Harvey Bears Nursery and Preschool

Safeguarding and Child Protection Policy and Procedures

Date of last review	
Signature of registered provider	

Contacts

Designated safeguarding lead	Sue Jones
Deputy designated safeguarding lead	
Registered provider	Harvey Bears Nursery and Preschool
Setting manager	Sue Jones
Family Front Door (Children's Social Care in Worcestershire)	**01905 822666** Weekdays 9.00 to 5.00pm (4.30 Fridays) **01905 768020** (evenings and weekends)
Police	Call **999** in an emergency, e.g. when a crime is in progress, when there is danger to life or when violence is being used or threatened. For less urgent issues call local police on **101**.
Ofsted	**0300 123 1231**
Worcestershire County Council Early Years Team	**01905 844048** eycc@worcestershire.gov.uk
Local Authority Designated Officer (LADO)	**01905 846221** (or via the FFD make an online referral to LADO)

Related policies	
• Safeguarding Policy and Procedure including child protection. • Complaints Procedure for Parents and Service Users • Prevent and Radicalisation Policy • Operation Encompass • Looked After Children • Low Level Concerns Policy • Terrorist Threat and Lock-down • Uncollected Child Policy • Missing Child Policy • Online Safety Policy • Children's Toileting and Changing Policy • Nappy Changing Policy • GDPR Policy • Famly Policy • Working in partnership with parents and other agencies • Administering medicines • First Aid • Individual Health Plan • Food and Drink • Managing children who are sick or with allergies • Oral Health Policy • Safer sleeping Policy	• Staff deployment and Training • Capability Policy • Lone workers • Staff code of Conduct • Student placements • Induction of staff and volunteers • Babysitting Policy • Staff liability form • Parents liability form • Staffing • How to employ • Staff personal safety • Outdoors, including the garden • Short trips, outings and excursions • Risk assessments • Fire safety and Emergency Evacuation Procedure • Health and Safety Policy • Maintaining children's safety and security on the premises • Promoting Positive Behaviour • Parental Involvement • British Values • The role of the Keyworker • Recording and reporting of accidents and incidents

Introduction

The actions we take as professionals and as a society, to promote the welfare of children and protect them from harm, are referred to as 'safeguarding'.

Safeguarding and promoting the welfare of children is defined as:

- providing help and support to meet the needs of children as soon as problems emerge
- protecting children from maltreatment, whether that is within or outside the home, including online
- preventing the impairment of children's mental and physical health or development
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- taking action to enable all children to have the best outcomes.

(Keeping Children Safe in Education 2025)

Child Protection is part of safeguarding and promoting welfare. It refers to activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

This policy has been developed in line with the following legislation and guidance:
The Children Act 1989 (opens in new window)
The Education Act 2002 (opens in new window)
The Sexual Offences Act 2003 (opens in new window)
The FGM Act 2003 (opens in new window)
The Children Act 2004 (opens in new window)
The Childcare Act (2006) (opens in new window)
Safeguarding Vulnerable Groups Act (2006) (opens in new window)
The Childcare (Disqualification) Regulations (2009) (opens in new window)
The Prevent duty 2023
Children and Social Work Act (2017) (opens in new window)
Early years foundation stage (EYFS) statutory framework - GOV.UK
Early years inspection handbook - GOV.UK (opens in new window))
Keeping children safe in education 2025 (opens in new window)
Safeguarding children and protecting professionals in early years settings: online safety guidance for practitioners (opens in new window)
Neglect toolkit 2024
Content and publishing guidance for government (opens in new window)
Working Together To Safeguard Children 2026
What to Do If You're Worried a Child is being Abused 2015

Roles and Responsibilities

Safeguarding is everyone's responsibility and therefore all adults working in the setting will:

- Take all necessary steps to keep children safe and well
- Promote good health
- Manage behaviour
- Be alert to any issues of concern in the child's life (at home or elsewhere)
- Meet the requirements of the Statutory Framework for the Early Years Foundation Stage (EYFS 2026)
- Follow the policies and procedures of the setting and notify the relevant person or agency without delay if concerns arise
- Keep appropriate records
- Promote online safety in both setting and children's homes.

In addition, the registered provider ensures that they:

- Have a designated safeguarding lead (DSL) and Deputy DSL in place and give them the time, training and resources to fulfil this role to a high standard.
- Have regard to the government's statutory guidance 'Working Together to Safeguard Children 2024' and to the 'Prevent duty guidance for England and Wales 2023.
- Implement the requirements of the Early Years Foundation Stage (EYFS) 2025.
- Create a culture of vigilance where children's welfare is promoted and where appropriate and timely action is taken when necessary to safeguard children.
- Ensure safer recruitment processes are in place and followed in order to create a safe environment for all children (EYFS 2025).
- Ensure all practitioners are supported and confident to implement the settings Safeguarding policy consistently and effectively. Safeguarding training undertaken is in line with the criteria set out in Annex C (EYFS).
- Implement and maintain policies and procedures which support the safeguarding of children as required by the EYFS 2025.

