# SAFEGUARDING POLICIES ADOPTED ON 9TH FEB 2026

Moreton Baptist Preschool
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## 06 Safeguarding children, young people and vulnerable adults policy


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## 06 Safeguarding children, young people and vulnerable adults policy

Alongside associated procedures in 06.1-06.10 Safeguarding children, young people and vulnerable adults, this policy was adopted by *Moreton Baptist Preschool* on *9th February 2026*

**Designated person/lead for safeguarding is:** Jane Elliott / Danielle Harrison

Designated Officer is : Andrew Frith

**Aim**

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

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

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

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

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

**Key Commitment 1**

- We have a ‘designated person’, sometimes known as the designated lead for safeguarding, who is responsible for carrying out child, young person, or adult protection procedures. *(It is recommended that this person is the setting manager.)*
- The designated person reports to a ‘designated officer’ responsible for overseeing all child, young person or adult protection matters, the Designated Safeguarding Officer for the whole church.
- The ‘designated person’ and the ‘designated officer’ ensure they have links with statutory and voluntary organisations regarding safeguarding children.
- The ‘designated person’ and the ‘designated officer’ ensure they have received appropriate training on child protection matters and that all staff are adequately informed and/or trained to recognise possible child abuse in the categories of physical, emotional and sexual abuse and neglect.
- The ‘designated person’ and the ‘designated officer’ ensure all staff are aware of the additional vulnerabilities that affect children that arise from inequalities of race, gender, disability, language, religion, sexual orientation or culture and that these receive full consideration in child, young person or adult protection related matters.
- The ‘designated person’ and the ‘designated officer’ ensure that staff are aware and receive training in social factors affecting children’s vulnerability including
    - social exclusion
    - domestic violence and controlling or coercive behaviour
    - mental Illness
    - drug and alcohol abuse (substance misuse)
    - parental learning disability
    - radicalisation
- The ‘designated person’ and the ‘designated officer’ ensure that staff are aware and receive training in other ways that children may suffer significant harm and stay up to date with relevant contextual safeguarding matters:
    - abuse of disabled children
    - fabricated or induced illness
    - child abuse linked to spirit possession
    - sexually exploited children
    - children who are trafficked and/or exploited
    - female genital mutilation

- extra-familial abuse and threats
- children involved in violent offending, with gangs and county lines.

- The ‘designated person’ and the ‘designated officer’ ensure they are adequately informed in vulnerable adult protection matters.

**Key Commitment 2**

- There are procedures in place to prevent known abusers from coming into the organisation as employees or volunteers at any level.
- Safeguarding is the responsibility of every person undertaking the work of the organisation in any capacity.
- There are procedures for dealing with allegations of abuse against a member of staff, or any other person undertaking work whether paid or unpaid for the organisation, where there is an allegation of abuse or harm of a child. Procedures differentiate clearly between an allegation, a concern about quality of care or practice and complaints.
- There are procedures in place for reporting possible abuse of children or a young person in the setting.
- There are procedures in place for reporting safeguarding concerns where a child may meet the s17 definition of a child in need (Children Act 1989) and/or where a child may be at risk of significant harm, and to enable staff to make decisions about appropriate referrals using local published threshold documents.
- There are procedures in place to ensure staff recognise children and families who may benefit from early help and can respond appropriately using local early help processes and Designated persons should ensure all staff understand how to identify and respond to families who may need early help.
- There are procedures in place for reporting possible abuse of a vulnerable adult in the setting.
- There are procedures in place in relation to escalating concerns and professional challenge.
- There are procedures in place for working in partnership with agencies involving a child, or young person or vulnerable adult, for whom there is a protection plan in place. These procedures also take account of working with families with a ‘child in need’ and with families in need of early help, who are affected by issues of vulnerability such as social exclusion, radicalisation, domestic violence, mental illness, substance misuse and parental learning disability.
- These procedures take account of diversity and inclusion issues to promote equal treatment of children and their families and that take account of factors that affect children that arise from inequalities of race, gender, disability, language, religion, sexual orientation, or culture.

- There are procedures in place for record keeping, confidentiality and information sharing, which are in line with data protection requirements.
- We follow government and LSCB guidance in relation to extremism.
- The procedures of the Local Safeguarding Partners must be followed.

**Key Commitment 3**

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

## Legal references

### *Primary legislation*

Children Act 1989 – s 47

Protection of Children Act 1999

Care Act 2014

Children Act 2004 s11

Children and Social Work Act 2017

Safeguarding Vulnerable Groups Act 2006

Counter-Terrorism and Security Act 2015

General Data Protection Regulation 2018

Data Protection Act 2018

Modern Slavery Act 2015

Sexual Offences Act 2003

Serious Crime Act 2015

Criminal Justice and Court Services Act (2000)

Human Rights Act (1998)

Equalities Act (2006)

Equalities Act (2010)

Disability Discrimination Act (1995)

Data Protection Act (2018)

Freedom of Information Act (2000)

**Further Guidance**

Working Together to Safeguard Children (HMG 2018)

Statutory Framework for the Early Years Foundation Stage 2021

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

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

Keeping Children Safe in Education 2018

Education Inspection Framework (Ofsted 2019)

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

The Common Assessment Framework (2006)

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

***Further guidance***

Information sharing advice for safeguarding practitioners (DfE 2018)

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

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

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

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

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

Safeguarding Children from Abuse Linked to a Belief in Spirit Possession (HMG 200)

