

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 *The Stacey Pre-School* on 01.01.22

The Designated Safeguarding Lead (DSL): Vicky Collins
(The Stacey Pre-School Manager)

The Back-up Designated Safeguarding Lead: Natasha Jeram
(The Stacey Pre-School Deputy Manager)

The Designated Safeguarding Officer: Lynda Bowley
(The Stacey Pre-School Co-ordinator)

Policy Statement: Our Aim

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

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

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

NB: A 'young person' is defined as 16–19-year-old. In an early years setting, they may be a student, worker, or parent. A 'vulnerable adult' (see guidance to the Care Act 2014) is defined 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 Safeguarding Lead (DSL), who is responsible for carrying out child, young person, or adult protection procedures. *This is the Stacey Pre-School Manager.*
- The DSL reports to a Designated Safeguarding Officer (DSO) responsible for overseeing all child, young person or adult protection matters. *This is the Stacey Pre-School Co-ordinator.*
- The 'DSL and the DSO ensure they have links with statutory and voluntary organisations regarding safeguarding children.
- The DSL and the DSO 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 DSL and the DSO 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 DSL and the DSO 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 DSL and the DSO 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 [FGM]
 - extra-familial abuse and threats
 - children involved in violent offending, with gangs and county lines.
- The DSL and the DSO 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 the DSL and DSO 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)

Safeguarding children, young people and vulnerable adults procedures

06.1 Responding to safeguarding or child protection concerns

The Designated Safeguarding Lead: Vicky Collins
(The Stacey Pre-School Manager)

The Back-up Designated Safeguarding Lead: Natasha Jeram
(The Stacey Pre-School Deputy Manager)

The Designated Safeguarding Officer: Lynda Bowley
(The Stacey Pre-School Co-ordinator)

Contact Numbers:

Ofsted	0300 123 1231	
Social Services Joint Action Team:	0845 671 0271	02392 688793
PCC Early Years:	02392 688833	
PCC LADO	02392 841261	lado@portsmouthcc.gov.uk
MASH	0845 671 0271	02392 688793
		MASH@secure.portsmouthcc.gov.uk

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

Safeguarding roles

- All staff recognise and know how to respond to signs and symptoms that may indicate a child is suffering from or likely to be suffering from harm. They understand that they have a responsibility to act immediately by discussing their concerns with the Designated Safeguarding Lead or a named back-up Designated Safeguarding Lead.
- The Pre-School Manager and Deputy are the DSL and back-up DSL, 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 DSL or the back-up DSL.
- The DSL 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 DSL at any time.
- The line manager of the DSL is the DSO.
- The DSL informs the DSO 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 DSO, action to safeguard the child is taken first and the DSO is informed later. If the DSO is unavailable, advice is sought from their line manager or equivalent i.e. a Trustee of the Stacey Community Association.
- Issues which may require notifying to Ofsted are notified to the DSO to make a decision regarding notification. The DSL must remain up to date with Ofsted reporting and notification requirements.
- If there is an incident, which may require reporting to RIDDOR the DSO immediately seeks guidance from the trustees. There continues to be a requirement that the DSO 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 can use an [Existing Injury Reporting Form](#) for this purpose.
- The member of staff advises the DSL as soon as possible if there are safeguarding concerns about the circumstance of the injury.
- If there are concerns about the circumstances or explanation given, by the parent/carer and/or child,
 - the DSL decides the course of action to be taken after
 - reviewing [06.1a Child welfare and protection summary](#) and
 - completing [06.1b Safeguarding incident reporting form](#).
- If the mark or injury is noticed later in the day and the parent is not present, this is raised with the DSL.
- If there are concerns about the nature of the injury, and it is unlikely to have occurred at the setting, the DSL decides the course of action required and [06.1b Safeguarding incident reporting form](#) is completed as above, taking into consideration any explanation given by the child.
- If there is a likelihood that the injury is recent and occurred at the setting, this is raised with the DSL.
- If there is no cause for further concern, a record is made in the Accident 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 DSL
- The parent/carer is advised at the earliest opportunity.
- If the parent believes that the injury was caused at the setting this is still recorded as an Accident Record and an accurate record made of the discussion is made retained in the child's personal file.

