multi Agency Safeguarding Hub in accordance with interagency procedures produced by the LSCB. Further information regarding FGM can be found in Appendix five.

Forced marriage

A forced marriage is where one or both people do not (or in cases of people with learning disabilities, cannot) consent to the marriage and pressure or abuse is used. It is recognized in the UK as a form of violence against women and men, domestic/child abuse, and a serious abuse of human rights.

The pressure put on people to marry against their will can be physical (including threats, actual physical violence, and sexual violence) or emotional and psychological (for example, when someone is made to feel like they are bringing shame on their family). Financial abuse (taking your wages or not giving you any money) can also be a factor.

The Anti-social Behavior, Crime and Policing Act 2014 makes it a criminal offence to force someone to marry. This includes:

- taking someone overseas to force them to marry (whether or not the forced marriage takes place)

- marrying someone who lacks the mental capacity to consent to the marriage (whether they are pressured to or not)
- breaching a Forced Marriage Protection Order

Modern slavery

Modern Slavery is the term used within the UK and is defined within the Modern Slavery Act 2015. The Act categorises offences of Slavery, Servitude and Forced or Compulsory Labour and Human Trafficking (the definition of which comes from the Palermo Protocol)

These crimes include holding a person in a position of slavery, servitude forced or compulsory labour, or facilitating their travel with the intention of exploiting them soon after.

Although human trafficking often involves an international cross-border element, it is also possible to be a victim of modern slavery within your own country.

Types of human trafficking

There are several broad categories of exploitation linked to human trafficking, including:

- sexual exploitation
- forced labour
- domestic servitude
- organ harvesting
- child related crimes such as child sexual exploitation, forced begging, illegal drug cultivation, organised theft, related benefit frauds etc
- forced marriage and illegal adoption (if other constituent elements are present)

Children vulnerable to extremism

Our early years setting is aware that a website providing support and advice to combat radicalisation has been launched in our region.

[The Let's Talk About It](#) provides information enabling people to learn more about the Government's Prevent strategy, with an aim to safeguard those who may be vulnerable to radicalisation.

Factors may include: peer pressure, influence from other people or the internet, bullying, crime and anti-social behaviour, family tensions, race/hate crime, lack of self-esteem or identity and personal or political grievances.

Do not send Prevent referrals to MASH. If there are additional safeguarding concerns, then report these separately into MASH.

If the early years setting are concerned that a child may be at risk of significant harm in relation to radicalisation or involvement in violent extremism a child, complete the attached [Prevent referral](#) form and send it directly to Police as per email address on the form.

The Counter Terrorism and Security Act 2015 places a duty on early years providers “to have due regard to the need to prevent people from being drawn into terrorism” – The Prevent Duty

- in accordance with the Prevent Duty **Sam Howard** is the Prevent Single Point of Contact (SPOC) who will be the lead within the organisation for safeguarding in relation to protecting individuals from radicalisation and involvement in terrorism
- the statutory guidance on the [Prevent duty](#) summarises the requirements on schools and childcare providers in terms of four general themes: risk assessment, working in partnership, staff training and IT policies
- a prevent risk assessment is in place to demonstrate how the setting is fulfilling the prevent duty, please see Appendix 13 for further information
- further definitions of radicalisation and extremism and indicators of vulnerability to radicalisation are in Appendix 4

Our early years setting will provide opportunities for children to develop skills, concepts, attitudes and knowledge that promote their safety and well-being. Together with preparing them for life in modern Britain and embedding the four Fundamental British Values of Democracy, Rule of Law, Equality of Opportunity and Freedom of Speech. The rights of all Women and Men to live free from persecution of any kind are already implicitly embedded in the Early Years Foundation Stage (**EYFS 2017**), these values are reinforced in our everyday routine.

In the rare event of a firearms or weapons attack staff are trained in the [RUN –HIDE – TELL](#) guidance The National Counter Terrorism Security Office (NaCTSO) are advising that providers have a [lock down procedures](#) Stay Safe: - steps to take to keep safe in the rare event of a firearms or weapons attack:

Run, Hide and Tell

Run

- If there is a safe route, run, if not hide.
- Insist others go with you.
- Do not let them slow you down.
- Leave your belongings behind

Hide

- If you cannot run, hide.

- Find cover from gunfire.
- Be aware of your exits.
- Try not to get trapped.
- Lock yourself in a room if you can. (Ladies toilets barricaded with trolley)
- Move away from the door.
- Be very quiet, turn off your phone.
- Barricade yourself in.

Tell

Call 999, what do the police need to know?

- Dial 999 when you are safe.
- Give your location.
- Give the direction the attacker is moving in.
- Describe the attacker, especially things that cannot be changed such as tattoos, facial hair, ethnicity etc.
- Give any further information.
- Can you safely stop others from entering the area?

(NaCTS0) are advising that providers have a [lock down procedures](#) Stay Safe: - steps to take to keep safe in the rare event of a firearms or weapons attack:

Procedures will be implemented in the event of an unauthorised person/persons entering the setting:

Lock Down Procedure Wigmore Under Fives

NO warning!

- Staff will be alerted by a recognised signal (Whistle)
- Children will be taken from outside into the setting as quickly as possible using bell that children already respond to.
- All external/ internal doors and windows will be locked as necessary
- Hatch locked down
- Children under tables
- Call 999
- Parents/Carers will be notified when safe to do so

Procedures will be implemented in the event of being warned that there are unauthorised person/persons in area that might be on the way to the setting with intent to harm.

With pre-warning that something dangerous is occurring in the area

- Staff will be alerted by a recognised signal (Whistle)
- All external doors and windows will be locked as necessary
- Using bell that children already respond to, children will be taken from outside or playroom into the ladies' toilets as quickly as possible. The door will then be barricaded with a trolley from corridor.
- Parents/Carers will be notified when safe to do so

Children Missing in Education

The early years setting apply appropriate safeguarding responses for children who go missing from education which includes holding more than one emergency contact number for the child/family re as part of an emergency plan.

Domestic Abuse

The cross-government definition of domestic violence and abuse is:

Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence, or abuse between those aged sixteen or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The forms can encompass, but is not limited to:

- psychological
- physical
- sexual
- financial and
- emotional.

Exposure to domestic abuse and/or violence can have a serious, long lasting emotional and psychological impact on children. In some cases, a child may blame themselves for the abuse or may have had to leave the family home as a result. Domestic abuse affecting young people can also occur within their personal relationships, as well as in the context of their home life.

Advice on identifying children who are affected by domestic abuse and how they can be helped is available at:

- [NSPCC- UK](#) domestic-abuse Signs Symptoms Effects
- [Refuge](#) what is domestic violence/effects of domestic violence on children
- [Safe lives](#): young people and domestic abuse.

If domestic abuse is disclosed, the Risk Indicator checklist or DASH (Domestic Abuse, Stalking and Honour Based Violence) is the assessment tool used to determine whether cases meet the threshold for a [MARAC](#) (Multi-Agency Risk Assessment Conference) intervention. It should be completed with

the client and if it meets the referral criteria it should be referred to the Early Years MARAC Representative. Referrals into the MARAC are only made by professional agencies; there is no self-referral.

The DASH Risk Indicator Checklist can also be used to identify individuals who may benefit from the services of an Independent Domestic Violence Advisor (IDVA). Clients who disclose abuse but who do not meet the criteria for IDVA support should be referred to other appropriate support such as Luton Women's Aid and the [Signpost](#) Hub who will accept referrals for any client over the age of 16, regardless of gender or background and will provide support whether or not the incidents have been reported to the Police.

Operation Encompass helps police and schools work together to provide emotional and practical help to children. This is not yet happening in early years settings however could be developed in the future or be accessed by siblings attending schools.

Online Safety

There are appropriate online filtering and monitoring systems within our early years setting which safeguards children from accessing inappropriate or harmful online material. The Early Years Foundation Stage Framework is delivered in such a way to include educating children about how to stay safe, online safety and broader safeguarding messages are taught through play within the Early Years Outcomes 2013.

Safeguarding in specific circumstances list

Further guidance in relation to safeguarding children in specific circumstances can be located in the Luton Safeguarding Children Board / Luton Borough Council procedures as listed below, Further information is also referenced in appendices to this policy.

