## 6. ACL PRESCHOOL SAFEGUARDING CHILDREN, YOUNG PEOPLE AND VULNERABLE ADULTS’ POLICY

**A Designated safeguarding lead is assigned in each Pre-School or Nursery setting within ACL.**

**The Deputy designated safeguarding lead is assigned in each Pre-School or Nursery setting within ACL.**

**Designated lead for ACL is**: Teresa Ablewhite

**AIMS & INTENTION**

We are committed to safeguarding children, young people and vulnerable adults and will do this by putting young people and vulnerable adult’s right to be ‘*strong, resilient and listened to* ‘at the heart of all our activities.

The ACL nurseries and pre-schools ‘three key commitments’ are broad statements against which policies and procedures across the organisation will be drawn to provide a consistent and coherent strategy for safeguarding children young people and vulnerable adults in all services provided. The three key commitments are:

The ACL nurseries and pre-schools are committed to building ‘a culture of safety’ in which children, young people and vulnerable adults are protected from abuse and harm in all areas of its service delivery.

The ACL nurseries and pre-schools are committed to responding promptly and appropriately to all incidents or concerns of abuse that may occur and to work with statutory agencies in accordance with the procedures that are set down in ‘*What to do if you are worried a child is being abused’ (HMG 2015) and Working Together 2018.*

The ACL nurseries and pre-schools are committed to promoting awareness of child abuse issues throughout its training and learning programmes for adults. It is also committed to empowering children, young people, and vulnerable adults, through its curriculum, promoting their right to be ‘*strong*, *resilient* *and* *listened to’*.

NB: A ‘young person’ is defined as 16–19-year-old. In an early year setting, they may be a student, worker, or parent.

A ‘vulnerable adult’ (see guidance to the Care Act 2014) as: *'a person aged 18 years or over, who is in receipt of or may need community care services by reason of 'mental or other disability, age or illness and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'*. In early years, this person may be a service user, parent of a service user, or a volunteer.

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**METHOD OF IMPLEMENTATION**

**Key Commitment 1**

* We have a ‘designated safeguarding lead person’, who is responsible for carrying out child, young person, or adult protection procedures.
* The designated safeguarding lead reports to a ‘designated officer’ responsible for overseeing all child, young person or adult protection matters.
* The ‘designated safeguarding lead’ and the ‘designated officer’ ensure they have links with statutory and voluntary organisations regarding safeguarding children.
* The ‘designated safeguarding lead’ and the ‘designated officer’ ensure they have received appropriate training on child protection matters and that all staff are adequately informed and/or trained to recognise possible child abuse in the categories of physical, emotional and sexual abuse and neglect.
* The ‘designated safeguarding lead’ and the ‘designated officer’ ensure all staff are aware of the additional vulnerabilities that affect children that arise from inequalities of race, gender, disability, language, religion, sexual orientation or culture and that these receive full consideration in child, young person or adult protection related matters.
* The ‘designated safeguarding lead and the ‘designated officer’ ensure that staff are aware and receive training in social factors affecting children’s vulnerability including
* social exclusion
* domestic violence and controlling or coercive behaviour
* mental Illness
* drug and alcohol abuse (substance misuse)
* parental learning disability
* radicalisation
* The ‘designated safeguarding lead’ and the ‘designated officer’ ensure that staff are aware and receive training in other ways that children may suffer significant harm and stay up to date with relevant contextual safeguarding matters:
* abuse of disabled children
* fabricated or induced illness
* child abuse linked to spirit possession
* sexually exploited children
* children who are trafficked and/or exploited
* female genital mutilation
* extra-familial abuse and threats
* children involved in violent offending, with gangs and county lines.

The ‘designated safeguarding lead’ and the ‘designated officer’ ensure they are adequately informed in vulnerable adult protection matters.

**Key Commitment 2**

All staff are trained in line with the Criteria set out in Annex C of the EYFS (November 2025).
Safeguarding training is refreshed annually and renewed every two years.

The designated safeguarding lead ensures support, advice and guidance for all staff to meet their safeguarding responsibilities by: Regular supervision, staff meetings, and reviewing the safeguarding procedures together.

There are procedures in place to prevent known abusers from coming into the organisation as employees or volunteers at any level.

Safeguarding is the responsibility of every person undertaking the work of the organisation in any capacity.

There are procedures for dealing with allegations of abuse against a member of staff, or any other person undertaking work whether paid or unpaid for the organisation, where there is an allegation of abuse or harm of a child. Procedures differentiate clearly between an allegation, a concern about quality of care or practice and complaints.