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

Safeguarding Disabled Children: Practice Guidance (DfE 2009)

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

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

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

## 06.1 Responding to safeguarding or child protection concerns

**The designated person is** Jane Elliott, **the back-up designated person is** Danielle Harrison, **the designated officer is** Rev Andrew Frith

**Safeguarding roles**

- All staff recognise and know how to respond to signs and symptoms that may indicate a child is suffering from or likely to be suffering from harm. They understand that they have a responsibility to act immediately by discussing their concerns with the designated person or a named back-up designated person.
- The manager and deputy are the designated person and back-up designated person, responsible for co-ordinating action taken by the setting to safeguard vulnerable children and adults.
- All concerns about the welfare of children in the setting should be reported to the designated person or the back-up designated person.
- The designated person ensures that all practitioners are alert to the indicators of abuse and neglect and understand how to identify and respond to these.
- The setting should not operate without an identified designated person at any time.
- The line manager of the designated person is the designated officer.
- The designated person informs the designated officer about serious concerns as soon as they arise and agree the action to be taken, seeking further clarification if there are any doubts that the issue is safeguarding.
- If it is not possible to contact the designated officer, action to safeguard the child is taken first and the designated officer is informed later. If the designated officer is unavailable advice is sought from their line manager or equivalent.
- Issues which may require notifying to Ofsted are notified to the designated officer to make a decision regarding notification. The designated person must remain up to date with Ofsted reporting and notification requirements.
- If there is an incident, which may require reporting to RIDDOR the designated officer immediately seeks guidance from the owners/directors/trustees. There continues to be a requirement that the designated officer follows legislative requirements in relation to reporting to RIDDOR. This is fully addressed in section 01 Health and Safety procedures.

- All settings follow procedures of their Local Safeguarding Partners (LSP) for safeguarding and any specific safeguarding procedures such as responding to radicalisation/extremism concerns. Procedures are followed for managing allegations against staff, as well as for responding to concerns and complaints raised about quality or practice issues, whistle-blowing and escalation.

**Responding to marks or injuries observed**

- If a member of staff observes or is informed by a parent/carer of a mark or injury to a child that happened at home or elsewhere, the member of staff makes a record of the information given to them by the parent/carer in the child's personal file, which is signed by the parent/carer.
- The member of staff advises the designated person as soon as possible if there are safeguarding concerns about the circumstance of the injury.
- If there are concerns about the circumstances or explanation given, by the parent/carer and/or child, the designated person decides the course of action to be taken after reviewing 06.1a Child welfare and protection summary and completing 06.1b Safeguarding incident reporting form.
- If the mark or injury is noticed later in the day and the parent is not present, this is raised with the designated person.
- If there are concerns about the nature of the injury, and it is unlikely to have occurred at the setting, the designated person decides the course of action required and 06.1b Safeguarding incident reporting form is completed as above, taking into consideration any explanation given by the child.
- If there is a likelihood that the injury is recent and occurred at the setting, this is raised with the designated person.
- If there is no cause for further concern, a record is made in the Accident Record, with a note that the circumstances of the injury are not known.
- If the injury is unlikely to have occurred at the setting, this is raised with the designated person
- The parent/carer is advised at the earliest opportunity.
- If the parent believes that the injury was caused at the setting this is still recorded in the Accident Record and an accurate record made of the discussion is made on the child's personal file.

**Responding to the signs and symptoms of abuse**

- Concerns about the welfare of a child are discussed with the designated person without delay.
- A written record is made of the concern on 06.1b Safeguarding incident reporting form as soon as possible.

- Concerns that a child is in immediate danger or at risk of significant harm are responded to immediately and if a referral is necessary this is made on the same working day.

**Responding to a disclosure by a child**

- When responding to a disclosure from a child, the aim is to get just enough information to take appropriate action.
- The practitioner listens carefully and calmly, allowing the child time to express what they want to say.
- Staff do not attempt to question the child but if they are not sure what the child said, or what they meant, they may prompt the child further by saying *'tell me more about that'* or *'show me again'*.
- After the initial disclosure, staff speak immediately to the designated person. They do not further question or attempt to interview a child.
- If a child shows visible signs of abuse such as bruising or injury to any part of the body and it is age appropriate to do so, the key person will ask the child how it happened.
- When recording a child's disclosure on 06.1b Safeguarding incident reporting form, their exact words are used as well as the exact words with which the member of staff responded.
- If marks or injuries are observed, these are recorded on a body diagram.

**Decision making (all categories of abuse)**

- The designated person makes a professional judgement about referring to other agencies, including Social Care using the Local Safeguarding Partnership (LSP) threshold document:
  - Level 1: Child's needs are being met. Universal support.
  - Level 2: Universal Plus. Additional professional support is needed to meet child's needs.
  - Level 3: Universal Partnership Plus. Targeted Early Help. Coordinated response needed to address multiple or complex problems.
  - Level 4: Specialist/Statutory intervention required. Children in acute need, likely to be experiencing, or at risk of experiencing significant harm.
- Staff are alert to indicators that a family may benefit from early help services and should discuss this with the designated person, also completing 06.1b Safeguarding incident reporting form if they have not already done so.

