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**Beaumont Community Preschool & Childcare Groups**

**Safeguarding children, young people and vulnerable adults and child protection policy**

At Beaumont Community Preschool & Childcare Groups the welfare of the children within our care is of paramount importance and we will aim to do everything we reasonably can to fulfil our ‘duty of care’ towards the children who attend our setting.

**Policy statement**

Beaumont Community Preschool & Childcare Groups will work with children, parents and the community to ensure the rights and safety of children, young people and vulnerable adults and to give them the very best start in life. Our safeguarding policy is based on the three key commitments of the Early Years Alliance Safeguarding Children Policy.

**Procedures**

We carry out the following procedures to ensure we meet the three key commitments of the Alliance Safeguarding Children Policy, which incorporates responding to child protection concerns

# *Key commitment 1*

We are committed to building a 'culture of safety' in which children, young people and vulnerable adults are protected from abuse and harm in all areas of its service delivery.

* Our designated persons who co-ordinates child, young person and vulnerable adult protection issues is:

**Katherine Vass & Nicole Breakwell**

* Our designated officer who oversees this work is:

**Nicole Breakwell**

* When the setting is open, but the designated persons are not on site, a suitably trained deputy or room leader is available at all times for staff to discuss safeguarding concerns.
* The designated person, the suitably trained room leader and the designated officer ensure they have relevant links with statutory and voluntary organisations with regards to safeguarding.
* The designated person (and the person who deputises for them) understands Local Safeguarding Partners (LSP’s) safeguarding procedures, attends relevant LSP’s training at least every two years and refreshes their knowledge of safeguarding at least annually.
* Beaumont Community Preschool & Childcare Groups ensure all staff are trained to understand our safeguarding policies and procedures and parents and volunteers/students are made aware of them to
* All staff understand that safeguarding is their responsibility.
* All staff have an up-to-date knowledge of safeguarding issues. are alert to potential indicators and signs of abuse and neglect and understand their professional duty to ensure safeguarding and child protection concerns are reported to the local authority children’s social care team or the NSPCC. They receive updates on safeguarding at least annually.
* All staff are confident to ask questions in relation to any safeguarding concerns and know not to just take things at face value but can be respectfully sceptical.
* All staff understand the principles of early help (as defined in *Working Together to Safeguard Children*, 2018) and are able to identify those children and families who may be in need of early help and enable them to access it.
* All staff understand the thresholds of significant harm and understand how to access services for families, including for those families who are below the threshold for significant harm, according to arrangements published by the LSP’s or safeguarding partners in areas where the safeguarding partners have replaced the LSP’S.
* All staff understand their responsibilities under the General Data Protection Regulation and the Data Protection Act 2018, and understand relevant safeguarding legislation, statutory requirements and local safeguarding partner requirements and ensure that any information they may share about parents and their children with other agencies is shared appropriately and lawfully.
* We will support families to receive appropriate early help by sharing information with other agencies in accordance with statutory requirements and legislation.
* We will share information lawfully with safeguarding partners and other agencies where there are safeguarding concerns.
* We will be transparent about how we lawfully process data.
* All staff understand how to escalate their concerns in the event that they feel either the local authority and/or their own organisation has not acted adequately to safeguard. and know how to follow local safeguarding procedures to resolve professional disputes between staff and organisations.
* All staff understand what the organisation expects of them in terms of their required behaviour and conduct, and follow our policies and procedures on positive behaviour, online safety (including use of cameras, smart watches and mobile phones), whistleblowing and dignity at work.
* Children have a key person to build a relationship with, and are supported to articulate any worries, concerns or complaints that they may have in an age appropriate way.