There are procedures in place for reporting possible abuse of children or a young person in the setting.

There are procedures in place for reporting safeguarding concerns where a child may meet the s17 definition of a child in need (Children Act 1989) and/or where a child may be at risk of significant harm, and to enable staff to make decisions about appropriate referrals using local published threshold documents.

There are procedures in place to ensure staff recognise children and families who may benefit from early help and can respond appropriately using local early help processes and the ‘Designated safeguarding lead should ensure all staff understand how to identify and respond to families who may need early help.

There are procedures in place for reporting possible abuse of a vulnerable adult in the setting.

There are procedures in place in relation to escalating concerns and professional challenge.

There are procedures in place for working in partnership with agencies involving a child, or young person or vulnerable adult, for whom there is a protection plan in place. These procedures also take account of working with families with a ‘child in need’ and with families in need of early help, who are affected by issues of vulnerability such as social exclusion, radicalisation, domestic violence, mental illness, substance misuse and parental learning disability.

These procedures take account of diversity and inclusion issues to promote equal treatment of children and their families and that take account of factors that affect children that arise from inequalities of race, gender, disability, language, religion, sexual orientation, or culture.

There are procedures in place for record keeping, confidentiality and information sharing, which are in line with data protection requirements.

We follow government and LSCB guidance in relation to extremism.

The procedures of the Local Safeguarding Partners must be followed.

See Childrens & family service Map and key contacts 

[SET PROCEEDURES 2022](https://www.escb.co.uk/media/2739/set-procedures-may2022.pdf?url=https%3A%2F%2Fwww.escb.co.uk%2Fmedia%2F2739%2Fset-procedures-may2022.pdf&data=05%7C01%7CEducationWebTeam%40essex.gov.uk%7Cc8c7ee5c7bc340f4981e08dbb2e1ed7d%7Ca8b4324f155c4215a0f17ed8cc9a992f%7C0%7C0%7C638300456614272153%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=iWtq6GK7xPHaD%2FnB9K5Bgo0qVMDvH0ucATj6mh4jQrY%3D&reserved=0)

**Key Commitment 3**

All staff receive adequate training in child protection matters and have access to the setting’s policy and procedures for reporting concerns of possible abuse and the safeguarding procedures of the Local Safeguarding Partners.

All staff have adequate information on issues affecting vulnerability in families such as social exclusion, domestic violence, mental illness, substance misuse and parental learning disability, together with training that takes account of factors that affect children that arise from inequalities of race, gender, disability, language, religion, sexual orientation, or culture.

We use available curriculum materials for young children, taking account of information in the Early Years Foundation Stage, that enable children to be *strong, resilient,* and *listened to.*

All services seek to build the emotional and social skills of children and young people who are service users in an age-appropriate way, including increasing their understanding of how to stay safe.

We adhere to the EYFS Safeguarding and Welfare requirements.

**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 safeguarding lead or a named deputy designated safeguarding lead.

The designated safeguarding and deputy are 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 deputy.

The designated safeguarding lead ensures that all practitioners are alert to the indicators of abuse and neglect and understand how to identify and respond to these.

The setting should not operate without an identified designated safeguarding lead at any time. The designated safeguarding lead is responsible for informing any issues which may require notifying to Ofsted are notified to our nominated individual, Susan Peake, Pre-school Area Manager, 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 safeguarding lead immediately seeks guidance from Pre-school Area Manager or ACL’s Business Operations Manager, Claire Maynard if unavailable. 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 which is signed by the parent/carer.

The member of staff advises the designated safeguarding lead 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 safeguarding lead decides the course of action to be taken.
* If the mark or injury is noticed later in the day and the parent is not present, this is raised with the designated safeguarding lead.
* If there are concerns about the nature of the injury, and it is unlikely to have occurred at the setting, the designated safeguarding lead decides the course of action required taking into consideration any explanation given by the child.
* If there is a likelihood that the injury is recent and occurred at the setting, this is raised with the designated 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 and has caused concern, this is raised with the designated safeguarding lead.

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.

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

Concerns about the welfare of a child are discussed with the designated safeguarding lead without delay.

A written record is made of the concern on a safeguarding report of concerns form as soon as possible.



Concerns that a child is in immediate danger or at risk of significant harm are responded to immediately and if a referral is necessary this is made on the same working day.

**Responding to a disclosure by a child**

When responding to a disclosure from a child, the aim is to get just enough information to take appropriate action.

The practitioner listens carefully and calmly, allowing the child time to express what they want to say.