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

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

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

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

**Informing parents when making a child protection referral**

In most circumstances consent will not be required to make a child protection referral, because even if consent is refused, there is still a professional duty to act upon concerns and make a referral. When a child protection referral has been made, the designated person contacts the parents (only if agreed with social care) to inform them that a referral has been made, indicating the concerns that have been raised, unless social care advises that the parent should not be contacted until such time as their investigation, or the police investigation, is concluded. Parents are not informed prior to making a referral if:

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

The designated person makes a professional judgment regarding whether consent (from a parent) should be sought before making a child protection referral as described above. They record their decision about informing or not informing parents along with an explanation for this decision. Advice will be sought from

the appropriate children's social work team if there is any doubt. Advice can also be sought from the designated officer.

**Referring**

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

**Further recording**

- Information is recorded using 06.1b Safeguarding incident reporting form, and a short summary entered on 06.1a Child welfare and protection summary**.** Discussion with parents and any further discussion with social care is recorded**.** If recording a conversation with parents that is significant, regarding the incident or a related issue, parents are asked to sign and date it a record of the conversation. It should be clearly recorded what action was taken, what the outcome was and any follow-up.
- If a referral was made, copies of all documents are kept and stored securely and confidentially (including copies in the child's safeguarding file.
- Each member of staff/volunteer who has witnessed an incident or disclosure should also make a written statement on 06.1b Safeguarding incident reporting form, as above.
- The referral is recorded on 06.1a Child welfare and protection summary.
- Follow up phone calls to or from social care are recorded in the child's file; with date, time, the name of the social care worker and what was said.
- Safeguarding records are kept up to date and made available for confidential access by the designated officer to allow continuity of support during closures or holiday periods.

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

- The designated person is responsible for reporting to the designated officer and seeking advice if required prior to making a referral as described above.
- For child protection concerns at Tier 3 and 4** it will be necessary for the designated person to complete 06.1c Confidential safeguarding incident report form and send it to the designated officer.
- Further briefings are sent to the designated officer when updates are received until the issue is concluded.

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

**Professional disagreement/escalation process**

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

**Whistleblowing**

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

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

There are 3 stages to raising concerns as follows:

1. If staff wish to raise or discuss any issues which might fall into the above categories, they should normally raise this issue with their manager/Designated Person.
2. Staff who are unable to raise the issue with their manager/Designated Person should raise the issue with their line manager's manager/Designated Officer.
3. If staff are still concerned after the investigation, or the matter is so serious that they cannot discuss it with a line manager, they should raise the matter with the Chair of Trustees, Rev Andy Frith, contact details on the board.

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

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

**Female genital mutilation (FGM)**

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

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

Symptoms of FGM in very young girls may include difficulty walking, sitting or standing; painful urination and/or urinary tract infection; urinary retention; evidence of surgery; changes to nappy changing or toileting routines; injury to adjacent tissues; spends longer than normal in the bathroom or toilet; unusual and /or changed behaviour after an absence from the setting (including increased anxiety around adults or unwillingness to talk about home experiences or family holidays); parents are reluctant to allow child to

undergo normal medical examinations; if an older sibling has undergone the procedure a younger sibling may be at risk; discussion about plans for an extended family holiday

**Further guidance**

NSPCC 24-hour FGM helpline: 0800 028 3550 or email fgmhelp@nspcc.org.uk

Government help and advice: www.gov.uk/female-genital-mutilation

**Children and young people vulnerable to extremism or radicalisation**

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

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

- The designated person is required to familiarise themselves with LSP procedures, as well as online guidance including:
  - Channel Duty guidance: Protecting people vulnerable to being drawn into terrorism www.gov.uk/government/publications/channel-and-prevent-multi-agency-panel-pmap-guidance
  - Prevent Strategy (HMG 2011) www.gov.uk/government/publications/prevent-strategy-2011
  - The prevent duty: for schools and childcare providers www.gov.uk/government/publications/protecting-children-from-radicalisation-the-prevent-duty
- The designated person should follow LSP guidance in relation to how to respond to concerns regarding extremism and ensure that staff know how to identify and raise any concerns in relation to this with them.
- The designated person must know how to refer concerns about risks of extremism/radicalisation to their LSP safeguarding team or the Channel panel, as appropriate.
- The designated person should also ensure that they and all other staff working with children and young people understand how to recognise that someone may be at risk of violent extremism.
- The designated person also ensures that all staff complete *The Prevent Duty in an Early Years Environment* and *Understanding Children's Rights* and *Equality and Inclusion in Early Years Settings* online EduCare courses.

- If available in the area, the designated person should complete WRAP (or equivalent) training and support staff to access the training as offered by local authorities. WRAP training covers local arrangements for dealing with concerns that a child may be at risk of extremism and/or radicalisation.
- The designated person should understand the perceived terrorism risks in relation to the area that they deliver services in.

**Parental consent for radicalisation referrals**

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

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

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

**Concerns about children affected by gang activity/serious youth violence**

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

**Forced marriage/Honour based violence**

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

forced. A forced marriage is distinct from an arranged marriage. An arranged marriage may have family involvement in arranging the marriages, but crucially the choice of whether to accept the arrangement remains with the prospective spouses.

Forced marriage became criminalised in 2014. There are also civil powers for example a Forced Marriage Protection Order to protect both children and adults at risk of forced marriage and offers protection for those who have already been forced into marriage.

