



Child Protection Policy and Procedure

Monitoring and updating		
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Signed by (Printed name) <ul style="list-style-type: none">Jane Smith - Practice ManagerSophie Cleak – Practice ManagerHelen Wilson – Safeguarding Officer	Signature	Date
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Child Protection Policy and Procedure

This child protection policy and procedure forms part of our safeguarding children arrangements.

Aims

- **Our setting considers that the welfare of the child is paramount and it is the duty of members, staff and volunteers under HM Government's Working Together to Safeguard children 2018 to implement this policy, and to ensure that it has in place appropriate procedures to safeguard the well-being of children and young people and protect them from abuse**

Implementation and Monitoring

- The Trustees will appoint a Child Protection Officer;
- One role of the Child Protection Officer will be to identify or ensure there is a member of staff to take the lead responsibility for safeguarding children within the setting and liaising with local statutory children's services as appropriate. This person will be the **Designated Safeguarding Lead (DSL)** The DSL must attend an advanced inter-agency child protection training course, which must be updated at least every 2 years (in Bristol this is run by the Keeping Bristol Safe Partnership – KBSP);
- The DSL will provide advice and support to other staff on child welfare, safeguarding and child protection matters.
- The DSL will take lead responsibility on online safety and filtering and monitoring of the internet and devices in the setting.
- This Child Protection Officer will receive reports from the DSL of any occasions when there are concerns or issues of Child Protection.
- All staff and volunteers must maintain an attitude of 'It could happen here'.
- All staff and volunteers must undertake child protection training, which must be updated every 3 years. There will also be an annual in-house update for all staff;
- The Child Protection policy must be part of the induction for all staff and volunteers;
- All staff and volunteers are aware of how to support children to understand and recognise risk;
- The setting will review this policy annually, to ensure it is up to date and is being implemented correctly;
- If the DSL is uncertain about concerns about a child, they should contact Families in Focus.

Designated Safeguarding Team

All staff have a safeguarding duty. However, the management and leadership team with specific safeguarding responsibilities are;

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Designated Safeguarding Lead
DSL



Jane Smith

Safeguarding Officer
(Trustee)



Helen Wilson

Deputy Designated Safeguarding Lead
DSL



Sophie Cleak

Deputy Designated Safeguarding Lead
DSL



Jackie Millward

Definitions of Abuse:

Child abuse is any action by another person – adult or child – that causes significant harm to a child.

The 1989 Children Act recognises four categories of abuse:

- **Physical Abuse** – a form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child, or failure to prevent physical injury. Physical harm may also be caused when a parent or carer fabricates the symptoms of or deliberately induces illness in a child.
- **Sexual Abuse** – involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing, and touching the outside of clothing. They may also include non-contact activities, 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. Sexual abuse can take place online and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children (see Peer on peer abuse).
- **Emotional Abuse** – the persistent emotional maltreatment of a child as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only in so far as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or "making fun" of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing a child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.
- **Neglect** - 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 because of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

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- a. Provide adequate food, clothing, and shelter (including exclusion from home or abandonment)
- b. Protect a child from physical and emotional harm or danger
- c. Ensure adequate supervision (including the use of inadequate caregivers)
- d. Ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to a child's basic emotional needs.

Safeguarding issues:

Historical Abuse

There may be occasions when a child will disclose abuse (sexual, physical, emotional or neglect) which occurred in the past. This information needs to be treated in the same way as a disclosure of current child abuse. The reason for this is that the abuser may still represent a risk to children now.

Domestic Abuse

Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are (or have been) intimate family partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to, psychological; physical; sexual; financial and emotional. Children can also be victims of domestic abuse.

Exposure to domestic abuse and/or violence can have a serious, long-lasting impact on children. Children experiencing this may demonstrate many of the symptoms listed in the Recognising Abuse section. Staff will need to treat them sensitively, record their concerns and consider informing First Response.

Female Genital Mutilation (FGM)

FGM has been a criminal offence in the UK since 1985. In 2003 it also became a criminal offence for UK nationals or permanent residents to take their child abroad to have female genital mutilation (Female Genital Mutilation Act 2003). Anyone found guilty of the offence faces a maximum penalty of 14 years in prison.

Section 73 of the Serious Crime Act 2015 amended the Female Genital Mutilation Act to include FGM protection orders (FGMPOs). An FGM protection order is a civil measure which can be applied for through a family court. The FGM protection order offers the means of protecting actual or potential victims from FGM under civil law.