In relation to children's safety and well-being we will:

- Make specific arrangements for children's safety and wellbeing, including the requirements for first aid, policies and procedures for responding to children who are ill or infectious and those for administering medicines.
- Work with parents to deliver the recommendations from the early years Food and nutrition guidance Early Years Foundation Stage nutrition guidance.
- Develop and deliver a food and nutrition policy which supports safer eating processes.
- Keep a written record of accidents or injuries and first aid treatment and inform parents and/or carers of any accident or injury sustained by the child in a timely manner.
- Have premises that are fit for purpose, are compliant with health and safety legislation and complete appropriate risk assessment.
- Have an evacuation procedure and suitable fire detection and control equipment.
- Have in place plans for emergencies such as lock-down procedures and take all reasonable steps to prevent unauthorised persons entering the premises.
- Implement a robust key person system and deploy staff to meet the needs of all children to ensure their safety.
- Only release children into the care of individuals who have been notified to the provider by the parent and ensure that children do not leave the premises unsupervised.
- Implement an Absence policy, keep and monitor attendance records, and follow up on absences in a timely manner.
- Record the required information about each child, to include name, date of birth, name and address of every parent and/or carer who is known to the provider, information about any other person who has parental responsibility for the child, which parent(s) and/or carer(s) the child normally lives with and emergency contact details for parents and/or carers. Where possible, we will hold more than two emergency contact numbers for each child.
- Ensure any online devices in the setting are suitable and monitored to protect children and professionals, and have regard for the following guidance Safeguarding children and protecting professionals in early years settings: online safety considerations - GOV.UK
- Ensure children's privacy is considered and balanced with safeguarding and support needs when changing nappies and toileting.
- Follow safer sleeping practices and ensure staff have reviewed NHS safer sleeping guidelines.
- Record the required information about the registered provider and adults in regular contact with children in line with the EYFS Statutory requirements.
- Have a complaints procedure and records.
- Notify local child protection agencies and Ofsted of any serious accident, illness or injury to, or death of, any child while in their care, and of the action taken.
- Ensure the Committee notify Ofsted of any changes e.g. a new manager, the address of the premises, the name or address of the provider, any proposal to change the hours during which childcare is provided, or any other significant event Childcare: significant events to notify Ofsted about - GOV.UK

The Designated Safeguarding Lead (DSL) ensures that they:

- Take lead responsibility for safeguarding children in their setting and attend relevant training to fulfil the role of DSL
- Liaise with local statutory children's services agencies
- Provide support, advice and guidance to other staff, on any specific safeguarding issues as required
- Share child protection information with the DSL of any receiving setting or school when children leave the setting.

The role is explicit in the DSL's job description, and they are given sufficient time, resources and funding to fulfil their role. They attend a training course which enables them to identify, understand and respond appropriately to signs of possible abuse and neglect and renew this bi-annually.

The provider nominates a deputy DSL in order to ensure availability at all times during the hours of operation, but the DSL retains overall responsibility.

The registered provider also appoints a member of the Committee to take the lead role on safeguarding/child protection to support the DSL. This person also attends training to DSL level.

Use of Technology

We use an electronic assessment system, Famly. Staff complete records while on site using the devices provided by the setting. Staff are not permitted to use their own devices in the setting, except in the staff kitchen and break room where there are no children present]. This includes all devices with cameras.

Safeguarding as part of the curriculum

We support children's personal, social and emotional development, and as part of this we teach children how to keep themselves and others safe. For example, we teach children independence, self-care and confidence, and we ensure that children understand personal boundaries and acceptable behaviour towards others and themselves. More specifically we support children in understanding healthy and positive relationships and issues of privacy and respect. British Values threads through our curriculum with a focus on democracy, rule of law, individual liberty and mutual respect and tolerance.

Recognising Abuse and Neglect

We recognise that there are many factors which contribute to a child's well-being, and their development, including the parenting capacity of carers and the family home environment, and we are in a unique position to observe any changes in a child's behaviour or appearance which might suggest that they are in need of support or at risk of harm.
We understand that abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm which in itself harms a child. Children may be abused in a family or in an institutional or community setting, by those known to them or more rarely by a stranger, for example via the internet. They may be abused by an adult or adults, or another child or children. When the abuser is a child, it is important to remember that they may also be at risk and these concerns should be raised with the appropriate agencies too.

Physical abuse

Physical abuse is defined as deliberately hurting a child causing physical harm and may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing any method of non-accidental injury to a child. Physical harm may also be caused when someone fabricates the symptoms of or can be where someone deliberately induces illness in a child.

