**Safeguarding Children and Child Protection**

**Policy and Procedure**

At Purple Childcare we believe that it is always unacceptable for a child or young person to experience abuse of any kind and recognise that safeguarding the welfare of **all** children and young people is everyone’s responsibility. We follow Bristol Safeguarding Children Board (BSCB) procedures and acknowledge that the welfare of the child is paramount.

At Purple Childcare, it is our duty to respond promptly and appropriately to all concerns, incidents or allegations of abuse or neglect of a child. We work in partnership with children, young people, their parents and carers. We are committed to working with other agencies such as social workers, the police and health services to promote the welfare and protection of children. Our statutory duties and supporting guidance are set out in The Safeguarding and Welfare Requirements in the Statutory Framework for the Early Years Foundation Stage (EYFS) 2017, the Compulsory Childcare Register, Keeping Children Safe in Education, statutory guidance for schools 2016, Working together to keep children safe, the local safeguarding children board (LSCB) and The Independent School Standards (Education) Act 2014 a copy of these have been downloaded to refer to and are kept on all the computers accessible to staff and visitors.

Other relevant legislation we use is:

* **Every Child Matters** fiveoutcomes for children. This states that all children have the right to equal protection from all types of harm or abuse and the child’s needs must come first.
* **The Children Act 1989 and 2004 -** Safeguarding and promoting the welfare of children is defined as; protecting children from maltreatment, preventing impairment of children’s health or development, ensuring that children are growing up in circumstances consistent with the provision of safe and effective care and undertaking that role so as to enable those children to have optimum life chances and to enter adulthood successfully.

Section 3 (5) of the Children Act 1989 states that the law empowers anyone who has care of a child to do all that is reasonable in the circumstances to safeguard his/her welfare.

* **Counter-terrorism and Security Act 2015** – preventing people being drawn into terrorism and promotion of British values to ensure children are kept safe from radicalisation
* **Female Genital Mutilation Act 2003** – **Serious Crime Act 2015** - mandatory reporting of FGM from 31st October 2015
* **Prevent Strategy** – promotion of British values to ensure that children are kept safe from radicalisation.

**Adult Roles**

Purple Childcare understand that we are particularly important in the role of safeguarding children and child protection. We are in a position to identify concerns early, provide support and help for children as well as preventing concerns from escalating into the need for child protection.

All staff (including students and volunteers) in this setting are familiar with the definitions and signs and symptoms of abuse or neglect stated in Keeping Children Safe in Education 2016, page 11 and in Working together to safeguard children.

All staff are aware of their individual roles in child protection, safeguarding and promoting the welfare of children including their responsibility to be alert to any issues for concern in the child’s life at home or elsewhere and of the early help process. We ensure that all staff (including students and volunteers) undergo an induction process where they are given copies of the procedures they must follow if they suspect abuse or neglect. On-going support is provided through regular supervision and appraisals to ensure these policies and procedures are put into practice to protect children. As stated in the EYFS 3.6 and in Annex B of Keeping Children Safe in Education 2016 our DSL ensures that all staff are trained to understand these policies and procedures.

All staff are expected to update their child protection training at least every three years. In addition all staff members will receive regular safeguarding and child protection updates through in-house training and staff meetings as required but at least annually, to provide them with relevant skills and knowledge to safeguard children effectively.

Felicity Shapter, Director and Manager, is the Designated Safeguarding Lead. She is a trained Advanced Safeguarding Practitioner (achieved April 2017) specially trained to deliver Safeguarding Training to the staff team. Megan Day, the pre-school teacher and curriculum lead is also the Deputy Safeguarding Lead. However, in line with the Keeping Children Safe in Schools 2016 it is understood that ultimate responsibility for child protection remains with the designated safeguarding lead.

Our Designated DSL will update their child protection/safeguarding training regularly and has specific responsibilities as identified in Keeping Children Safe in Schools 2016 annex B and listed here in **Appendices B and G**

**Record Keeping**

All decisions, concerns and discussions made are recorded **and the reasons for the decisions will be recorded in writing in all situations. If there is doubt about the need to record staff should discuss this with the DSL.**

When a concern about a child’s welfare or safety is raised it will be discussed with the designated safeguarding lead (DSL)and recorded. The DSL will make a decision about whether the concern should be shared with another agency (see ***decision making*** below) or kept on record in case future concerns arise. The reason for the decision will be noted alongside the record.

All records will be stored in a separate confidential file in a locked, secure place with restricted access. When a child transfers to another setting or moves onto school the confidential information held is forwarded under confidential cover and separate from the child’s main file to the DSL for child protection in the receiving setting or school immediately. This should be transferred separately from the child’s main file, ensuring secure transit and confirmation of receipt should be obtained

Information is shared as necessary to protect children from harm. We follow the guidance in the HMG 2015 guide ‘*Information sharing: advice for practitioners providing safeguarding services to children, young people, parents and carers’* and the HMG 2015 guide ‘*What to do if you are worried a child is being abused’.*

When information is being accumulated prior to possible referral we will start a chronology of events – see **Appendix C**. The DSL will regularly review all child protection chronologies to decide if the accumulation of events is having a detrimental impact on a child and must be referred. If the DSL decides not to refer, the reason will be noted on the child’s chronology.

**Decision making – ‘*the right service at the right time’***

We take a holistic approach to safeguarding all children in our care and recognise that different families need a different level of support at different times. To enable us to recognise at which level a family might require support, we use the Bristol Safeguarding Children Board’s *Multi-agency Guidance on Threshold Criteria: working together to get the right help at the right time. Keeping Children Safe in education 2016, Working together to Safeguard Children and What to do if you are worried a child is being abused-Advice for Practitioners.* The *Threshold Criteria* guidance identifies 4 levels to ensure all children receive the support and intervention they need to achieve a positive life experience. Of central importance in understanding where a child’s needs might lie on this continuum, is the cooperation and engagement of parents and carers and we aim to develop good, professional relationships to ensure that we have a shared understanding of each child’s needs.

It should be noted that if parents demonstrate a lack of co-operation or appreciation about the concerns we identify this may, of itself, raise the level of the need and required level of action.

**Level 1 – Universal**

Children with no additional needs and where there are no concerns. Typically, these children are likely to live in a resilient and protective environment where their needs are met. These children will require no additional support beyond that which is universally available.

We follow the Statutory Framework for the Early Years Foundation Stage 2017 and Purple Childcare Curriculum to provide individual support for all children. Each child is allocated a key person who will make a relationship both with the child and his or her family. The key person will make observations and keep records to ensure there are no barriers to a child’s learning and establish stable and affectionate relationships. We anticipate that by working closely with parents and sign-posting families to other universal services within our community that we can meet the needs of children and families at this level.

***At this level parents will always be consulted before any action is taken.***

**Level 1 plus – Additional support.**

These children can be defined as needing some additional support without which they would be at risk of not meeting their full potential. Universal services still hold onto the child but receive additional support to

prevent the child and family needing to access higher tier services. This is a single or multi agency response. Their identified needs may relate to their health, educational, or social development, and are likely to be short term needs. If ignored these issues may develop into more worrying concerns for the child or young person. These children will be living in greater adversity than most other children or have a greater degree of vulnerability than most if their needs are not clear, not known or not being met. Keeping children Safe in Education. 10 states that, ‘**any staff member who has a concern about a child’s welfare should follow the referral process set out in paragraphs 21-27**’

 We have included those paragraphs in Annex F together with the flow chart identified in paragraph 23. Annex G

The DSL will coordinate a whole family assessment and plan around the child.

Sometimes in discussion with parents and carers and through our observations and records we may think a child and their family could benefit from additional support from outside agencies to ensure he/she reaches his/her full potential. This process is known asEarly Help. We have knowledge of the different agencies which may be able to offer support and we will work with parents and carers to decide which support would be most appropriate for their family. We will work with parents to complete any Early Help referral forms required to access this support. If we are unsure of where to access support we will contact First Response for advice.

Further information about Early Help can be found at: https://www.familylives.org.uk/how-we-can-help/in-your-area/south-west/services-in-your-area/bristol-early-help/ We can also find detailed early help information in Chapter 1 of Working Together to Safeguard Children.

***At this level parents will always be consulted before we contact another agency and their written consent gained before any action is taken.***

**Level 2 – escalating**

This level applies to those children identified as requiring targeted support. It is likely that for these children their needs and care are compromised. Only a small fraction of children will fall within this band. These children will be those who are vulnerable or experiencing the greatest level of adversity.

Children with additional needs: These children are potentially at risk of developing acute/ complex needs if they do not receive early targeted intervention.

Sometimes in discussion with parents and carers and through our observations and records we realise that a child and their family have a number of needs which are preventing a child from reaching his/her full potential. In this case we will discuss the situation with parents and carers and try to identify each area of concern so that a range of other agencies can come together to offer support to the family.

With parental consent we will complete an Early Help assessment following the Single Assessment Framework (SAF) and contact First Response to help us identify and co-ordinate a range of other agencies. This multi-agency response will require a lead professional who may be a member of our staff.

***At this level parents will always be consulted before we contact another agency and their written consent gained before any action is taken.***

**Level 3 – Significant**

These children will require intensive support and protection under s.17 and s.47 Children Act 1989. This is the threshold for child in need, child protection, and looked after children.

All staff members are aware of the types of abuse and neglect, as defined in paragraph 35-44 of Keeping Children Safe in Education 2016, so that they are able to identify cases of children who may be in need of help or protection.

These are children whose needs and care at the present time are likely to be significantly compromised thereby requiring assessment under Section 47 or Section 17 of the Children Act 1989. These children may become subject to a child protection plan and need to be accommodated (taken into care) by Children’s Social Care either on a voluntary basis or by way of Court Order. Section 17- 1989 Children Act states a child shall be taken to be in need if: (a) He is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by a local authority under this Part; (b) His health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services; or (c) He is disabled.

Sometimes in discussion with parents and carers and/or through our observations and records we realise that a child is at risk of significant harm (see below) and we must take emergency action to ensure that a child is kept safe. If the Designated Lead is unsure whether or not the concern meets this threshold he/she may discuss the case with an Early Help Social Worker. An assessment will be undertaken by a social worker to determine whether or not they are ‘children in need’. This is defined under section 17 of the Children Act 1989; and includes those who have already been assessed as children in need; and those who have suffered or who are at risk of suffering significant harm as defined under section 47 of the Children Act 1989. All children will still be accessing

Universal and some targeted services. Where services are provided through the Disabled Children’s Social Work Team, a plan will be provided which details the assessed needs and intended outcomes from the service provided. This plan will be reviewed on a regular basis to ensure the team are aware of the current need. If enquiries confirm that the child is suffering or likely to suffer significant harm, a child protection conference will be convened by a social worker. Representatives of all agencies working with the family will be invited to the child protection conference, along with parents, carers and the child (or their advocate). The child protection conference will decide whether to make the child the subject of a child protection plan. A child protection plan sets out clearly the action that must be taken to ensure that the child is safe from harm. Failure to progress the actions in the child protection plan may result in legal proceedings being commenced.