Responding to the signs and symptoms of abuse

- Concerns about the welfare of a child are discussed with the DSL without delay.
- A written record is made of the concern on [06.1b Safeguarding incident reporting form](#) as soon as possible.
- Concerns that a child is in immediate danger or at risk of significant harm are responded to immediately and if a referral is necessary this is made on the same working day.

Responding to a disclosure by a child

- When responding to a disclosure from a child, the aim is to get just enough information to take appropriate action.
- The practitioner listens carefully and calmly, allowing the child time to express what they want to say.
- Staff do not attempt to question the child but if they are not sure what the child said, or what they meant, they may prompt the child further by saying *'tell me more about that'* or *'show me again'*.
- After the initial disclosure, staff speak immediately to the DSL. 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 using the [Existing Injury Reporting Form](#) for clarity.

Decision making (all categories of abuse)

- The DSL 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 DSL, 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 Safeguarding Lead 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 DSL contacts the parents (only if agreed with social care) to inform them that a referral has been made, indicating the concerns that have been raised, **unless social care advises that the parent should NOT be contacted** until such time as their investigation, or the police investigation, is concluded.
- Parents are NOT informed prior to making a referral if:
 - there is a possibility that a child may be put at risk of harm by discussion with a parent/carer, or if a serious offence may have been committed, as it is important that any potential police investigation is not jeopardised.
 - there are potential concerns about sexual abuse, fabricated illness, FGM or forced marriage.
 - contacting the parent puts another person at risk; situations where one parent may be at risk of harm, e.g. 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 DSL makes a professional judgment regarding whether consent (from a parent) should be sought before making a child protection referral as described above.
 - They record their decision about informing or not informing parents along with an explanation for this decision.
 - Advice will be sought from the appropriate children's social work team if there is any doubt.
 - Advice can also be sought from the DSO.

Referring

- The DSL or back-up follows their LSP procedures for making a referral.
- If the DSL 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 DSO for support.
- Arrangements for cover (as above) when the DSL and back-up DSL 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 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 DSO 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 DSL is responsible for reporting to the DSO 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 DSL to complete [06.1c Confidential safeguarding incident report form](#) and send it to the DSO.
- Further briefings are sent to the DSO 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 DSL 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 DSL and the practitioner continues to feel a safeguarding referral is required then they discuss this with the DSO.
- 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 Line Manager/DSL.
2. Staff who are unable to raise the issue with their Line Manager/DSL should raise the issue with the Designated Safeguarding 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 The Stacey Community Association.

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. DSL 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 DSL is informed regarding specific risks relating to the culture and ethnicity of children who may be attending their setting and shares this knowledge with staff.

Symptoms of FGM in very young girls may include difficulty walking, sitting or standing; painful urination and/or urinary tract infection; urinary retention; evidence of surgery; changes to nappy changing or toileting routines; injury to adjacent tissues; spends longer than normal in the bathroom or toilet; unusual and /or changed behaviour after an absence from the setting (including increased anxiety around adults or unwillingness to talk about home experiences or family holidays); parents are reluctant to allow child to undergo normal medical examinations; if an older sibling has undergone the procedure a younger sibling may be at risk; discussion about plans for an extended family holiday

Further guidance

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

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

Children and young people vulnerable to extremism or radicalisation

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

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

- The Designated Safeguarding Lead is required to familiarise themselves with LSP procedures, as well as online guidance including:
 - Channel Duty guidance: Protecting people vulnerable to being drawn into terrorism www.gov.uk/government/publications/channel-and-prevent-multi-agency-panel-pmap-guidance
 - Prevent Strategy (HMG 2011) www.gov.uk/government/publications/prevent-strategy-2011
 - The prevent duty: for schools and childcare providers www.gov.uk/government/publications/protecting-children-from-radicalisation-the-prevent-duty
- The DSL 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 DSL must know how to refer concerns about risks of extremism/radicalisation to their LSP safeguarding team or the Channel panel, as appropriate.
- The Designated Safeguarding Lead should also ensure that they and all other staff working with children and young people understand how to recognise that someone may be at risk of violent extremism.
- The Designated Safeguarding Lead also ensures that all staff complete *The Prevent Duty 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 Safeguarding Lead 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 Safeguarding Lead 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 Safeguarding Leads should be mindful that discussion regarding potential referral due to concerns may be upsetting for the subject of the referral and their family. Initial advice regarding whether an incident meets a threshold for referral can be sought from the relevant local agency without specific details such as names of the family being given in certain circumstances.