- abuse linked to spiritual belief
- child sexual exploitation
- safeguarding children vulnerable to gang activity
- supporting individuals vulnerable to violent extremism
- private fostering
- children missing from home or care
- children missing education
- children of parents who misuse substances
- children of parents with learning difficulties
- working with parents/carers with mental health problems

- working with parents/carers with disabilities
- disabled children
- domestic violence
- protocol for dealing with domestic violence when children are involved
- online – children exposed to abuse through the digital media
- fabricated or induced illness
- female genital mutilation
- forced marriage / honour-based violence
- practice guidance & procedures to distinguish between healthy and abusive sexual behaviours in children and young people
- safeguarding children who may have been trafficked
- protocol & guidance; Working with sexually active young people
- working with hostile, non-compliant clients and those who use disguised compliance

Children with additional needs

We recognise that while all children have a right to be safe, some children may be more vulnerable to being abused, for example those with a disability or special educational need, those living with domestic violence or drug / alcohol abusing parents, etc.

Mental Health

All staff should be aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation.

Only appropriately trained professionals should attempt to make diagnosis of a mental health problem. Staff, however, are well placed to observe children day-to-day and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one.

Where children have suffered abuse and neglect, or other potentially traumatic adverse childhood experiences, this can have a lasting impact throughout childhood, adolescence and into adulthood. It is key that staff are aware of how these children's experiences, can impact on their mental health, behaviour, and education.

If staff have a mental health concern, about a child that is also a safeguarding concern, immediate action should be taken, following their child protection policy, and speaking with the designated safeguarding officer.

[Public health has produced a range of resources](#) to support children's well-being and resilience.

We will access a range of advice to help them identify children and families in need of extra mental health support and this includes working with external agencies.

What we do when we are concerned about a child

All concerns will be viewed alongside Luton's Effective Support document in order to ensure the appropriate support or intervention is provided at the earliest opportunity in the least intrusive way. We will place due regard to the guidance contained in DFE guidance '[What to do if you are worried a child is being abused](#)', 2015

- if a child discloses concerns of abuse all staff and visitors will be expected to follow the disclosure guidance in appendix 2
- if, in consultation with [Effective Support Luton document](#), the level of concern sits at Level 2, support will be provided by the early years setting
- the [Luton Directory](#) will be used to identify appropriate agencies and wider support for the family.
- if, in consultation with [Effective Support Luton document](#), the level of concern sits at Level 3, a referral will be made into the Family Partnership Services via the Multi Agency Safeguarding Hub MASH, with the consent of the parent / carer, in the event that consent cannot be obtained additional advice may be sought by making a 'What if' call into MASH
- in the event that provision of early help from the Family Partnership Services has not led to improvements for the child / family, or if concerns for the child/family escalate, our early years setting will follow the step-up procedures published by the [LSCB escalation procedures](#)
- we will review each case to ensure that any support or intervention provided has impacted positively on the welfare/safety of the child or young person and that improvement is sustained
- in consultation with the [Effective Support Luton document](#), if the concerns about the child or young person indicate that they may be at risk of, or suffering significant harm, a referral will be made to the Multi-Agency Safeguarding Hub, MASH

In the event of a professional disagreement in relation to a specific concern, our early years setting will follow the [Local Safeguarding Children's Board procedures for resolution of professional disagreements](#), also known as escalation procedures

Involving parents and carers

Unless a child is deemed to be at risk of significant harm there may be occasions when our early years setting will contact another agency to seek advice on safeguarding and child protection concerns **before** informing parents/carers because it considers that contacting them may increase the risk of significant harm to the child In general, we will discuss any safeguarding and child protection concerns with parents / carers before approaching other agencies, and will seek their consent to making a referral to another agency.

Parents / carers will be informed about our safeguarding policy through:

(Examples: early years setting prospectus, website, newsletter, Safeguarding notice board. etc.

Multi agency working

We understand our role in the three safeguarding partner arrangements. Committee will make themselves aware of, and follow, local arrangements. Our early years setting will ensure representation at appropriate inter-agency meetings such as team around the family meetings, initial and review child protection conferences, together with core group meetings. If our representative is unable to attend a written report will be sent. We will co-operate with any child protection enquiries conducted by children's social care: we will ensure representation at appropriate inter-agency meetings such as team around the family meetings, initial and review child protection conferences, together with core group meetings.

- we will provide reports as required for these meetings in accordance with the LSCB interagency procedures. If we are unable to attend, a written report will be sent. The report will, wherever possible, be shared with parents / carers at least 24 hours prior to the meeting
- we will co-operate with any child protection enquiries conducted by children's social care. We will ensure representation at appropriate inter-agency meetings such as team around the family meetings, initial and review child protection conferences, together with core group meetings
- where a child is subject to an inter-agency child protection plan, child in need plan or family partnership support, we will contribute to the preparation, implementation, and review of the plan as appropriate
- if a child is subject to a referral to a multi-agency safeguarding panel such as MARAC, MAGPAN OR CHANNEL we will contribute to such arrangements.

Responding to an allegation or concern about a member of staff, student, or volunteer

We will comply with the local Luton Local Safeguarding Children's Board (LSCB) procedures for managing allegations and concerns about adults that work or volunteer with children in all circumstances.

This procedure should be used when it is alleged that a committee member, Preschool Supervisor, member of staff, visiting professional or volunteer has:

- behaved in a way that has harmed a child or may have harmed a child
- possibly committed a criminal offence against or related to a child or
- behaved in a way that indicates s/he 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

Although it is an uncomfortable thought, it needs to be acknowledged that there is the potential for an adult in an early years setting to abuse or mistreat children.

All staff working within our early years setting must report any potential safeguarding concerns about an individual's behaviour towards children immediately. Allegations or concerns about colleagues and visitors must be reported direct to a Preschool Supervisor.

Unless the concern relates to a Preschool Supervisor then it must be reported immediately to the Committee. Concerns must be reported directly to the Local Authority Designated Officer (LADO) in children's social care.

If staff feel they cannot raise a concern that the early years setting is placing children at risk or not responding to concerns about a professional, contact to the NSPCC Whistleblowing hotline 0800 028 0285 can be made. The line is available from 8.00am to 8.00pm, Monday to Friday or email help@nspcc.org.uk.

- The LADO should be contacted at the earliest possible opportunity and within one working day.
- Ofsted must be notified of the action taken as soon as is reasonably practicable, but at the latest within 14 days of the allegations being made. A registered early years provider who, without reasonable excuse, fails to comply with this requirement, commits an offence (3.8 EYFS)

Local Authority Designated Officer (LADO)

Luton LADO can be contacted on 01582 548069 – OFSTED must also be contacted on 03001231231

The LADO may request a written referral. If this is requested the written referral will be completed and submitted within one working day

Our early years setting will engage with the LADO at all stages of the management of the allegation / concern and comply with the local procedures published by the LSCB. In this regard, our early years setting will consider whether it is necessary to suspend the member of staff/volunteer while the allegation or concern is investigated, however all reasonable alternatives to manage the risk will be considered. Due consideration will be given to the view of the LADO in relation to suspension or how safeguards are in place to ensure the member of staff is supervised at all times while a matter is investigated. We will dismiss a member of staff/volunteer as a result of a substantiated allegation or should a member of staff/volunteer resign before an investigation has been completed, in accordance with Statutory Duty, a referral to the Disclosure and Barring Service will be made. (Appendix 3)

Mobile Phones and Photographs

Visitors and staff/volunteers' personal mobile phones will not be allowed in the early years setting. They will be secured in a safe box and stored until staff/volunteers leave the playroom (3.4 EYFS)

This information will be communicated through our policies, newsletters, signage, notices, etc.

All staff/volunteers will be asked to sign to state they are aware and abide by this rule. It will be considered a breach of our rules if staff do not comply and will be subject to disciplinary actions.

In the event of an emergency the staff may use our early years setting phone or in such circumstances where they may need to make or take a call using their own personal mobile, they may wish to use the foye. Other staff must be notified to ensure suitable supervision levels are applied whilst the call is made.

Written permission will be requested from parents to be able to take and use photographs of their children.

All parents will be requested to provide written permission to allow their child to be photographed during an event/play by other parents.

All photographs of the children will be taken on the settings kindles for the purpose of children's learning and development Tapestry Online App.

We are registered with the [Information Commissioner's Office](#) (ICO) every year. Failure to notify the ICO is a criminal offence. Notification is necessary if early years settings are processing personal information. This includes taking photographs of the children. Further information on data protection as well as details on how to notify can be found in section 3.70 EYFS.

Please note that although notification is mandatory in most cases, the data protection guidance within this document is 'recommended guidance' and settings must take individual responsibility for their own data protection issues in accordance with the General Data Protection Act 2018 (3.69 EYFS).