* All staff understand our policy on promoting positive behaviour and follow it in relation to children showing aggression towards other children.
* We provide adequate and appropriate staffing resources to meet the needs of children.
* Applicants for posts within the setting are clearly informed that the positions are exempt from the Rehabilitation of Offenders Act 1974.
* Enhanced criminal records and barred lists checks and other suitability checks are carried out for staff and volunteers prior to their post being confirmed, to ensure that no disqualified person or unsuitable person works at the setting or has access to the children.
* There are procedures in place to prevent known abusers from coming into the organisation as employees or volunteers at any level.
* Where applications are rejected based on information disclosed, applicants have the right to know and to challenge incorrect information.
* Enhanced criminal records and barred lists checks are carried out on anyone living or working on the premises.
* Volunteers must:
  + be aged 17 or over;
  + be considered competent and responsible;
  + receive a robust induction and regular supervisory meetings;
  + be familiar with all the settings policies and procedures;
  + be fully checked for suitability if they are to have unsupervised access to the children at any time.
* We record information about staff qualifications, and the identity checks and vetting processes that have been completed including:
* the disclosure and barring service reference number;
* certificate of good conduct or equivalent where a UK DBS check is not appropriate;
* the date the disclosure was obtained; and
* details of who obtained it.
* details of the disclosure and barring service update service number where applicable
* Staff must also declare their suitability to work with children by informing the setting of any health/medical issues including medication that may affect their ability to care for children, if practitioners are taking medication which may affect their ability to care for children, those practitioners should seek medical advice, and medical advice sought should confirm that the medication is unlikely to impair their ability to look after children properly.
* All staff and volunteers are informed that they are expected to disclose any convictions, cautions, court orders or reprimands and warnings which may affect their suitability to work with children (whether received before or during their employment with us).
* Staff receive regular supervision, which includes discussion of any safeguarding issues, and their performance and learning needs are reviewed regularly.
* In addition to induction and supervision, staff are provided with clear expectations in relation to their behaviour [outlined in the employee handbook].
* We notify the Disclosure and Barring Service of any person who is dismissed from our employment or resigns in circumstances that would otherwise have led to dismissal for reasons of a child protection concern.
* We have procedures for recording the details of visitors to the setting.
* We take security steps to ensure that we have control over who comes into the provision so that no unauthorised person has unsupervised access to the children.
* We take steps to ensure children are not photographed or filmed on video for any other purpose than to record their development or their participation in events organised by us. Parents sign a consent form and have access to records holding visual images of their child. Staff do not use personal cameras or filming equipment to record images.
* Personal mobile phones are not used where children are present.
* Any personal information is held securely and in line with data protection requirements and guidance from the ICO.
* The designated person in the setting has responsibility for ensuring that there is an adequate online safety policy in place.
* We keep a written record of all complaints and concerns including details of how they were responded to.
* We ensure that robust risk assessments are completed, that they are seen and signed by all relevant staff and that they are regularly reviewed and updated, in line with our health and safety policy.
* The designated officer will support the designated person to undertake their role adequately and offer advice, guidance, supervision and support.
* The designated person will inform the designated officer at the first opportunity of every significant safeguarding concern; however, this should not delay any referrals being made to children’s social care, or where appropriate, the LADO, Ofsted or RIDDOR.

# *Key commitment 2*

We are committed to responding promptly and appropriately to all incidents, allegations 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’re worried a child is being abused*' (HMG, 2015) and ‘*No Secrets’* *(updated by the Care Act 2014) and Working Together 2018.*