*There are no absolute criteria on which to rely when judging what constitutes significant harm. Sometimes a single violent episode may constitute significant harm but more often it is an accumulation of significant events, both acute and longstanding, which interrupt, damage or change the child's development.*

*It may be:*

* *the child is at risk of serious harm from others or themselves and requires skilled risk assessment and protection;*
* *the child or young person is likely to put others at risk or harm, distress or loss and a response needs to take account of the individual’s interests and wellbeing of others;*
* *the child’s circumstances, including their health, finances, living conditions or social situation, are likely to cause them or others serious harm, social exclusion or reduction of life chances;*
* *the situation requires assessment of, and intervention in unpredictable emotional, psychological, intra-family or social factors and responses;*
* *the circumstances are such that there are significant risks in both intervening and not intervening, when a fine judgement is required*

*Careful analysis and interpretation of information will enable practitioners and families to:*

* *think about what is important and identify needs or difficulties;*
* *explain why these have come about;*
* *understand the impact of strengths and pressures on the child or young person;*
* *reach agreement about what needs to be improved;*
* *agree the priority issues, aims and goals in terms of improving the child’s wellbeing;*
* *agree desired outcomes.*

*Consider:*

* *What is the lived experience of the child?*
* *When and how are the child’s needs not being met?*
* *What are the effects on the child’s current development and long term effects?*
* *What are the child’s needs, wishes and feelings regarding intervention and likely outcomes?*

Taken from: Multi-agency Guidance on Threshold Criteria to help support Children, Bristol: Working together to get the right help at the right time for the right duration

**Partnership with families**

A copy of this policy is made available to all parents prior to their child joining our school/setting as well as details of the complaints procedure. In general, any concerns will be discussed with parents and we will offer support.

All conversations, decisions and the reasons for decisions, whatever the outcome, should be recorded appropriately in order to show that they took place, identify what was agreed and evaluate how effectively they enabled needs to be met. In this way quality conversations can demonstrate their impact on successful practice, including improvements in decision making and joint working. Conversations should continue in order to inform the on-going planning and reviewing.

Practitioners working with families at a Universal, Early Help or Escalated level will need to get the consent of the family before any information is held or shared with other agencies. If the practitioner does not gain the family’s consent and in future has ongoing concerns, they should consider contacting First Response for advice and guidance.

**What a school should do if a child is in danger or at risk of harm.**

If a child is in immediate danger or is at risk of harm, a referral should be made to children’s social care and/or the police immediately. Anyone can make a referral. Where referrals are not made by the DSL the DSL should be informed as soon as possible that a referral has been made. The telephone number for reporting abuse is included in this document and is available on the building notice boards.

**With the exception of child protection matters, referrals to First Response cannot be accepted without parents having been consulted first.**

Consent is not required for child protection referrals where it is suspected that a child may be suffering or be at risk of suffering significant harm; however, the referring practitioner, would need to inform parents or carers that you are making a referral, unless to do so may:

* Place the child at increased risk of Significant Harm; or
* Place any other person at risk of injury; or
* Obstruct or interfere with any potential Police investigation; or
* Lead to unjustified delay in making enquiries about allegations of significant harm.

The child’s interest must be the overriding consideration in making such decisions. Decisions should be recorded.

If consent is withheld by the parent:

* If it is felt that the child’s needs can be met through Early Help, then discussion with the family should take place about the completion of an Early Help Assessment and provision of services through an Early Help Plan. Early help consultations are available from the Early Help Advisors for support in managing these situations.
* For another agency familiar with the child and family to make the approach about information sharing to the family.
* No assessment should take place. The rational for this decision will be recorded on the concerns form.
* The combination of the concerns and the refusal to consent to enquiries being made may result in the concerns being defined as child protection concerns. In this case, information sharing may proceed without parental consent. The consultation and the decision to proceed without consent must be recorded on the case papers.

***If a child has actually been injured or is in imminent danger of being injured then we will contact the emergency services, medical or police, immediately on 999.***

When making a level 4 referral to First Response we will ensure we have a record of all details required (see **Appendix E**).

Records will include:

* Full name, date of birth and home address of the child
* details of parent with whom the child normally lives
* all concerns/ nature of injuries with dates / times / location (you may wish to use a body map to record the site of injuries)
* exact words used by the child if disclosure made and name of others present
* observations made
* actions taken
* reasons for any decisions
* practitioner’s printed name, role and signature, dated and timed
* clearly and concisely written report in a manner that cannot be erased or added to (e.g. written in permanent ink with no spaces where additional wording can be inserted or saved electronically either as a ‘read only’ or PDF document), as soon as possible after the event

***At this level we will not inform parents about the referral until we have received advice from Shropshire Council’s Child Protection Team that is safe to do so. This is to ensure that any investigations by senior social workers and the Police are not compromised and children are kept safe as a priority.***

***Specific legal duties to report***

New legislation has recognised and criminalised the following types of abuse and placed duties on education settings to report offences to the authorities:

* **Radicalisation and the Prevent Duty**

The government set out its definition of British values in the 2015 Prevent Strategy – this promotes the values of:

* democracy
* the rule of law
* individual liberty
* mutual respect
* tolerance of those of different faiths and beliefs

Our setting promotes these values to ensure that children build resilience –

see **Appendix F**

If we have evidence that children or their families are at risk of radicalisation we will contact First Response to ensure that we are meeting our duties to protect children and vulnerable adults.

***Depending on the level of risk, we may or may not consult parents before contacting First Response.***

* **Female Genital Mutilation (FGM)**

If we become aware of any cases where girls are at risk of FGM or have actually been harmed, I/we will contact First Response to ensure that I am/we are meeting our reporting duties.

***I/We may not seek parental consent if this may put the girl at increased risk.***

* **Domestic abuse and honour based violence**

Children living in households where there is domestic abuse which could be coercion or violence, including honour based violence, could be at significant risk of harm. We will seek support for victims and their children through First Response.

***Depending on the level of risk, I/we may or may not consult parents before contacting First Response.***

It is recognised that children with special educational needs or disabilities (SEND) can present additional safeguarding challenges and additional barriers can exist when recognising abuse and neglect in this group of children. These can include: assumptions that indicators of possible abuse such as behaviour, mood and injury, relate to the child’s impairment without further exploration; children with SEND can be disproportionately impacted by issues such as bullying, without necessarily showing outward signs; communication barriers.

It is important, therefore, to be particularly sensitive to these issues when considering any aspect of the welfare and safety of such children, and to seek professional advice where necessary.

**Safeguarding children with special educational needs and disabilities (SEND)**

**Children with SEND are at greater risk of abuse than children who do not have SEND.**

This is may be due to a number of complex factors, such as;

* An inability to communicate
* Poor communication skills may make it difficult for children to be understood or believed
* A lack of continuity of care or
* A multiplicity of carers
* People who abuse children sometimes seek positions where they can access to children with SEND
* Caring for a child with SEND may create additional physical, emotional and financial stress upon the family which presents additional risk factors

**Children Missing Education**

There are many reasons why we want young children to have regular attendance at Purple Childcare. As well as supporting their learning and development, we want to try to make sure that children are kept safe, their wellbeing is promoted and they do not miss out on their entitlements and opportunities. In a small minority of cases, good attendance practice may also lead to the earlier identification of more serious concerns for a child or family and may have a vital part to play in keeping a child or other family members safe from harm.

In our nursery we use, the documents previously stated and School Attendance Guidance 2016 to support us and to record all absences. We have procedures for recording and following up any unexplained non-attendance and know how to respond to different problems and where to access advice, support or whom to alert if concerns arise.

A child going missing from education is a potential indicator of abuse or neglect and such children are at risk of being victims of harm, exploitation or radicalisation. At Purple Childcare, staff follow our policies and procedures for unauthorised absence and for dealing with children that go missing from education, particularly on repeat occasions, to help identify the risk of abuse and neglect, including sexual exploitation, and to help prevent the risks of going missing in future. To aid us in monitoring attendance all staff adhere to the guidance from the Department for Education (DfE) School Attendance.

**Escalating / de-escalating concerns**

Just because a child is assessed at a point in time as meeting a certain threshold criteria does not mean that they always will. An assessment is an on-going process, not an event; children’s needs often change over time. The DSL will maintain an overview of all children with a plan to ensure children’s needs are being met at the right level of intervention. Of central importance in understanding where a child’s needs might lie on this continuum, is the cooperation and engagement of the parents and carers – a lack of co-operation or appreciation about the concern may of itself raise the level of the need and required response.

(Children’s Social Work and Safeguarding Step Down Guidance)

**The impact of abuse**

The impact of child abuse should not be underestimated. Many children do recover well and go on to lead healthy, happy and productive lives, although most adult survivors agree that the emotional scars remain, however well buried. For some children, full recovery is beyond their reach, and the rest of their childhood and their adulthood may be characterised by anxiety or depression, self-harm, eating disorders, alcohol and substance misuse, unequal and destructive relationships and long-term medical or psychiatric difficulties.

**Taking action**

Key points to remember for taking action are:

* in an emergency take the action necessary to help the child, for example, call 999
* report your concern to the DSL immediately
* if the DSL is not able to be contacted ensure action is taken to report the concern to children’s social care
* do not start your own investigation
* share information on a need-to-know basis only – do not discuss the issue with colleagues, friends or family
* complete a record of concern
* seek support for yourself if you are distressed.

**If you suspect a child is at risk of harm**

There will be occasions when you suspect that a child may be at serious risk, but you have no ‘real’ evidence. The child’s behaviour may have changed, their artwork could be bizarre or you may have noticed other physical but inconclusive signs. In these circumstances, you should try to give the child the opportunity to talk. The signs you have noticed may be due to a variety of factors and it is fine to ask the child if they are alright or if you can help in any way.

Use the welfare concern form (**see Appendix E**) to record these early concerns. If the child does begin to reveal that they are being harmed you should follow the advice in the section ‘If a child discloses to you’.

If, following your conversation, you remain concerned, you should discuss your concerns with the DSL

**If a child discloses information to you**

It takes a lot of courage for a child to disclose that they are being neglected and or abused. They may feel ashamed, particularly if the abuse is sexual, their abuser may have threatened what will happen if they tell, they may have lost all trust in adults, or they may believe, or have been told, that the abuse is their own fault.

If a child talks to you about any risks to their safety or wellbeing you will need to let them know that **you must** pass the information on – you are not allowed to keep secrets. The point at which you do this is a matter for professional judgement. If you jump in immediately the child may think that you do not want to listen, if you leave it till the very end of the conversation, the child may feel that you have misled them into revealing more than they would have otherwise.