Appendices

Appendix 1 - Definitions and indicators of abuse

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 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)
- ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

The following may be indicators of neglect (this is not designed to be used as a checklist):

- constant hunger

- stealing, scavenging and/or hoarding food
- frequent tiredness or listlessness
- frequently dirty or unkempt
- often poorly or inappropriately clad for the weather
- poor school attendance or often late for school
- poor concentration
- affection or attention seeking behaviour
- illnesses or injuries that are left untreated
- failure to achieve developmental milestones, for example growth, weight
- failure to develop intellectually or socially
- responsibility for activity that is not age appropriate such as cooking, ironing, caring for siblings
- the child is regularly not collected or received from school
- the child is left at home alone or with inappropriate carers

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.

The following may be indicators of physical abuse (this is not designed to be used as a checklist):

- multiple bruises in clusters, or of uniform shape
- bruises that carry an imprint, such as a hand or a belt
- bite marks
- round burn marks
- multiple burn marks and burns on unusual areas of the body such as the back, shoulders, or buttocks
- an injury that is not consistent with the account given
- changing or different accounts of how an injury occurred

- bald patches
- symptoms of drug or alcohol intoxication or poisoning
- unaccountable covering of limbs, even in hot weather
- fear of going home or parents being contacted
- fear of medical help
- fear of changing for PE
- inexplicable fear of adults or over-compliance
- violence or aggression towards others including bullying; or
- isolation from peers

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). Adult males do not solely perpetrate Sexual abuse. Women can also commit act of sexual abuse, as can other children.

The following may be indicators of sexual abuse (this is not designed to be used as a checklist):

- sexually explicit play or behaviour or age-inappropriate knowledge
- anal or vaginal discharge, soreness, or scratching
- reluctance to go home
- inability to concentrate, tiredness
- refusal to communicate
- thrush, persistent complaints of stomach disorders or pains
- eating disorders, for example anorexia nervosa and bulimia
- attention seeking behaviour, self-mutilation, substance abuse
- aggressive behaviour including sexual harassment or molestation

- unusual compliance
- regressive behaviour, enuresis, soiling
- frequent or open masturbation, touching others inappropriately
- depression, withdrawal, isolation from peer group
- reluctance to undress for PE or swimming; or
- bruises or scratches in the genital area

Sexual exploitation

Child sexual exploitation occurs when a child or young person, or another person, receives “something” (for example food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of the child/young person performing sexual activities, or another person performing sexual activities on the child/young person.

The presence of any significant indicator for sexual exploitation should trigger a referral to children’s social care. The significant indicators are:

- having a relationship of concern with a controlling adult or young person (this may involve physical and/or emotional abuse and/or gang activity)
- entering and/or leaving vehicles driven by unknown adult
- possessing unexplained amounts of money, expensive clothes, or other items
- frequenting areas known for risky activities
- being groomed or abused via the Internet and mobile technology; and
- having unexplained contact with hotels, taxi companies or fast-food outlets

The intelligence reporting form on the LSCB website will be used to share information with Police and children’s social care that raises a concern around CSE

Emotional abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child’s emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only as far as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or ‘making fun’ of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child’s developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may also involve seeing or hearing the ill-treatment of another person. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in

danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment

The following may be indicators of emotional abuse (this is not designed to be used as a checklist):

- the child consistently describes him/herself in very negative ways – as stupid, naughty, hopeless, ugly
- over-reaction to mistakes
- delayed physical, mental, or emotional development
- sudden speech or sensory disorders
- inappropriate emotional responses, fantasies
- behaviours such as rocking, banging head, regression, tics, and twitches
- self-harming, drug, or solvent abuse
- fear of parents being contacted
- running away
- compulsive stealing
- appetite disorders - anorexia nervosa, bulimia; or
- soiling, smearing faeces, enuresis

N.B.: Some situations where children stop communication suddenly (known as “traumatic mutism”) can indicate maltreatment.

Responses from parents

Research and experience indicate that the following responses from parents may suggest a cause for concern across all four categories:

- delay in seeking treatment that is obviously needed
- unawareness or denial of any injury, pain, or loss of function (for example, a fractured limb)
- incompatible explanations offered, several different explanations or the child is said to have acted in a way that is inappropriate to her/his age and development
- reluctance to give information or failure to mention other known relevant injuries
- frequent presentation of minor injuries
- a persistently negative attitude towards the child

- unrealistic expectations or constant complaints about the child
- alcohol misuse or other drug/substance misuse
- parents request removal of the child from home; or
- violence between adults in the household

Disabled children

When working with children with disabilities, practitioners need to be aware those additional vulnerabilities to abuse and neglect such as:

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

Possible indicators of abuse and/or neglect may also include:

- a bruise in a site that might not be of concern on an ambulant child such as the shin, might be of concern on a non-mobile child
- not getting enough help with feeding leading to malnourishment
- poor toileting
- lack of stimulation
- unjustified and/or excessive use of restraint
- rough handling, extreme behaviour modification such as deprivation of medication, food, or clothing, disabling wheelchair batteries
- unwillingness to try to learn a child's means of communication
- ill-fitting equipment. for example, callipers, sleep boards, inappropriate splinting
- misappropriation of a child's finances; or
- inappropriate invasive procedures

Appendix 2 - Dealing with a disclosure of abuse

When a child tells me about abuse s/he has suffered, what must I remember?

- stay calm

- do not communicate shock, anger, or embarrassment
- reassure the child
- tell her/him you are pleased that s/he is speaking to you
- never enter into a pact of secrecy with the child
- assure her/him that you will try to help but let the child know that you will have to tell other people in order to do this. State who this will be and why
- tell her/him that you believe them
- children very rarely lie about abuse; but s/he may have tried to tell others and not been heard or believed
- tell the child that it is not her/his fault
- encourage the child to talk but do not ask "leading questions" or press for information
- listen and remember
- check that you have understood correctly what the child is trying to tell you
- praise the child for telling you
- communicate that s/he has a right to be safe and protected
- do not tell the child that what s/he experienced is dirty, naughty, or bad
- it is inappropriate to make any comments about the alleged offender
- be aware that the child may retract what s/he has told you. It is essential to record all you have heard
- at the end of the conversation, tell the child again who you are going to tell and why that person or those people need to know
- as soon as you can afterwards, make a detailed record of the conversation using the child's own language – include any questions you may have asked
- Do not add any opinions or interpretations

NB It is not staff's role to seek disclosures. Their role is to observe that something may be wrong, ask about it, listen, be available and try to be available to talk.

Immediately afterwards

You must not deal with this yourself. Clear indications or disclosure of abuse must be reported to children's social care without delay, by the Preschool Supervisor or the Designated Safeguarding Officer.

Children making a disclosure may do so with difficulty, having chosen carefully to whom they will speak. Listening to and supporting a child/young person who has been abused can be traumatic for the adults involved. Support for you will be available from your Designated Safeguarding Officer.

Appendix 3 - Allegations about a member of staff, student, or volunteer

Inappropriate behaviour by staff/volunteers could take the following forms:

Physical

For example, the intentional use of force as a punishment, slapping, use of objects to hit with, throwing objects or inappropriate physical handling.

Emotional

For example, intimidation, belittling, scapegoating, sarcasm, lack of respect for children's rights, and attitudes that discriminate on the grounds of race, gender, disability, or sexuality. Excessive or aggressive shouting.

Sexual

For example, sexualised behaviour towards peers, sexual harassment, sexual communication including via social networking, email, text, grooming behavior, sexual assault, and rape.

Neglect

For example, failing to act to protect a child or children, failing to seek medical attention or failure to meet a child's basic needs.

Behaviours that may take place outside of the workplace that present a transferable risk in their professional role with children. For example, alleged perpetrator of domestic abuse, offences demonstrating a sexual interest in children, abuse or neglect of their own children or behaviours that are incompatible with a professional role working with children.

If a child makes an allegation or raises a concern about a member of staff, Committee member, visitor or volunteer a Pre-school Supervisor should be informed immediately. If the allegation or concern falls within the following criteria the LADO will be contacted at the earliest opportunity and within one working day.

- behaved in a way that has harmed a child or may have harmed a child
- possibly committed a criminal offence against or related to a child
- behaved in a way that indicates s/he may pose a risk of harm to children

A Pre-school Supervisor will not conduct the investigation him/herself or interview children.

If a child makes an allegation of physical abuse against an adult that works with children and there are visible bruises, marks, or injuries or if a child makes an allegation of sexual abuse against an adult that works with children, Child Protection procedures will be followed, and a referral made to the multi-Agency safeguarding Hub (MASH). The LADO will also be informed.