Staff do not attempt to question the child but if they are not sure what the child said, or what they meant, they may prompt the child further by saying *‘tell me more about that’* or *‘show me again’.*

After the initial disclosure, staff speak immediately to the designated person. 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 the 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 safeguarding lead 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 safeguarding lead ,

**Seeking consent from parents/carers to share information before making a referral for early help**

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

If consent is sought and withheld and there are concerns that a child may become at risk of significant harm without early intervention, there may be sufficient grounds to over-ride a parental decision to withhold consent.

If a parent withholds consent, this information is included on any referral that is made to the local authority. In these circumstances a parent should still be told that the referral is being made beforehand (unless to do so may place a child at risk of harm).

**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 safeguarding lead contacts the parents (only if agreed with social care) to inform them that a referral has been made, indicating the concerns that have been raised, unless social care advises that the parent should not be contacted until such time as their investigation, or the police investigation, is concluded. Parents are not informed prior to making a referral if:

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

The 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 deputy follows their LSP procedures for making a referral.

If the designated safeguarding lead or their deputy 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 safeguarding officer of ACL, Gemma Hills will be contacted for support.

Arrangements for cover when the designated safeguarding lead and deputy are not on-site are agreed in advance and clearly communicated to all staff.

**Further recording**

Information is recorded. Discussion with parents and any further discussion with social care is recorded. If recording a conversation with parents that is significant, regarding the incident or a related issue, parents are asked to sign and date a record of the conversation. It should be clearly recorded what action was taken, what the outcome was and any follow-up.

If a referral was made, copies of all documents are kept and stored securely and confidentially.

Each member of staff/volunteer who has witnessed an incident or disclosure should also make a written statement.

The referral is recorded.

Follow up phone calls to or from social care are recorded 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 safeguarding lead to allow continuity of support during closures or holiday periods.

**Professional disagreement/escalation process**

If a practitioner 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 safeguarding lead and the practitioner continues to feel a safeguarding referral is required then they discuss this with the Designated Officer, Teresa Ablewhite or the senior safeguarding officer of ACL, Gemma Hills.

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 the senior safeguarding officer of ACL, Gemma Hills.

After a concern has been raised, the manager/line manager will decide how to respond in a reasonable and appropriate manner. Normally this will involve making internal enquires first, but it may be necessary to carry out an investigation.

Whilst it is hoped that such disclosures will never be necessary, the setting management recognises that it may find itself in circumstances which are new to it. Each case will be treated on its own merits.

**Managers’ responsibilities**

Managers/line managers notified of concerns under this policy are expected to:

* ensure that all staff and volunteers are familiar with the policy
* ensure that concerns raised are taken seriously;

• treat the matter in confidence, within the parameters of the case;

• where appropriate, investigate properly and make an objective assessment of the concern;

• keep the person raising the concern updated with progress, without breaching confidentiality;

• ensure that the action necessary to resolve a concern is taken;

• take appropriate steps to ensure that the employee’s working environment and/or working relationship is/are not prejudiced by the fact of disclosure.

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

* their own or another employer will cover up the concern.
* they will be treated unfairly by their own employer for complaining.
* if they have already told their own employer and they have not responded

**Female genital mutilation (fgm)**

Practitioners should be alert to symptoms that would indicate that FGM has occurred, or may be about to occur, and take appropriate safeguarding action. Designated Safeguarding lead should contact the police immediately as well as refer to children’s services local authority social work if they believe that FGM may be about to occur.

It is illegal to undertake FGM or to assist anyone to enable them to practice FGM under the Female Genital Mutilation Act 2003, it is an offence for a UK national or permanent UK resident to perform FGM in the UK or overseas. The practice is medically unnecessary and poses serious health risks to girls. FGM is mostly carried out on girls between the ages of 0-15, statistics indicate that in half of countries who practise FGM girls were cut before the age of 5. LSCB guidance must be followed in relation to FGM.

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.

**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.*

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 lead should be mindful that discussion regarding potential referral due to concerns may be upsetting for the subject of the referral and their family. Initial advice regarding whether an incident meets a threshold for referral can be sought from the relevant local agency without specific details such as names of the family being given in certain circumstances.

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

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

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

Practitioners should be aware that children can be put at risk by gang activity, both through participation in and as victims of gang violence. Whilst very young children will be very unlikely to become involved in gang activity they may potentially be put at risk by the involvement of others in their household in gangs, such as an adult sibling or a parent/carer. Designated safeguarding lead should be familiar with their LSP guidance and procedures in relation to safeguarding children affected by gang activity and ensure this is followed where relevant.

