



## **Safeguarding Children, Young People and Vulnerable Adults Procedures**

January 2024

### **Designated Safeguarding Lead:**

**Name: Ebony Ngwa-Akuro**

### **Designated Safeguarding Lead:**

**Name: Emily Jones**

## **06.01 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 designated person or a named back-up designated person.
- The manager and deputy are the designated safeguarding lead and back-up designated safeguarding lead, responsible for co-ordinating action taken by the setting to safeguard vulnerable children and adults.
- All concerns about the welfare of children in the setting should be reported to the designated safeguarding lead or the back-up designated safeguarding lead.
- The designated safeguarding lead 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 designated safeguarding lead at any time.
- The line manager of the designated safeguarding lead is the designated officer.
- The designated safeguarding lead informs the designated person about serious concerns as soon as they arise and agree the action to be taken, seeking further clarification if there are any doubts that the issue is safeguarding.

- If it is not possible to contact the designated officer, action to safeguard the child is taken first and the designated officer is informed later. If the designated officer is unavailable advice is sought from their line manager or equivalent.
- Issues which may require notifying to Ofsted are notified to the designated officer to make a decision regarding notification. The designated safeguarding lead must remain up to date with Ofsted reporting and notification requirements.
- If there is an incident, which may require reporting to RIDDOR the designated officer immediately seeks guidance from the owners/directors/trustees. There continues to be a requirement that the designated officer follows legislative requirements in relation to reporting to RIDDOR. This is fully addressed in section 01 Health and Safety procedures.
- All settings follow procedures of their Local Safeguarding Partners (LSP) for safeguarding and any specific safeguarding procedures such as responding to radicalisation/extremism concerns. Procedures are followed for managing allegations against staff, as well as for responding to concerns and complaints raised about quality or practice issues, whistle-blowing and escalation.

### **Responding to marks or injuries observed**

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

- If the parent believes that the injury was caused at the setting this is still recorded in the Accident Record and an accurate record made of the discussion is made on the child's personal file.

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

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

### **Responding to a disclosure by a child**

- When responding to a disclosure from a child, the aim is to get just enough information to take appropriate action.
- The 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 designated safeguarding lead. They do not further question or attempt to interview a child.
- If a child shows visible signs of abuse such as bruising or injury to any part of the body and it is age appropriate to do so, the key person will ask the child how it happened.
- When recording a child's disclosure on 06.1b Safeguarding incident reporting form, their exact words are used as well as the exact words with which the member of staff responded.
- If marks or injuries are observed, these are recorded on a body diagram.

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

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

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

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

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

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

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

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

- there is a possibility that a child may be put at risk of harm by discussion with a parent/carer, or if a serious offence may have been committed, as it is important that any potential police investigation is not jeopardised
- there are potential concerns about sexual abuse, fabricated illness, FGM or forced marriage
- contacting the parent puts another person at risk; situations where one parent may be at risk of harm, e.g. 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 safeguarding lead makes a professional judgment regarding whether consent (from a parent) should be sought before making a child protection referral as described above. They record their decision about informing or not informing parents along with an explanation for this decision. Advice will be sought from the appropriate children's social work team if there is any doubt. Advice can also be sought from the designated officer.

## **Referring**

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

## **Further recording**

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

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

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

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

### **Professional disagreement/escalation process**

- If an educator disagrees with a decision made by the designated safeguarding lead 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.

### **Whistleblowing**

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

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

There are 3 stages to raising concerns as follows:

1. If staff wish to raise or discuss any issues which might fall into the above categories, they should normally raise this issue with their manager/designated safeguarding lead.
2. Staff who are unable to raise the issue with their manager/designated safeguarding lead should raise the issue with their line manager's manager/Designated Officer.
3. If staff are still concerned after the investigation, or the matter is so serious that they cannot discuss it with a line manager, they should raise the matter with [insert name and contact details of most senior person].

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

- their own or another employer will cover up the concern

- they will be treated unfairly by their own employer for complaining
- if they have already told their own employer and they have not responded

### **Female genital mutilation (FGM)**

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 safeguarding leads 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. LSP 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)

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

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

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

- The designated safeguarding lead is required to familiarise themselves with LSP procedures, as well as online guidance including:



- Channel Duty guidance: Protecting people vulnerable to being drawn into terrorism  
[www.gov.uk/government/publications/channel-and-prevent-multi-agency-panel-pmap-guidance](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 safeguarding lead 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 safeguarding lead must know how to refer concerns about risks of extremism/ radicalisation to their LSP safeguarding team or the Channel panel, as appropriate.
- The designated safeguarding lead should also ensure that they and all other staff working with children and young people understand how to recognise that someone may be at risk of violent extremism.
- The designated safeguarding lead also ensures that all staff complete *The Prevent Duty in an Early Years Environment* and *Understanding Children's Rights and Equality and Inclusion in Early Years Settings* online EduCare courses.
- If available in the area, the designated person should complete WRAP (or equivalent) training and support staff to access the training as offered by local authorities. WRAP training covers local arrangements for dealing with concerns that a child may be at risk of extremism and/or radicalisation.
- The designated safeguarding lead should understand the perceived terrorism risks in relation to the area that they deliver services in.