A Pre-school Supervisor must exercise, and be accountable for, their professional judgement on the action to be taken, as follows –

If the actions of the member of staff, are felt likely to fall within the scope of the interagency allegation management procedures a Pre -school Supervisor will notify the Local Authority Designated Officer (LADO) (Tel: 01582 548069). The LADO will liaise with a Pre-school Supervisor and advise about action to be taken which will be in accordance with the interagency procedures for managing allegations.

If a Pre-school Supervisor is uncertain whether the concern or allegation falls within the scope of the allegation management procedures a consultation with the LADO will take place and the advice provided will be acted upon. This consultation and the advice offered will be recorded and held on file.

Where an allegation has been made against a Preschool Supervisor, then the Committee takes on the role of liaising with the LADO team in determining the appropriate way forward.

Appendix 4 - Indicators of vulnerability to radicalisation

Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism.

Extremism is defined by the Government in the Prevent Strategy as:

- Vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas

Extremism is defined by the Crown Prosecution Service as:

The demonstration of unacceptable behaviour by using any means or medium to express views which:

- encourage, justify, or glorify terrorist violence in furtherance of particular beliefs
- seek to provoke others to terrorist acts
- encourage other serious criminal activity or seek to provoke others to serious criminal acts
- foster hatred which might lead to inter-community violence in the UK

There is no such thing as a “typical extremist”: those who become involved in extremist actions come from a range of backgrounds and experiences and most individuals, even those who hold radical views, do not become involved in violent extremist activity

Children may become susceptible to radicalisation through a range of social, personal, and environmental factors - it is known that violent extremists exploit vulnerabilities in individuals to drive a wedge between them and their families and communities. It is vital that school staff are able to recognise those vulnerabilities.

Indicators of vulnerability include:

- identity crisis – the child is distanced from their cultural / religious heritage and experiences discomfort about their place in society
- personal crisis – the child may be experiencing family tensions; a sense of isolation; and low self-esteem; they may have dissociated from their existing friendship group and become involved with a new and different group of friends; they may be searching for answers to questions about identity, faith and belonging
- personal circumstances – migration; local community tensions; and events affecting the child's country or region of origin may contribute to a sense of grievance that is triggered by personal experience of racism or discrimination or aspects of Government policy.
- unmet aspirations – the child may have perceptions of injustice; a feeling of failure; rejection of civic life
- experiences of criminality – which may include involvement with criminal groups, imprisonment, and poor resettlement / reintegration
- special educational need – children may experience difficulties with social interaction, empathy with others, understanding the consequences of their actions and awareness of the motivations of others

However, this list is not exhaustive, nor does it mean that all young people experiencing the above are at risk of radicalisation for the purposes of violent extremism. More critical risk factors could include:

- being in contact with extremist recruiters
- accessing violent extremist websites, especially those with a social networking element
- possessing or accessing violent extremist literature
- using extremist narratives and a global ideology to explain personal disadvantage
- justifying the use of violence to solve societal issues
- joining or seeking to join extremist organisations; and
- significant changes to appearance and / or behaviour

- experiencing a high level of social isolation resulting in issues of identity crisis and / or personal crisis

Appendix 5 - Female Genital Mutilation

Female genital mutilation (FGM) is a procedure where the female genitals are deliberately cut, injured, or changed, but where there is no medical reason for this to be done.

It is also known as "female circumcision" or "cutting", and by other terms such as sunna, gudniin, halalays, tahur, megrez and khitan, among others.

FGM is usually carried out on young girls between infancy and the age of fifteen, most commonly before puberty starts. It is illegal in the UK and is child abuse.

It is very painful and can seriously harm the health of women and girls. It can also cause long-term problems with sex, childbirth, and mental health.

Effects of FGM

There are no health benefits to FGM, and it can cause serious harm, including:

- constant pain
- pain and/or difficulty having sex
- repeated infections, which can lead to infertility
- bleeding, cysts, and abscesses
- problems passing urine or incontinence
- depression, flashbacks, and self-harm
- problems during labour and childbirth, which can be life-threatening for mother and baby

Some girls die from blood loss or infection as a direct result of the procedure

Why FGM is carried out?

FGM is carried out for various cultural, religious, and social reasons within families and communities in the mistaken belief that it will benefit the girl in some way (for example, as a preparation for marriage or to preserve her virginity).

However, there are no acceptable reasons that justify FGM. It's a harmful practice that isn't required by any religion and there are no religious texts that say it should be done. There are no health benefits of FGM.

FGM usually happens to girls whose mothers, grandmothers or extended female family members have had FGM themselves or if their father comes from a community where it's carried out.

Where FGM is carried out?

Girls are sometimes taken abroad for FGM, but they may not be aware that this is the reason for their travel. Girls are more at risk of FGM being carried out during the summer holidays, as this allows more time for them to "heal" before they return to school

Communities that perform FGM are found in many parts of Africa, the Middle East and Asia. Girls who were born in the UK or are resident here but whose families originate from an FGM practising community are at greater risk of FGM happening to them.

Communities at particular risk of FGM in the UK originate from:

Egypt	Yemen	Eritrea	Sudan
Ethiopia	Somalia	Gambia	Sierra Leone
Guinea	Nigeria	Indonesia	Mali
Ivory Coast	Malaysia	Kenya	Liberia

The law and FGM

FGM is illegal in the UK.

It is an offence to:

- perform FGM (including taking a child abroad for FGM)
- help a girl perform FGM on herself in or outside the UK
- help anyone perform FGM in the UK
- help anyone perform FGM outside the UK on a UK national or resident
- fail to protect a girl for whom you are responsible from FGM

Anyone who performs FGM can face up to 14 years in prison. Anyone found guilty of failing to protect a girl from FGM can face up to seven years in prison.

Female Genital Mutilation Act 2003 (section 74 of the Serious Crime Act 2015) places a statutory duty upon teachers (along with social workers and healthcare professionals) to report to the police where they discover (either through disclosure by the victim or visual evidence) that FGM appears to have been carried out on a girl under eighteen.

Possible signs and indicators of FGM

A girl or woman who has had FGM may:

- have difficulty walking, sitting, or standing
- spend longer than normal in the bathroom or toilet
- have unusual behaviour after an absence from school or college
- be particularly reluctant to undergo normal medical examinations
- ask for help but may not be explicit about the problem due to embarrassment or fear.

Below are some warning signs that MAY indicate a girl is at risk of FGM:

- parents requesting additional periods of leave around school holiday times
- if the girl comes from a country with a high prevalence of FGM
- mother and siblings have undergone FGM
- child may indicate that they are going for a special event

Appendix 6 - Youth produced sexual imagery

Youth produced sexual imagery is the sending or posting sexually suggestive images, including nude or semi-nude photographs via mobile devices or the internet by under eighteens.

It does include:

- person under eighteen creating a sexual image of themselves and sharing it with another person under eighteen
- a person under eighteen sharing an image of another under eighteen with another person under eighteen or an adult
- a person under eighteen in possession of sexual imagery created by another person under eighteen.

It does not include:

- a person under eighteen sharing adult pornography
- a person under eighteen sharing sexual texts without sexual imagery
- adults sharing sexual imagery of under eighteens. (This is child sexual abuse and must always be reported to police.)

The Law

Making, possessing, and distributing any imagery of someone under eighteen which is indecent is illegal. This includes imagery of yourself if you are under eighteen.

Indecent is not definitively defined in law, but images are likely to be considered indecent if they depict:

- a naked young person
- a topless girl
- an image which displays genitals, and
- sex acts including masturbation.
- indecent images may also include overtly sexual images of young people in their underwear

These laws were not created to criminalise young people but to protect them. Although sharing sexual images of themselves is illegal and risky, it is often the result of curiosity and exploration. We believe young people need education, support, and safeguarding not criminalisation.

The National Police Chiefs Council has made clear that incidents of youth produced sexual imagery should be treated primarily as a safeguarding issue. However, the Police may need to be involved in cases to ensure thorough investigation including collection of evidence.

If a young person has shared imagery consensually, such as when in a romantic relationship, or as a joke, and there is no intended malice, it is usually appropriate for the setting to manage the incident directly. In contrast any incidents with aggravating factors, for example, a young person sharing someone else's imagery without consent and with malicious intent, should generally be referred to police and/or children's social care.

If you have any doubts about whether to involve other agencies, you should make a referral to the police

Assessing the risks

The circumstances of incidents can vary widely. If at the initial review stage, a decision has been made not to refer to police and/or children's social care, the DSO Lead should conduct a further review (including an interview with the young people involved) to establish the facts and assess the risks.

