Kew Green Nursery

Safeguarding Children, Young People and vulnerable adults Policy

Designated Safeguarding Lead: Chantal Baard

Deputy Designated Safeguarding Lead: Katarzyna Sagan

Aim

Kew Green Nursery 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 we do.

Kew Green Nursery has three key commitments, which are:

- Kew Green Nursery is committed to building 'a culture of safety' in which children, young people and vulnerable adults are protected from abuse and harm.
- Kew Green Nursery 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.*
- Kew green Nursery is committed to promoting awareness of child abuse issues through weekly staff meetings and termly and annual Safeguarding training. It is also committed to empowering children, through our EYFS curriculum, promoting their right to be '*strong*, *resilient and listened to'*.

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 Safeguarding Lead (DSL), as well as a Deputy Safeguarding Lead (DDSL), who is responsible for carrying out child, young person, or adult protection procedures.
- The DSL and DDSL ensure they have links with statutory and voluntary organisations regarding safeguarding children.
- The DSL and DDSL 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 DDSL 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 DDSL 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 DDSL 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 DSL and DDSL 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 all staff and visitors at Kew Green Nursery.
- 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 section 17 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 ALL staff recognise children and families who may benefit from early help and can respond appropriately using local early help processes and the DSL and DDSL 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 Local Safeguarding Partners 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.*

- Through the curriculum, staff promote the emotional and social skills of children and young people in an age-appropriate way, including increasing their understanding of how to stay safe.
- We adhere to the EYFS Safeguarding and Welfare requirements.

Responding to safeguarding or child protection concerns

Safeguarding roles

- All staff recognise and know how to respond to signs and symptoms that may indicate a child is suffering from or likely to be suffering from harm. They understand that they have a responsibility to act immediately by discussing their concerns with the DSL and DDSL.
- The Head of Nursery and Deputy Head of Nursery are the DSL and DDSL 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 and DDSL.
- The DSL ensures that all educators 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 Head of the Prep School.
- The DSL informs the Head of the Prep School 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 Head of the Prep School, action to safeguard the child is taken first and the Head of the Prep School is informed later. If the Head of the Prep School is unavailable advice is sought from the DSL of the Prep School or equivalent.
- Issues which may require notifying to Ofsted are notified to the Head of the Prep School 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 DSL immediately seeks guidance from the Directors. There continues to be a requirement that the DSL follows legislative requirements in relation to reporting to RIDDOR.
- Kew green Nursery will follow procedures of Kingston and Richmond Safeguarding Children Partners (KRSCP) for safeguarding and any specific safeguarding procedures such as responding to radicalisation/extremism concerns.

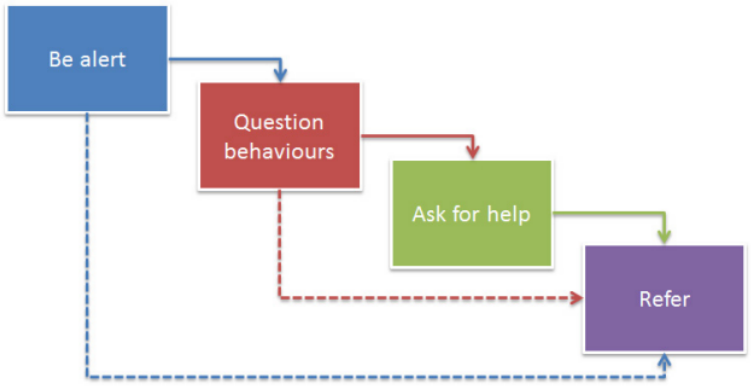
- Procedures are followed for managing allegations against staff, as well as for responding to concerns and complaints raised about quality or practice issues, whistleblowing and escalation.