Risks in relation to forced marriage are high and it is important that practitioners ensure that anyone at risk of forced marriage is not put in further danger. If someone is believed to be at risk it is helpful to get as much practical information as possible, bearing in mind the need for absolute discretion, information that can be helpful will include things likes, names, addresses, passport numbers, national insurance numbers, details of travel arrangements, dates and location of any proposed wedding, names and dates of birth of prospective spouses, details of where and with whom they may be staying etc. Forced marriage can be linked to honour-based violence, which includes assault, imprisonment and murder. Honour based violence can be used to punish an individual for undermining what the family or community believes to be the correct code of behaviour.

In an emergency police should be contacted on 999.

Forced Marriage Unit can be contacted either by professionals or by potential victims seeking advice in relation to their concerns. The contact details are below.

- Telephone: +44 (0) 20 7008 0151
- Email: fmu@fco.gov.uk
- Email for outreach work: fmuoutreach@fco.gov.uk

**Further guidance**

Accident Record (Early Years Alliance 2019)

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

## 06.1a Child welfare and protection summary

This form is placed at the front of a child's personal file and is completed by the designated person after a concern has been raised about the child's welfare or if significant harm (actual or likely) is suspected. It is a summary only of the concerns already fully recorded.

| **Child's name:** | **Date of Birth:** | **Address:** | **Name of setting:** |
|---|---|---|---|
| | | | |
| **Date of record:** | **Summary of Concern and Impact on Child:** | | **Agreed Actions:** |
| | | | |
| **Adult reporting:** | | | |
| | | | |
| **Designated person:** | | | |
| | | | |
| **Date of record:** | **Summary of Concern and Impact on Child:** | | **Agreed Actions:** |
| | | | |
| **Adult reporting:** | | | |
| | | | |
| **Designated person:** | | | |

| | | |
|---|---|---|
| | | |
| **Date of record:** | **Summary of Concern and Impact on Child:** | **Agreed Actions:** |
| | | |
| **Adult reporting:** | | |
| | | |
| **Designated person:** | | |
| | | |

**06.1b Safeguarding incident reporting form** (for concerns, child welfare, physical intervention, witness statement, fact-finding)

**Name of setting:**

| **Child's name:** | **Name of person reporting:** | **Name of designated person:** |
|---|---|---|
| **Date of birth:** | **Job title:** | **Job title:** |

**Date of concern** – when observation, event, disclosure was made

**Nature of Concern.** In the space below describe what was observed, using a body diagram, if necessary.

**Impact**: what are your main concerns about how this might impact on the child physically or emotionally, please include the child's voice (as appropriate)?

Response to allegation/complaint: Please advise in your words, what happened, when and where, what did you see or hear and where you were in relation to the alleged incident.

Signature of person completing the form _____

Hand this form to your setting's designated person; discuss your concerns and agree what action is to be taken and when it will be reviewed.

**Outcome decisions/actions to be taken** (Tick all that apply)

| | |
|---|---|
| No further action | |
| Offer support (provide details) | |
| Continue to monitor (detail what, who by and until when) | |
| Referral/signposting/advice/guidance to be offered by setting (provide details) | |
| Refer to social care for child protection. | |
| Liaise with social care to refer to CAF (Common Assessment Framework)/EHA (Early Help Assessment | |

Signature of designated person: _____ Date completed: _____

**Physical intervention**

If this form is used to record an incident of physical intervention being used on a child to prevent them from harming themselves or others, please ask the parent to sign here to confirm that they have been informed of the circumstances of the event as recorded here.

Signature of parent: _____ Date: _____

# 06.1c Confidential safeguarding incident report form

**New case or Update** (cross out to show correct option)

**Section A** Completed on the day of the incident by the designated person and emailed immediately with 'New Case' email heading, as an encrypted document to designated officer. As additional information becomes available this form is updated and re-sent. Updates with 'Update' in email heading, continue until the case/incident is resolved. It is important that additional fact-finding reports are included with this form. It is the designated person's responsibility to carry out a thorough fact finding of the incident in line with procedure 06.1 Responding to safeguarding or child protection concerns. It is the designated officer's responsibility to complete additional detail as indicated.

**Date & time of report:**

**Name of setting and Ofsted EY Number:**

**Manager's name:**

**Date and time of incident:**

**Child's full name, age, gender and date of birth:**

**Safeguarding Incident; does this relate to: (put a cross against most relevant)**

| | |
|---|---|
| a) referral to social care (early help, child protection, or other concern such as radicalisation) | |
| b) it has become known that a family has involvement with social care currently (i.e. child is subject to Child Protection plan, child in need plan or other form of early help assessment) | |
| c) a safeguarding incident in the nursery, e.g. child left unsupervised, or allegations against a member of staff. | |
| d) other | |

*Give a full and detailed description of the incident and background information*

**Is there a CPP or any other involvement with children's social care?** Yes/No

**Date and time LADO informed, and advice/instructions given by LADO with date provided:**

**Date and time owners/directors/trustees consulted, prior to informing Ofsted:**

**Date and time Social Care team informed:**

**Date and time Ofsted informed:**

**Date and time parents informed:**

**Provide details on other persons/agencies informed of the incident** (including the designated person on the day of the incident, and note method of communication i.e. telephone, e-mail)

**Planned next steps/actions**

**Any implications for communications** i.e. press enquiries or parents enquiries, complaints etc (if known)

**Issues for registration, insurance and any other potential legal issues** (if known)

**Owners/directors/trustees considers HR implications** (e.g. disciplinary or grievance actions (if known))

**Update** (brief details and date)

**Update** (brief details and date)

**Update** (brief details and dat)

**Report completed by:**

**Section B** – to be completed by the designated officer when the necessary information is available.

Follow up action (if required), *e.g. risk assessments, staff training*

**Report of Investigation** (*Full and detailed report of the circumstances and outcome of the investigation. If a disciplinary hearing is held record date and outcome)*

**Outcome of Risk Assessment:**

*List areas at risk and how the risk has been mitigated. Has the risk assessment changed the practise of the staff or setting?*

What has been learnt from the incident? (*What should have been done/could have done, are procedural changes needed?)*

**Section C** to be completed by the designated officer and owners/directors/trustees.

Follow up actions:

Learning to be cascaded across the organisation. How will this be done, by who and when?