Consent is required prior to any individual engaging with a Channel intervention. Consent is usually sought by Channel partners, but 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 Safeguarding Leads should be familiar with their LSP guidance and procedures in relation to safeguarding children affected by gang activity and ensure this is followed where relevant.

Forced marriage/Honour based violence

Forced marriage is a marriage in which one or both spouses do not consent to the marriage but are forced into it. Duress can include physical, psychological, financial, sexual and emotional pressure. In the cases of some vulnerable adults who lack the capacity to consent coercion is not required for a marriage to be forced. A forced marriage is distinct from an arranged marriage. An arranged marriage may have family involvement in arranging the marriages, but crucially the choice of whether to accept the arrangement remains with the prospective spouses.

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

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

In an emergency police should be contacted on 999.

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

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

Further guidance

Accident Record

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 Safeguarding Lead 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:	Home Address:	Name of setting:
Date of Birth:		The Stacey Pre-School The Stacey Centre, Walsall Road, PO3 6DN
Date of Record:	Summary of Concern & Impact on Child	Agreed Actions:
Adult Reporting:		
Designated Safeguarding Lead		
Date of Record:	Summary of Concern & Impact on Child	Agreed Actions:
Adult Reporting:		
Designated Safeguarding Lead		

Date of Record:	Summary of Concern & Impact on Child	Agreed Actions:
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Adult Reporting:		
Designated Safeguarding Lead		
Date of Record:	Summary of Concern & Impact on Child	Agreed Actions:
Adult Reporting:		
Designated Safeguarding Lead		

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

During the Covid outbreak, this form is also to be used to record contact with families of vulnerable children and those who are considered to be on the edge of needing additional support and are currently not attending the setting.

Name of setting: The Stacey Pre-School

Child's name:	Name of person reporting:	Name of Designated Safeguarding Lead:
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 Safeguarding Lead; 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

Date completed:

Safeguarding Lead:

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 Safeguarding Lead and emailed immediately with '**New Case**' email heading, as an encrypted document to Designated Safeguarding 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 Safeguarding Lead'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 Safeguarding 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 Safeguarding Lead 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)

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 date)

Report completed by:

Section B – to be completed by the DSL/DSO 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 Safeguarding 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 Allegations 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 Safeguarding Lead without delay - even if the person making the allegation later withdraws it.

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

Informing

- All staff report allegations to the Designated Safeguarding Lead.
- The Designated Safeguarding Lead alerts the Designated Safeguarding Officer. If the Designated Safeguarding Officer is unavailable the Designated Safeguarding Lead contacts a Trustee of the Association 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.
- **If an individual is identified it is essential that no investigation occurs until and unless the LADO has expressly given consent for this to occur, however, the person responding to the allegation does need to have an understanding of what explicitly is being alleged.**
- The Designated Safeguarding Lead must take steps to ensure the immediate safety of children, parents, and staff on that day within the setting.
- The **Local Authority Designated Safeguarding 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 Safeguarding Lead if required. The LADO, line managers and local safeguarding children's services can advise on whether a child protection referral is required.
- The Designated Safeguarding Lead asks for clarification from the LADO on the following areas:
 - what actions the Designated Safeguarding Lead 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 Safeguarding Lead has taken to ensure the safety of the children and staff attending the setting
- The Designated Safeguarding Lead 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 Safeguarding Lead may need to advise parents of an incident involving their child straight away, for example if the child has been injured and requires medical treatment.
- **Staff do not investigate the matter unless the LADO has specifically advised them to investigate internally.**
- Guidance should also be sought from the LADO regarding whether or not suspension should be considered.