***Responding to suspicions of abuse***

* We acknowledge that abuse of children can take different forms - physical, emotional, and sexual, as well as neglect.
* The ‘designated person’ and the ‘designated officer’ ensure all staff are aware of the additional vulnerabilities that affect children that arise from inequalities of race, gender, disability, language, religion, sexual orientation or culture and that these receive full consideration in child, young person or adult protection related matters.
* 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.
* The ‘designated person’ and the ‘designated officer’ ensure that staff are aware and receive training in social factors affecting children’s vulnerability including
* social exclusion
* domestic violence and controlling or coercive behaviour
* mental Illness
* drug and alcohol abuse (substance misuse)
* parental learning disability
* radicalisation
* The ‘designated person’ and the ‘designated officer’ ensure that staff are aware and receive training in other ways that children may suffer significant harm and stay up to date with relevant contextual safeguarding matters:
* abuse of disabled children
* fabricated or induced illness
* child abuse linked to spirit possession
* sexually exploited children
* children who are trafficked and/or exploited
* female genital mutilation
* extra-familial abuse and threats
* children involved in violent offending, with gangs and county lines.
* When children are suffering from physical, sexual or emotional abuse, or may be experiencing neglect, this may be demonstrated through:
* significant changes in their behaviour;
* deterioration in their general well-being;
* their comments which may give cause for concern, or the things they say (direct or indirect disclosure);
* changes in their appearance, their behaviour, or their play;
* unexplained bruising, marks or signs of possible abuse or neglect; and
* any reason to suspect neglect or abuse outside the setting.
* There are procedures in place to ensure staff recognise children and families who may benefit from early help and can respond appropriately using local early help processes and Designated persons should ensure all staff understand how to identify and respond to families who may need early help.
* We understand that we should refer a child who meets the s17 Children Act 1989 child in need definition to local authority children’s social work services.
* There are procedures in place for reporting possible abuse of a vulnerable adult in the setting.
* We understand that we should refer any child who may be at risk of significant harm to local authority children’s social care team.
* We are aware of the ‘hidden harm’ agenda concerning parents with drug and alcohol problems and consider other factors affecting parental capacity and risk, such as social exclusion, domestic violence, radicalisation, mental or physical illness and parent’s learning disability.
* We are aware that children’s vulnerability is potentially increased when they are privately fostered and when we know that a child is being cared for under a private fostering arrangement, we inform our local authority children’s social care team.
* We are prepared to take action if we have concerns about the welfare of a child who fails to arrive at a session when expected. The designated person will take immediate action to contact the child’s parent to seek an explanation for the child’s absence and be assured that the child is safe and well. If no contact is made with the child’s parents and the designated person has reason to believe that the child is at risk of significant harm, the relevant professionals are contacted immediately and LSP’S procedures are followed. If the child has current involvement with social care the social worker is notified on the day of the unexplained absence.
* We are aware of other factors that affect children’s vulnerability that may affect, or may have affected, children and young people using our provision, such as abuse of children who have special educational needs and/or disabilities; fabricated or induced illness; child abuse linked to beliefs in spirit possession; sexual exploitation of children, including through internet abuse; Female Genital Mutilation and radicalisation or extremism.
* In relation to radicalisation and extremism, we follow the Prevent Duty guidance for England and Wales published by the Home Office and LSP’S procedures on responding to radicalisation.
* The designated person completes online Channel training, online Prevent training and WRAP training where available to ensure they are familiar with the local protocol and procedures for responding to concerns about radicalisation.

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

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

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

* The designated person is required to familiarise themselves with LSP procedures, as well as online guidance including:
* Channel Duty guidance: Protecting people vulnerable to being drawn into terrorism [www.gov.uk/government/publications/channel-and-prevent-multi-agency-panel-pmap-guidance](http://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](http://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](http://www.gov.uk/government/publications/protecting-children-from-radicalisation-the-prevent-duty)
* The designated person should follow LSP guidance in relation to how to respond to concerns regarding extremism and ensure that staff know how to identify and raise any concerns in relation to this with them.
* The designated person must know how to refer concerns about risks of extremism/radicalisation to their LSP safeguarding team or the Channel panel, as appropriate.
* The designated person should also ensure that they and all other staff working with children and young people understand how to recognise that someone may be at risk of violent extremism.
* The designated person also ensures that all staff complete relevant.
* The designated person should understand the perceived terrorism risks in relation to the area that they deliver services in.

**Parental consent for radicalisation referrals**

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

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

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

* We are aware of the mandatory duty that applies to teachers, including early years practitioners, and health workers to report cases of Female Genital Mutilation to the police. We are also aware that early years practitioners should follow local authority published safeguarding procedures to respond to FGM and other safeguarding issues, which involves contacting police if a crime of FGM has been or may be about to be committed.