It is helpful if you can have conversations at the earliest opportunity with parents and carers and provide information in leaflets and posters about FGM from the KBSP website Communities page:

[Welcome to the Keeping Bristol Safe Partnership website. \(bristolsafeguarding.org\)](http://bristolsafeguarding.org)

All agencies have a statutory responsibility to safeguard children in terms of preventing girls from FGM and identifying children who have already survived the procedure. It is important that staff are aware of what FGM is and the signs to look out for in girls at risk of the practice. For more information please go to the Keeping Bristol Safe Partnership FGM Safeguarding Guidance, in the Honour Based Violence section:

<https://bristolsafeguarding.org/policies-and-guidance/honour-based-violence/>

Being able to identify girls who are at risk needs a sensitive approach.

The Keeping Bristol Safe Partnership has an FGM referral risk assessment for professionals to consider the risks of girls from FGM.

<https://bristolsafeguarding.org/media/27269/fgm-referral-risk-assessment-2018.pdf>

If used, a record of the outcome must be kept.

Consider whether any other indicators exist that suggest FGM may take place or has already taken place, for example:

- The child has changed in behaviour after a prolonged absence from the setting;
- The child has health problems, particularly bladder or menstrual problems;
- The child has difficulty walking, sitting or standing and may appear to be uncomfortable.

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If a girl is at immediate risk of FGM taking place, it is a significant child protection issue and must be reported to the police and/or First Response.

You have a statutory duty to report if a girl under 18 informs you they have had FGM or if you see it. If FGM has taken place it is a significant child protection issue and must be documented and reported to First Response and/or the police.

When FGM has taken place, the Children's Social Care team will liaise with the health services so that a statutory safeguarding assessment takes place and to look at how the girl and family will be supported to access appropriate health care if needed. Legal action may be considered.

At any time you may seek advice from BAND, Families in Focus or First Response

For more information on this topic, see the online South West Child Protection Procedures, NSPCC or, locally, BAVA. Contact details are in the appendix.

The Prevent Duty/Radicalisation

Staff will be trained to recognise possible signs. In line with our Online Safety Policy, appropriate controls for digital content will be in place.

Our setting can also build pupils' resilience to radicalisation by promoting fundamental British values of: democracy; the rule of law; individual liberty; mutual respect for and tolerance of those with different faiths and beliefs and for those without faith or by discussing human rights so enabling children to challenge extremist views.

There is no single way of identifying an individual who is likely to be susceptible to a terrorist or extremist ideology. As with managing other safeguarding risks, staff should be alert to changes in children's behaviour which could indicate that they may be in need of help or protection. It is important to take action if staff observe behaviour of concern. The Police Prevent Team can give advice, contact 01278 647466 or ring 101 and ask for the Prevent team, explaining you are calling about extremism or radicalisation.

Any concerns about a child will be referred through First Response or the police. The concern may then be dealt with through usual safeguarding procedures or referred to the Channel process. For information regarding the Channel process, an email address is in the appendix, along with other contacts.

Another source of advice around preventing extremism in schools and children's services nationally is the Counter Extremism Group.

If concerned about extremism in a school or organisation that works with children, or if you think a child might be at risk of extremism, contact the helpline.

Telephone 020 7340 7264 or

Email counter.extremism@education.gov.uk

Non-Mobile Babies

Injuries in non-mobile babies are rare and must be further investigated by a paediatrician, even if an explanation seems plausible. The mark/injury must be recorded along with the explanation given. All non-mobile babies with an injury should be discussed with a Hospital or Community Paediatrician or the Children's Emergency Department who will make a decision on whether the baby needs to be examined by a medical professional. Early Years Settings and Childminders working with non-mobile babies need to follow the Keeping Bristol Safe Partnership, "[Multi Agency Protocol for Injuries in Non-Mobile babies](#)". If settings need to use the procedure, it is important that as well as discussing this with and/or arranging for the baby to be examined by the Community Paediatrician, settings contact Social Care / First Response to request checks are made on the family. The referrer will request the check under the non-mobile baby protocol. This information will be made available to the Community Paediatrician to help in any risk assessment of the injury. This is not the same as making a referral and parents should be reassured that this is the case, but it is important that they check to see if the baby is already known to Social Care/Police.

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The setting will support the parent/carers in making arrangements to attend the medical examination appointment and will check with the hospital/medical examiners that the baby did attend the appointment. If a parent/carer informs the setting that the baby has previously been medically examined for this injury/mark, then details need to be requested and this information double checked.

If a baby presents with a serious injury, then seek medical attention immediately, usually by calling 999.