Date to be reviewed:

Date case closed:

**To be completed by manager where necessary**

Please record any follow-up action taken, where relevant:

Manager signature: Date:

## 06.2 Low level concerns and allegations of serious harm or abuse against staff, volunteers or agency staff

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

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

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

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

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

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

*Examples of such behaviour could include:*

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

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

**Responding to low-level concerns**

Any low-level concerns about the conduct of staff, students or volunteers must be shared with the designated person and recorded on 06.02a Low level concerns form. The designated person should be informed of all low-level concerns and make the final decision on how to respond. Where appropriate this can be done in consultation with their line manager.

Reporting low-level concerns about the conduct of a colleague, student or volunteer contributes towards a safeguarding culture of openness and trust. It helps ensure that adults consistently model the setting's values

and helps keep children safe. It protects adults working in the setting from potential false allegations or misunderstandings.

If it is not clear that a low-level concern meets the local authority threshold, the designated person should contact the LADO for clarification.

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

**Identifying**

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

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

**Informing**

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

- A child protection referral is made by the designated person if required. The LADO, line managers and local safeguarding children's services can advise on whether a child protection referral is required.
- The designated person asks for clarification from the LADO on the following areas:
  - what actions the designated person must take next and when and how the parents of the child are informed of the allegation
  - whether or not the LADO thinks a criminal offence may have occurred and whether the police should be informed and if so who will inform them
  - whether the LADO is happy for the setting to pursue an internal investigation without input from the LADO, or how the LADO wants to proceed
  - whether the LADO thinks the person concerned should be suspended, and whether they have any other suggestions about the actions the designated person has taken to ensure the safety of the children and staff attending the setting
- The designated person records details of discussions and liaison with the LADO including dates, type of contact, advice given, actions agreed and updates on the child's case file.
- Parents are not normally informed until discussion with the LADO has taken place, however in some circumstances the designated person may need to advise parents of an incident involving their child straight away, for example if the child has been injured and requires medical treatment.
- Staff do not investigate the matter unless the LADO has specifically advised them to investigate internally. Guidance should also be sought from the LADO regarding whether or not suspension should be considered. The person dealing with the allegation must take steps to ensure that the immediate safety of children, parents and staff is assured. It may be that in the short-term measures other than suspension, such as requiring a staff member to be office based for a day, or ensuring they do not work unsupervised, can be employed until contact is made with the LADO and advice given.
- The designated person ensures staff fill in 06.1b Safeguarding incident reporting form.
- If after discussion with the designated person, the LADO decides that the allegation is not obviously false, and there is cause to suspect that the child/ren is suffering or likely to suffer significant harm, then the LADO will normally refer the allegation to children's social care.
- If notification to Ofsted is required the designated person will inform Ofsted as soon as possible, but no later than 14 days after the event has occurred. The designated person will liaise with the designated officer about notifying Ofsted.

- The designated person ensures that the 06.1c Confidential safeguarding incident report form is completed and sent to the designated officer. If the designated officer is unavailable their equivalent must be contacted.
- Avenues such as performance management or coaching and supervision of staff will also be used instead of disciplinary procedures where these are appropriate and proportionate. If an allegation is ultimately upheld the LADO may also offer a view about what would be a proportionate response in relation to the accused person.
- The designated person must consider revising or writing a new risk assessment where appropriate, for example if the incident related to an instance where a member of staff has physically intervened to ensure a child's safety, or if an incident relates to a difficulty with the environment such as where parents and staff are coming and going and doors are left open.
- All allegations are investigated even if the person involved resigns or ceases to be a volunteer.

**Allegations against agency staff**

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

**Allegations against the designated person**

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

**Recording**

- A record is made of an allegation/concern, along with supporting information, using 06.02a Low level concerns form**.** This is then entered on the file of the child, and the 06.1a Child welfare and protection summary is completed and placed in the front of the child's file.
- If the allegation refers to more than one child, this is recorded in each child's file
- If relevant, a child protection referral is made, with details held on the child's file.

**Disclosure and Barring Service**

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

**Escalating concerns**

- If a member of staff believes at any time that children may be in danger due to the actions or otherwise of a member of staff or volunteer, they must discuss their concerns immediately with the designated person.
- If after discussions with the designated person, they still believe that appropriate action to protect children has not been taken they must speak to the designated officer.
- If there are still concerns then the whistle blowing procedure must be followed, as set out in 06.1 Responding to safeguarding or child protection concerns.