Emotional abuse

Emotional abuse is any type of abuse that involves the continual emotional mistreatment of a child. It's sometimes called psychological abuse. Emotional abuse can involve deliberately trying to scare, humiliate, isolate or ignore a child. It can include scapegoating, pushing a child too hard and not recognizing their limitations, exposing a child to upsetting events or situations. Failing to promote a child's social development, being absent, and/or not showing any emotions in interactions with a child can also constitute emotional abuse.

Emotional abuse is often a part of other kinds of abuse, which means it can be difficult to spot the signs or tell the difference, though it can also happen on its own.

Sexual abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities. Activities may involve contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. It may also include non-contact, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including online).

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- Protect a child from physical and emotional harm or danger
- Ensure adequate supervision (including the use of inadequate caregivers), or
- Ensure access to appropriate medical care or treatment
- Neglect may also include unresponsiveness to a child's basic emotional needs.

Domestic Abuse

Domestic abuse/violence refers to any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. Domestic abuse can encompass, but is not limited to, the following types of abuse: **• psychological • physical • sexual • financial • emotional**.
We recognise exposure to domestic abuse as child abuse as this can have a serious, long-lasting effect on children and young people. We are aware of support systems to support families experiencing domestic violence:
Operation Encompass: A notification service between the police and early years settings to inform of any domestic abuse incidents in the home.
MARAC (multi agency risk assessment conference): Information relating to children who are victims of domestic abuse will be shared with representatives from the local authority (WCC early years team) who will share the voice of the child at MARAC, this information is confidential and supports keeping children safe.

Being Alert

We are alert to possible signs of possible abuse and neglect, for example:

- Bruising on parts of the body which do not usually get bruised accidentally, e.g. around the eyes, behind the ears, back of the legs, stomach, chest, cheek and mouth (especially in a young baby), etc
- Any bruising or injury to a very young, immobile baby
- Burns, scald or bite marks
- Any injuries or swellings, which do not have a plausible explanation
- Bruising or soreness to the genital area
- Faltering growth, weight loss and slow development
- Unusual lethargy
- Any sudden uncharacteristic change in behaviour, e.g. child becomes either very aggressive or withdrawn
- A child whose play and language indicates a sexual knowledge beyond his/her years

- A child who flinches away from sudden movement
- A child who gives over rehearsed answers to explain how his/her injuries were caused
- An accumulation of a number of minor injuries and/or concerns
- A child whose attendance is erratic, or suddenly ceases, without any contact from the family
- A parent's behaviour or presentation, e.g. evidence of possible alcohol or drug misuse, mental health difficulties, or domestic violence
- Arrangements for the collection of the child give rise to concern
- Hunger/thirst at the start of the day
- Lack of attention to child's basic hygiene needs
- A child who discloses something which may indicate he/she is being abused.

We recognise this list is by no means exhaustive and a 'cluster' of these signs (which may occur simultaneously or overtime) would increase our concern. We also remain alert and will respond appropriately to contextualised safeguarding, responding to children's experiences of significant harm beyond their family and home.

Children and the court system

Children are sometimes required to give evidence in criminal courts, either for crimes committed against them or for crimes they have witnessed.

Children missing from education

Children below statutory school age are not required to attend a setting regularly if at all, but once registered most do attend regularly and most parents will let the setting know if they are not going to be present. Therefore, we give consideration to children not attending and seek to assure ourselves that the child's absence is not a cause for concern as per our Absence policy.

Children with family members in prison

These children are at risk of poor outcomes including poverty, stigma, isolation and poor mental health.

Child Exploitation

Child exploitation occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18. This may be child sexual exploitation, which does not always involve physical contact, it can also occur through the use of technology and can still be abuse even if the sexual activity appears consensual. It could also be child criminal exploitation, e.g. 'county lines', which is a geographically widespread form of harm involving drug networks or gangs, who groom and exploit children and young people to carry drugs and money from urban areas to suburban and rural areas, market and seaside towns. Exploitation may also involve modern slavery and trafficking, which is not always from country to country, sometimes children are trafficked within the local area.

Homelessness

Being homeless or being at risk of becoming homeless presents a real risk to a child's welfare. Indicators that a family may be at risk of homelessness include household debt, rent arrears, domestic abuse and anti-social behaviour.

Honour-based Abuse

Encompasses incidents or crimes which have been committed to protect or defend the honour of the family and/or the community, including domestic abuse, threats to kill, female genital mutilation (FGM), forced marriage, and practices such as breast ironing. All forms of HBV are abuse (regardless of the motivation) and will be handled and escalated as such.

Faith Abuse

Children can be at risk of abuse linked to faith or belief, and could be caused by, a belief in witchcraft, spirit or demonic possession, ritual or satanic abuse features; or when practices linked to faith or belief are harmful to a child.

Online Safety

Children are often more adept at using technology than the adults around them, but do not necessarily understand the risks posed by those who they 'meet' online. In many cases parents are not fully aware of the risks and we therefore endeavour to inform and empower parents and carers.