When assessing the risks, the following should be considered:

- why was the imagery shared? Was the young person coerced or put under pressure to produce the imagery?
- who has shared the imagery? Where has the imagery been shared? Was it shared and received with the knowledge of the pupil in the imagery?
- are there any adults involved in the sharing of the imagery?
- what is the impact on the young people involved?

- do the young people involved have additional vulnerabilities?
- does the young person understand consent?
- has the young person taken part in this kind of activity before?

Informing parents (or carers)

Parents (or carers) should be informed and involved in the process at an early stage unless informing the parent will put the young person at risk of harm. Any decision not to inform the parents would generally be made in conjunction with other services such as children's social care and/or the police, who would take the lead in deciding when the parents should be informed.

The DSO may work with the young people involved to decide on the best approach for informing parents. In some cases, DSO Lead may work to support the young people to inform their parents themselves.

Searching devices, viewing, and deleting imagery

Viewing the imagery

Adults should not view youth produced sexual imagery unless there is good and clear reason to do so. Wherever possible, responses to incidents should be based on what the DSO has been told about the content of the imagery.

If a decision is made to view imagery, the DSO would need to be satisfied that viewing:

- is the only way to decide about whether to involve other agencies (i.e., it is not possible to establish the facts from the young people involved)
- is necessary to report the image to a website, app, or suitable reporting agency to have it taken down, or to support the young person or parent in making a report
- is unavoidable because a young person has presented an image directly to a staff member or the imagery has been found on an early years setting device or network

If it is necessary to view the imagery, then the DSO should:

- never copy, print, or share the imagery; this is illegal
- discuss the decision with a Pre-school Supervisor
- ensure viewing is undertaken by the DSO or another member of the safeguarding team with delegated authority from a Pre-school Supervisor
- ensure viewing takes place with another member of staff present in the room, ideally a Pre-school Supervisor or a member of the senior leadership team. This staff member does not need to view the images

- ensure wherever possible that images are viewed by a staff member of the same sex as the young person in the imagery
- record the viewing of the imagery in the setting safeguarding records including who was present, why the image was viewed and any subsequent actions and ensure the safeguarding recording procedures for the setting are followed

If during a search material that is concerning has been or could be used to cause harm or commit an offence, the material may be retained as evidence of a criminal offence or a breach of setting discipline and using professional judgement, the police may need to be involved.

Appendix 7 - Safeguarding Children in Specific Circumstances

All staff should be aware that safeguarding incidents and/or behaviours can be associated with factors outside the early years setting and/or can occur between children outside of these environments. All staff, but especially the Designated Safeguarding Lead (and deputies) should consider whether children are at risk of exploitation or abuse outside of their families. Extra-familial harms take a variety of different forms and children can be vulnerable to multiple harms including (but not limited to) sexual exploitation, criminal exploitation, and serious youth violence. Contextual safeguarding/extra familial risk as referenced.

We understand contextual safeguarding and will make a referral in the first instance if apparent.

Child on Child abuse

- The early years setting recognises that children can abuse other children and such behaviours are never viewed simply as ‘banter’ or as part of growing up. We recognise that child on child abuse can take many different forms such as:
 - cyber-bullying
 - sending or posting sexually suggestive images including nude or semi-nude photographs via mobiles or over the internet by persons aged under 18 (referred to as youth Produced Sexual Imagery)
 - sexual assault
 - sexual violence or harassment
 - up-skirting
 - sexually harmful or problematic behaviour
 - gang initiation or hazing type violence

The early years setting will follow the local interagency procedures and the Harmful Sexual Behaviours strategy. This includes responding to any reports in a child centred manner and undertaking an immediate risk and needs assessment in relation to the victim, the alleged perpetrator, and other children.

Up skirting is an illegal offence which typically involves taking a picture under a person's clothing without them knowing, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm

The UK [Council for Child Internet Safety \(UKCCIS\)](#) Education Group has recently published [sexting advice for schools and colleges](#)

Committee/Pre-school Supervisor/s should ensure the child protection policy reflects the different gender issues that can be prevalent when dealing with peer-on-peer abuse. This could, for example, include girls being sexually touched/assaulted or boys being subject to initiation/hazing type violence.

Modern Slavery and the National Referral Mechanism

Modern slavery encompasses human trafficking and slavery, servitude and forced or compulsory labour. Exploitation can take many forms, including sexual exploitation, forced labour, slavery, servitude, forced criminality and the removal of organs.

Further information on the signs that someone may be a victim of modern slavery, the support available to victims and how to refer them to the NRM is available in the Modern Slavery Statutory Guidance. Modern slavery: how to identify and support victims - GOV.UK (www.gov.uk)

Appendix 8 - Gang involvement

There are particular risk factors and triggers that young people experience in their lives that can lead to them becoming involved in gangs. Many of these risk factors are similar to involvement in other harmful activities such as youth offending or violent extremism.

Risk indicators may include:

- becoming withdrawn from family
- sudden loss of interest - decline in attendance or academic achievement
- starting to use new or unknown slang words
- holding unexplained money or possessions
- staying out unusually late without reason
- sudden change in appearance - dressing in a particular style or 'uniform'
- dropping out of positive activities
- new nickname
- unexplained physical injuries
- graffiti style tags on possessions, schoolbooks, walls

- constantly talking about another young person who seems to have a lot of influence over them
- broken off with old friends and hanging around with a new group
- increased use of social networking sites
- starting to adopt codes of group behaviour e.g., ways of talking and hand signs
- expressing aggressive or intimidating views towards other groups of young people some of whom may have been friends in the past
- being scared when entering certain areas
- being concerned by the presence of unknown youths in their neighbourhood

This is not an exhaustive list and should be used as a guide, amended as appropriate in light of local knowledge of the risk factors in a particular area.

Appendix 9 - Child Sexual Exploitation (CSE) and Child Criminal Exploitation (CCE)

The key indicators of child sexual exploitation include:

Health

- physical symptoms (bruising suggestive of either physical or sexual assault)
- chronic fatigue
- recurring or multiple sexually transmitted infections
- pregnancy and/or seeking an abortion
- evidence of drug, alcohol, or other substance misuse
- sexually risky behaviour

Education

- truancy/disengagement with education or considerable change in performance at school

Emotional and behavioural Issues

- volatile behaviour exhibiting extreme array of mood swings or use of abusive language
- involvement in petty crime such as shoplifting, stealing
- secretive behaviour
- entering or leaving vehicles driven by unknown adults
- reports of being seen in places known to be used for sexual exploitation, including public toilets known for cottaging or adult venues (pubs and clubs)

Identity

- low self-image, low self-esteem, self-harming behaviour, e.g., cutting, overdosing, eating disorder, promiscuity

Relationships

- hostility in relationships with staff, family members as appropriate and significant others
- physical aggression
- placement breakdown
- reports from reliable sources (e.g., family, friends, or other professionals) suggesting the likelihood of involvement in sexual exploitation
- detachment from age-appropriate activities
- associating with other young people who are known to be sexually exploited
- known to be sexually active
- sexual relationship with a significantly older person, or younger person who is suspected of being abusive
- unexplained relationships with older adults
- possible inappropriate use of the Internet and forming relationships, particularly with adults, via the Internet
- phone calls, text messages or letters from unknown adults
- adults or older youths loitering outside the home
- persistently missing, staying out overnight or returning late with no plausible explanation
- returning after having been missing, looking well cared for in spite of having no known home base
- missing for long periods, with no known home base
- going missing and being found in areas where they have no known links

Please note: Whilst the focus is often on older men as perpetrators, younger men and women may also be involved and staff should be aware of this possibility.

Social presentation

- change in appearance

- going out dressed in clothing unusual for them (inappropriate for age, borrowing clothing from older young people)

Family and environmental factors

- history of physical, sexual, and/or emotional abuse; neglect; domestic violence; parental difficulties

Housing

- pattern of previous street homelessness
- having keys to premises other than those known about

Income

- possession of large amounts of money with no plausible explanation
- acquisition of expensive clothes, mobile phones, or other possessions without plausible explanation
- accounts of social activities with no plausible explanation of the source of necessary funding

This list is not exhaustive.

Early years practitioners should be aware that many children and young people who are sexually exploited do not see themselves as victims.