**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. LSCB guidance must be followed in relation to FGM, and the designated person is informed regarding specific risks relating to the culture and ethnicity of children who may be attending their setting and shares this knowledge with staff.
* Symptoms of FGM in very young girls may include difficulty walking, sitting or standing; painful urination and/or urinary tract infection; urinary retention; evidence of surgery; changes to nappy changing or toileting routines; injury to adjacent tissues; spends longer than normal in the bathroom or toilet; unusual and /or changed behaviour after an absence from the setting (including increased anxiety around adults or unwillingness to talk about home experiences or family holidays); parents are reluctant to allow child to undergo normal medical examinations; if an older sibling has undergone the procedure a younger sibling may be at risk; discussion about plans for an extended family holiday

**Further guidance**

* NSPCC 24-hour FGM helpline: 0800 028 3550 or email [fgmhelp@nspcc.org.uk](mailto:fgmhelp@nspcc.org.uk)
* Government help and advice: [www.gov.uk/female-genital-mutilation](http://www.gov.uk/female-genital-mutilation)
* We also make ourselves aware that some children and young people are affected by gang activity, by complex, multiple or organised abuse, through forced marriage or honour-based violence or may be victims of child trafficking. While this may be less likely to affect young children in our care, we may become aware of any of these factors affecting older children and young people who we may come into contact with.
* If we become concerned that a child may be a victim of modern slavery or human trafficking we will refer to the National Referral Mechanism, as soon as possible and refer and/or seek advice to the local authority children’s social work service and/or police.
* We will be alert to the threats children may face from outside their families, such as that posed by organised crime groups such as county lines and child sexual exploitation, online use and from within peer groups and the wider community.

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

**Forced marriage/Honour based violence**

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

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

Risks in relation to forced marriage are high and it is important that 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](mailto:fmu@fco.gov.uk)
* Email for outreach work: [fmuoutreach@fco.gov.uk](mailto:fmuoutreach@fco.gov.uk)
* Where we believe that a child in our care or that is known to us may be affected by any of these factors we follow the procedures below for reporting child protection and child in need concerns and follow the local procedures as published by the local safeguarding partners.
* Where such indicators are apparent, the child's key person makes a dated record of the details of the concern and discusses what to do with the member of staff who is acting as the 'designated person'. The information is stored on the child's personal file.
* In the event that a staff member or volunteer is unhappy with the decision made of the designated person in relation to whether to make a safeguarding referral they must follow escalation procedures.
* We refer concerns about children’s welfare to the local authority children’s social care team and co-operate fully in any subsequent investigation. NB In some cases this may mean the police or another agency identified by the local safeguarding partners.
* We respond to any disclosures sensitively and appropriately and take care not to influence the outcome either through the way we speak to children or by asking questions of children (although we may check out/clarify the details of what we think they have told us with them).
* 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’.*
* We take account of the need to protect young people aged 16-19 as defined by the Children Act 1989. This may include students or school children on work placement, young employees or young parents. Where abuse or neglect is suspected we follow the procedure for reporting any other child protection concerns. The views of the young person will always be taken into account in an age appropriate way, but the setting may override the young person’s refusal to consent to share information if it feels that it is necessary to prevent a crime from being committed or intervene where one may have been, or to prevent harm to a child or adult. Sharing confidential information without consent is done only where not sharing it could be worse than the outcome of having shared it.
* All staff are also aware that adults can also be vulnerable and know how to refer adults who are in need of community care services.
* All staff know that they can contact the NSPCC whistleblowing helpline if they feel that or organisation and the local authority have not taken appropriate action to safeguard a child and this has not been addressed satisfactorily through organisational escalation and professional challenge procedures.
* We have a whistleblowing policy in place.
* Staff/volunteers know they can contact the organisation Public Concern at Work for advice relating to whistleblowing.