Child on Child Abuse (also known as peer-on-peer abuse)

Children can abuse other children. Abuse and can take many forms, this can include (but is not limited to) bullying (including cyberbullying); sexual violence and sexual harassment; physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm; sexting and initiating/hazing type violence and rituals. In such circumstances we would consider the potential needs of the perpetrator as well as the victim.

Poor Mental Health

Poor parental mental health can be a significant risk factor for children, and we would consider this in our assessment of children's needs. We also acknowledge that children's own mental health is an important factor in their health and development in both the short and long term, and we therefore work to promote good mental health and consider signs and indicators of poor mental health in children, as part of our safeguarding responsibilities.

Preventing Radicalisation

Children are vulnerable to extremist ideology and radicalisation. Similar to protecting children from other forms of harms and abuse, protecting children from this risk is a part of a setting's safeguarding approach. As with other safeguarding risks, staff are alert to changes in children's behaviour which could indicate that they may be in need of help or protection. All staff complete training on Prevent and are aware of the risks in the local community.

Sexual Violence and Sexual Harassment between Children

Sexual violence and sexual harassment can occur between two children of any age and sex. It can also occur through a group of children sexually assaulting or sexually harassing a single child or group of children. It can occur online and offline (both physical and verbal) and are never acceptable.

Special Education Needs and Disabilities

Children with SEND are far more likely to be abused or neglected, possibly because of the challenges faced by parents and carers, or because they are particularly vulnerable if they have delayed cognitive and language development, and possibly because signs and symptoms of abuse and neglect can sometimes be attributed to their condition.

We acknowledge and understand that unwanted behaviour in particular can be an indicator of trauma as a result of abuse and neglect and would therefore consider all needs holistically in order to determine the right kind out support for the child and family.

Procedures for Responding to Concerns

Any adult working in the setting who is concerned about a child or who identifies that a child or family may need extra help and support, will discuss this with the DSL. They may also want to have a discussion with their SENCo and/or a colleague from another agency to get a better understanding of the child and their family, and this will be with the family's consent.
As a team we recognise the importance of context, i.e. the family and wider environment in which the child lives. Our effective keyperson system allows us to know our families well and understand the challenges they may face.

Emerging Concerns

We may find that general concern begins to build up around a child's behaviour, demeanour or presentation. Concerns may include what is seen or heard and may include the way family members relate to the child and/or the setting. Such concerns may not seem to be very significant on their own, but together may indicate a need for family support that should not be ignored. Therefore, concerns are always recorded factually and accurately along with any decisions or action taken in order to support the decision-making process. We will record any incidents or concerns on an child's individual chronological document, to identify any patterns and keep the information together.

Responding to Disclosure

A disclosure occurs when a child or young person indicates directly, or through play or drawings for example, that he or she has been or is being abused in some way. Occasionally a disclosure may be very clear and contain specific details about whom, or what was involved, or where and when apparent abuse took place. More commonly disclosure emerges as part of routine activity or conversation.

If a child makes a disclosure we will:

- Contain our reaction as far as possible – try not to express shock or disbelief
- Listen to the child, accept what they say and communicate to them that we accept it
- Not make any promises to the child about not passing on the information – the child needs to know that someone who will be able to help them will be spoken to
- Record the information as accurately and quickly as possible, including the timing, setting and those present, as well as what was said
- Discuss with the DSL to determine the most appropriate course of action
- Not interrogate the child. We may ask for clarification but will not ask leading questions. We will use 'TED' questions, i.e. 'Tell me what happened', 'please explain what you mean when you say ….' and 'can you describe the person?' or 'can you describe the place?'.

Sharing Concerns with Parents and Carers

Concerns will generally be shared with the child's parents/carers. This can eliminate misunderstandings and can help us better understand the needs of the child and the family situation. It also ensures that our relationship with parents is built on trust and openness. Parents are fully involved in decision making and we seek consent to share information.
However, in some circumstances we would not share information with parents or seek consent to share others, for example if:

- Sexual abuse is suspected
- It is considered that discussing the issue with parents may put the child at further risk of significant harm
- A criminal offence may have been committed
- Organised abuse is suspected

- Fabricated illness is suspected
- An explanation is given by parents/carers which is felt to be inconsistent or unacceptable.

Understanding the Child and Families Need

We use the WSCP Levels of need guidance to support our understanding of the child's needs and our decision making. In some circumstances we may be able to offer additional support ourselves. Sometimes we might need to work with another agency or possibly more than one. If possible, we will avoid a formal process, but when a child's situation becomes more complex or there appears to be increased risk, it may be necessary to draw up more formal plans with the family in order to coordinate the work.

Level 1: Represents children with no identified additional needs. Their needs are met through the routine services they receive from early years services, schools and health services, such as the GP or public health nurses, and hospitals, some may also be receiving services from housing and voluntary sector organisations. Most children will successfully develop and thrive at this level of need. These are known as universal services available to all children and young people.