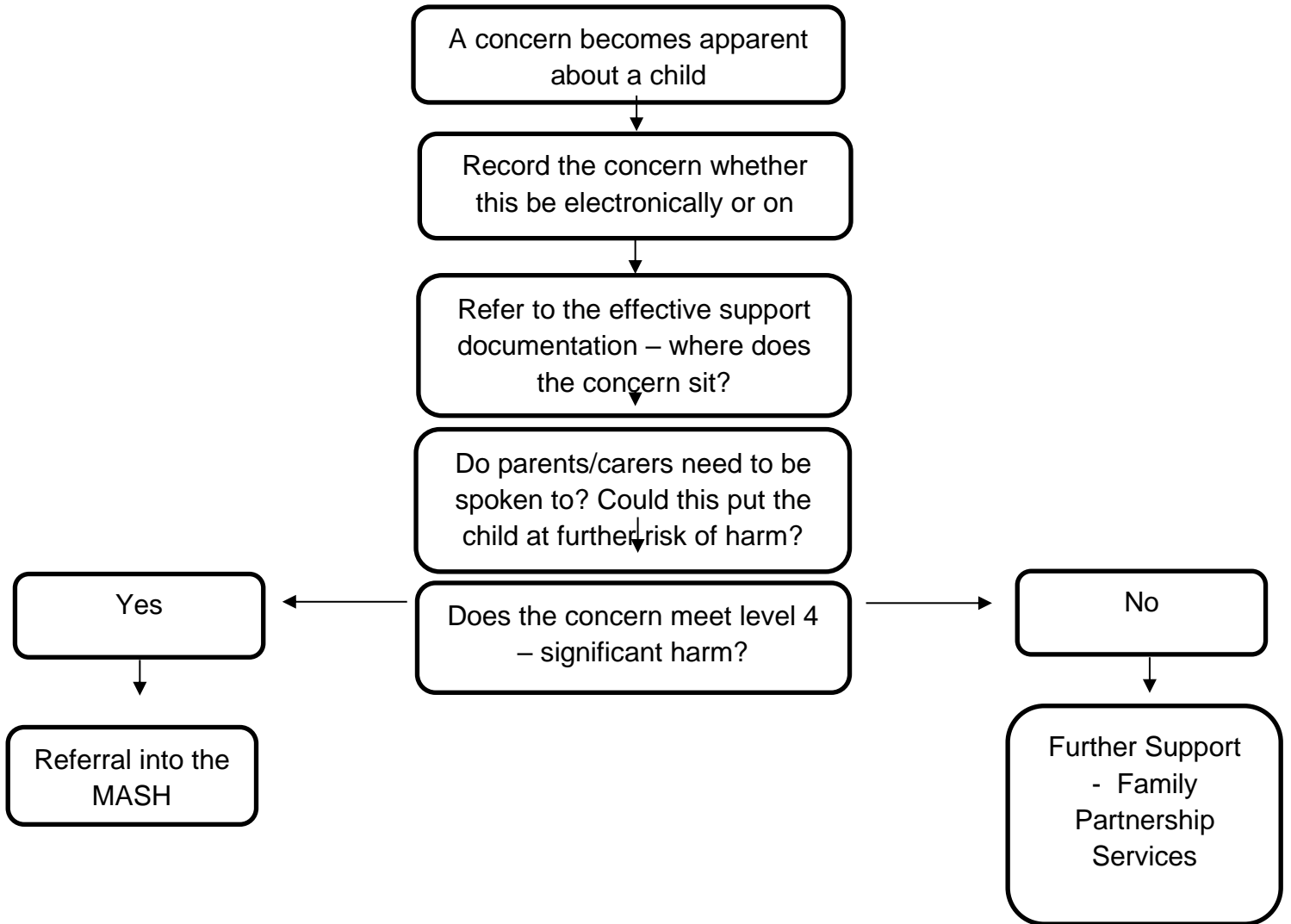
Appendix 10 - Information Sharing advice for practitioners providing safeguarding services to children, young people, parents, and carers (July 2018)

[This HM Government advice](#) is non-statutory and has been produced to support practitioners in the decisions they take to share information, which reduces risk of harm to children and young people and promotes their well-being.

This guidance does not deal with arrangements for bulk or pre-agreed sharing of personal information between IT systems or organisations other than to explain their role in effective information governance.

This guidance has been updated to reflect the General Data Protection Regulation (GDPR) and Data Protection Act 2018, and it supersedes the HM Government *Information sharing guidance for practitioners and managers* published in March 2015.

Appendix 11 - What to do if you are concerned about a child



Appendix 12 - Prevent in practice risk assessment and action plan						
	YES	NO	Existing Controls	Further Action	Staff Responsible	Due Date
Does your Safeguarding policy make it explicit that the setting sees protection from radicalisation and extremist narratives as a safeguarding issue?						
Are the Lead Prevent responsibilities clearly identified in the policy?						
Prevent Single Point of Contact (SPOC)/ Safeguarding Lead						
Committee Safeguarding Officer						
Does the policy make it explicit how Prevent concerns should be reported within setting?						
Prevent and Fundamental British Values are considered in curriculum planning						
In the event of Convicted Terrorism Act (TACT) Offenders who may have direct or indirect links to the provision. Has the provision considered specific areas of potential risk such as.						
The processes in place to manage Subject Access Requests/Freedom of Information Requests should they be made?						
The process in place for the management of information should there be media interest or if information requested into the community?						
How will information be shared and with whom?						

Appendix 12 - Prevent in practice risk assessment and action plan

	YES	NO	Existing Controls	Further Action	Staff Responsible	Due Date
Consideration of transferable risk (reflection on national and local learning)						
Any universal/focused curriculum input required?						
Does the setting have clear guidance for visiting speakers?						
Checks for speakers/visitors to the setting? (Has the identity of the speaker been confirmed and is their organisation reputable? Might consider checks on the internet to confirm the status of speaker and/or the organisation to include website, YouTube, or social media sites.)						
Checks for premises use by externals?						
Have ALL staff received appropriated training on Prevent?						
Does this include support staff?						
Are there provisions for new staff induction?						

Appendix 12 - Prevent in practice risk assessment and action plan

	YES	NO	Existing Controls	Further Action	Staff Responsible	Due Date
Have Committee members received a PREVENT briefing? Do all staff know what to do if they have a PREVENT concern and to whom to report it?						
Does the E-Safety Policy refer to the requirements of the Prevent guidance? Appropriate filtering is in place to ensure that staff and children are unable to access unauthorised or extremist websites online through school systems						
Protocols are in place to manage the layout, access and use of any space provided for the purposes of prayer, contemplation, and faith facilities.						
Clear guidance on governing the display of materials internally at the setting						

Date policy adopted	November 2021
Date reviewed	October 6 th 2022
Signed on behalf of the Management Committee	Cathie Barr
Role of signatory	Pre-school Committee Safeguarding Officer

06.1 Safeguarding children, young people and vulnerable adults policy

Designated person/lead for safeguarding is Maria Robinson

Designed officer is Cathie Barr

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.

The Early Years Alliance 'three key commitments' are broad statements against which policies and procedures across the organisation will be drawn to provide a consistent and coherent strategy for safeguarding children young people and vulnerable adults in all services provided. The three key commitments are:

1. The Alliance is committed to building 'a culture of safety' in which children, young people and vulnerable adults are protected from abuse and harm in all areas of its service delivery.
2. The Alliance is committed to responding promptly and appropriately to all incidents or concerns of abuse that may occur and to work with statutory agencies in accordance with the procedures that are set down in '*What to do if you are worried a child is being abused*' (HMG 2015) and '*No Secrets (updated by the Care Act 2014) and Working Together 2018*.'
3. The Alliance is committed to promoting awareness of child abuse issues throughout its training and learning programmes for adults. It is also committed to empowering children, young people, and vulnerable adults, through its curriculum, promoting their right to be '*strong, resilient and listened to*'.

NB: A 'young person' is defined as 16–19-year-old. In an early years setting, they may be a student, worker, or parent.

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

- We have a 'designated person', sometimes known as the designated lead for safeguarding, who is responsible for carrying out child, young person, or adult protection procedures. (*It is recommended that this person is a setting supervisor.*)

- The designated person reports to a ‘designated officer’ responsible for overseeing all child, young person or adult protection matters. *(This is a member of the committee)*
- The ‘designated person’ and the ‘designated officer’ ensure they have links with statutory and voluntary organisations regarding safeguarding children.
- The ‘designated person’ and the ‘designated officer’ 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 person’ and the ‘designated officer’ 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 person’ and the ‘designated officer’ ensure that staff are aware and receive training in social factors affecting children’s vulnerability including
 - social exclusion
 - domestic violence and controlling or coercive behaviour
 - mental illness
 - drug and alcohol abuse (substance misuse)
 - parental learning disability
 - radicalisation
- The ‘designated person’ and the ‘designated officer’ 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:
 - abuse of disabled children
 - fabricated or induced illness
 - child abuse linked to spirit possession
 - sexually exploited children
 - children who are trafficked and/or exploited
 - female genital mutilation

- extra-familial abuse and threats
- children involved in violent offending, with gangs and county lines.
- The ‘designated person’ and the ‘designated officer’ ensure they are adequately informed in vulnerable adult protection matters.