# 06.02a Low level concerns form

**Name of setting:**

This form is to share any concern or 'nagging doubt' that a colleague may have acted in a manner that could be described as a 'low level' concern that may not meet the threshold of harm or be considered serious enough to refer to the LADO (Local Authority Designated Officer). A low-level concern may include behaviour that:

- is not consistent with the setting's code of conduct, for example, discriminatory or unsafe working practice or, being subject to a police caution, conviction or investigation that they have not disclosed to their line manager
- relates to conduct outside of work that has caused a sense of unease about their suitability to work with children, for example, behaving in a way that would bring the setting into disrepute

The above examples are not exhaustive. The person who has the concern must speak to the designated person as soon as possible. It is also helpful to document concerns, which can be done using this form and then passed to the designated person. If the concern is about the designated person, please speak to the designated officer (usually the setting's line manager).

If the concern has been raised through the setting's whistleblowing process, the designated person/setting manager will be informed and should complete this form as a record of the concern.

**Name of the person the concern/allegation is about:** _____

**Job title:** _____

**Date and time of incident:**
(if the allegation or concern relates to a specific event) _____

**Area of place where incident occurred:** _____

**Nature of Concern:** (if not related to a specific incident)

| |
|---|
| |

Hand this form to the designated person or complete it together.

**Outcome decisions/actions to be taken :**(Tick all that apply and give further details)

| | |
|---|---|
| Refer to the designated officer if the concern could meet the threshold for reporting to the LADO and implement procedure 06.02 Allegations against staff, volunteers or agency staff. | |
| No further action. | |
| Gather further information and continue to monitor. | |
| Support member of staff through supervision. | |
| Follow procedures for disciplinary action. | |

**In all instances, please retain this record on the staff member's personal file.**

Signature of designated person: _____ Date completed: _____

## 06.3 Visitor or intruder on the premises

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

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

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

**Intruder**

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

- An individual who appears to have no business in the setting will be asked for their name and purpose for being there.
- The staff member identifies any risk posed by the intruder.
- The staff member ensures the individual follows the procedure for visitors.
- The setting manager is immediately informed of the incident and takes necessary action to safeguard children.
- If there are concerns for the safety of children, staff evacuate them to a safe place in the building and contact police. In some circumstance this could lead to 'lock-down' of the setting and will be managed by the responding emergency service (see procedure 01.21 Terrorist threat/attack and lock-down).
- The designated person informs their designated officer of the situation at the first opportunity.
- In the case of a serious breach where there was a perceived or actual threat to the safety of the children, the manager/designated person completes 06.1c Confidential safeguarding incident report form) and copies in their line manager on the day of the incident. The owners/trustees/directors ensure a robust organisational response and ensure that learning is shared.

# 06 Safeguarding children, young people and vulnerable adults procedures

## 06.4 Uncollected child

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

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

Members of staff do not:

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

- Staff make a record of the incident in the child's file using , usually a practitioner. A record of conversations with parents should be made, with parents being asked to sign and date the recording.
- This is logged on the child's personal file along with the actions taken. 06.1c Confidential safeguarding incident report form should also be completed if there are safeguarding and welfare concerns about the child, or if Social Care have been involved due to the late collection.
- If there are recurring incidents of late collection, a meeting is arranged with the parents to agree a plan to improve time-keeping and identify any further support that may be required.

## 06.5 Missing child

### In the building

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

**Off-site (outing or walk)**

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

**Recording and reporting**

- A record is made on 06.1a Child welfare and protection summary and 06.1b Safeguarding incident reporting form. The manager as designated person completes and circulates 06.1c Confidential safeguarding incident report form to the designated officer on the same day that the incident occurred.

### The investigation

- Ofsted are informed as soon as possible (and at least within 14 days).
- The designated officer carries out a full investigation.

- The designated person and the designated officer speak with the parents together and explain the process of the investigation
- Each member of staff present during the incident writes a full report using 06.1b Safeguarding incident reporting form, which is filed in the child's file. Staff do not discuss any missing child incident with the press.

## 06.6 Incapacitated parent

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

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

**Informing**

- If a member of staff is concerned that a parent displays any of the above characteristics, they inform the designated person as soon as possible.
- The designated person assesses the risk and decides if further intervention is required.
- If it is decided that no further action is required, a record of the incident is made on form 06.1b Safeguarding incident reporting form.
- If intervention is required, the designated person speaks to the parent in an appropriate, confidential manner.
- The designated person will, in agreement with the parent, use emergency contacts listed for the child to ask an alternative adult to collect the child.
- The emergency contact is informed of the situation by the designated person and of the setting's requirement to inform social care of their contact details.
- The designated officer is informed of the situation as soon as possible and provides advice and assistance as appropriate.
- If there is no one suitable to collect the child social care are informed.
- If violence is threatened towards anybody, the police are called immediately.
- If the parent takes the child from the setting while incapacitated the police are called immediately and a referral is made to social care.

**Recording**

- The designated person completes 06.1b Safeguarding incident reporting form and if social care were contacted 06.1c Confidential safeguarding incident report form is completed the designated officer. If

police were contacted 06.1c Confidential safeguarding incident report form should also be copied to the owners/directors/trustees.

- Further updates/notes/conversations/ telephone calls are recorded.

## 06.7 Death of a child on-site

**Identifying**

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

**Informing**

- The designated person ensures emergency services have been contacted; ambulance and police.
- The parents are contacted and asked to come to the setting immediately, informing them that there has been an incident involving their child and that an ambulance has been called; asking them to come straight to the setting or hospital as appropriate.
- The designated person calls the designated officer and informs them of what has happened.
- The owners/trustees/directors are contacted and 06.1c Confidential safeguarding incident report form prepared by the designated person and designated officer.
- A member of staff is delegated to phone all parents to collect their children. The reason given must be agreed by the designated officer and the information given should be the same to each parent.
- The decision on how long the setting will remain closed will be based on police advice.
- Ofsted are informed of the incident by the nominated person and a RIDDOR report is made.
- Staff will not discuss the death of a child with the press.