Level 2: Represents children with additional presenting needs which can include parenting support, emotional wellbeing, housing, finances, and vulnerabilities in their community known as contextual safeguarding. These extra needs can be met by a universal service providing single agency additional support and/or co-working with one or more partner or voluntary agencies to address the identified additional needs. An offer of early help and support will build on a family's existing strengths and focusing on whole family working to respond to the child's identified needs, safety and wellbeing with a focus on addressing and preventing an escalation of those needs and vulnerabilities.

Level 3: Represents children and young people who have complex needs themselves and/ or their family do, which impacts upon their safety, wellbeing and family life adversely. This may include multiple adverse childhood experiences, risk of family breakdown, poor emotional and mental health, inadequate parenting, domestic and/ or substance misuse. They will require several agencies working together with the family in a coordinated way to help the family make changes and improve the family functioning and outcomes for the children.

Level 4: Represents children who need statutory and/or specialist interventions including:

- Children in need, including those in need of protection.
- Children Looked After and privately fostered.
- Young people who have committed an offence.
- Children with acute mental health needs.

The definition of 'child in need' is defined by the Children Act 1989 s17 (10), which provides that a child is to be taken as 'in need' if

(a) s/he is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by a local authority . . .; or

(b) her/his health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services; or

(c) s/he is disabled. You are disabled under the Equality Act 2010 if you have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities.

For children who may need additional or targeted support we will complete an Early Help Assessment. We recognise this isn't a referral form but gives us a framework to consider whilst working with a child or family. We will nominate a lead professional who's role, following consultation with the child and

family, is to coordinate support. We will always endeavour to use early help assessment at least levels 3 and 4.

Family Front Door

We recognise Family Front Door as the referral point for when professionals and members of the community have concerns about the safety and welfare of children and young people who live in Worcestershire.
Where we have concerns about a child, we would contact the Family Front Door on **01905 822666** weekdays 9.00am to 5.00pm (until 4:30pm on a Friday). Or, if the child concern is not immediate use our local authority online form to raise the concern. During out of office hours (5.00pm to 9.00am weekdays and all-day weekends and bank holidays) we would contact the Emergency Duty team on **01905 768020.**
However, if the child needs immediate protection, we contact the Police on **999**, and if a child is brought to us with serious injuries, we telephone for an ambulance.
Referral forms are printed and saved in the child's safeguarding file.
If we are not in agreement with the Family Front Door about the level of need and appropriate action, we will use the levels of need guidance to support a professional discussion with the decision maker, and if still unsatisfied we would use the WSCP Escalation policy. Escalation-Policy-Resolution-of-Professional-Concerns.pdf (safeguardingworcestershire.org.uk)
In the meantime, we would continue to observe the child and support them and their family and if necessary, we would make another referral.

Open Cases

If there is new information about a child who already has an allocated social worker, we share this directly with them.

Supporting Children

We recognise that children who are abused or witness violence may find it difficult to develop a sense of self-worth. They may feel helplessness, humiliation and some sense of blame. We acknowledge that settings may be the only stable, secure and predictable element in the lives of children who have been abused or who are at risk of harm, and we are aware that research shows that their behaviour may be challenging and defiant or they may be withdrawn.
As part of our support staff members are made aware of how adverse childhood experiences (ACES) can impact their overall development.

The setting will endeavour to support all children by:

- Encouraging self-esteem and self-assertiveness
- Promoting respectful relationships
- Sensitively challenge bullying and humiliating behaviour
- Promoting a positive, supportive and secure environment
- Being good role models
- Remembering that every behaviour has a reason and explore this with sensitivity
- Using consistent rules and boundaries
- Helping children to understand they are not to blame for any abuse that has occurred
- Liaising with other agencies that support the child such as Children's Social Care and Early Help providers
- Notifying the Family Front Door immediately where there is a significant concern, and the child could be at risk of significant harm
- Providing continued support to a child whom there have been concerns if they leave the setting. We will ensure that appropriate information is forwarded under confidential cover to their new setting. A copy of records (which may potentially be required as evidence in the future), will be retained until the child has reached the age of 25 years.

Positive Physical Intervention

Staff only ever use physical intervention as a last resort when managing unwanted behaviour, and it is the minimal force necessary to prevent injury or damage to property.

All such incidents of physical intervention are recorded.

Physical intervention of a nature that causes injury or distress to a child may be considered under management of allegations or disciplinary procedures.

We recognise that touch is appropriate in the context of working with children and all adults in the setting have been given safer working practice guidance to ensure they are clear about their professional boundaries.