**During your conversation with the child:**

* Allow them to speak freely.
* Remain calm and do not over react – the child may stop talking if they feel they are upsetting you.
* Give reassuring nods or words of comfort – ‘I’m so sorry this has happened’, ‘I want to help’, ‘This isn’t your fault’, ‘You are doing the right thing in talking to me’.
* Do not be afraid of silences – remember how hard this must be for the child.
* Under no circumstances ask investigative questions – such as how many times this has happened, whether it happens to siblings too, or what does the child’s mother thinks about all this.
* At an appropriate time tell the child that in order to help them you must pass the information on.
* Do not automatically offer any physical touch as comfort. It may be anything but comforting to a child who has been abused.
* Avoid admonishing the child for not disclosing earlier. Saying ‘I do wish you had told me about this when it started’ or ‘I can’t believe what I’m hearing’ may be your way of being supportive but the child may interpret it that they have done something wrong.
* Tell the child what will happen next. The child may agree to go with you to see the DSL. Otherwise let them know that someone will come to see them before the end of the day.
* Report verbally to the designated person.
* Write up your conversation as soon as possible on the record of concern form and hand it to the designated person.
* Record the facts only and do not include any opinions
* Seek support if you feel distressed.

Refer to **Appendix E** for NSPCC record of concern

**Prevention in the Curriculum**

At Purple Childcare, we recognise the importance of developing children’s awareness of behaviour that is unacceptable towards them and others, and how they can help keep themselves and others safe. It is a sad fact that children may abuse their peers and this abuse may take many forms but must not be considered as; ‘normal, just banter, growing up.’ We understand that peer on peer abuse may be gender related and could include girls being touched or sexually abused by boys or forced into initiation rituals.

We are committed to ensuring that we minimize the risk of peer on peer abuse through the delivery of our curriculum.

Peer and peer abuse may include;

* Leaving another child out of their play
* Unkind remarks
* Teasing or pointing out another child’s disabilities or needs
* Physical abuse
* Sexual abuse
* Sharing confidences without permission
* Name calling
* Taking property
* Swearing or spitting

As part of our curriculum we provide opportunities for children to learn about keeping safe and who to ask for help if their safety is threatened. As part of developing a healthy, safer lifestyle and through our Spiritual, Moral, Cultural and Social Curriculum children are taught the following topics as well as how to ask for help and manage difficult situations with peers and others:

* Safely explore their own and others’ attitudes
* Recognise sexting (age appropriately) the dangers and how to report
* Peer on peer abuse which may or may not be bullying and may include cyber abuse
* Recognise and manage risks in different situations and how to behave responsibly
* Judge what kind of physical contact is acceptable and unacceptable
* What kind of touch is acceptable between genders
* Empower children to say, ‘No’ to any touch or attention that makes them feel uncomfortable
* Recognise when pressure from others (including people they know) threatens their personal safety and well-being and develop effective ways of resisting pressure; including knowing when and where to get help
* Use assertiveness techniques to resist unhelpful pressure
* The importance of Internet safety

Peer on peer abuse will never be tolerated. Where a child is at risk of immediate harm we will call both sets of parents and if and when applicable (age appropriately) the police. Through our curriculum we hope to foster an environment in which all children, boys and girls, feel valued and show respect for others.

But we need to ensure that children feel safe to ask for help from an adult if something goes wrong, so we will:

* Listen to allegations of peer on peer abuse carefully
* Ask questions to gain clarification
* Ask what the child thinks would help and take their feelings into account, if appropriate
* Record our discussions
* Talk to the abuser
* Help the abuser to understand the consequences of their behaviour on the other child/ren
* Remind the abuser of the behaviour policy and the possible sanctions
* Involve the parents of the children involved if and when appropriate
* Support the victim
* Offer counselling for the victim if appropriate
* Liaise with other agencies if appropriate

Children who abuse other children (peer on peer abuse) will be subject to the sanctions detailed in our Behaviour policy, which may include some or all of the following dependent upon the severity of the abuse:

* Listening to the abused child’s feelings, supported by an adult
* Loss of a playtime or fun activity
* Making reparation to the victim (age appropriate)
* Supervised play breaks
* Meeting with abuser’s parents, child present
* Exclusion (in the most extreme circumstance)

There are many other safeguarding issues, other than those documented here, that may present in children and or their families. Staff can go to GOV.UK for help and guidance for these specific topics.

* Bullying, including cyberbullying
* Children missing education
* Child missing from home or care
* Child sexual exploitation
* Domestic violence
* Drugs
* Fabricated or induced illness
* Faith abuse
* Female genital mutilation
* Forced marriage
* Gangs and youth violence
* Gender-based violence/violence against women and girls
* Hate
* Mental health
* Missing children and adults
* Private fostering
* Preventing radicalization
* Relationship abuse
* Sexting
* Trafficking

**Managing allegations of abuse made against staff (this includes apprentices), students or volunteers (see Appendix G)**

Allegations which might indicate that a person would pose a risk of harm to children if they continue to work in regular or close contact with children in their present position will be taken seriously. Staff must report their concerns to the DSL in the first instance. The DSL will contact the Local Authority Designated Officer (LADO) for advice and guidance and will follow the advice.

We have a duty to inform the LADO of any allegations made against a person which suggests he or she 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 towards a child or children in a way that indicates he or she would pose a risk of harm to children.

If an allegation is made the Designated Lead for safeguarding who is the Registered Person, will contact the Local Authority Designated Officer (LADO) to discuss the best course of action. The LADO may ask for additional information, such as previous history, whether the child or their family have made similar allegations previously and the individual’s current contact with children. There may be situations when the LADO will want to involve the police immediately, for example if the person is deemed to be an immediate risk to children or there is evidence of a possible criminal offence.

The initial sharing of information and evaluation may lead to a decision that no further action is to be taken in regard to the individual facing the allegation or concern; in which case this decision and a justification for it will be recorded by both the Registered Person and the LADO, and agreement reached on what information should be put in writing to the individuals concerned and by whom. The Registered Person will then consider with the LADO what action should follow both in respect of the individual and those who made the initial allegation.

If further action is required we will follow the advice of the LADO and co-operate with any investigations. We will follow instructions about what can be disclosed to the accused and whether he/she should be suspended whilst further investigations take place. This is not an indication of admission that the alleged incident has taken place, but is to protect the staff as well as children and families throughout the process. Clear advice will be given to workers on the process of investigation by other agencies. We will follow advice about how to inform families about the allegation.

In all cases, we will notify Ofsted within 14 days of the allegations first being made and inform them about what actions are being taken by completing the on-line form at:

<https://ofstedonline.ofsted.gov.uk/ofsted/Ofsted_Early_Years_Notification.ofml>

If the member of staff/volunteer is found to be a risk to children and vulnerable adults, the Disclosure & Barring Service will be notified.

If an allegation is made against the Designated Lead the Deputy Manager will make the referral.

If we are aware of the details of a child who has or may have been harmed by a member of staff or volunteer will contact First Response to make a referral to seek support for the child.

We also have a duty of care towards our staff. We provide support for anyone facing an allegation and provide employees with a named contact if they are suspended. It is essential that any allegations of abuse made against members of staff or volunteers are dealt with very quickly, in a fair and consistent way that provides effective protection for the child and at the same time supports the person who is the subject of the allegation.

If an allegation is made against the Headteacher, who is, in our situation, also the proprietor of the school, then the staff member should refer directly to the LADO. Where the Headteacher is not the proprietor the staff should make a referral to the chair of governors, chair of the management committee or the Deputy DSL.

Allegations against staff may be complex and require investigation, others may not be substantiated. Part Four of Keeping Children Safe, 2016 provides essential guidance for employers and employees and should inform practice in the event of any allegation.

**Allegations of abuse made against other children.**

All staff recognise that children are capable of abusing their peers. Our child protection policy includes and identifies the different forms of peer on peer abuse, including sexting and gender issues such as hazing type violence. It sets out the procedures to minimise the risk of peer on peer abuse and how allegations should be investigated and dealt with. Other guidance and sources of advice include;

[*https://www.gov.uk/government/publications/searching-screening-and-confiscation*](https://www.gov.uk/government/publications/searching-screening-and-confiscation)

The UK Council for Child Internet Safety (UKCCIS) Education group <https://www.saferinternet.org.uk/.../new-sexting-guidance-schools-released-uk-council>..

**The child’s wishes.**

In all safeguarding issues and concerns the teachers, staff and headteacher will take account of the wishes and feelings of the child, when determining what action to take and what services to provide. However, all systems and processes should operate with the best interest of the child at heart.

**Looked after children (LAC)**

The most common reasons for children becoming looked after is abuse. It is therefore important that the DSL, Headteacher, if not the DSL, and staff have a good understanding of the needs of looked after children and are confident and capable of meeting their needs. The DSL will take overall responsibility for liaising with the child’s foster family, social worker and where applicable the virtual schools head. All LAC will have a Personal Education Plan (PEP) prepared by the teacher with support from the SENCO and Headteacher with support from the LAC’s social worker.

**Concerns about safeguarding practices in the school/nursery.**

Staff and volunteers should feel able to raise concerns about poor or unsafe practices or failures in the school which threaten the safeguarding of children. Monthly staff meetings include, on the agenda, discussion of health and safety and Safeguarding. However, staff should not wait for the monthly staff meeting to raise their concerns. All concerns, about practices and failures must be brought to the attention of the Headteacher, DSL or deputy DSL immediately. Good relationships between the headteacher and all other staff will promote an environment whereby staff can raise concerns or ask questions with delay and with the knowledge that they will be taken seriously.

**Whistleblowing**

Whistle blowing is a mechanism by which adults can voice their concerns in good faith, without fear of repercussion. Any behaviour by colleagues that raises concern regardless of source will be recorded and reported to the DSL who will make a decision about the course of action. A separate Whistleblowing policy outlining procedures is kept in the Welfare and Policy file which is stored in the filing cupboard and is part of the Staff Conduct Policy.

**Safe Recruitment of Staff**

We use Part Three and section 71-72 of the guidance, Keeping Children Safe in Education 2016 to inform our decision making and help to prevent people who pose a risk to children from working with children. We adhere to our statutory requirements to check that applicants and staff are safe to work with children. Further details can be found in our Recruitment policy.

This includes disqualification by association, where a registered provider or a childcare worker may also be disqualified because they live in the same household as another person who is disqualified, or because they live in the same household where a disqualified person is employed.

Job adverts and induction packs make reference to our safeguarding policy and procedures including the checks that we make; these are:

* Enhanced DBS check which includes barred list information
* A prohibition check for teaching staff, with or without QTS
* An additional check for leaders and managers is required and this is a s128
* The applicants mental and physical ability to carry out the role
* Right to work in the UK and if the person has lived or worked outside of the EEA then further checks may be required. See, *https://www.gov.uk/.../employing-overseas-trained-teachers-from-outside-the-eea*
* Two references, at least one from a previous employer
* Two proofs of identification

The school holds a single central register of all the checks carried out on staff

All offers of employment are on condition of satisfactory references and clear checks being returned. Further information on pre-employment checks is contained in our Safe recruitment policy.