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 to ensure staff recognise children and families who may benefit from early help and can respond appropriately using local early help processes and Designated persons should ensure all staff understand how to identify and respond to families who may need early help.
- 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 LSCB guidance in relation to extremism.
- The procedures of the Local Safeguarding Partners must be followed.

Key Commitment 3

- 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 social exclusion, domestic violence, mental illness, substance misuse and parental learning disability, 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*.
- 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.

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)

Further Guidance

Working Together to Safeguard Children (HMG 2018)

Statutory Framework for the Early Years Foundation Stage 2021

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 2018

Education Inspection Framework (Ofsted 2019)

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)

Date policy adopted	1 st September 2022
Date of the next review	September 2023
Signed on behalf of the Management Committee	Cathie Barr
Role of signatory	Pre-school Committee Safeguarding Officer

06.2 Responding to safeguarding or child protection concerns

The designated person is **Maria Robinson** the back-up designated person is **Sam Howard**, the designated officer is **Cathie Barr**

During Covid-19, staff remain alert (as per this procedure) to signs of neglect as a result of the extraordinary circumstances and the measures taken to curb the spread of the virus.

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 designated person or back-up designated person.
- The Supervisors are the designated person and back-up designated person, 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 person or the back-up designated person.
- The designated person ensures that all practitioners are alert to the indicators of abuse and neglect and understand how to identify and respond to these.
- The setting should not operate without an identified designated person at any time.
- The line manager of the designated person is the designated officer.
- The designated person informs the designated officer about serious concerns as soon as they arise and agree the action to be taken, seeking further clarification if there are any doubts that the issue is safeguarding.
- If it is not possible to contact the designated officer, action to safeguard the child is taken first and the designated officer is informed later. If the designated officer is unavailable advice is sought from the Preschool Chairperson.
- Issues which may require notifying to Ofsted are notified to the designated officer to make a decision regarding notification. The designated person must remain up to date with Ofsted reporting and notification requirements.
- If there is an incident, which may require reporting to RIDDOR the designated officer immediately seeks guidance from the committee. There continues to be a requirement that the designated officer follows legislative requirements in relation to reporting to RIDDOR. This is fully addressed in Health and Safety procedures.

- All settings follow procedures of their Local Safeguarding Partners (LSP) for safeguarding and any specific safeguarding procedures such as responding to radicalisation/extremism concerns. Procedures are followed for managing allegations against staff, as well as for responding to concerns and complaints raised about quality or practice issues, 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 a safeguarding form and in the child's personal file, which is signed by the parent/carer.
- The member of staff advises the designated person as soon as possible if there are safeguarding concerns about the circumstance of the injury.
- If there are concerns about the circumstances or explanation given, by the parent/carer and/or child, the designated person decides the course of action to be taken after reviewing the safeguarding form.
- If the mark or injury is noticed later in the day and the parent is not present, this is raised with the designated person.
- 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 Safeguarding 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 designated person.
- If there is no cause for further concern, a record is made in the Accident Record, with a note that the circumstances of the injury are not known.
- If the injury is unlikely to have occurred at the setting, this is raised with the designated person
- 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 Record and an accurate record made of the discussion is made on the child's personal file.

Responding to the signs and symptoms of abuse

- Concerns about the welfare of a child are discussed with the designated person without delay.
- A written record is made of the concern on a Safeguarding 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 person. 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 a Safeguarding 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 designated person makes a professional judgement about referring to other agencies, including Social Care using the Local Safeguarding Partnership (LSP) threshold document:
 - Level 1: Child's needs are being met. Universal support.
 - Level 2: Universal Plus. Additional professional support is needed to meet child's needs.
 - Level 3: Universal Partnership Plus. Targeted Early Help. Coordinated response needed to address multiple or complex problems.
 - Level 4: Specialist/Statutory intervention required. Children in acute need, likely to be experiencing, or at risk of experiencing significant harm.
- Staff are alert to indicators that a family may benefit from early help services and should discuss this with the designated person, also completing Safeguarding 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 over-ride 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 designated person 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. domestic abuse; situations where it has not been possible to contact parents to seek their consent may cause delay to the referral being made

The designated person 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 designated officer.

Referring

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

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 a Safeguarding reporting form, as above.
- The referral is recorded on 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 designated officer to allow continuity of support during closures or holiday periods.

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

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

** Tier 3: Children with complex multiple needs, requiring specialist services in order to achieve or maintain a satisfactory level of health or development or to prevent significant impairment of their health and development and/or who are disabled. Tier 4: Children in acute need, who are suffering or are likely to suffer significant harm.

Professional disagreement/escalation process

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

Whistleblowing

The 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 supervisor/Designated Person.
2. Staff who are unable to raise the issue with their supervisor/Designated Person should raise the issue with the Designated Officer.
3. If staff are still concerned after the investigation, or the matter is so serious that they cannot discuss it with a line manager, they should raise the matter with [insert name and contact details of most senior person].

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 persons should contact the police immediately as well as refer to children's services local authority social work if they believe that FGM may be about to occur.

It is illegal to undertake FGM or to assist anyone to enable them to practice FGM under the Female Genital Mutilation Act 2003, it is an offence for a UK national or permanent UK resident to perform FGM in the UK or overseas. The practice is medically unnecessary and poses serious health risks to girls. FGM is mostly carried out on girls between the ages of 0-15, statistics indicate that in half of countries who practise FGM girls were cut before the age of 5. LSCB guidance must be followed in relation to FGM, and the designated 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 person 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 person should follow LSP guidance in relation to how to respond to concerns regarding extremism and ensure that staff know how to identify and raise any concerns in relation to this with them.
- The designated person must know how to refer concerns about risks of extremism/radicalisation to their LSP safeguarding team or the Channel panel, as appropriate.

- The designated person 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 person also ensures that all staff complete *The Prevent Duty in an Early Years Environment* and *Understanding Children's Rights and Equality and Inclusion in Early Years Settings* online EduCare courses.
- If available in the area, the designated person should complete WRAP (or equivalent) training and support staff to access the training as offered by local authorities. WRAP training covers local arrangements for dealing with concerns that a child may be at risk of extremism and/or radicalisation.
- The designated person should understand the perceived terrorism risks in relation to the area that they deliver services in.

Parental consent for radicalisation referrals

LSP procedures are followed in relation to whether parental consent is necessary prior to making a referral about a concern that a child or adult may be at risk of being drawn into terrorism. It is good practice to seek the consent of the person, or for very young children, the consent of their parent/carer prior to making a referral, but it is not a requirement to seek consent before referring a concern regarding possible involvement in extremism or terrorism if it may put a child at risk, or if an offence may have been or may be committed. Advice should be sought from line managers and local agencies responsible for safeguarding, as to whether or not consent should be sought on a case-by-case basis. Designated persons 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 LSP procedures should be followed regarding this.

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

Concerns about children affected by gang activity/serious youth violence

Practitioners 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 persons should be familiar with their LSP guidance and procedures in relation to safeguarding children affected by gang activity and ensure this is followed where relevant.

Forced marriage/Honour based violence

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 (Early Years Alliance 2019)

Multi-agency practice guidelines: Handling cases of Forced Marriage (HMG 2014)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/320307/HMG_MULTI_AGENCY_PRACTICE_GUIDELINES_v1_180614_FINAL.pdf

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06.3 Low level concerns and allegations of serious harm or abuse against staff, volunteers.

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

What is a low-level concern?

The NSPCC defines a low-level concern as *‘any concern that an adult has acted in a way that:*

- *is inconsistent with the staff code of conduct, including inappropriate conduct outside of work*
- *doesn’t meet the threshold of harm or is not considered serious enough...to refer to the local authority.*

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

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

Examples of such behaviour could include:

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

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

Responding to low-level concerns

Any low-level concerns about the conduct of staff, students or volunteers must be shared with the designated person and recorded on a Low-level concerns form. The designated person should be

informed of all low-level concerns and make the final decision on how to respond. Where appropriate this can be done in consultation with their line manager.