Record Keeping and Documenting Concerns

Our records are a factual account of what was seen and heard, containing the child's own words where appropriate and completed as soon as possible, not later than the end of the working day. The child is identified by name and date of birth on each page, and we do not use abbreviations. Blank spaces or alterations are scored through with a single line, and the original entry remains legible. They are written in permanent ink, dated, timed, signed and stored securely.
Records describe the care and condition of the child and may include professional opinion which would be clearly indicated. They also include the comments and views of both the child and the parents/carers.
An individual file chronology is used as a summary of incidents, concerns and actions, to support monitoring. We use a chronology for each child in the setting to support early identification of needs and these are held by the keyperson. If concerns are raised the chronology is passed to the DSL.
Safety and welfare concerns forms are used to record specific concerns and are completed by the person identifying the concern. The completed record is given to the DSL immediately, for consideration and/or action.
A safety and welfare concerns continuation form are used following the recording of a concern, to record additional information.
An individual child protection file is started for a child when:

- There are welfare and or safety concerns (including operation encompass or MARAC notifications)
- The child has been referred to the Family Front Door
- There is Children's Services Social Care involvement with the child/family
- We are participating in multi-agency support.

If concerns relate to more than one child from the same family attending the setting a separate file for each child is created and cross referenced to the records of other family members. Common records e.g. child protection conference notes are referenced in each file. Other files relating to the child, for example SEN information, are also cross referenced.

An individual child protection file includes:

- Front sheet
- Individual chronology
- All safety and welfare concern forms relating to the child
- Any notes initially recorded
- Records of discussions, telephone calls and meetings (with colleagues, other agencies or services, parents and children/young people)
- Professional consultations
- Letters sent and received
- Referral forms
- Minutes/notes of meetings (copies for each child as appropriate)
- Formal plans linked to the child (e.g. Child Protection Plan).

Security, storage, and retention of records

Individual files are stored securely and separately from the child's other information so that they are shared only on a need to know basis. The DSL reviews such records regularly so that increasing concerns can be identified and action taken to ensure that needs are met.

Parents have the right to access information held about their child so records are shared with them if they make this request, however there are some exceptions, namely those described previously in the section on sharing information with parents, for example when sharing the information would place the child at risk of significant harm.
All safeguarding records are retained until the child reaches the age of 25 years.

Transfer of child protection records at transition

Records are transferred at each stage of a child's education, when they move from one establishment to another, either at normal transfer stage such as moving from nursery to school, or as the result of a move such as a transfer to a different area. They are transferred within 5 days and are passed directly and securely to the safeguarding lead in the receiving establishment. They are transferred by hand if possible or signed for if posted.
In order to safeguard children effectively, when a child moves to a new educational establishment, the receiving establishment is immediately made aware of any current child protection concerns, by telephone prior to the transfer of records.

Children in more than one setting

Where children are dual registered (e.g. on roll at a mainstream school, but receiving education in another establishment, such as a short stay school, medical education team or attending more than one early years setting), any existing child protection records are shared with the new establishment prior to the child starting, to enable the new establishment to risk assess appropriately.
We keep a copy of the transfer form along with a copy of the chronology of events and any records pertaining to the establishment (e.g. completed 'welfare concern' forms).

Children subject to a Child Protection (CP) plan

If a child is the subject of a child protection plan at the time of transfer, we speak to the safeguarding lead of the receiving establishment giving details of the child's key social worker from Children's Social Care Services and ensuring the establishment is made aware of the requirements of the child protection plan.

Receiving establishment unknown

2If a child, subject of a child protection plan leaves and the name of the child's new education placement is unknown, the DSL will contact the child's Social Worker to discuss how and when records should be transferred. Where the records are of prior child protection/welfare concerns, and there is not an open case or a social worker involved with the family, the DSL will inform the Family Front Door. Child protection files would be retained by us and transferred to the new setting, once known, or destroyed once the child has reached the age of 25.

Building a Safer Workforce

Recruiting

The provider checks the suitability and obtains an enhanced criminal record records disclosure for anyone working directly with children.
We keep a record of the date and the serial number of the DBS certificate.
Applicants are asked to complete an application form, and we obtain two employer's references, including the most recent employer and in line with the requirements of the EYFS 2025.
Staff do not take up a post until checks are completed to a satisfactorily level.
The registered provider and the manager of the setting have completed safer recruitment training and at least one of them is included on every interview panel.
We keep a record of ID checks, right to work in the UK, qualifications (certificates are checked), references obtained and DBS certificate details.
The same processes are used for volunteers and student DBS certificates obtained by their training provider are checked and the details recorded.

Induction, Training and Continued Supervision

All new staff, students and volunteers are given a copy of all policies and procedures and receive induction training which includes:

- Introduction to the DSL and their role
- An understanding of the settings safeguarding policies and procedure
- How to define and identify possible signs of harm, abuse and neglect
- What to do if concerns arise including whistle blowing procedures
- What to do if concerned about the behaviour or conduct of another adult (contact LADO)
- Behaviour management
- Staff conduct and expectations
- How and when mobile phones and technology can be used in the setting
- Appropriate training and support for children whilst they are sleeping
- Appropriate training and support to ensure safer eating as per the new EYFS requirements
- Paediatric first aid qualification to be undertaken within 3 months of starting work in order to be included in ratios as specified by the EYFS 2025. This applies to level 2 and 3 practitioners who have completed their qualification since June 2016.