- The person dealing with the allegation must take steps to ensure that **the immediate safety of children, parents and staff is assured**. It may be that in the short-term measures other than suspension, such as requiring a staff member to be office based for a day, or ensuring they do not work unsupervised, can be employed until contact is made with the LADO and advice given.
- The Designated Safeguarding Lead ensures staff complete [06.1b Safeguarding incident reporting form](#).
- If after discussion with the Designated Safeguarding Lead, 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 Safeguarding Lead will inform Ofsted as soon as possible, **but no later than 14 days after** the event has occurred. The Designated Safeguarding Lead will liaise with the Designated Safeguarding Officer about notifying Ofsted.
- The Designated Safeguarding Lead ensures that the [06.1c Confidential safeguarding incident report form](#) is completed and sent to the Designated Safeguarding Officer. If the Designated Safeguarding 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 Safeguarding Lead must consider revising or writing a new risk assessment where appropriate, for example if the incident related to an instance where a member of staff has physically intervened to ensure a child's safety, or if an incident relates to a difficulty with the environment such as where parents and staff are coming and going and doors are left open.
- All allegations are investigated even if the person involved resigns or ceases to be a volunteer.

Allegations against agency staff

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

Allegations against the Designated Safeguarding Lead

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

Recording

- A record is made of an allegation/concern, along with supporting information, using [06.1b Safeguarding incident reporting form](#); normally by the practitioner who has observed the incident. 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 or 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 Safeguarding Lead.
- If after discussions with the Designated Safeguarding Lead, they still believe that appropriate action to protect children has not been taken they must speak to the Designated Safeguarding 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.

06.3 Visitor or intruder on the premises

The safety and security of the premises is maintained at all times 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 to the setting.

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 the **visitors record** and explain the procedures for the use of mobile phones and emergency evacuation and advised to avoid the area which is the immediate entrance to the children's WC.
- Visitors (including visiting VIPs) are never left alone with the children at any time.
- Visitors (who are the child's parent at a session) may not accompany their child to the children's toilet if there are other children present in the WC.
- 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.
- If the staff member identifies that the individual has no legitimate reason to be in the setting or may be a hazard to the setting, the staff member will immediately advise the individual that they have no business with the Pre-School and so they must vacate the premises.
- The Setting Manager or Designated Safeguarding Lead is immediately informed of the incident and takes all 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 Safeguarding Lead informs their Designated Safeguarding 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 Setting Manager/Designated Safeguarding Lead completes **06.1c Confidential safeguarding incident report form** and copies in their line manager on the day of the incident. The Trustees ensure a robust organisational response and ensure that learning is shared.

06.4 Uncollected child

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

- The Designated Safeguarding Lead is informed of the uncollected child as soon as possible and attempts to contact the parents by phone.
- If the parents cannot be contacted, the Designated Safeguarding Lead uses the emergency contacts to inform a known carer of the situation and arrange for collection of the child.
- After 30 minutes if the child has not been collected, the parents have cannot be contacted, and no known carers or contacts in the child's file have been able to be contacted, the Designated Safeguarding Lead contacts the local social care out-of-hours duty officer and there are concerns about the child's welfare or the welfare of the parents.
- The Designated Safeguarding Lead should arrange for the collection of the child by social care.
- Where appropriate the Designated Safeguarding Lead should also notify police.

Members of staff must not:

- leave the premises to look for the parents
- leave the premises to take the child home or to a carer, or leave the premises to meet the 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 usually a practitioner. A record of conversations with parents should be made, with parents being asked to sign and date this record.
- 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 is a recurring incident 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.
- The parents are advised that additional fees for childcare will usually apply in the event of a late collection, to cover additional staffing costs as stated in the Childcare Agreement.