Responding to marks or injuries observed

- If a member of staff observes or is informed by a parent/carer of a mark or injury to a child that happened at home or elsewhere, the member of staff makes a record of the information given to them by the parent/carer in the child's personal account on Famly, which is signed by the parent/carer.
- The member of staff advises the DSL as soon as possible if there are safeguarding concerns about the circumstance of the injury.
- If there are concerns about the circumstances or explanation given, by the parent/carer and/or child, the DSL decides the course of action to be taken after reviewing and completing a 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 the 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 in the Accident Record and an accurate record made of the discussion is made on the child's profile.

Responding to the signs and symptoms of abuse

24. There are four key steps to follow to help you to identify and respond appropriately to possible abuse and/or neglect.



- Concerns about the welfare of a child are discussed with the DSL without delay.
- A written record is made of the concern on a 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.
- You can also seek advice at any time from the NSPCC helpline – help@nspcc.org.uk or 0808 800 5000. Next steps might involve undertaking an early help assessment or making a referral directly to children's social care/the police.

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 educator 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 a Safeguarding incident reporting form, their exact words are used as well as the exact words with which the member of staff responded.
- If marks or injuries are observed, these are recorded on a body diagram.

Decision making (all categories of abuse)

- The DSL makes a professional judgement about referring to other agencies, 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 a 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 DSL **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. 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 KRSCP.

Referring

- The DSL or DDSL follows the KRSCP procedures for making a referral.
- If a child is believed to be in immediate danger, or an incident occurs at the end of the session and staff are concerned about the child going home that day, then the Police and/or 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 DSL/DDSL contacts the Head of the Prep School for support.

Further recording

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

Professional disagreement/escalation process

- If an educator 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 educator continues to feel a safeguarding referral is required, then they discuss this with the Head of the Prep School.
- If issues cannot be resolved the whistleblowing 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 whistleblowing 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 the Head of Nursery.
2. Staff who are unable to raise the issue with the Head of Nursery should raise the issue with the Head of the Prep School.
3. If staff are still concerned after the investigation, or the matter is so serious that they cannot discuss it with the Head of the Prep School, they should raise the matter with Theo Brehony, Director of GSG.

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 whistleblowing 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)

Educators 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. KRSCP 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

Contact at KRSCP

Lucy MacArthur

Education Safeguarding Coordinator (Mon-Thurs 8.30-5pm)

Mobile: 07866 031751

Email Address: lucy.macarthur@kingrichlscb.org.uk

KRSCP Website: https://kingstonandrichmondsafeguardingchildrenpartnership.org.uk

KRSCP Training Portal Login: http://kingstonandrichmondlscb.org.uk/training.php

KRSCP MeLearning Login Page: https://richmondlscb.melearning.university/user/login

KRSCP Twitter: https://twitter.com/KR_LSCB

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. KRSCP 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 DSL is required to familiarise themselves with the KRSCP 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 the KRSCP 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 the KRSCP team or the Channel panel, as appropriate.
- The DSL 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 DSL should also ensure 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.
- The DSL should understand the perceived terrorism risks in the local area.

Parental consent for radicalisation referrals

KRSCP 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 local agencies responsible for safeguarding, as to whether or not consent should be sought on a case-by-case basis. DSL 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 KRSCP 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

Educators 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. The DSL should be familiar with their KRSCP 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 educators 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

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 DSL without delay - even if the person making the allegation later withdraws it.

What is a low-level concern?

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

- is inconsistent with the staff code of conduct, including inappropriate conduct outside of work
- 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'

Responding to low-level concerns

Any low-level concerns about the conduct of staff, students or volunteers must be shared with the DSL and recorded on a Low-level concerns form. The designated person should be informed of all low-level concerns and make the final decision on how to respond.

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 DSL 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 DSL.
- The DSL alerts the LADO, if unavailable the DSL 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.
- The DSL must take steps to ensure the immediate safety of children, parents, and staff 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 DSL if required. The LADO can advise on whether a child protection referral is required.
- The DSL asks for clarification from the LADO on the following areas:
    - what actions the DSL 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 DSL has taken to ensure the safety of the children and staff attending the setting.