All staff complete level 2 safeguarding training at least every two years.
The DSL, deputy DSL, manager and registered provider complete designated safeguarding training and attend regular safeguarding update/forum meetings at least annually.
Safeguarding is always discussed at staff meetings and all staff are provided with updates at least annually.
Supervision meetings take place for all staff at least every other month. The purpose of this is to foster a culture of mutual support and continuous improvement by providing support, coaching and training for staff, and encouraging confidential discussion of sensitive issues. The registered provider conducts supervision meetings with the manager.

Disqualification

Staff are required to disclose any convictions, cautions, court orders or reprimands and warnings which might affect their suitability to work with children, whether these occur prior to, or during, their employment at the setting. They are asked to confirm this at each supervision meeting.

Whistleblowing

If staff have concerns about poor or unsafe practice, they report this to the manager, provider or DSL either at their supervision meeting or preferably as the issue occurs.
Where a staff member feels unable to raise an issue, or feels that their genuine concerns are not being addressed, they should use the other channels open to them:
NSPCC whistleblowing advice line is available. Staff can call 0800 0280285 – 08:00 to 20:00, Monday to Friday and 09:00 to 18:00 at weekends.
The email address is: help@nspcc.org.uk.
Alternatively, staff can write to: National Society for the Prevention of Cruelty to Children (NSPCC), Weston House, 42 Curtain Road, London EC2A 3NH
All information relating to concerns would be handled in confidence, kept in a locked secure location and only made available to those who have a right or professional need to see them.
For more information, please see our Whistleblowing policy.

Allegations against someone working on the premises (LADO referral)

A complaint is an allegation of abuse if it indicates that someone:

- Has/may have acted in a way that has harmed a child
- Acted in a way which has put a child at risk
- Possibly committed a criminal offence against or related to a child
- Behaved towards a child or children in a way that indicates he/she is unsuitable to work with children.

If a complaint (from a parent, child, staff member, member of the public, etc) includes an allegation of abuse, whether made verbally or in writing, the incident would be noted in the record of complaints (with minimal detail to ensure confidentiality) and the registered provider informed.

The registered provider/Manager or DSL will make a record of the allegation and contact LADO either through the online referral form or phone.

We will not investigate an allegation of abuse or discuss with the person involved and we will follow the advice of LADO.
The registered provider will inform Ofsted of any allegations of serious harm or abuse whether the allegations relate to harm or abuse committed on the premises or elsewhere.

- Confirmation of the allegation in writing would be sought from the person making the allegation, but action would not be delayed whilst awaiting written confirmation
- The recipient of the allegation would immediately inform the registered provider
- The registered person may delegate responsibility for action to the setting manager, but remains accountable for ensuring that the concern is shared immediately with the **LADO** on **01905 846221**
- The manager would telephone the LADO and if this is not possible, the Family Front Door
- If the allegation is against the DSL or the manager, it will be necessary to report the concern to the person's superior. If this is not possible staff should inform the LADO directly
- If the allegation is against the registered person, the DSL should inform the LADO immediately and then notify Ofsted
- A note would be made of any actions advised by the LADO or by Ofsted and of the date and time they are implemented
- The provider would conduct a risk assessment to determine whether the staff member should be suspended
- Parents/carers would be informed unless to do so could put the child in further danger.

If no further action is recommended, we may still proceed with disciplinary procedures. If there are concerns about the suitability of the member of staff to continue to work with children, we have a statutory duty to refer to the Disclosure and Barring Service (DBS)

In all cases where an allegation against a member of staff is made, we would review all policies and procedures, and address identified training/supervision needs.
Records of allegations would be retained until the alleged perpetrator reaches normal retirement age, or for 10 years if that is longer.

The registered provider completes training on managing allegations.

Concerns or Allegations that do not meet the harm threshold

We recognise the importance of ensuring staff working with children and young people remain suitable throughout their employment. This includes ensuring that all adults who work with children either paid or voluntary do so in accordance with our settings values and policies including the Staff Code of Conduct.

Concerns may come from a parent, colleague or the public. Any allegation must be made to the Designated Safeguarding Officer unless the concern is about them. If this is the case the manager should be informed. If the DSL is the manager go straight to the Chairperson, who will contact the LADO.

What is a low level concern

Keeping children safe in education, 2025 (KCSIE) states:
'The term 'low-level' concern does not mean that it is insignificant. A low-level concern is any concern – no matter how small, and even if no more than causing a sense of unease or a 'nagging doubt'.