Applicants for posts are clearly informed that positions are exempt from the Rehabilitation of Offenders Act 1974. We ensure that we meet our responsibilities under the Safeguarding Vulnerable Groups Act 2006.

Where applicants are rejected because of information that has been disclosed, we will inform the applicant about their right to know and to challenge incorrect information.

We comply with the Safeguarding and Welfare Requirements in the Statutory Framework for the Early Years Foundation Stage (EYFS) 2017 and the Compulsory Childcare Register in respect of references and Enhanced Disclosure and Barring Service checks for staff and volunteers to ensure that no disqualified or unsuitable person works with or has access to the children. This includes disqualification by association, where a registered provider or a childcare worker may also be disqualified because they live in the same household as another person who is disqualified, or because they live in the same household where a disqualified person is employed.

We have procedures for recording the details of visitors, including prospective candidates, to the setting and ensure that we have control over who comes in to the premises so that no unauthorised person has unsupervised access to the children.

**Staff Supervision (including students and volunteers)**

In order to ensure that all staff are alert to any issues for concern, staff receive regular training and updates in safeguarding and child protection through a range of training and supervision activities. This includes both formal and informal supervision, annual appraisals, staff meetings and access to BSCB approved training. Individual supervision offers staff an opportunity to receive coaching to improve their practice with children and address any issues resulting in poor performance. Individual supervision also provides a safe space in which to raise any concerns they may have about the conduct of other adults connected with the setting.

Staff supervision is also used to ensure that all staff remain suitable to work with children. This means staff are required to inform their manager of any medication they are taking and provide medical evidence that this will not impair their ability to look after children properly. All medication, that staff need to take throughout the day, must be locked away in the medicine cabinet or office.

Staff are also required to disclose any information which may lead to their disqualification as outlined in *The Statutory Framework for the EYFS 2014 3.14-3.18* **(see Appendix H)**

**Injuries**

At the beginning of each session parents are requested to notify us of any accidents, incidents or injuries which may affect their child before leaving him/her in our care. A note will be made of any existing injuries and how the injury was received will be recorded.

Any serious injury occurring in the setting e.g. broken bone, is reported to Health and Safety Executive (HSE) via RIDDOR. This is also reported to Ofsted within 14 days **(see Appendix I)**.

**Safe use of ICT and mobile phones**

The use of mobile phones and other electronic devices such as computers, tablets, and game devices is commonplace. However, as a society, we are beginning to recognise that although these devices have brought great benefit we also need to ensure that we help children to understand there are dangers and how to keep themselves safe. This includes:

* Keeping personal details secure
* Understanding that not all content is appropriate, truthful or legal
* What to do if they do accidently access inappropriate or illegal content
* What to do if they are upset by something they receive
* What to do if they are going to physically meet someone they have met on-line

Appropriate use of mobile phones is essential at Purple Childcare.

Practitioners are able to use their personal mobile phones during their break times. During working hours they must be kept out of the reach of children and parents in a secure area accessible only to staff. All staff are made aware of their duty to follow this procedure, and to challenge anyone not adhering to it. Staff may only use their mobile phone, for personal use, when on a designated break and with the express permission of the manager or acting manager. Staff must never use their personal mobile phone or any other photographic equipment to take photographs of children. Failure to comply with this requirement will result in disciplinary action.

Visitors to the setting must either hand in their mobile phone and any other photographic equipment to be locked away or leave it in their car outside the building. Parents are asked not to use their mobile phones within the setting and to keep them in their bags or pockets.

We believe that photographs validate children’s experiences and achievements and are a valuable way of recording milestones in a child’s life. Parental permission for the different ways in which we use photographs is gained as part of the initial registration at Purple Childcare. We take a mixture of photos that reflect the teaching and learning experience and environment, sometimes this will be when children are engrossed in an activity either on their own or with their peers. In order to safeguard children and adults and to maintain privacy, cameras are not to be used during intimate care situations by adults or children.

At Purple Childcare we promote the use of observation and assessment through photographic evidence. Each room has its own camera or tablet. These photographs are uploaded to Tapestry regularly. This is a password protected website where parents can view these photographs safely and at their leisure. Once photographs have been uploaded to Tapestry or printed off for displays they are deleted. All cameras, laptops and USB sticks are put securely away when they are not in use.

The children in the pre-school and toddler room have access to tablets which are pre-loaded with educational and age appropriate applications for them to explore. These applications are strictly vetted by the staff before the children have access to them. The staff log onto these devices before giving them to the children to use and the children are supervised whilst using them and they do not themselves have access to the internet.

Mobile phone and camera policies can be found in our Policies and Procedures found at [www.purple-childcare.co.uk/documents](http://www.purple-childcare.co.uk/documents)

Through induction, staff and volunteers are made aware of our ‘acceptable use of technology’ policy both at home and in the workplace. If any staff or volunteers breach this policy then we will take disciplinary action which may result in a referral to the Disclosure and Barring Service. We recognise that our staff may be vulnerable to being groomed through their use of mobile phones, social media and the internet and we address this through ensuring that they understand and adhere to our policies and procedures and also during regular team meetings, supervisions and appraisals.

**Cross Referencing**

You may also want to refer to other policies and procedures such as:

* Confidentiality and Information Sharing;
* Secure storage of records and Data Protection;
* Recruitment and Retention including staff supervision
* E-safety-(<http://www.safeguardingshropshireschildren.org.uk/scb/prof_esafety.html>); including acceptable use of technology
* Social networking
* Whistleblowing;
* Behaviour management – anti-bullying

**APPENDIX A**

**Working together to safeguard children March 2015 - Definitions of Abuse**

**Abuse**

A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults, or another child or children.

**Physical abuse**

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

**Emotional abuse**

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 a child that they are worthless or unloved, inadequate, or valued only insofar 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 a 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 involve seeing or hearing the ill-treatment of another. 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 of a child, though it may occur alone.

**Sexual abuse**

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

**Neglect**

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

• provide adequate food, clothing and shelter (including exclusion from home or abandonment);

• protect a child from physical and emotional harm or danger;

• ensure adequate supervision (including the use of inadequate care-givers); or

• ensure access to appropriate medical care or treatment.

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

***If a child is considered to be at risk of neglect, the BSCB Neglect Strategy and Toolkit will be used to record concerns over time and submitted to Shropshire Council’s First Response as evidence.***

**Appendix B**

**Role of DSL, taken from Annex B (KCSIE)**

Our DSL has the appropriate status and authority within the school to carry out the duties of the post. They ensure that they have the time, funding, training, resources anBSCBd support to provide advice and support to other staff on child welfare and child protection matters, to take part in strategy discussions and inter-agency meetings – and/or to support other staff to do so – and to contribute to the assessment of children.

**Deputy designated safeguarding leads**

The deputy is trained to the same standard as the designated safeguarding lead.

Whilst the activities of the designated safeguarding lead can be delegated to appropriately trained deputy the ultimate **lead responsibility** for child protection, as set out above, remains with the designated safeguarding lead; this **lead responsibility** should not be delegated.

**Manage referrals**

The designated safeguarding lead is expected to:

• refer cases of suspected abuse to the local authority children’s social care as required;

• support staff who make referrals to local authority children’s social care;

• refer cases to the Channel programme where there is a radicalisation concern as required;

• support staff who make referrals to the Channel programme;

• refer cases where a person is dismissed or left due to risk/harm to a child to the Disclosure and Barring Service as required; and

• refer cases where a crime may have been committed to the Police as required.

**Work with others**

The designated safeguarding lead is expected to:

• liaise with the headteacher or principal to inform him or her of issues especially ongoing enquiries under section 47 of the Children Act 1989 and police investigations;

 • as required, liaise with the “case manager” (as per Part four) and the designated officer(s) at the local authority for child protection concerns (all cases which concern a staff member); and

• liaise with staff on matters of safety and safeguarding and when deciding whether to make a referral by liaising with relevant agencies. Act as a source of support, advice and expertise for staff.

**Training**

The designated safeguarding lead (and any deputies) should undergo training to provide them with the knowledge and skills required to carry out the role. This training should be updated at least every two years.

The designated safeguarding lead should undertake Prevent awareness training.

In addition to the formal training set out above, their knowledge and skills should be refreshed (this might be via e-bulletins, meeting other designated safeguarding leads, or simply taking time to read and digest safeguarding developments) at regular intervals, as required, but at least annually, to allow them to understand and keep up with any developments relevant to their role so they:

• understand the assessment process for providing early help and intervention, for example through locally agreed common and shared assessment processes such as early help assessments;

• have a working knowledge of how local authorities conduct a child protection case conference and a child protection review conference and be able to attend and contribute to these effectively when required to do so;

• ensure each member of staff has access to and understands the school or college’s child protection policy and procedures, especially new and part time staff;

• are alert to the specific needs of children in need, those with special educational needs and young carers

• are able to keep detailed, accurate, secure written records of concerns and referrals;

• understand and support the school or college with regards to the requirements of the Prevent duty and are able to provide advice and support to staff on protecting children from the risk of radicalisation;

• obtain access to resources and attend any relevant or refresher training courses; and encourage a culture of listening to children and taking account of their wishes and feelings, among all staff, in any measures the school or college may put in place to protect them.

**Raise Awareness**

The designated safeguarding lead should:

• ensure the schools child protection policies are known, understood and used appropriately;

• ensure the schools child protection policy is reviewed annually (as a minimum) and the procedures and implementation are updated and reviewed regularly, and work with the deputy, headteacher and staff

• ensure the child protection policy is available publicly and parents are aware of the fact that referrals about suspected abuse or neglect may be made and the role of the school in this; and

• link with the local LSCB to make sure staff are aware of training opportunities and the latest local policies on safeguarding.

**Child protection file**

Where children leave the nursery ensure their child protection file is transferred to the new school or college as soon as possible. This should be transferred separately from the main child file, ensuring secure transit and confirmation of receipt should be obtained.

**Availability**

During term time the designated safeguarding lead (or a deputy) will always be available during school hours for staff in the school or college to discuss any safeguarding concerns. This may include being available by phone for staff. Whilst generally speaking the designated safeguarding lead (or deputy) would be expected to be available in person, it is a matter for individual schools and colleges, working with the designated safeguarding lead, to define what “available” means and whether in exceptional circumstances availability via phone and or Skype or other such media is acceptable. We will also ensure that there is adequate safeguarding and child protection cover for out of school/term or hours activities.