***Recording suspicions of abuse and disclosures***

* Where a child makes comments to a member of staff that gives cause for concern (disclosure), observes signs or signals that gives cause for concern, such as significant changes in behaviour; deterioration in general well-being; unexplained bruising, marks or signs of possible abuse or neglect, that member of staff:
* listens to the child, offers reassurance and gives assurance that she or he will take action;
* does not question the child; although it is OK to ask questions for the purposes of clarification.
* makes a written record that forms an objective record of the observation or disclosure that includes:
* the date and time of the observation or the disclosure;
* the exact words spoken by the child as far as possible;
* the name of the person to whom the concern was reported, with date and time; and
* the names of any other person present at the time.
* These records are signed and dated and kept in the child's personal file which is kept securely and confidentially.
* The bruising protocol is followed in regard to bruising in not independently mobile children.
* The Designated Person is informed of the issue at the earliest opportunity and always within one working day.
* Where the Local Safeguarding Children Board stipulates the process for recording and sharing concerns, we include those procedures alongside this procedure and follow the steps set down by the Local Safeguarding Partners.

***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 by completing an Existing Injury form, which is signed by the parent/carer.
* If marks or injuries are observed, these are recorded on a body diagram.
* 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.
* The member of staff advises the designated person as soon as possible if there are safeguarding concerns about the circumstance of the injury.
* If there are concerns about the circumstances or explanation given, by the parent/carer and/or child, the designated person decides the course of action to be taken.
* If the mark or injury is noticed later in the day and the parent is not present, this is raised with the designated person.
* If there are concerns about the nature of the injury, and it is unlikely to have occurred at the setting, the designated person decides the course of action required, taking into consideration any explanation given by the child.
* If there is a likelihood that the injury is recent and occurred at the setting, this is raised with the designated person.
* If there is no cause for further concern, a record is made in the Accident Record, with a note that the circumstances of the injury are not known.
* If the injury is unlikely to have occurred at the setting, this is raised with the designated person
* The parent/carer is advised at the earliest opportunity.
* If the parent believes that the injury was caused at the setting this is still recorded in the Accident Record and an accurate record made of the discussion is made.

***Making a referral to the local authority social care team***

* The designated person makes a professional judgement about referring to other agencies, including Social Care using the Local Safeguarding Partnership (LSP) threshold document:
* Level 1: Child’s needs are being met. Universal support.
* Level 2: Universal Plus. Additional professional support is needed to meet child’s needs.
* Level 3: Universal Partnership Plus. Targeted Early Help. Coordinated response needed to address multiple or complex problems.
* Level 4: Specialist/Statutory intervention required. Children in acute need, likely to be experiencing, or at risk of experiencing significant harm.
* We follow local procedures in making referrals to the local children’s social care team.
* When a referral is made we keep a copy of this document in the child’s personal file.

**Professional disagreement/escalation process**

* If an educator disagrees with a decision made by the designated person not to make a referral to social care they must initially discuss and try to resolve it with them.
* If the disagreement cannot be resolved with the designated person and the educator continues to feel a safeguarding referral is required then they discuss this with the designated officer.
* If issues cannot be resolved the whistle-blowing policy should be used, as set out below.
* Supervision sessions are also used to discuss concerns but this must not delay making safeguarding referrals.
* If we feel that a referral made has not been dealt with properly or that concerns are not being addressed or responded to, we will follow the LSP’S escalation process.
* We will ensure that staff are aware of how to escalate concerns.
* We will follow local procedures published by the safeguarding partners to resolve professional disputes.

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

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

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

The designated person makes a professional judgment regarding whether consent (from a parent) should be sought before making a child protection referral as described above. They record their decision about informing or not informing parents along with an explanation for this decision. Advice will be sought from the appropriate children’s social work team if there is any doubt. Advice can also be sought from the designated officer.