**Forced marriage/honour based violence.**

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

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

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

In an emergency police should be contacted on 999.

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

Telephone: +44 (0) 20 7008 0151

Email: fmu@fco.gov.uk

Email for outreach work: fmuoutreach@fco.gov.uk

**06.02 – ALLEGATIONS AGAINST STAFF, VOLUNTEERS, OR STUDENTS**

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

**Identifying**

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

* behaved in a way that has harmed, or may have harmed a child
* possibly committed a criminal offence against, or related to, a child
* behaved towards a child in a way that indicates they may pose a risk of harm to children

**Informing**

All staff report allegations to the designated safeguarding lead or in their absence, the deputy designated safeguarding lead.

It is essential that no investigation occurs until and unless the LADO has expressly given consent for this to occur, however, the person responding to the allegation does need to have an understanding of what explicitly is being alleged.

The designated safeguarding lead must take steps to ensure the immediate safety of children, parents, and staff on that day within the setting.

The Local Authority Designated Officer (LADO) is contacted as soon as possible and within one working day. If the LADO is on leave or cannot be contacted the LADO team manager is contacted and/or advice sought from the point of entry safeguarding team, according to local arrangements. See poster for contact information



A child protection referral is made by the designated safeguarding lead if required. The LADO, line managers and local safeguarding children’s services can advise on whether a child protection referral is required.

The designated safeguarding lead asks for clarification from the LADO on the following areas:

* what actions the designated safeguarding lead must take next and when and how the parents of the child are informed of the allegation.
* whether or not the LADO thinks a criminal offence may have occurred and whether the police should be informed and if so who will inform them
* whether the LADO is happy for the setting to pursue an internal investigation without input from the LADO, or how the LADO wants to proceed.
* whether the LADO thinks the person concerned should be suspended, and whether they have any other suggestions about the actions the designated person has taken to ensure the safety of the children and staff attending the setting.

The designated safeguarding lead records details of discussions and liaison with the LADO including dates, type of contact, advice given, actions agreed and updates on the child’s case file.

Parents are not normally informed until discussion with the LADO has taken place, however in some circumstances the designated safeguarding lead may need to advise parents of an incident involving their child straight away, for example if the child has been injured and requires medical treatment.

Staff do not investigate the matter unless the LADO has specifically advised them to investigate internally. Guidance should also be sought from the LADO regarding whether or not suspension should be considered. The person dealing with the allegation must take steps to ensure that the immediate safety of children, parents and staff is assured. It may be that in the short-term measures other than suspension, such as requiring a staff member to be office based for a day, or ensuring they do not work unsupervised, can be employed until contact is made with the LADO and advice given.

The designated safeguarding lead ensures staff fill in a Safeguarding incident reporting form.

If after discussion with the designated person, the LADO decides that the allegation is not obviously false, and there is cause to suspect that the child/ren is suffering or likely to suffer significant harm, then the LADO will normally refer the allegation to children’s social care.

If notification to Ofsted is required the designated safeguarding lead will inform Ofsted as soon as possible, but no later than 14 days after the event has occurred.

Avenues such as performance management or coaching and supervision of staff will also be used instead of disciplinary procedures where these are appropriate and proportionate. If an allegation is ultimately upheld the LADO may also offer a view about what would be a proportionate response in relation to the accused person.

The designated safeguarding lead must consider revising or writing a new risk assessment where appropriate, for example if the incident related to an instance where a member of staff has physically intervened to ensure a child’s safety, or if an incident relates to a difficulty with the environment such as where parents and staff are coming and going and doors are left open.

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

**Allegations against the designated safeguarding lead**

If a member of staff has concerns that the designated safeguarding lead has behaved in a way that indicates they are not suitable to work with children as listed above, this is reported to the ACL designated Officer , Teresa Ablewhite. Who will investigate further

During the investigation, the deputy designated safeguarding lead will take on the role of designated safeguarding lead.

**Recording**

A record is made of an allegation/concern, along with supporting information for each child.

If relevant, a child protection referral is made, with details recorded.

**Disclosure and barring service**

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

**Escalating and whistleblowing concerns**

If a member of staff believes at any time that children may be in danger due to the actions or otherwise of a member of staff or volunteer, they must discuss their concerns immediately with the designated safeguarding lead.

If after discussions with the designated safeguarding lead**,** they still believe that appropriate action to protect children has not been taken they must speak to the ACL designated officer, Teresa Ablewhite

If there are still concerns then the whistle blowing procedure must be followed, as set out in 06.1 Responding to safeguarding or child protection concerns.