If an injury is serious or suggests abuse, we will make a safeguarding referral to Social Care/First Response, even if the child is a non-mobile baby.

Missing Child / Unauthorised Absence

Children going missing from the setting (through not attending when expected), particularly if this is repeated, or if a child is unexpectedly removed from a setting, can act as a vital sign for a range of safeguarding possibilities. This may include abuse and neglect, sexual abuse or exploitation and criminal exploitation. It may indicate mental health problems, risk of substance abuse, risk of travelling to conflict zones, risk of female genital mutilation, risk of forced marriage, family crisis or other issues that could affect the health and well-being of a child.

Although the children are not in compulsory education, we believe that we have a responsibility to follow up on unauthorised absences to ensure that the child and family are safe and well, which forms part of our safeguarding commitment. Particular care will be taken where there are known vulnerabilities and also when the family might otherwise be isolated (e.g.: summer holidays).

To manage this appropriately we have a separate policy regarding children going missing from childcare or Unauthorised Absence.

Peer on peer/ child on child abuse

Children can abuse other children. This is generally referred to as peer on peer abuse and can take many forms. This can include (but is not limited to): abuse within intimate partner relationships; bullying (including cyberbullying); sexual violence and sexual harassment; harmful sexual behaviour, physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm; sharing nudes or semi nudes and initiation/hazing type violence and rituals. It is important that all victims are taken seriously and offered appropriate support.

Keeping Children Safe in Education 2023, Part five, provides information and guidance on managing cases of child on child sexual violence and sexual harassment. Other areas of peer on peer abuse will be dealt with in line with existing policies e.g. Anti-bullying or Behaviour management

In addition, safeguarding action may be needed to protect children against:

(Please note that some of these terms are used to describe the same/similar harms and there are often overlaps: e.g. a child might get groomed or coerced into a gang where there is the risk of being a victim of serious violence and that gang might be involved in county lines drug selling.)

- Bullying, including online bullying (cyberbullying) and prejudice-based bullying
- Racist, disability and homophobic or transphobic abuse
- Gender-based violence/violence against women and girls
- Child Sexual Exploitation and trafficking
- Modern slavery/trafficking/children from abroad
- Child Criminal Exploitation and County Lines (Serious violence)
- Gang activity or youth violence
- Risks linked to using technology and social media, including online bullying; the risks of being groomed online for exploitation or radicalisation; and risks of accessing and generating inappropriate content, e.g.: sharing nudes or semi nudes and accessing pornography
- Teenage relationship abuse

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- Substance abuse
- Poor parenting
- Homelessness
- Forced marriage
- So-called "honour-based" abuse (this includes Forced Marriage, FGM and Breast Ironing)

Child Sexual Abuse in the Family Environment

Intra-familial child sexual abuse refers to child sexual abuse that occurs within a family environment. Around two-thirds of all child sexual abuse reported to the Police is perpetrated by a family member or someone close to the child. Sexual abuse which takes place within family environments often remains hidden and is the most secretive and difficult type of abuse for children and young people to disclose. Therefore, professionals must be able to spot the signs of possible sexual abuse and take appropriate action. The Centre of Expertise on child sexual abuse have produced resources to support professionals, including the 'signs and indicators' template for identifying and responding to concerns of child sexual abuse:

<https://www.csacentre.org.uk/knowledge-in-practice/practice-improvement/supporting-practice-in-tackling-child-sexual-abuse/>

ACES and Trauma Informed Practice

Trauma-informed practice is an approach which is grounded in the understanding that trauma exposure can impact a child's neurological, biological, and social development (KBSP).

Adverse Childhood Experiences (ACEs) are stressful experiences occurring during child that directly harm a child or affect the environment in which they live. Recognising and understanding the impact of trauma informs an approach to building resilience.

More information: [Adverse Childhood Experiences and Trauma Informed Practice in Bristol](#)

Safer Options and Contextual Safeguarding

Contextual safeguarding is an approach to understanding and responding to young people's experiences of significant harm beyond their families. It recognises that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse.

More information: [Safer Options, Contextual Safeguarding and Extrafamilial Harm](#)

Confidentiality and Appropriate Disclosure of Information

Confidentiality is crucial to all our relationships, but the welfare of the child is paramount. The law does not allow anyone to keep concerns relating to abuse to themselves. Therefore, confidentiality may not be maintained if the withholding of information will prejudice the welfare of the child.

All information that has been collected on any child will be kept locked and secure and access will be limited to the appropriate staff, management, and relevant agencies.