***Liaison with other agencies and multi-agency working***

* We work within the Local Safeguarding Partners guidelines.
* The current version of ‘What to do if you’re worried a child is being abused’ is available for parents and staff and all staff are familiar with what they need to do if they have concerns.
* We have procedures for contacting the local authority on child protection issues and concerns about children’s welfare, including maintaining a list of names, addresses and telephone numbers, to ensure that it is easy, in any emergency, for the setting and children’s social care to work well together.
* We notify Ofsted of any incident or accident and any changes in our arrangements which may affect the well-being of children or where an allegation of abuse is made against a member of staff (whether the allegations relate to harm or abuse committed on our premises or elsewhere). Notifications to Ofsted are made as soon as is reasonably practicable, but at the latest within 14 days of the allegations being made.

**Ofsted 0300 123 1231**

* Contact details for the local National Society for the Prevention of Cruelty to Children (NSPCC) are also kept.

**NSPCC- Child Protection Line 0808 800 5000**

* We contact our local authority children’s services department:

|  |  |
| --- | --- |
| **0300 555 1384** |  |

Out of hour’s duty officer (Emergency Contact):

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| --- |
| **0300 555 1373** |

**Low level concerns and allegations of serious harm or abuse against staff, volunteers, person’s in a position of trust**

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

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

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

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

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

*Examples of such behaviour could include:*

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

**Responding to low-level concerns**

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

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

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

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

**Identifying**

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

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

**Informing**

* All staff report allegations to the designated person.
* The designated person alerts the designated officer. If the designated officer is unavailable the designated person contacts their equivalent until they get a response- which should be within 3-4 hours of the event. Together they should form a view about what immediate actions are taken to ensure the safety of the children and staff in the setting, and what is acceptable in terms of fact-finding.
* It is essential that no investigation occurs until and unless the LADO has expressly given consent for this to occur, however, the person responding to the allegation does need to have an understanding of what explicitly is being alleged.
* The designated person must take steps to ensure the immediate safety of children, parents, and staff on that day within the setting.
* The Local Authority Designated Officer (LADO) is contacted as soon as possible and within one working day. If the LADO is on leave or cannot be contacted the LADO team manager is contacted and/or advice sought from the point of entry safeguarding team/mash/point of contact, according to local arrangements.
* A child protection referral is made by the designated person if required. The LADO, line managers and local safeguarding children’s services can advise on whether a child protection referral is required.
* The designated person asks for clarification from the LADO on the following areas:
* what actions the designated person must take next and when and how the parents of the child are informed of the allegation
* whether or not the LADO thinks a criminal offence may have occurred and whether the police should be informed and if so who will inform them
* whether the LADO is happy for the setting to pursue an internal investigation without input from the LADO, or how the LADO wants to proceed
* whether the LADO thinks the person concerned should be suspended, and whether they have any other suggestions about the actions the designated person has taken to ensure the safety of the children and staff attending the setting
* The designated person records details of discussions and liaison with the LADO including dates, type of contact, advice given, actions agreed and updates on the child’s case file.
* Parents are not normally informed until discussion with the LADO has taken place, however in some circumstances the designated person may need to advise parents of an incident involving their child straight away, for example if the child has been injured and requires medical treatment.
* Staff do not investigate the matter unless the LADO has specifically advised them to investigate internally. Guidance should also be sought from the LADO regarding whether or not suspension should be considered. The person dealing with the allegation must take steps to ensure that the immediate safety of children, parents and staff is assured. It may be that in the short-term measures other than suspension, such as requiring a staff member to be office based for a day, or ensuring they do not work unsupervised, can be employed until contact is made with the LADO and advice given.
* If after discussion with the designated person, the LADO decides that the allegation is not obviously false, and there is cause to suspect that the child/ren is suffering or likely to suffer significant harm, then the LADO will normally refer the allegation to children’s social care.
* If notification to Ofsted is required the designated person will inform Ofsted as soon as possible, but no later than 14 days after the event has occurred. The designated person will liaise with the designated officer about notifying Ofsted.
* Avenues such as performance management or coaching and supervision of staff will also be used instead of disciplinary procedures where these are appropriate and proportionate. If an allegation is ultimately upheld the LADO may also offer a view about what would be a proportionate response in relation to the accused person.
* The designated person must consider revising or writing a new risk assessment where appropriate, for example if the incident related to an instance where a member of staff has physically intervened to ensure a child’s safety, or if an incident relates to a difficulty with the environment such as where parents and staff are coming and going and doors are left open.
* All allegations are investigated even if the person involved resigns or ceases to be a volunteer.