06.5 Missing [or Lost] child

In the building

- As soon as it is noticed that a child is missing, the member of staff informs the Designated Safeguarding Lead who initiates a search within the setting.
- If the child is found on-site, the Designated Safeguarding Lead checks on the welfare of the child and investigates the circumstances of the incident.
- If the child is not found on site, one member of staff searches the immediate vicinity, if there is no sign of the child, the police are called immediately.
- The parents are then called and informed.
- The Designated Safeguarding Lead contacts the Designated Safeguarding 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 Safeguarding Lead.
- The Designated Safeguarding Lead informs the parents.
- Members of staff return the children to the setting as soon as possible if it is safe to do so. According to the advice of the police, one senior member of staff should remain at the site where the child went missing and wait for the police to arrive.
- The Designated Safeguarding Lead contacts the Designated Safeguarding 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 Safeguarding Lead completes and circulates [06.1c Confidential safeguarding incident report form](#) to the Designated Safeguarding 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 Safeguarding Officer carries out a full investigation.
- The Designated Safeguarding Lead and the Designated Safeguarding 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 Safeguarding Lead as soon as possible.
- The Designated Safeguarding Lead assesses the risk and decides if further intervention is required.
- If it is decided that no further action is required, a record of the incident is made on form [06.1b Safeguarding incident reporting form](#).
- If intervention is required, the Designated Safeguarding Lead speaks to the parent in an appropriate, confidential manner.
- The Designated Safeguarding Lead will, in agreement with the parent, use emergency contacts listed for the child to ask an alternative adult to collect the child.
- The emergency contact is informed of the situation by the Designated Safeguarding Lead and of the setting's requirement to inform social care of their contact details.
- The Designated Safeguarding 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 Safeguarding Lead completes [06.1b Safeguarding incident reporting form](#) and if social care were contacted [06.1c Confidential safeguarding incident report form](#) is completed the Designated Safeguarding Officer. If police were contacted 06.1c Confidential safeguarding incident report form should also be copied to the 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 Paediatric First Aider until the ambulance arrives.
- Only a medical practitioner can confirm a child has died.

Informing

- The Designated Safeguarding Lead ensures emergency services have been contacted; ambulance and police.
- The parents are contacted and asked to come to the setting immediately, informing them that there has been an incident involving their child and that an ambulance has been called; asking them to come straight to the setting or hospital as appropriate.
- The Designated Safeguarding Lead calls the Designated Safeguarding Officer and informs them of what has happened.
- The Trustees are contacted and [06.1c Confidential safeguarding incident report form](#) is prepared by the Designated Safeguarding Lead and Designated Safeguarding Officer.
- A member of staff is delegated to phone all parents to collect their children. The reason given must be agreed by the Designated Safeguarding 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 Trustees will decide how the death is investigated within the organisation after taking advice from relevant agencies.
- The Trustees will co-ordinate support for staff and children to ensure their mental health and well-being.

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

- The Stacey Pre-School does not accept children under the age of 2 years old.

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 Safeguarding Lead and key person liaise with agencies and professionals involved with the child, and his or her family, and ensure appropriate information is gained and shared.
- A meeting of professionals involved with the child is convened by the setting at the start of a placement. A Personal Education Plan (PEP) for children over 3 years old is put in place within 10 days of the child becoming looked after.
- Following this meeting, [6.8a Care plan for looked after children form](#) is completed. The care plan is reviewed after two weeks, six weeks, three months, and thereafter at three to six monthly intervals.
- Regular contact will be maintained with the social worker through planned meetings, which will include contribution to the PEP which is reviewed annually.

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)

06.9 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.
- Tablets are password protected. NB: Tapestry Apps are also password protected for each staff member as registered users.
- Staff follow the additional guidance provided with the system.

Internet access

- Children never have unsupervised access to the internet.
- The setting manager ensures that risk assessments in relation to e-safety are completed.
- Only reputable sites with a focus on early learning are used (e.g. CBeebies).
- Video sharing sites such as YouTube are not accessed due to the risk of inappropriate content.
- Children are taught the following stay safe principles in an age appropriate way:
 - only go online with a grown up
 - be kind online **and** keep information about me safely
 - only press buttons on the internet to things I understand
 - tell a grown up if something makes me unhappy on the internet
- Staff support children's resilience in relation to issues they may face online, and address issues such as staying safe, appropriate friendships, asking for help if unsure, not keeping secrets as part of social and emotional development in age-appropriate ways.
- All computers for use by children are sited in an area clearly visible to staff.
- Staff report any suspicious or offensive material, including material which may incite racism, bullying or discrimination to the Internet Watch Foundation at www.iwf.org.uk.

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

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

- Personal mobile phones and internet enabled devices are not used by staff during working hours. This does not include breaks where personal mobiles may be used off the premises or in a safe place e.g. any other room in The Stacey Centre that is not being used by children from the setting at that time and not in the Foyer.
- Personal mobile phones are switched off and stored in staff lockers.
- 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 e.g. The Stacey Centre's office landline: 02392 617890
- 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.
- 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 Safeguarding Lead in their setting
- not engage in personal communication, including on social networking sites, with children and parents with whom they act in a professional capacity. There may be occasions when the 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 Safeguarding Lead who follow procedure 06.2 Allegations against staff, volunteers or agency staff.