- The DSL records details of discussions and liaison with the LADO including dates, type of contact, advice given, actions agreed and updates on the child's case file.
- Parents are not normally informed until discussion with the LADO has taken place, however in some circumstances the DSL may need to advise parents of an incident involving their child straight away, for example if the child has been injured and requires medical treatment.
- Staff do not investigate the matter unless the LADO has specifically advised them to investigate internally. Guidance should also be sought from the LADO regarding whether 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 DSL ensures staff fill in the Safeguarding incident reporting form.
- If after discussion with the DSL, the LADO decides that the allegation is not obviously false, and there is cause to suspect that the child/ren is suffering or likely to suffer significant harm, then the LADO will normally refer the allegation to children's social care.
- If notification to Ofsted is required the DSL will inform Ofsted as soon as possible, but no later than 14 days after the event has occurred. The DSL will liaise with the Head f the Prep School about notifying Ofsted.
- The DSL ensures that the Confidential safeguarding incident report form is completed and sent to the Head of Prep School. If unavailable, The Brehony, Director, 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 DSL 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 DSL must contact the agency following advice from the LADO.

Allegations against the DSL.

- If a member of staff has concerns that the DSL has behaved in a way that indicates they are not suitable to work with children as listed above, this is reported to the DDSL or Head of Prep School who will investigate further.
- During the investigation, the Head of Prep School will identify another suitably experienced person to take on the role of DSL.
- If an allegation is made against the Head of Prep School, then the Directors/ are to be informed.

Recording

- A record is made of an allegation/concern, along with supporting information, using a Low-level concerns form. This is then entered on the file of the child, and the 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 DSL.
- If after discussions with the DSL, they still believe that appropriate action to protect children has not been taken they must speak to the Head f the Prep School.
- If there are still concerns, then the whistleblowing procedure must be followed.

This policy was written by the Head of Nursery and will be reviewed annually.			
Latest review:	December 2022	By:	Chantal B, Head of Nursery
Next review:	December 2023	By:	Chantal B, Head of Nursery

Further information

Useful resources and external organisations

• When to suspect child maltreatment (National Institute for Health and Care Excellence, 2009)

Other relevant departmental advice and statutory guidance

• Working Together to Safeguard Children (2015)
• Keeping Children Safe in Education (2015)
• Information Sharing – Advice for practitioners providing safeguarding services to vulnerable children, young people, parents and carers (2015)
• Multi-Agency Practice Guidelines: Female Genital Mutilation (2014)
• Statutory framework for the early years foundation stage (2014)

APPENDIX

Child welfare and protection summary

This form is placed at the front of a child's personal file and is completed by the DSL 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.

<table>
<tr><td>Child's name:</td><td>Date of Birth:</td><td>Address:</td><td>Name of setting:</td></tr>
<tr><td></td><td></td><td></td><td></td></tr>
<tr><td>Date of record:</td><td colspan="2">Summary of Concern and Impact on Child:</td><td>Agreed Actions:</td></tr>
<tr><td></td><td colspan="2" rowspan="5"></td><td rowspan="5"></td></tr>
<tr><td>Adult reporting:</td></tr>
<tr><td></td></tr>
<tr><td>Designated person:</td></tr>
<tr><td></td></tr>
<tr><td>Date of record:</td><td colspan="2">Summary of Concern and Impact on Child:</td><td>Agreed Actions:</td></tr>
<tr><td></td><td colspan="2" rowspan="3"></td><td rowspan="3"></td></tr>
<tr><td>Adult reporting:</td></tr>
<tr><td></td></tr>
</table>

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

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: _____

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 DSL and emailed immediately with 'New Case' email heading, as an encrypted document to the Head of the Prep School. 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 DSL's responsibility to carry out a thorough fact finding of the incident.

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:

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 the Head of Nursery
- 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 DSL as soon as possible. It is also helpful to document concerns, which can be done using this form and then passed to the DSL. If the concern is about the DSL, please speak to the Head of Prep School.

If the concern has been raised through the setting's whistleblowing process, the DSL 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: _____