**Allegations against agency staff**

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

**Allegations against the designated person**

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

**Recording**

* A record is made of an allegation/concern, along with supporting information**.** This is then entered on the file of the child.
* If the allegation refers to more than one child, this is recorded in each child’s file
* If relevant, a child protection referral is made, with details held on the child’s file.

**Disclosure and Barring Service**

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

**Escalating concerns**

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

# *Key commitment 3*

The setting is committed to promoting awareness of child abuse issues throughout its training and learning programmes for adults. It is also committed to empowering young children, through its early childhood curriculum, promoting their right to be strong, resilient and listened to.

***Training***

* We seek out training opportunities for all adults involved in the setting to ensure that they are able to recognise the signs and signals of possible physical abuse, emotional abuse, sexual abuse (including child sexual exploitation) and neglect and that they are aware of the local authority guidelines for making referrals. Training opportunities should also cover extra familial threats such as online risks, radicalisation and grooming, and how to identify and respond to families who may be in need of early help, and organisational safeguarding procedures.
* Designated persons receive appropriate training, as recommended by the Local Safeguarding Partners, every two years and refresh their knowledge and skills at least annually.
* We ensure that all staff know the procedures for reporting and recording their concerns in the setting or about the provision.
* We ensure that all staff receive updates on safeguarding via emails, newsletters, online training and/or discussion at staff meetings at least once a year.

***Planning***

* The layout of the rooms allows for constant supervision. No child is left alone with staff or volunteers in a one-to-one situation without being within sight and/or hearing of other staff or volunteers.

***Curriculum***

* We introduce key elements of keeping children safe into our programme to promote the personal, social and emotional development of all children, so that they may grow to be *strong, resilient and listened to* and that they develop an understanding of why and how to keep safe.
* We create within the setting a culture of value and respect for the individual, having positive regard for children's heritage arising from their colour, ethnicity, languages spoken at home, cultural and social background.
* We ensure that this is carried out in a way that is developmentally appropriate for the children.
* 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.

***Confidentiality***

* All suspicions and investigations are kept confidential and shared only with those who need to know. Any information is shared under the guidance of the Local Safeguarding Children Board/Local Safeguarding Partners and in line with the GDPR, Data Protection Act 2018, and Working Together 2018.

***Support to families***

* We believe in building trusting and supportive relationships with families, staff and volunteers.
* We make clear to parents our role and responsibilities in relation to child protection, such as for the reporting of concerns, information sharing, monitoring of the child, and liaising at all times with the local children’s social care team.
* We will continue to welcome the child and the family whilst investigations are being made in relation to any alleged abuse.
* We follow the Child in Need or Child Protection Plan as set by the child’s social care worker in relation to the setting's designated role and tasks in supporting that child and their family, subsequent to any investigation.
* We will engage with any child in need plan or early help plan as agreed.
* Confidential records kept on a child are shared with the child's parents or those who have parental responsibility for the child in accordance with the Confidentiality and Client Access to Records procedure and only if appropriate under the guidance of the Local Safeguarding Partners.

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| This policy was adopted at a meeting of | **Beaumont Community Preschool & Childcare Groups** |  |
| Held on |  | (date) |
| Date to be reviewed |  | (date) |
| Signed on behalf of the management committee |  | |
| Name of signatory |  | |
| Role of signatory (e.g. chair/owner) |  | |