**06.03 – 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.

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

* On arrival, any visitor to ACL 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.

The designated safeguarding lead informs their Pre-school Area Manager and Centre Lead of the situation at the first opportunity or Business operations manager if unavailable.

In the case of a serious breach where there was a perceived or actual threat to the safety of the children, the manager/designated safeguarding lead completes an incident report and copies in their line manager on the day of the incident. The board of governors ensure a robust organisational response and ensure that learning is shared.

**06.04 – UNCOLLECTED CHILD**

If a child is not collected by closing time, or the end of the session and there has been no contact from the parent, or there are concerns about the child’s welfare then this procedure is followed:

* The designated safeguarding lead is informed of the uncollected child as soon as possible and attempts to contact the parents by phone.
* If the parents cannot be contacted, the designated safeguarding lead uses the emergency contacts to inform a known carer of the situation and arrange collection of the child. ACL Preschools will endeavour to get more than two emergency contacts where possible.
* Two members of staff must remain with the child and ensure that the child is not alarmed by playing with them as usual.
* After one hour, the designated safeguarding lead contacts the local social care out-of-hours duty officer on 0345 606 1212 if the parents or other known carer cannot be contacted and there are concerns about the child’s welfare or the welfare of the parents.
* The designated safeguarding lead should arrange for the collection of the child by social care.
* Where appropriate the designated safeguarding lead should also notify police.

Members of staff do not:

* go off the premises to look for the parents/carers.
* leave the premises to take the child home or to another carer.
* offer to take the child home with them to care for them in their own home until contact with the parent is made.

Staff make a record of the incident. A record of conversations with parents should be made, with parents being asked to sign and date the recording.

If there are recurring incidents of late collection, a meeting is arranged with the parents to agree a plan to improve time-keeping and identify any further support that may be required.

**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 person 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.

If the setting is located within a shared site, Premises team and Centre Lead of said site are made aware of the situation.

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

As soon as it is noticed that a child is missing, the designated safeguarding lead carries out a headcount.

One member of staff searches the immediate vicinity.

If the child is not found, the designated safeguarding lead/deputy calls the police.

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 member of staff should remain at the site where the child went missing and wait for the police to arrive.

**Recording and reporting**

A written record is made of the incident.

The investigation

Setting inform their Pre-school Area Manager/ Nominated person and Ofsted are informed as soon as possible (and at least within 14 days).

The designated safeguarding lead carries out a full investigation.

The designated safeguarding lead speaks with the parents and explains the process of the investigation.

Each member of staff present during the incident writes a full report. Staff do not discuss any missing child incident with the press.

**06.06 - Incapacitated parent**

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

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

**Informing**

If a member of staff is concerned that a parent displays any of the above characteristics, they inform the designated safeguarding lead as soon as possible.

The designated safeguarding lead assesses the risk and decides if further intervention is required.

If it is decided that no further action is required, a record of the incident is made.

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.

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 makes a record of the incident. 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, both 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/deputy calls the ACL Nominated Individual, Susan Peake and notifies Business Operation, Claire Maynard or the settings Centre Lead, if not available.

A member of staff is delegated to phone all parents to collect their children. The reason given must be agreed by the designated safeguarding lead 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, Susan Peake and a RIDDOR report is made.

Staff will not discuss the death of a child with the press.

**Responding**

The ACL Governance group decide how the death is investigated within the organisation after taking advice from relevant agencies.

The ACL Governance group will coordinate support for staff and children to ensure their mental health and well-being.

## 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**

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.

Regular contact will be maintained with the social worker through planned meetings, which will include contribution to the PEP.

## 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**

Tablets remain on the premises and are stored securely at all times when not in use.

Children are supervised by an adult when using the tablet.

**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.

Strategies to minimise risk include:

* Check apps, websites and search results before using them with children.
* Children in Early Years should always be supervised when accessing the internet.
* Ensure safety modes and filters are applied - default settings tend not to ensure a high level of privacy or security. But remember you still need to supervise children closely.
* Role model safe behaviour and privacy awareness. Talk to children about safe use, for example ask permission before taking a child’s picture even if parental consent has been given.

**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.

Personal mobile phones are stored safely away from the children.

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.