### **Parental consent for radicalisation referrals**

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



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

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

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

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

### **Forced marriage/Honour based violence**

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

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

Risks in relation to forced marriage are high and it is important that 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 like, names, addresses, passport numbers, national insurance numbers, details of travel arrangements, dates and location of any proposed wedding, names and dates of birth of prospective spouses, details of where and with whom they may be staying etc. Forced marriage can be linked to honour-based violence, which includes assault, imprisonment and murder. Honour based violence can be used to punish an individual for undermining what the family or community believes to be the correct code of behaviour.

In an emergency police should be contacted on 999.

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

- Telephone: +44 (0) 20 7008 0151
- Email: [fmufco.gov.uk](mailto:fmufco.gov.uk)

- Email for outreach work: [fmuoutreach@fco.gov.uk](mailto:fmuoutreach@fco.gov.uk)

**Further guidance**

[Accident Record](#) (Alliance Publication)

Multi-agency practice guidelines: Handling cases of Forced Marriage (HMG 2014) [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/322307/HMG\\_MULTI\\_AGENCY\\_PRACTICE\\_GUIDELINES\\_v1\\_180614\\_FINAL.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/322307/HMG_MULTI_AGENCY_PRACTICE_GUIDELINES_v1_180614_FINAL.pdf)

[Creating a culture of safeguarding](#) (Alliance Publication)

## 06.03 Visitor or intruder on the premises

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

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

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

### **Intruder**

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

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

### **Further guidance**

[Visitors Signing In Record](#) (Alliance Publication)

## **06.05 Missing child**

### **In the building**

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

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

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

### **Recording and reporting**

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

### **The investigation**

- Ofsted are informed as soon as possible (and at least within 14 days).
- The designated officer carries out a full investigation.
- The designated safeguarding lead and the designated officer speak with the parents together and explain the process of the investigation.
- Each member of staff present during the incident writes a full report using 06.1b Safeguarding incident reporting form, which is filed in the child's file. Staff do not discuss any missing child incident with the press.

## **06.06 Incapacitated parent/carers**

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

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

### **Informing**

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

### **Recording**

- The designated safeguarding lead completes 06.1b Safeguarding incident reporting form and if social care were contacted 06.1c Confidential safeguarding incident report form is completed the designated officer. If police were contacted 06.1c Confidential safeguarding incident report form should also be copied to the owners/directors/trustees.
- Further updates/notes/conversations/ telephone calls are recorded.

## **06.07 Death of a child on-site**

### **Identifying**

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

### **Informing**

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

### **Responding**

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

### **Further guidance**

[Supporting Children's Experiences of Loss and Separation](#) (Alliance Publication)

## 06.08 Looked after children

### Identification.

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

### Services provided to Looked After Children

#### *Under two-year-olds*

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

#### *Two-year-olds*

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

#### *Three- and four-year-olds*

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

### Additional Support

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



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

### **Online Safety**

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

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

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

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

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

### **I.C.T Equipment**

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

### **Internet access**

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

- Staff report any suspicious or offensive material, including material which may incite racism, bullying or discrimination to the Internet Watch Foundation at [www.iwf.org.uk](http://www.iwf.org.uk).

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

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

- Personal mobile phones and internet enabled devices are not used by staff during working hours. This does not include breaks where personal mobiles may be used off the premises or in a safe place e.g, staff room. The setting manager completes a risk assessment for where they can be used safely.
- Personal mobile phones are switched off and stored in lockers or a locked office drawer.
- In an emergency, personal mobile phones may be used in the privacy of the office with permission.
- Staff ensure that contact details of the setting are known to family and people who may need to contact them in an emergency.
- Staff do not take their mobile phones on outings.
- Members of staff do not use personal equipment to take photographs of children.
- Parents and visitors do not use their mobile phones on the premises. There is an exception if a visitor's company/organisation operates a policy that requires contact with their office periodically throughout the day. Visitors are advised of a private space where they can use their mobile.

### **Cameras and videos**

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

### **Cyber Bullying**

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

[www.nspcc.org.uk](http://www.nspcc.org.uk) or ChildLine Tel: 0800 1111 [www.childline.org.uk](http://www.childline.org.uk)

## **Use of social media**

Staff are expected to:

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

## **Use/distribution of inappropriate images**

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

## 6.10 Key person supervision

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

### Structure

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

### Content

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

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

### Recording

- Key person supervision discussions are recorded and is retained by the supervisor and a copy provided to the key person.
- The key person and supervisor must sign and date the minutes of supervision within 4-6 weeks of it happening and disagreements over recorded content must be minuted.
- Each member of staff has a supervision file that is stored securely at all times.
- Concerns raised during supervision about an individual child's welfare may result in safeguarding concerns not previously recognised as such, these are recorded on 06.01b Safeguarding incident reporting form and placed on the child's file. The reasons why the concerns have not previously been considered are explored.

- Additional safeguarding or welfare decisions made in relation to a child during supervision are recorded on the individual case file. The supervisor (if not the designated person) should ensure the recording is made and the designated person is notified.

### **Checking continuing suitability**

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

### **Exceptional Circumstances**

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

### **Further guidance**

[Recruiting Early Years Staff](#) (Alliance Publication)

[People Management in the Early Years](#) (Alliance Publication)