As part of the role of the DSL we will ensure that staff update their child protection/safeguarding training regularly and is responsible for:

* Ensuring that staff are enabled to identify signs of possible abuse and neglect at the earliest opportunity, and to respond in a timely and appropriate way. Signs that indicate possible abuse 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; and/or inappropriate behaviour displayed by other members of staff, or any other person working with the children. E.g. inappropriate sexual comments; excessive one-to-one attention beyond the requirements of their usual role and responsibilities; or inappropriate sharing of images;
* Being the first point of contact for staff, volunteers, parents and children/young people where concerns about children’s welfare, poor practice or child abuse are identified;
* Providing basic advice and support with regard to child protection and poor practice;
* Completing the organisation’s reporting and recording procedures following the policy and procedures;
* Promoting safe working practice/code of conduct;
* Attending, promoting and organising training;
* Promoting and ensuring confidentiality is maintained;
* Promoting anti-discriminatory practice;
* Maintaining records related to child protection and unsuitable adults, and ensuring these are stored securely on the premises;
* Reviewing records on a regular basis to identify possible patterns of abuse;
* Making decisions on whether or not to refer any concerns, recording the reasons for that decision;
* Completing safeguarding audits including multi-agency audits, termly Practice Audits and annual Section 11 Compliance Audits in line with BSCB requirements;
* Maintaining up to date contact details for other agencies and know how to access the most up to date BSCB guidelines;
* Passing information to other relevant organisations /agencies as appropriate;
* Making referrals to the investigating agencies - Shropshire Council First Response and the Police - in line with child protection procedures;
* Informing Ofsted of any allegations of abuse made against a person working in the setting, or any other abuse alleged to have taken place on the premises;
* Sharing information about Safeguarding Children procedures with parents prior to their child starting in the setting;
* Updating the policy and procedure, and communicating any updates with staff, committee members, volunteers and parents;

Contributing to multi-agency meetings, assessments, core groups and conferences as required

**Appendix C**

**Child’s Chronology**

**Name of child:…………………………………….. D.O.B………………………..**

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| **Brief summary of events prior to chronology:** |

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| --- | --- | --- | --- |
| **Date**  | **Significant event*** Any event that has an impact on child or family
 | **Source of information**(eg contact, home visit, from other agency etc.) | **Action taken and reasons why** |
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**Appendix D**

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| **Child’s Needs – 0-4 years** |
| **Practitioners who are unsure when considering physical and emotional health thresholds in this young age range should seek specialist advice from a Health Practitioner e.g. Midwife, Health Visitor, GP, Paediatrician, Paediatric Therapist, Primary Mental Health Worker. If you have serious concerns telephone First Response.****Nursery, playgroup, education attendance is not statutory in this age range. However it is important to consider whether attendance in an educational setting is part of an arranged package of support to meet the specific needs of the individual child. All areas of learning and development are connected and of equal importance.****THESE MATRICIES ARE A GUIDE ONLY TO ASSIST PRACTIONERS IN ASSESSING THRESHOLDS** |
| **Physical Health** |
| **Category** | **Level 1 Universal** | **Level 1 Plus****Additional** | **Level 2 Targeted** | **Level 3 Significant** |
| **Height and weight (**[**See NHS Choices for**](https://www.nhs.uk/Conditions/pregnancy-and-baby/Pages/baby-weight-and-height.aspx)[**guidance**](https://www.nhs.uk/Conditions/pregnancy-and-baby/Pages/baby-weight-and-height.aspx)**)** | Appropriate height and weight. | Weight or height not increasingat rate expected or unhealthilyoverweight. Parents are engaging with medical professionals and following advice. | Weight or height not increasingat rate expected or unhealthily overweight. Parents are not engaging consistently with medical professionals and are not following advice. | Serious clinical concern about Weight/height requiring medical support and monitoring. Parents are not engaging consistently with medical professionals and are not following advice. May be life threatening. |
| **Medical Care** | Immunisations up to date.Health Appointmentskept (such as dentist and opticians). | Inconsistent in attending medical/routine appointments. Engagement from parents inconsistent. | Frequently missed medical/routine appointments.Frequent difficulty engaging parent. | Missing essential health appointments. Refusing/avoiding medical care, endangering life of development. Unable to engage parent. |

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| --- | --- | --- | --- | --- |
|  | Good engagement with parent. |  |  |  |
| **Accident, Injury and Safety** | Appropriate visits to Emergency Department/Doctor. No concerns re cause or frequency.Accommodation is safe and risks of injury are minimised through use of equipment such as stairgates and plug socket covers.Parents feel confident in undertaking care tasks. | The child has occasional, less common injuries which are consistent with the parents’ account of accidental injury. The parents seek out or accept advice on how to avoid accidental injury.Inappropriate safety arrangements such as cot sides, stair gate and plug sockets.Early concerns about potential special educational needs | Inconsistent minor accidents/injuries. Frequency/cause of visits to doctor/emergency department becoming a concern.Parent/s leave child unsupervised inappropriately by older siblings or in unsafe areas of the house. | Serious violence from another family member (including other children)If you have any suspicion that illness is being fabricated by the parent/child, the practitioner should make a referral to First ResponseFrequent accidents/injuries. Significant concerns re frequency/cause for visits to Emergency Department/DoctorNon-accidental injury or accidental injury indicating lack of supervision.Repeat Injuries from older siblings |
|  | Immunisations up to date.Health Appointments kept (such as dentist and opticians). | Child occasionally appears ininappropriate clothes or dirty.Parent/s require safety advice on the supervision of their child | Injuries from siblings.Significant time left in the care of an older adolescent. | Injuries in non-mobile babiesChild is left strapped in bouncers/high chairs for long periods of time. |
|  | Child is fed safely and appropriately. |  | Lack of mobility notrelated to disability. | Child is regularly left alone withoutparent monitoring or interaction. |
|  |  |  | Child’s environment is | Child is unsupervised in the community |

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|  | Child has positive stimulation and play.Child is supervised appropriately for their age. |  | not as stimulating as required.House is excessively untidy and lacks suitable equipment for a child. | at any time or left alone in the house.Child is not provided with appropriate food for their age and needs.Child’s environment is dangerous including drugs and medications not in lockable storage, unsafe electrics, filthy surroundings, lack of stair gates and safety equipment etc. |
| **Sexual Awareness** | Sexual knowledge, understanding and activity are age appropriate | Use the [Brook Traffic Light tool](https://www.brook.org.uk/our-work/the-sexual-behaviours-traffic-light-tool) to help identify and respond appropriately to sexual behaviours. The tool uses a traffic light system to categorise the sexual behaviours of young people |
| **Emotional Health and Wellbeing** |
| **Category** | **Level 1 Universal** | **Level 1 Plus****Additional** | **Level 2 Targeted** | **Level 3 Significant** |
| **Emotions/Relationships** | Good emotional development/responsese.g. appropriate emotional expression, recognition, facial expression.Stable affectionate | Infrequent, inconsistent emotional problems/responsese.g. with expression, recognition,facial expression.Unduly anxious, angry, defiant | Frequent emotional problems/responsese.g. with expression, recognition,facial expression. Frequently anxious, angry,defiant or withdrawn. | Constant severe emotional problems/responses or disturbance e.g. with expression, recognition, facial expression.Head banging and smearing of faeces which do not stop after support is received. |

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|  | relationships with caregivers.Positive relationships with peers/siblings. Demonstrates feeling of belonging. Through warmth to family membersUsually complies with Age appropriate behavioural responses and actionse.g. impulse/temper. Accepts praise/sanctions/ constructive criticism. | or withdrawn.Inconsistent development of relationships with caregivers. Inconsistent ability in sustaining peer/sibling relationships.Emotional vulnerability, difficulty with attachments arising from separation, divorce, step parenting, bereavementOccasional difficulty with impulse/temper control. Some difficulties accepting praise/sanctions/constructive criticism. | Head banging and smearing of faeces with limited other indicators of concern. Frequent obsessive/compulsive behaviours.Child experience’s acute difficulty accepting praise/age appropriate sanctions.Frequent disruptive/challenging behaviour at nursery/playgroup/ school, home or in locality. | Totally withdrawn.Constant persistent distress.Regular difficulty controlling impulse/temperChild’s appearance reflects poor care, poorhygiene, dirty clothes, ill fittingshoes, lack of appropriate hair and skin care despite offer of support and advice. |
|  |  | Clothing regularly unwashed and inappropriate. |  |
| **Relationships** | Stable affectionate | Inconsistent development of | Frequent difficulties in | Constant difficulties in relationships with |
|  | relationships with | relationships with caregivers. | relationships with | parent eg. Low warmth, isolation. |
|  | caregivers. | Inconsistent ability in | parent. Frequently, | No peer/sibling relationships maintained |
|  | Positive relationships | sustaining peer/sibling | consistently poor | eg. Bully/bullied. |
|  | with peers/siblings. | relationships. | peer/sibling | Totally withdrawn. |
|  | Demonstrates feeling of |  | relationships. | Rejection by alienation from others. |