A low-level concern is therefore where an adult may have acted in a way that:

- is inconsistent with the staff code of conduct, including inappropriate conduct outside of work
- behaviour that may be considered inappropriate, thoughtless or inadvertent
- does not meet the harm threshold or is otherwise not serious enough to consider a referral to the LADO.

Examples of such behaviour could include, but are not limited to:

- being over friendly with children
- having favourites
- taking photographs of children on their mobile phone, contrary to setting policy
- engaging with a child on a one-to-one basis in a secluded area or behind a closed door
- humiliating children
- using inappropriate sexualized, intimidating or offensive language.
- exhibiting behaviours which breach the professional standards required by the setting as set out in the staff code of conduct.

Identification

A concern is not low level if adult has;

- Behaved in a way that has harmed or may have harmed a child.
- Possibly committed a crime against a child.
- Behaved towards a child in a way that indicates they may pose a risk of harm to a child.
- Behaved in a way that shows they are not suitable to work with children.

Safeguarding Culture

In our duties to safeguard children and young people we recognise our responsibility to create and embed a culture of openness, trust and transparency which reflects our settings values. As part of this we ensure our staff code of conduct is understood, adhered to and reviewed in conjunction with staff. Through effective supervision and on-going training we support adults working with children to distinguish between expected and appropriate behaviour from inappropriate, problematic or concerning behaviour, in themselves and others.

The importance of sharing low level concerns

We recognise that creating an environment where low-level concerns can be shared appropriately is pivotal to our safeguarding duties and may prevent the abuse of children, either accidentally, neglectfully or deliberately.

We also recognise the sharing of low level concerns as a positive action and one which can help us address unprofessional behaviour and support the individual to correct this at an early stage.

Reporting a low level concern

Any reporting of incidents contributes towards a safeguarding culture of openness and trust.

The reporting of low level concerns should be direct to the settings manager or DSL and recorded accurately. It is an expectation that they would then liase with each other in a timely manner to discuss the low level concern and then plan the next steps. The LADO team must be contacted within 1 working day if necessary and they will advise if the parents of the child involved or the police are notified.

However, if the concern is regarding the DSL and/or manager this should be directed to the registered person or if this is inappropriate, the LADO.

Low level concerns raised about students, supply staff or contractors will also be reported to their employers or educational institution.

All allegations are investigated even if the person involved resigns or ceases to volunteer.

Self-reporting

We encourage adults working with children to self-report where they have found themselves in a situation which may have been misinterpreted, might appear compromising to others, and/or on reflection they believe they have behaved in such a way that they consider falls below the expected professional standards.

Responding to low level concerns

Concerns will be dealt with sensitively and proportionately. To understand the concern raised the Manager will collect as much evidence as possible by speaking:

- directly to the person who raised the concern, unless it has been raised anonymously, and;
- to the individual involved and any witnesses.

Information collected will help them to categorise the type of behaviour and determine what further action may need to be taken in line with the staff code of conduct. If it is not clear whether the matter is a low level concern the DSL should contact the LADO for clarification.

Potential actions could be:

- Allegations that meet the harm threshold will be referred to the LADO for advice
- Low level concerns that the setting feel may need further guidance on will be referred to the LADO for advice
- Low level concerns that the setting feel they can deal with internally will be dealt with via the settings normal processes. This can range from the requirement to revisit training, supervisions and appraisals, coaching and mentoring or in some cases disciplinary action.

Recording low-level concerns

All low-level concerns should be recorded in writing. The record should include details of the concern, the context in which the concern arose, along with the rationale for decisions made and action taken. The name of the individual sharing their concerns should also be noted, if the individual wishes to remain anonymous then that should be respected as far as reasonably possible.
Records will be kept confidential, held securely and comply with the Data Protection Act 2018 and the UK General Data Protection Regulation (UK GDPR).

Reviewing low level concerns

We recognise that reviewing low-level concerns can help us to improve our settings safeguarding processes and potentially identify any weakness or wider cultural issues which have enabled the behaviour(s) to occur. Learning from reviews will be shared with staff in the form of policy change or training to minimise risks. Where patterns of inappropriate, problematic or concerning behaviour have been identified a course of action, will be taken either through our disciplinary procedures or where a pattern of behaviour moves from a low-level concern to meeting the harm threshold, this will be referred to the LADO.

References

Low-level concerns will remain on an employee's record until the individual leaves their employment.
We will not include low-level concerns in references unless:

- the concern (or group of concerns) has met the threshold for referral to the LADO and is found to be substantiated; and/or
- the concern (or group of concerns) relates to issues which would ordinarily be included in a reference, such as misconduct or poor performance.

Escalating concerns

If a member of staff feels their allegations have not been dealt with correctly THEY should contact the chairperson and the LADO as soon as possible
The LADO will decide whether they are happy for the allegation to be dealt with in house of if their team will become involved.

Policy Review

This policy will be reviewed annually or when an incident occurs or there are new local or national policies and procedures. The review process will be led by the registered provider and the DSL and include all those working in the setting.