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

If it is not clear that a low-level concern meets the local authority threshold, the designated person 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 person.
- The designated person alerts the designated officer. If the designated officer is unavailable the designated person contacts their equivalent until they get a response- which should be within 3-4 hours of the event. Together they should form a view about what immediate actions are taken to ensure the safety of the children and staff in the setting, and what is acceptable in terms of fact-finding.
- It is essential that no investigation occurs until and unless the LADO has expressly given consent for this to occur, however, the person responding to the allegation does need to have an understanding of what explicitly is being alleged.
 - The designated person must take steps to ensure the immediate safety of children, parents, and staff on that day within the setting.

- The Local Authority Designated Officer (LADO) is contacted as soon as possible and within one working day. If the LADO is on leave or cannot be contacted the LADO team manager is contacted and/or advice sought from the point of entry safeguarding team/mash/point of contact, according to local arrangements.
- A child protection referral is made by the designated person if required. The LADO, line managers and local safeguarding children's services can advise on whether a child protection referral is required.
- The designated person asks for clarification from the LADO on the following areas:
 - what actions the designated person 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 designated person 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 designated person 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 person ensures staff fill in a Safeguarding incident reporting form.

- If after discussion with the designated person, 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 designated person will inform Ofsted as soon as possible, but no later than 14 days after the event has occurred. The designated person will liaise with the designated officer about notifying Ofsted.
- The designated person ensures that the 06.1c Confidential safeguarding incident report form is completed and sent to the designated officer. If the designated officer is unavailable their equivalent must be contacted.
- Avenues such as performance management or coaching and supervision of staff will also be used instead of disciplinary procedures where these are appropriate and proportionate. If an allegation is ultimately upheld the LADO may also offer a view about what would be a proportionate response in relation to the accused person.
- The designated person 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 the designated person

- If a member of staff has concerns that the designated person has behaved in a way that indicates they are not suitable to work with children as listed above, this is reported to the designated officer who will investigate further.
- During the investigation, the designated officer will identify another suitably experienced person to take on the role of designated person.
- If an allegation is made against the designated officer, then the owners/directors/trustees are informed.

Recording

- A record is made of an allegation/concern, along with supporting information, using Low level concerns form. This is then entered on the file of the child, and a 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.

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

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06.4 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

- Kindles are only used for the purposes of observation, assessment and to take photographs for individual children's learning journeys on Tapestry.
- Computer is not used to access on-line content

Internet access

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

- 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 recorders to the setting.
- Photographs/recordings of children are only taken for valid reasons, e.g., to record learning and development, or for displays, and are only taken on equipment belonging to the setting.
- The setting supervisor monitors camera and video use.
- 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 Snapshot may still be accessed by others and a permanent record of them made, for example, by taking a screen shot of the image with a mobile phone
- observe confidentiality and refrain from discussing any issues relating to work
- not share information they would not want children, parents, or colleagues to view
- set privacy settings to personal social networking and restrict those who are able to access
- not accept service users/children/parents as friends, as it is a breach of professional conduct
- report any concerns or breaches to the designated person in their setting
- not engage in personal communication, including on social networking sites, with children and parents with whom they act in a professional capacity. There may be occasions when the practitioner and family are friendly prior to the child coming to the setting. In this case information is shared with the manager and a risk assessment and agreement in relation to boundaries are agreed

Use/distribution of inappropriate images

Staff are aware that it is an offence to distribute indecent images and that it is an offence to groom children online. In the event of a concern that a colleague is behaving inappropriately, staff advise the designated person.

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06.5 Key person supervision

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

Structure

- Supervision meetings are held every half term for key persons.
- Key persons are supervised by the setting designated safeguarding officer (DSO).
- Supervision meetings are held in a confidential space suitable for the task
- Key persons should prepare for supervision by having the relevant information to hand.

Content

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

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

Recording

- Key person supervision discussions are recorded and filed in the key person's safeguarding folder.
- The key person and supervisor must sign and date the minutes of supervision.
- Each key person has a supervision file that is stored securely at all times.
- Concerns raised during supervision about an individual child's welfare may result in safeguarding concerns not previously recognised as such, these will be recorded on a *Safeguarding form* and placed on the child's file within the *Safeguarding A-Z folder*. The reasons why the concerns have not previously been considered are explored.
- Additional safeguarding or welfare decisions made in relation to a child during supervision are recorded on the child's file within the *Safeguarding A-Z folder*.

Checking continuing suitability

- Supervisors check with staff if there is any new information pertaining to their suitability to work with children. This only needs to be recorded on the supervision meeting record.

Exceptional Circumstances

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

Further guidance

Recruiting Early Years Staff (Pre-school Learning Alliance 2016)

People Management in the Early Years (Pre-school Learning Alliance 2016)

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06.6 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 (including visiting VIPs) are never left alone with the children at any time.
- Visitors to the setting are monitored and asked to leave immediately should their behaviour give cause for concern.

Intruder

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

- An individual who appears to have no business in the setting will be asked for their name and purpose for being there.
- The staff member identifies any risk posed by the intruder.
- The staff member ensures the individual follows the procedure for visitors.

- The setting supervisor is immediately informed of the incident and takes necessary action to safeguard children.
- If there are concerns for the safety of children, staff evacuate them to a safe place in the building and contact police. In some circumstance this could lead to ‘lock-down’ of the setting and will be managed by the responding emergency service
- The designated person informs their designated officer of the situation at the first opportunity.
- In the case of a serious breach where there was a perceived or actual threat to the safety of the children, the supervisor/designated person completes a (Confidential safeguarding incident report form) and copies in the designated Safeguarding Officer on the day of the incident. The committee ensure a robust organisational response and ensure that learning is shared.

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06.7 Uncollected child

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

- The designated person 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 person uses the emergency contacts to inform a known carer of the situation and arrange collection of the child.
- After one hour, the designated person contacts the local social care out-of-hours duty officer 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 person should arrange for the collection of the child by social care.
- Where appropriate the designated person 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 child’s file. A record of conversations with parents should be made, with parents being asked to sign and date the recording.
- This is logged on the child’s personal file along with the actions taken. A 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 timekeeping and identify any further support that may be required.

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06.8 Missing child

In the building

- As soon as it is noticed that a child is missing, the member of staff informs the designated person who initiates a search within the setting.
- If the child is found on-site, the designated person checks on the welfare of the child and investigates the circumstances of the incident.
- If the child is not found on site, one member of staff searches the immediate vicinity, if there is no sign of the child, the police are called immediately.
- The parents are then called and informed.
- The designated person contacts their designated officer, to inform them of the situation and seek assistance.

Off-site (outing or walk)

- As soon as it is noticed that a child is missing, the supervisor present carries out a headcount.
- One member of staff searches the immediate vicinity.
- If the child is not found, the supervisor calls the police and then contacts the designated person.
- The designated person 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 person contacts the designated officer, who attends the setting.

Recording and reporting

- A record is made on Child welfare and protection summary and Safeguarding incident reporting form. The designated person completes and circulates a 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 designated officer carries out a full investigation.
- The designated person and the designated officer 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 a Safeguarding incident reporting form, which is filed in the child’s file. Staff do not discuss any missing child incident with the press.

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06.9 Incapacitated parent

Incapacitated refers to a condition which renders a parent 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 person as soon as possible.
- The designated person 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 a Safeguarding incident reporting form.
- If intervention is required, the designated person speaks to the parent in an appropriate, confidential manner.
- The designated person 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 person and of the setting's requirement to inform social care of their contact details.
- The designated officer is informed of the situation as soon as possible and provides advice and assistance as appropriate.
- If there is no one suitable to collect the child social care are informed.
- If violence is threatened towards anybody, the police are called immediately.
- If the parent takes the child from the setting while incapacitated the police are called immediately and a referral is made to social care.

Recording

- The designated person completes a Safeguarding incident reporting form and if social care were contacted a Confidential safeguarding incident report form is completed with the designated person and designated officer. If police were contacted a Confidential safeguarding incident report form should also be copied to the committee.
- Further updates/notes/conversations/ telephone calls are recorded.

Date policy adopted	1 st September 2022
Date of the next review	September 2023
Signed on behalf of the Management Committee	Cathie Barr
Role of signatory	Pre-school Committee Safeguarding Officer

06.10 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 person 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 person calls the designated officer and informs them of what has happened.
- The committee are contacted, and a Confidential safeguarding incident report form prepared by the designated person and designated officer.
- 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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Role of signatory	Pre-school Committee Safeguarding Officer

06.11 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.

Services provided to Looked After Children

Two-year-olds

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

Three- and four-year-olds

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

Additional Support

- The designated person and keyperson 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, 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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Role of signatory	Pre-school Committee Safeguarding Officer