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|  | belonging.Good attachment | Emotional vulnerability, difficulty with attachments arising from separation, divorce, step parenting, bereavement. | Withdrawn/unwilling to engage.Displaying frequent emotional problems/attachment difficulties e.g. arising from potential/actual divorce/separation, step parenting, bereavement.Relationships characterised by rejection. May have previously had periods of Local Authority accommodation. | Attachment issues related to ongoing abuse, neglect,conflict e.g. In acrimonious separation. Complete rejection/abandonment by parent. Threat of loss of main parent. Displaying constant emotional problemse.g. following divorce, bereavement. |
| **Young Carer Role** Children in this young age range should not be taking responsibility for caring for siblings or parents. |
| **Environmental Factors** |
| **Category** | **Level 1 Universal** | **Level 1 Plus****Additional** | **Level 2 Targeted** | **Level 3 Significant** |
| **Community** | The family has a | There are concerns that the | The family does not | The child consistently does not have |
| **Integration/ Financial** | reasonable income over | parents are unable to budget | use its financial | adequate food, warmth, or essential |
| **Income/** | time and financial | effectively and as a result the | resources in the best | clothing. The parents are consistently |
| **Accommodation/** | resources are used | child occasionally does not | interests of the child | unable to budget effectively and are |
| **Immigration Status** | appropriately to meet | have adequate food, warmth, | and the child regularly | resisting engagement. For example, |
|  | the family's needs. | or essential clothing. | does not have | expenditure on drug, alcohol, gambling |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | The family are living on a low income but the parents use their limited resources in the best interests of their child/children. The parents maximise their income and resources.The parent / carer is able to manage their working or unemployment arrangements and do not perceive them as unduly stressful.The family’s accommodation is stable, clean, warm, and tidy and there are no hazards which could impact the safety or wellbeing of the child.For example the parent/carer ensures access to balconies is restricted unless a young child is with an | However, the parents are working with support services to address these issues.The family’s accommodation is stable however the home itself is not kept clean and tidy and is not always free of hazards which could impact on the safety and wellbeing of the child but the family are engaging with services.The child’s legal entitlement to stay in the country is temporary and/or restricts access to public funds. | adequate food, warmth, or essential clothing.The family does not use its financial resources in the best interests of the child and the child regularly does not have adequate food, warmth, or essential clothing.The family’s home is dirty and health and safety hazards are present and the family are showing signs of not engaging.The family has no stable home, and is moving from place to place or ‘sofa surfing’.The child’s legal status as, for example, an asylum-seeker or an illegal migrant who may have beentrafficked puts them at | or other addictive behaviours means that there isn’t enough money to meet the child’s basic needs.The family’s home is consistently dirty and constitutes health and safety hazards.The family have been sleeping rough.There is evidence that a child or their family have been exposed to or involved in criminal activity either as a result of being trafficked into the country or to support themselves (e.g. illegal employment, child labour, forced begging) |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | adult.The child is legally entitled to live in the country indefinitely and has full rights to education and public funds. |  | risk of involuntary removal from the country. Their immigration status means they have limited financial resources/no recourse to public funds and increases their vulnerability to criminal activity (e.g. illegal employment, child labour, CSE) |  |
| **Parental Factors** |
| **Category** | **Level 1 Universal** | **Level 1 Plus****Additional** | **Level 2 Targeted** | **Level 3 Significant** |
| **Parenting during Infancy** | The parent/carer is coping well emotionally following the birth of their baby and accessing universal supportservices where required. | The parent/carer is struggling to adjust to the role of parenthood but engaging with services. | The parent/ carer is suffering from post- natal depression but engaging with services and the depression is being monitored and managed. | The parent/carer is suffering from severe post-natal depression which is causing serious risk to themselves and their child/ children. |
| **Meeting the** | The child has an | There is concern that the | The child is being | The child is being educated by adults who |
| **educational needs of a** | appropriate education | education the child is | educated to hold | are members of or have links to |
| **child** | and opportunities for | receiving does not teach them | intolerant, extremist | prescribed organisations – see link below |
|  | social interaction with | about different cultures, faiths | views. They are not | for list of terrorist groups or |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | peers. | and ideas or, if it does, is derogatory and dismissive of different faiths, cultures and ideas. | using public services, such as schools or youth clubs, and are only mixing with other children and adults who hold similarintolerant, extremist views. | organisations banned under UK law [**www.gov.uk/government/publications/**](https://www.gov.uk/government/publications/proscribed-terror-groups-or-organisations--2)[**proscribed-terror-groups-or-**](https://www.gov.uk/government/publications/proscribed-terror-groups-or-organisations--2)[**organisations--2**](https://www.gov.uk/government/publications/proscribed-terror-groups-or-organisations--2) |
| **Meeting the emotional** | The child is provided | Parenting often lacks | The family | The child has suffered long term neglect |
| **needs of a child** | with an emotionally | emotional warmth and/or can | environment is | of their emotional needs |
|  | warm and stable family | be overly critical and/or | occasionally volatile |  |
|  | environment. The | inconsistent. | and showing signs of |  |
|  | parenting generally |  | being unstable. For |  |
|  | demonstrates praise, |  | example, parenting is |  |
|  | emotional warmth and |  | intolerant, critical, |  |
|  | encouragement. |  | inconsistent, harsh or |  |
|  |  |  | rejecting and this is |  |
|  |  |  | starting to have a |  |
|  |  |  | negative effect on the |  |
|  |  |  | child who, due to the |  |
|  |  |  | emotional neglect they |  |
|  |  |  | have suffered |  |
| **Fostering** | The child is not privately | There is emerging concerns |  | There is some concern about the private |
| **Arrangements** | fostered. | about the private fostering | fostering arrangements in place for the |
|  | OR | arrangements in place for the | child, and that there may be issues |
|  | The child is privately | child. | around the carers’ treatment of the child. |
|  | fostered by adults who |  | There is concern or suspicion that the |
|  | are able to provide for |  | child is a victim of CSE, domestic slavery, |
|  | his/her needs and there |  | or being neglected or abused in their |
|  | are no safeguarding |  | private foster placement. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | concerns. The local authority has been notified as per therequirements of ‘The Children (Private Arrangements ForFostering) Regulations 2005’. |  |  |  |
| **Domestic Abuse** | There are no incidents | There are isolated incidents of | One or more adult | One or more adult members of the |
|  | of violence in the family | physical and/or emotional | members of the family | family is a perpetrator of persistent |
|  | and no history or | violence in the family. | is physically and | and/or serious physical violence which |
|  | previous assaults by | The harmful impact of such | emotionally abusive to | may also be increasing in severity, |
|  | family members. | incidents is mitigated by other | another adult | frequency or duration. The perpetrator is |
|  |  | protective factors within the | member/s of the | emotionally harming the child/ren that |
|  |  | family such as supportive | family. The | witness or are otherwise aware of the |
|  |  | grandparents who are able to | perpetrator/s show | violence. The children may also be at risk |
|  |  | look after the child when | limited or no | of physical violence if, for example, they |
|  |  | there are arguments/disputes | commitment to | seek to protect the adult victim. |
|  |  | in the family home. | changing their |  |
|  |  |  | behaviour and little or |  |
|  |  |  | no understanding of |  |
|  |  |  | the impact their |  |
|  |  |  | violence has on the |  |
|  |  |  | child. The perpetrator |  |
|  |  |  | is emotionally harming |  |
|  |  |  | the child/ren that |  |
|  |  |  | witness or are |  |
|  |  |  | otherwise aware of the |  |
|  |  |  | violence. |  |
| **Drug and Alcohol Use** | Parents do not use | Drug and/or alcohol use is | Drug/alcohol use is at a | Parental drug and/or alcohol use is at a |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | drugs or alcohol. ORParental drug and alcohol use does not impact on parenting. There is no evidence of siblings or other household members misusing drugs or alcohol. | impacting on parenting but adequate provision is made to ensure the child’s safety.The child is currently meeting their developmental milestones but there are concerns that this might not continue if parental drug and alcohol use continues or increases.Siblings’ or other household members’ drug or alcohol misuse on the child, they accept support. | level where there is occasional impact on parenting and the ability to adequately ensure the child’s safety is reduced.Parental drug and alcohol use has begun to impact on the child meeting their development milestones.This may include drinking at harmful levels, drug paraphernalia in the home. The child feeling unable to invite friends to the home, the child worrying about their parent/carer.Siblings’ or other household members’ drug or alcohol misuse occasionally impacts on the child. | problematic level and the parent/ carer cannot carry out daily parenting orensure the child’s safety. This could include blackouts, confusion, severe mood swings, drug paraphernalia/opioid substitution medication not stored or disposed of, using drugs/ alcohol when their child is present, involving the child in procuring illegal substances, and dangers of overdose.Siblings’ or other household members’ drug or alcohol misuse is significantly adversely impacting on the child. |
| **Parental Mental Health** | The parent/carer’s | Adult mental health impacts | Adult mental health | Adult mental health is significantly |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | mental health does not | on the care of the child. The | impacts on the care of | impacting on the care of the child. Any |
| impact the child | carer presents with mental | the child. The carer | carer for the child presents as acutely |
| adversely. | health issues which have | presents with mental | mentally unwell and /or attempts |
|  | sporadic or low level impact | health issues which | significant self-harm and/or the child is |
|  | on the child however there | have sporadic or low | the subject of parental delusions. |
|  | are protective factors in place. | level impact on the |  |
|  |  | child and there is an |  |
|  |  | absence of supportive |  |
|  |  | networks and |  |
|  |  | extended family to |  |
|  |  | prevent harm. |  |
| **Protection from harm: physical and sexual abuse** | The parent/carer does not sexually abuse their child.There is no evidence of sexual abuse. | There is a history of sexual abuse within the family or network but the parents respond appropriately to the need to protect the child.There are concerns relating to inappropriate sexual behaviour in the wider family. | There are concerns around possible inappropriate sexual language from the parent/carer toward their own or other children.The family home has in the past been used on occasion for drug taking /dealing or illegal activities. | The parent/ carer sexually abuses their child including through showing them explicit imagery or having sexual contact with another adult in front of the child.There are concerns that an adult had sexually abused or assaulted another child or adult outside the home and is now having contact with a child.The family home is used for drug taking and/or dealing, sexual exploitation and illegal activities.The child is being sexually abused/exploited. |
|  |  |  |  | An offender who is a serious risk is in contact with the family. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  | A person posing a risk to children (sex |
| offender) who is a serious risk is in |
| contact with the family. |
| The parent/carer does | The parent/carer physically | The parent/carer | The parent/ carer significantly physically |
| not physically harm | chastises their child within | physically chastises the | harms child. |
| their child. | legal limits but there is | child but does not | Household members subject to multi |
| The parent uses | concern that this is having a | cause significant | agency public protection arrangements |
| reasonable physical | negative impact on the child’s | physical injury. This | (MAPPA) or multi agency risk assessment |
| chastisement that is | emotional wellbeing (for | may result from a loss | conference (MARAC) meetings |
| within legal limits – that | example, the child appears | of control. The parent |  |
| is they do not leave the | fearful of the parent). | is willing to access |  |
| child with visible | There is concern that it may | professional support to |  |
| bruising, grazes, | escalate in frequency and/or | help them manage |  |
| scratches, minor | severity as the parent seems | their child’s behaviour. |  |
| swellings or cuts. | highly critical of their child |  |  |
|  | and/or expresses the belief |  |  |
|  | that only physical punishment |  |  |
|  | will have the desired impact |  |  |
|  | on the child’s behaviour. |  |  |
|  | However, The parent is willing |  |  |
|  | to access professional support |  |  |
|  | to help them manage their |  |  |
|  | child’s behaviour |  |  |
| **Female Genital** | There is no concern that | Anyone working with children who recognise any risks | There is concern that the child may be |
| **Mutilation** | the child may be subject | associated to FGM has a Statutory Duty to report this | subject to FGM. |
|  | of Female Genital | information to First Response. While the mandatory | There is evidence that the child may be |
|  | Mutilation. | Duty to report is for ‘Regulated Professions’ the | subject to Female Genital Mutilation and |
|  |  | **‘STATUTORY DUTY**’ to safeguarding children applies to | parents/carer are opposed to resisting |
|  |  | everyone. | these practices. |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | There is an identified risk of FGM using the [checklist](https://bristolsafeguarding.org/media/1160/fgm-ssafeguarding-17-20.pdf)Concerns that the family have requested extended leave therefore further assessment /decision making is required..[Follow Guidance.](https://bristolsafeguarding.org/media/1160/fgm-ssafeguarding-17-20.pdf) |
| **Honor Based Violence** | There is no concern that the child may be subject to harmful traditional practices such Honour Based Violence and Forced Marriage. | There is concern that the child is in a culture where harmful practices are known to exist (in the community or by family or extended family) however parents are opposed to the practices in respect of their children. |  | There is concern that the child may be subject to harmful traditional practices There is evidence that the child may be subject to harmful traditional practices and parents/carer are opposed to resisting these practices. |
| **Belief in Spiritual Possession** | There is no concern that the child may be subject to harmful practices due to parent / carer beliefs such as belief in spirit possession. | There is concern that the child is in a culture where harmful practices are known to have been performed (in the community or by family or extended family) however parents are opposed to the practices in respect of their children. |  | There is concern or evidence that the child may be subject to harmful traditional practices and parents/carer are opposed to resisting these practices. |
| **Criminal and Antisocial Behaviour****Including online and gang behaviour.** | There is no history of criminal offences within the family.The family members are not involved in gangs / | There is a history of criminal activity within the family.There is suspicion, or some evidence that the family areinvolved in gangs / organised | A criminal record relating to serious or violent crime is held by a member of the familywhich may impact on | A criminal record relating to serious or violent crime is held by a member of the family who continues to have contact with the child and whose offending isassessed by criminal justice professionals |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | organised crime | crime | the children in the household.There is a known involvement in gang / organised crime activity. | as likely to continue.There is a known involvement in gang / organised crime activity impacting significantly on the child and family. The family or child is at risk from otherindividuals within the community due to the family member’s involvement. |