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 social media may still be accessed by others and a permanent record of them made, for example, by taking a screen shot of the image with a mobile phone
* observe confidentiality and refrain from discussing any issues relating to work
* not share information they would not want children, parents or colleagues to view
* set privacy settings to personal social networking and restrict those who are able to access
* not accept service users/children/parents as friends, as it is a breach of professional conduct
* report any concerns or breaches to the designated safeguarding lead in their setting
* not engage in personal communication, including on social networking sites, with children and parents with whom they act in a professional capacity. There may be occasions when the practitioner and family are friendly prior to the child **coming to the setting. In this case information is shared with the manager and** an agreement in relation to boundaries are agreed.

**Use/distribution of inappropriate images**

Staff are aware that it is an offence to distribute indecent images and that it is an offence to groom children online. In the event of a concern that a colleague is behaving inappropriately, staff advise the designated safeguarding lead who follow procedures.

**6.10 – STAFF SUPERVISION**

**STRUCTURE**

Supervision meetings are held regularly.

Supervision meetings are held in a confidential space suitable for the task

**CONTENT**

The meeting will include a staff wellbeing check

It could include discussions about key-children

It could include discussions around good practice and suggestions of CPD

It could include reviewing plans and agreements from previous supervisions including any identified learning needs for the member of staff as a result of observations

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.

**RECORDING**

A record is made of staff supervision discussions.

**MONITORING AND EVALUATING**

**Checking continuing suitability**

Managers regularly check with staff if there is any new information pertaining to their suitability to work with children and undertake suitability checks via the DBS update service.

**LEGAL REFERENCES**

**06 – Safeguarding Children, Young People and Vulnerable Adults Policy**

Primary legislation

* Children Act 1989 – s 47
* Protection of Children Act 1999
* Care Act 2014
* Children Act 2004 s11
* Children and Social Work Act 2017
* Safeguarding Vulnerable Groups Act 2006
* Counter-Terrorism and Security Act 2015
* General Data Protection Regulation 2018
* Data Protection Act 2018
* Modern Slavery Act 2015
* Sexual Offences Act 2003
* Serious Crime Act 2015
* Criminal Justice and Court Services Act (2000)
* Human Rights Act (1998)
* Equalities Act (2006)
* Equalities Act (2010)
* Disability Discrimination Act (1995)
* Data Protection Act (2018)
* Freedom of Information Act (2000)

**FURTHER GUIDANCE**

**06 – Safeguarding Children, Young People and Vulnerable Adults Policy**

* SET Procedures 2025
* Working Together to Safeguard Children (HMG 2023)
* Statutory Framework for the Early Years Foundation Stage 2025
* What to Do if You’re Worried a Child is Being Abused (HMG 2015)
* Prevent duty guidance for England and Wales: guidance for specified authorities in England and Wales on the duty of schools and other providers in the Counter-Terrorism and Security Act 2015 to have due regard to the need to prevent people from being drawn into terrorism’ (HMG 2015)
* Keeping Children Safe in Education 2025
* Education Inspection Framework (Ofsted 2024)
* The framework for the assessment of children in need and their families (DoH 2000)
* Statutory guidance Working together to safeguard children a (DfE 2024)
* Information sharing advice for safeguarding practitioners (DfE 2024)
* The Team Around the Child (TAC) and the Lead Professional (CWDC 2009)
* Multi-Agency Statutory Guidance on Female Genital Mutilation (HMG. 2020)
* Multi-Agency Public Protection Arrangements (MAPPA) (Ministry of Justice, National Offender Management Service and HM Prison Service 2014)
* Safeguarding Children from Abuse Linked to a Belief in Spirit Possession (HMG 2010)
* Safeguarding Children in whom Illness is Fabricated or Induced (HMG 2007)
* Safeguarding Disabled Children: Practice Guidance (DfE 2009)
* Safeguarding Children who may have been Trafficked (DfE and Home Office 2011)
* Child sexual exploitation: definition and guide for practitioners (DfE 2017)
* Handling Cases of Forced Marriage: Multi-Agency Practice Guidelines (HMG 2014)

**06.01 – Responding to safeguarding or child protection concerns**

**FGM**

* NSPCC 24-hour FGM helpline: 0800 028 3550 or email fgmhelp@nspcc.org.uk
* Government help and advice: [www.gov.uk/female-genital-mutilation](http://www.gov.uk/female-genital-mutilation)

**Forced marriage/Honour based violence**

* Accident Record (Early Years Alliance 2019)
* 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>

Associated Policies

ECC Whistleblowing Policy

ACL Safeguarding and Prevent Policy 24-25

If you require this document in any other format, please email acl.learning@essexacl.ac.uk stating the document name in full and the format you need.