6.10 Key Person/Staff Supervision

Staff taking on the role of key person must have supervision meetings in line with this procedure. All setting staff will be supervised by the Pre-School Manager. The Pre-School Manager in the role of Key Person will be supervised by the Deputy Manager or the Pre-School Co-ordinator.

Structure

- Supervision meetings are held every term for key persons.
- Key persons are supervised by the Setting Manager.
- 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 Safeguarding Lead 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 in the setting, but they 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 Safeguarding Officer.

Recording

- Key person supervision discussions are recorded and is retained by The Stacey Pre-School Co-ordinator to the staff member's personnel file and a copy is provided to the key person.
- The key person and the Setting Manager must sign and date the minutes of supervision within 2 weeks of it happening and any 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 Setting Manager (if not the Designated Safeguarding Lead) should ensure the recording is made and the Designated Safeguarding Lead is notified.

Checking continuing suitability

- The Supervisor checks 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 and seek evidence where appropriate.
- 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 Pre-School Co-ordinator 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.



The Stacey Pre-School

Play • Explore • Discover • Learn

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Supervision Meeting

Date: _____

Name of supervisor: _____

Name of staff member(s): _____

group supervision

1:1 supervision

► What is going well?

Discussion: *Children and families, relationships and engagement, liaison with other professionals and services, meeting outcomes, professional development, additional responsibilities*

Actions: *Support, training, guidance, mentoring, decisions to be made, escalation*

► What has been a challenge?

Discussion: *Children and families, relationships and engagement, liaison with other professionals and services, meeting outcomes, professional development, additional responsibilities, potential future challenges*

Actions: *Support, training, guidance, mentoring, decisions to be made, escalation*

► Workload and wellbeing

Discussion: *High-profile and low-level case load, work-life balance, time constraints, impact*

Actions: *Support, training, guidance, mentoring, decisions to be made, escalation*

► Individual cases

Safeguarding, pastoral, behaviour, parent/carer

Initials:
Summary:

Actions:

Support required:

Initials:
Summary:

Actions:

Support required:

Initials:
Summary:

Actions:

Support required:

Initials:
Summary:

Actions:

Support required:

Initials:
Summary:

Actions:

Support required:

Initials:
Summary:

Actions:

Support required:

▶ Problem-solving, advice and referral

Discussion: *Professional support, colleague coaching and mentoring, referral to support services, strategies*

Actions: *Additional support, training, guidance, mentoring, escalation, referral to support services*

▶ Reflection

Signature (supervisor): _____

Date: _____

Signature (staff member): _____

Date: _____

6.11 OFSTED: Reporting a serious childcare incident

[Report a serious childcare incident - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

Ofsted MUST be informed of the following:

- an allegation of serious harm or abuse committed either at the premises or elsewhere by people who:
 - live on the premises
 - work on the premises
 - look after children on the premises
- the disqualification of the registered provider, an employee or someone living on the childcare premises (see [guidance on how to waive disqualification](#))
- [any significant event that may affect someone's suitability](#) to look after children, or be in regular contact with children (for instance, health changes or involvement with the police or social services)
- events that might affect the condition and safety of the premises or the quality of childcare offered, or lead to ongoing closures (such as a fire or flooding)
- the death of a child while in your care
- a child's [serious accident, injury or illness](#) while being looked after, including food poisoning affecting at least 2 children
- the death of, or a serious accident or injury to, anyone else on the premises (unless you only look after children from birth to the age of 5)

Things you do not need to tell Ofsted about

You do not need to tell Ofsted about:

- minor injuries*
- general hospital appointments
- routine treatments by a doctor
- any confirmed case of COVID-19 affecting a child or member of staff
- your setting closing, as long as there's no significant effect on how you provide childcare
- going on holiday, unless you have already been notified of a visit during this time

*Minor injuries include:

- sprains, strains and bruising
- cuts and grazes
- wound infections
- insect and animal bites