**APPENDIX E**

Form for recording and reporting concerns about a child

**Details of child and parents/carers**

|  |
| --- |
| Name of child: |
| Gender: | Age: | Date of birth: |
| Ethnicity: | Language: | Additional needs: |
| Name(s) of parent(s)/carer(s) |
| Child’s home address and address(es) of parents (if different from child’s) |

**Your details**

Your name: Your position: Date and time of incident (if applicable):

Are you reporting your own concerns or responding to concerns raised by someone else? (delete as appropriate)

Reporting own concerns

Responding to concerns raised by someone else

|  |
| --- |
| If you are responding to concerns raised by someone else, please provide their name and position within the organisation: |
| Please provide details of the incident or concerns you have, including times, dates, description of anyinjuries, whether information in first hand or the account of others, including any other relevant details: |
| The child’s account/ perspective: |
| Please provide details of anyone alleged to have caused the incident or to be the source of any concerns: |
| Provide details of anyone who witnessed the incident or who shares the concerns: |
| Please note: concerns should be discussed with the family **unless**: The view is that a family member might be responsible for abusing the child Someone may be put in danger by the parents being informed Informing the family might interfere with a criminal investigation.If any of these circumstances apply, consult with the local authority children’s social acre department to decide whether or not discussions with the family should take place.Have you spoken to the child’s parents/carers? If so, please provide details of what was said. If not,please state the reason for this: |
| Are you aware of any previous incidents or concerns relating to this child and of any current risk management plan/ support plan? If so, please give details: |

|  |
| --- |
| Summary of discussion with supervisor/ manager: |
| Has the situation been discussed with the named person for child protection?Yes/ No (delete as appropriate)If so, please summarise the discussion: |
| Have you informed the statutory child protection authorities?**Police:** Yes/No (delete as appropriate) Date and time:Name and phone number of the person you spoke you spoke to:**Local authority children’s social care:** Yes/No (delete as appropriate) Date and time:Name and phone number of the person you spoke you spoke to:Action agreed with chills protection authorities: |
| What has happened since referring to statutory agency(ies)? Include the date and nature of feedback from referral, outcome and relevant dates: |
| If the concerns are not about child protection, details of any further steps taken to provide support to childand family and any other agencies involved: |

Name………………………………… Position………………………................................

Date…………………………………. Signed……………………………………................

Managers name…………………….. Position……………………………………..............

Date………………………………….. Signed………………………………………….........

**Appendix E**

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****

**Body Map 3**

****

**Appendix F**

**Fundamental British Values in schools and in the Early Years.**

**Democracy: making decisions together**

As part of the focus on self-confidence and self-awareness as cited in Personal, Social and Emotional Development and Spiritual, moral, cultural and social development (Purple Childcare Curriculum) and PSHE

* Managers and staff can encourage children to see their role in the bigger picture, encouraging children to know their views count, value each other’s views and values and talk about their feelings, for example when they do or do not need help. When appropriate demonstrate democracy in action, for example, children sharing views on what the theme of their role play area could be with a show of hands.
* Staff can support the decisions that children make and provide activities that involve turn-taking, sharing and collaboration. Children should be given opportunities to develop enquiring minds in an atmosphere where questions are valued.

**Rule of law: understanding rules matter as cited in Personal Social and Emotional development and** Spiritual, moral, cultural and social development (Purple Childcare Curriculum) and PSHE

As part of the focus on managing feelings and behaviour:

* Staff can ensure that children understand their own and others’ behaviour and its consequences and learn to distinguish right from wrong.
* Staff can collaborate with children to create the rules and the codes of behaviour, for example, to agree the rules about tidying up and ensure that all children understand rules apply to everyone.
* Staff help children to write a behaviour contract for all children to agree, at the beginning of term

**Individual liberty: freedom for all**

As part of the focus on self-confidence & self-awareness and people & communities as cited in Personal Social and Emotional development and Understanding the World:

* Children should develop a positive sense of themselves. Staff can provide opportunities for children to develop their self-knowledge, self-esteem and increase their confidence in their own abilities, for example through allowing children to take risks on an obstacle course, mixing colours, talking about their experiences and learning.
* Staff should encourage a range of experiences that allow children to explore the language of feelings and responsibility, reflect on their differences and understand we are free to have different opinions, for example in a small group discuss what they feel about transferring into Reception Class.

**Mutual respect and tolerance: treat others as you want to be treated**

As part of the focus on people & communities, managing feelings & behaviour and making relationships as cited in Personal Social and Emotional development, PSHE and Understanding the World:

* Managers and leaders should create an ethos of inclusivity and tolerance where views, faiths, cultures and races are valued and children are engaged with the wider community.
* Children should acquire a tolerance and appreciation of and respect for their own and other cultures; know about similarities and differences between themselves and others and among families, faiths, communities, cultures and traditions and share and discuss practices, celebrations and experiences.
* Staff should encourage and explain the importance of tolerant behaviours such as sharing and respecting other’s opinions.
* Staff should promote diverse attitudes and challenge stereotypes, for example, sharing stories that reflect and value the diversity of children’s experiences and providing resources and activities that challenge gender, cultural and racial stereotyping.

A minimum approach, for example having notices on the walls or multi-faith books on the shelves will fall short of ‘actively promoting’.

It is NOT acceptable to:

* actively promote intolerance of other faiths, cultures and races
* fail to challenge gender stereotypes and routinely segregate girls and boys
* isolate children from their wider community
* fail to challenge behaviours (whether of staff, children or parents) that are not in line with the fundamental British values of democracy, rule of law, individual liberty, mutual respect and tolerance for those with different faiths and beliefs

**Appendix G**

# The Local Authority Designated Officer (LADO)

# *Duty to refer*

DSL has a duty to refer any concerns to the LADO (and to Ofsted) the where it is alleged that a person who works\* with children has:

* Behaved in a way that has harmed a child, or may have harmed a child - whether the alleged abuse occurred on or off the premises where the childcare takes place;
* Possibly committed a criminal offence against or related to a child;
* Behaved towards a child or children in a way that indicates he/she is unsuitable to work with children such as excessive one-to-one attention beyond the requirements of their usual role; or
* Displayed inappropriate behaviour such as inappropriate sexual comments, inappropriate sharing of images, or displays violent or aggressive behaviour.

Responsibility would also include reporting applications to work or volunteer with children and young people from adults who are barred from doing so as this poses a potential risk of significant harm to children and young people.

**The LADO should be informed of ALL allegations that come to a DSL’s attention within 1 working day of the manager becoming aware of the allegation.**

In cases where the nature of the allegation has not required immediate referral to the First Response or the Police, the DSL and the LADO will make a decision jointly as to whether such a referral is necessary and who will make it.

The LADO should also be informed of any allegations that are made directly to the police or First Response.

## It is important that even apparently less serious allegations are seen to be followed up objectively by someone independent of the organisation concerned. This is why the LADO should be informed of ALL allegations that come to the employers’ attention.

## The role of the Local Authority Designated Officer

The LADO will advise the DSL/employer of any action that may be necessary, whether an investigation will take place, and if so what form the investigation will take.

It is their role to provide on-going advice and liaison and to monitor the progress of cases. This may include:

* Advising the DSL/employer on next steps, such as the need to inform the child’s parents; advice on dismissal or suspension of the member of staff accused; the decision as to whether or not the case will be investigated and by whom.
* Regularly monitoring the progress of cases to ensure that they are dealt with as quickly as possible consistent with a fair and thorough process.
* Liaising with the employer to provide advice and support when required/requested.
* Oversight and management of individual cases.

If an allegation is substantiated and the employer dismisses the person or ceases to use that person’s services, the employer should consult with the LADO about whether a referral to the Disclosure and Barring Service is required.

**Referral to the LADO should form part of your disciplinary and whistleblowing procedures.**

## The role of the DSL

## The DSL making the referral will be expected to play a key role in the investigative process and follow the advice given by the LADO. This may involve:

* Gathering any additional information which may have a bearing on the allegation, for instance: previous concerns, care and control incidents and so on;
* Providing the subject of the allegation with information and advising them to inform their union or professional body;
* Attending Strategy Meetings where required;
* Liaising with the LADO;
* Ensuring that risk assessments are undertaken where and when required;
* Ensuring that effective reporting and recording systems are in place which allow for the tracking of allegations through to the final outcome;
* Should the allegation be unfounded, giving consideration to a referral either to First Response or the police if the allegation is deemed to be deliberately malicious or invented.

## Record keeping

It is important that the DSL/employers keep a clear and comprehensive summary of any allegations made, details of how the allegation was followed up and resolved and the reasons for the decisions made. This record should be placed on the person’s confidential personnel file with a copy given to the individual.

The record should be kept at least until the person reaches retirement or for ten years if that would be longer.

The purpose of the record is to enable accurate information to be given in response to any future request for a reference.

Details of allegations that are found to be malicious should be removed from personnel records.

## Further information

KCSIE, part four.

BSCB Inter Agency Child Protection Procedures - chapter 4.1 Managing Allegations Against Adults Working with Children & Young People: <http://westmerciaconsortium.proceduresonline.com/chapters/p_all_against_adults.html>

\*The term ‘works with children’ refers to any individual employed to work with children or acting in a voluntary capacity.