**Responding**

- The owners/trustees/directors will decide how the death is investigated within the organisation after taking advice from relevant agencies.
- The owners/trustees/directors will coordinate support for staff and children to ensure their mental health and well-being.

# 06 Safeguarding children, young people and vulnerable adults procedures

## 06.8 Looked after children

**Identification.**

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

**Services provided to Looked After Children**

*Under two-year-olds*

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

*Two-year-olds*

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

*Three- and four-year-olds*

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

**Additional Support**

- The designated person and key person liaise with agencies and professionals involved with the child, and his or her family, and ensure appropriate information is gained and shared.
- A meeting of professionals involved with the child is convened by the setting at the start of a placement. A Personal Education Plan (PEP) for children over 3 years old is put in place within 10 days of the child becoming looked after.
- Following this meeting, 6.8a Care plan for looked after children form is completed. The care plan is reviewed after two weeks, six weeks, three months, and thereafter at three to six monthly intervals.

- Regular contact will be maintained with the social worker through planned meetings, which will include contribution to the PEP which is reviewed annually.

# 06.8a Care plan for looked after children

This form must be used alongside the individual child's registration form which contains further details.

| **Name of child** | | **Date of birth:** | |
|---|---|---|---|
| **Child's address** | | | |
| **Contact information for main carers** | | | |
| 1. Name | | | |
| Relationship to child | | | |
| Phone numbers | | | |
| 2. Name | | | |
| Relationship to child | | | |
| Phone numbers | | | |
| **Any additional healthcare needs** (give details and complete 04.2a Health care plan form, if required) | | | |
| **Social Care/Social Worker** | | | |
| Name | | | |
| Phone no. | | | |
| **GP/Doctor** | | | |
| Name | | | |
| Phone No. | | | |
| **Details of professionals meeting convened at start of placement** (include date of meeting, names of agencies/professionals attending and any special considerations for the child) | | | |

| | |
|---|---|
| | |
| **Risk assessment required?** | **Yes or No** |
| If yes, include details here, including date completed: | |
| | |
| **Daily care requirements** e.g. before meals/going outdoors | |
| | |
| **Describe what constitutes an emergency for the child and what actions are to be taken if this occurs** | |
| | |
| **Name(s) of staff responsible for an emergency situation with this child** | |
| | |

**The child's carer and key person must sign below to indicate that the information in this plan is accurate and the carer agrees for any relevant procedures to be followed.**

| | | | | | |
|---|---|---|---|---|---|
| Carer's name | | Signature | | Date | |
| Key person's name | | Signature | | Date | |
| Setting manager's name | | Signature | | Date | |

**Review completed (at 2 weeks, 6 weeks, 3 months onwards)**

| | | | | | |
|---|---|---|---|---|---|
| Carer's name | | Signature | | Date | |
| Key person's name | | Signature | | Date | |

| Setting manager's name | | Signature | | Date | |
|---|---|---|---|---|---|

**Copies circulated to:**

Carers

Other agencies/professionals

Child's personal records (with registration form)

# 06 Safeguarding children, young people and vulnerable adults procedures

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

**Online Safety**

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

Terms such as 'e-safety', 'online', 'communication technologies' and 'digital technologies' refer to fixed and mobile technologies that adults and children may encounter, now and in the future, which allow them access to content and communications that could raise issues or pose risks.The issues are:

*Content* – being exposed to illegal, inappropriate or harmful material

*Contact* – being subjected to harmful online interaction with other users

*Conduct* – personal online behaviour that increases the likelihood of, or causes, harm

**I.C.T Equipment**

- The setting manager ensures that all computers have up-to-date virus protection installed.
- Tablets are only used for the purposes of observation, assessment and planning and to take photographs for individual children's learning journeys.
- Tablets remain on the premises and are stored securely at all times when not in use.
- Staff follow the additional guidance provided with the system

**Internet access**

- Children never have unsupervised access to the internet.
- **Filtering of websites is switched on at the Broadband Provider and annually reviewed.**
- The setting manager ensures that risk assessments in relation to e-safety are completed.
- Only reputable sites with a focus on early learning are used (e.g. CBeebies).
- Video sharing is occasionally accessed via YouTubeKids
- Children are taught the following stay safe principles in an age appropriate way:
  - only go online with a grown up
  - be kind online **and** keep information about me safely

- only press buttons on the internet to things I understand
- tell a grown up if something makes me unhappy on the internet

- Staff support children's resilience in relation to issues they may face online, and address issues such as staying safe, appropriate friendships, asking for help if unsure, not keeping secrets as part of social and emotional development in age-appropriate ways.
- There are no computers for use by children.
- Staff report any suspicious or offensive material, including material which may incite racism, bullying or discrimination to the Internet Watch Foundation at www.iwf.org.uk.