**STAFF SUITABILITY DECLARATION FORM**

**Appendix H**

**Name of setting: ~Purple Childcare.**

This form should be completed by all new nursery staff before commencement of employment and by staff and volunteers on an annual basis at the commencement of the autumn term. Staff and volunteers are advised to refer to *The Statutory Framework for the Early Years Foundation Stage 2014* 3.14-3.18 and KCSIS 2016 pg 25Disqualification (all registered providers and employees in registered settings) for further information.

**Name: ………………………………………. Post:……………………………………………….**

Please answer the questions set out below and sign the declaration to confirm that you are safe to work with and care for children. If there are any parts of the declaration that you are not able to meet, you should disclose this immediately to the Registered Person.

Please tick the box to indicate **YES/ NO** against each bulleted question below:

|  |  |  |
| --- | --- | --- |
| **Questions relating to you:**  | **YES** | **NO** |
| * Are you disqualified for caring for children?
 |  |  |
| * Have you been cautioned or convicted of any offences against a child?
 |  |  |
| * Have you been cautioned or convicted of any violent or sexual offences against an adult?
 |  |  |
| * Have you been barred from working with children by the Disclosure and Barring Service (the DBS, this used to be known as the CRB)?
 |  |  |
| * If you have children, have your children, at any time, been taken into care?
 |  |  |
| * Have your children been, at any time, the subject of a child protection order?
 |  |  |
| * Has a court order been made, at any time, in respect of a child under your care?
 |  |  |
| * Have you ever been refused registration or had registration cancelled in relation to childcare or a children’s home or have you ever been disqualified from private fostering
 |  |  |
| **Questions relating to ALL others in your household (‘household’ means anyone residing permanently or temporarily with you at the time of signing this declaration):** | **YES** | **NO** |
| * Is anyone living in your household disqualified for caring for children?
 |  |  |
| * Has anyone living in your household been cautioned or convicted of offences against a child?
 |  |  |
| * Has anyone living in your household been cautioned or convicted of violent or sexual offences against an adult?
 |  |  |
| * Has anyone living in your household been barred from working with children by the Disclosure and Barring Service (DBS)?
 |  |  |
| * Does anyone living in your household have children that have been taken into care?
 |  |  |
| * Has anyone living in your household been the subject of a child protection order?
 |  |  |
| * Has anyone living in your household had a court order made in respect of a child in their care?
 |  |  |
| * Has anyone living in your household been refused registration or had registration cancelled in relation to childcare or a children’s home or has anyone been disqualified from private fostering?
 |  |  |

If you have answered YES to any of the questions on page 1, please provide further information below:

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

I understand my responsibility to safeguard children and am aware that I am required to notify the Registered Person of anything that may affect my suitability or that of anyone currently living in my household.

I will ensure that I notify the Registered Person immediately of any changes to my situation or that of anyone living in my household.

I give permission for you to contact any previous settings, local authority staff, the police, the DBS, or any medical professionals, to share information about my suitability to care for children.

**Signed**…………………………………

**Date**……………………………………

**Name in block capitals**…………………………………………………………..

**Registered Person (signature**) …………………………………

**Date**…………………………………..

**Name in block capitals**…………………………………………………………..

*Registered Person – please record follow-on action taken, where relevant*

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**Registered Person (signature)** ………………………………………………...

**Date action taken**………………………………………………………….

**Appendix I**

**Serious accidents, injuries and deaths - what you must notify to Ofsted:**

* the death of a child while on the premises, or later, as the result of something that happened while the child was in your care
* death or serious accident or serious injury to any other person on your premises (Childcare Register only)
* serious injuries (please see the section below for the definition of serious injuries)
* where a child in your care is taken to hospital (to an Accident and Emergency Department for more than 24 hours), either directly from your provision, or later, as the result of something that happened while the child was in your care
* any significant event which is likely to affect the suitability to care for children.

Serious injuries are defined as:

* broken bones or a fracture
* loss of consciousness
* pain that is not relieved by simple pain killers
* acute confused state
* persistent, severe chest pain or breathing difficulties
* amputation
* dislocation of any major joint including the shoulder, hip, knee, elbow or spine
* loss of sight (temporary or permanent)
* chemical or hot metal burn to the eye or any penetrating injury to the eye
* injury resulting from an electric shock or electrical burn leading to
* unconsciousness, or requiring resuscitation or admittance to hospital for more than 24 hours
* any other injury leading to hypothermia, heat-induced illness or
* unconsciousness; or requiring resuscitation; or requiring admittance to
* hospital for more than 24 hours
* unconsciousness caused by asphyxia or exposure to harmful substance or
* biological agent
* medical treatment, or loss of consciousness arising from absorption of any
* substance by inhalation, ingestion or through the skin
* medical treatment where there is reason to believe that this resulted from
* exposure to a biological agent, or its toxins, or infected material.

You are not required to inform Ofsted of minor injuries, but you must keep a record of these incidents. You are also not required to inform Ofsted of general appointments to hospital or routine treatment by a doctor, such as the child’s general practitioner, that is not linked to, or is a consequence of, a serious accident or injury.

Minor injuries are defined as:

* sprains, strains and bruising
* minor cuts and grazes
* wound infections
* minor burns and scalds
* minor head injuries
* insect and animal bites
* minor eye injuries
* minor injuries to the back, shoulder and chest

**Important Contacts**

* First Response 0117 903 6444.
* Emergency Social Work Duty Team

after 5pm and at weekends 01454 615 165

* Local Authority Designated Officer (LADO) 0117 903 7795
* Disclosure and Barring Service 01325 953795
* Ofsted (General helpline) 0300 123 1231
* Ofsted (Whistleblower helpline) 0300 123 3155
* NSPCC 24 hour helpline 0808 8005000

**Serious Accidents and injuries**

* Ofsted 0300 123 1231
* First Response 03456 789021
* RIDDOR (all incidents may be reported online, [www.hse.gov.uk](http://www.hse.gov.uk)

(telephone service for fatal and major injuries only) 0845 300 9923

**References**

* ***Statutory framework for the early years foundation stage: setting the standards for learning, development and care for children from birth to five***

Department for Education April 2017

* ***Keeping children safe in education***

Department for Education 2016

* ***Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers***

HM Government March 2015

* ***Working together to safeguard children: A guide to inter-agency working to safeguard and promote the welfare of children***

HM Government March 2015

* ***Inspecting safeguarding in early years, education and skills settings: guidance for inspectors undertaking inspection under the common inspection framework***

Ofsted August 2015

**Appendix J FILE TRANSFER RECORD AND RECEIPT**

**PART 1: To be completed by sending / transferring school or college**

|  |  |
| --- | --- |
| NAME OF CHILD: |  |
| DOB: |  |
| NAME OF SCHOOL SENDING CP FILE: |  |
| ADDRESS OF SCHOOL SENDING CP FILE: |  |
| METHOD OF DELIVERY:  | BY HAND SECURE POST ELECTRONICALLY |
| DATE FILE SENT: |  |
| NAME OF DSL TRANSFERRING FILE: |  |
| NAME OF PERSON TRANFERRING TO: |  |
| SIGNATURE: |  |

**PART 2: To be completed by receiving school or college**

|  |  |
| --- | --- |
| NAME OF SCHOOL RECEIVING FILE: |  |
| ADDRESS OF SCHOOL RECEIVING FILE: |  |
| DATE RECEIVED: |  |
| NAME OF PERSON RECEIVING FILE: |  |
| DATE CONFIRMATION OF RECEIPT SENT: |  |
| SIGNATURE: |  |

***Receiving School:*** *Please complete Part 2 and return this form to the Designated Safeguarding Lead listed in Part 1 above. You are advised to keep a copy for your own reference.*

Annex F

5 Under the Children Act 1989, local authorities are required to provide services for children in need in their area for the purposes of safeguarding and promoting their welfare. Local authorities undertake assessments of the needs of individual children to determine which services to provide and what action to take. This can include:

Section 17- A child in need is defined under section 17(10) of the Children Act 1989 as a child who is unlikely to achieve or maintain a reasonable level of health or development, or whose health or development is likely to be significantly or further impaired, without the provision of services; or a child who is disabled.

Section 47- If the local authority have reasonable cause to suspect that a child is suffering, or likely to suffer, significant harm they have a duty to make enquires under section 47 to enable them to decide whether they should take any action to safeguard and promote the child’s welfare. This duty also applies if a child is subject to an emergency protection order (under section 44 of the Children Act 1989) or in police protective custody under section 46 of the Children Act 1989.

6 Detailed information on statutory assessments can be found in Chapter 1 of Working together to safeguard children

If staff members have any **concerns** about a child (as opposed to a child being in immediate danger - see paragraph 28) they will need to decide what action to take. Where possible, there should be a conversation with the designated safeguarding lead to agree a course of action, although any staff member can make a referral to children’s social care. Other options could include referral to specialist services or early help services and should be made in accordance with the referral threshold set by the Local Safeguarding Children Board directs staff to their local children’s social care contact number.

22.If anyone other than the designated safeguarding lead makes the referral, they should inform the designated safeguarding lead as soon as possible. The local authority should make a decision within one working day of a referral being made about what course of action they are taking and should let the referrer know the outcome. Staff should follow up on a referral should that information not be forthcoming. The online tool

Reporting child abuse to your local council directs staff to their local children’s social care contact number.

23.See page 10for a flow chart setting out the process for staff when they have concerns about a child.

24.If, after a referral the child’s situation does not appear to be improving the designated safeguarding lead (or the person who made the referral) should press for e-consideration to ensure their concerns have been addressed and most importantly, that the child’s situation improves.

25.If early help is appropriate, the designated safeguarding lead should support the staff member in liaising with other agencies and setting up an inter-agency assessment as appropriate.

26.If early help or other support is appropriate, the case should be kept under constant review and consideration given to a referral to children’s social care if the child’s situation does not appear to be improving.

27.If a **teacher7**, in the course of their work in the profession, discovers that an act of Female Genital Mutilation appears to have been carried out on a girl under the age of 18, the **teacher** must report this to the police. See Annex A for further details.

 **What school and college staff should do if a child is in danger or at risk of harm**

28.**If a child is in immediate danger or is at risk of harm, a referral should be made to children’s social care and/or the police immediately.**

Anyone can make a referral.

Where referrals are not

made by the designated safeguarding lead, the designated safeguarding lead should be informed as soon as possible that a referral has been made. Reporting child abuse to your local council directs staff to their local children’s social care contact number.

**Record keeping**

29.All concerns, discussions and decisions made and the reasons for those decisions should be recorded in writing. If in doubt about recording requirements, staff should discuss with the designated safeguarding lead.

7Section 5B(11) of the FGM Act 2003 (as inserted by section 74 of the Serious Crime Act2015) provides the definition for the term ‘teacher’: “teacher” means–(a) in relation to England, a person within section 141A(1) of the Education Act 2002 (persons employed or engaged to carry out teaching work at schools and other institutions in England).

Annex G