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

Strategies to minimise risk include:

- Check apps, websites and search results before using them with children.
- Children in Early Years should always be supervised when accessing the internet.
- Ensure safety modes and filters are applied - default settings tend not to ensure a high level of privacy or security. But remember you still need to supervise children closely.
- Role model safe behaviour and privacy awareness. Talk to children about safe use, for example ask permission before taking a child's picture even if parental consent has been given.
- Check privacy settings to make sure personal data is not being shared inadvertently or inappropriately. (Source: https://www.gov.uk/government/publications/safeguarding-children-and-protecting-professionals-in-early-years-settings-online-safety-considerations/safeguarding-children-and-protecting-professionals-in-early-years-settings-online-safety-guidance-for-practitioners

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

- Personal mobile phones and internet enabled devices are not used by staff during working hours. This does not include breaks where personal mobiles may be used off the premises or in a safe place e,g, staff room. The setting manager completes a risk assessment for where they can be used safely. This includes smart watches and meta glasses.
- Personal mobile phones are stored in a locked cupboard.
- In an emergency, personal mobile phones may be used in the privacy of the office with permission.

- Staff ensure that contact details of the setting are known to family and people who may need to contact them in an emergency.
- Staff do not take their mobile phones on outings.
- Members of staff do not use personal equipment to take photographs of children.
- Parents and visitors do not use their mobile phones on the premises. There is an exception if a visitor's company/organisation operates a policy that requires contact with their office periodically throughout the day. Visitors are advised of a private space where they can use their mobile.

**Cameras and videos**

- Members of staff do not bring their own cameras or video recorders to the setting.
- Photographs/recordings of children are only taken for valid reasons, e.g. to record learning and development, or for displays, and are only taken on equipment belonging to the setting.
- Camera and video use is monitored by the setting manager.
- Where parents request permission to photograph or record their own children at special events, general permission is first gained from all parents for their children to be included. Parents are told they do not have a right to photograph or upload photos of anyone else's children.
- All photographs at Moreton Baptist Preschool are printed on setting equipment and should not be outsourced for printing to an external company.
- Photographs/recordings of children are only made if relevant permissions are in place.
- If photographs are used for publicity, parental consent is gained and safeguarding risks minimised, e.g. children may be identified if photographed in a sweatshirt with the name of their setting on it.

**Cyber Bullying**

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

**Use of social media**

Staff are expected to:

- understand how to manage their security settings to ensure that their information is only available to people they choose to share information with
- ensure the organisation is not negatively affected by their actions and do not name the setting

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

**Use/distribution of inappropriate images**

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

**06.9a Internet Safety Audit Moreton Baptist Preschool**

| | | | | |
|---|---|---|---|---|
| **Technology used in our setting** (Add the types and numbers of devices) | **ICT Equipment**<br><br>Computers (office)<br>Computers (children)<br>iPad (staff/children)<br>Cameras/videos<br>Electronic learning journals<br>Nursery Management Software<br>Other. | **Quantity** | **Wi-fi enabled** Yes or No? | **Security** settings i.e. passwords, firewalls, screen locks etc.. |
| **Policies and Procedures** -name of policy, or policy in which it is incorporated. | **Subject**<br>• Acceptable use: Yes/No<br>• Staff use of social media Yes/No<br>• GDPR/Data Protection Yes/No<br>• Personal mobile phones / wearable technology | | **Policy/Procedure** | **Further action r** |
| **Approved Apps/websites/online tools.** | *List the apps/websites/online tools that you use in your setting with the children* i.e YouTube Kids, CBeebies, Hungry Little Minds. | | | |
| **How are children supervised when using devices?** | Please give details here… | | | |
| **How is the physical safety of users managed**, i.e. posture, time spent on devices | Please give details, including, posture, time spent on devices etc. | | | |
| **How are devices stored securely when not in use?** | Please give details…. | | | |
| **How do staff model safe practice when using technology with children?** | Please give details… | | | |
| **How is internet safety and use of technology incorporated into the early Years curriculum?** | Please give details… | | | |
| **How is the home learning environment supported?** | Add details of information shared with parents to support safe internet use at hor | | | |
| **Resources to support Internet safety in early years provision.** | • **http://internetmatters.org/**<br>• **Online safety guide 0-5 year olds - Internet Matters** | | | |

# 06 Safeguarding children, young people and vulnerable adults procedures

## 6.10 Key person supervision

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

**Structure**

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

**Content**

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

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

**Recording**

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

- The key person and supervisor must sign and date the minutes of supervision within 4-6 weeks of it happening and disagreements over recorded content must be minuted.
- Each member of staff has a supervision file that is stored securely at all times.
- Concerns raised during supervision about an individual child's welfare may result in safeguarding concerns not previously recognised as such, these are recorded on 06.1b Safeguarding incident reporting form and placed on the child's file. The reasons why the concerns have not previously been considered are explored.
- Additional safeguarding or welfare decisions made in relation to a child during supervision are recorded on the individual case file. The supervisor (if not the designated person) should ensure the recording is made and the designated person is notified.

**Checking continuing suitability**

- Supervisors check with staff if there is any new information pertaining to their suitability to work with children. This only needs to be recorded on the supervision meeting record.
- Where staff are on zero hours contracts or are employed as and when needed, their line manager completes the staff suitability self-declaration form quarterly, and/or at the beginning of every new period of work.
- Regarding the use of agency staff/support workers/self-employed persons there is an expectation that as part of the agreement with agencies they have sought information regarding their employee's suitability to work with children. Line managers must review this regularly.
- The position for students on placement is the same as that for agency staff

**Exceptional Circumstances**

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

**Further guidance**

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

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