In the event of an investigation, it is essential that no information on child protection concerns relating to a child are disclosed inappropriately. Any such disclosures could have serious consequences for both the child concerned and any investigation.

If uncertain about what information may be shared, take advice, or refer to HM Government's Information Sharing, Advice for practitioners. (Please see Further Information section for a link.)

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- Whilst parents / carers have the right to see any records kept on their child, this might not always be appropriate and should not put the child or yourself at risk;
- It is very important that only those who need to know, actually know, to avoid any rumour and gossip that could affect the child, parent / carer and the group.

Information keeping

Information on child protection/safeguarding concerns should be kept confidential and stored securely. Each child will have a separate child protection file.

Records should include:

- a clear and comprehensive summary of the concern;
- details of how the concern was followed up and resolved;
- a note of any action taken, decisions reached and the outcome;

Where there are a number of concerns;

- an overview timeline linked to the concern reports.

Transfer of a Child Protection Safeguarding File from one education setting to another

(e.g. from an early years setting to another early years setting or to a school)

- The DSL must inform the receiving setting that the child has a child protection file and that this is going to be transferred to them;
- The Designated Senior should pass the original of the child protection/ safeguarding file to the receiving setting. A copy of the file should be retained by the setting. This should be delivered separately from the child's main file and be delivered either by hand or by recorded delivery. The parents/carers of the child must never be used to transfer the child protection file. The transfer must happen within five school days from notification and the setting should record that the transfer has been made;
- The setting should ensure that confidentiality is maintained and the transfer process is as safe as possible;
- When a new child starts that has previously been attending another setting, the previous setting will be asked if the child has a Child Protection/ Safeguarding File;
- If so, once the transfer of the file has been made, the setting should record that the file has been received (receipt) and keep this record for 6 years.
- Settings transferring the file, should keep a copy of the transferred file themselves. This should be until the child reaches their 25th birthday. A recommendation is to mark the envelope with the date of the child's 25th birthday as the 'Date for Destruction'.

Please refer to the KBSP document "**Guidance on the Transfer of a Child Protection Safeguarding File to Another Education Setting**", for full details of what should be in a file, how to transfer it and what records should be retained.

Parents/carers will be made aware when registering their child with us, that we have a duty to share/pass on child protection/safeguarding information to the next education provider.

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Protecting Children and Young People

Please refer to the KBSP Bristol Multi Agency Threshold Guidance, to help you identify the response needed.

Recognising Abuse

Recognising abuse is one of the first steps in protecting children and young people and there could be signs or behaviour that make you feel concerned. All staff should be alert to the following situations and types of behaviour in children:

- Becoming excessively aggressive, withdrawn or clingy;
- Seeming to be keeping a secret;
- Significant changes in children's behaviour;
- Deterioration in children's well-being;
- Unexplained bruising, marks or signs of possible abuse or neglect;
- Any bruising or marks on a non-mobile baby;
- Unreasonable fear of certain people or places;
- Acting out in an inappropriate way, perhaps with adults, other children, toys or objects;
- Children's comments which give cause for concern, e.g.: inconsistent explanations of bruising, injuries or burns;
- Self-harm;
- Sexually explicit language or actions;
- Being upset, withdrawn or angry after using the internet or texting;
- Children who go missing, particularly on repeat occasions.

Vulnerability

Some children with 'Protected Characteristics' may be more vulnerable to abuse for a range of reasons, so staff need to be alert to these.

- Disabled children. Staff should be vigilant regarding possible signs of abuse relating to disabled children and not automatically assume that signs relate to their impairment.
- SEND/children with behaviour issues
- Looked after children/children in care
- Homelessness
- Children with allocated social worker or family support worker
- Young carers
- Parents/carers in prison
- Mental Health
- Children isolated and unsupported for a range of reasons

This list is not exhaustive and vulnerability is a changing situation which can affect any child. Every child will have a named Key Worker and when needed they will work together with the DSL or Inclusion Lead to ensure the child is supported. If needed, a written support plan will be put in place.

Not all concerns about children or young people relate to abuse, there may well be other explanations. It is important to keep an open mind and consider what you know about the child and their circumstances.

If you are worried, it is not your responsibility to investigate and decide if it is abuse. It is your responsibility to act on your concerns and do something about it.

What to do if Abuse is Disclosed

The setting is committed to ensuring that it meets its responsibilities in respect of child protection by treating any allegation seriously and sensitively. Staff should also be aware that children might not be ready to tell someone they are being abused or even recognise their experiences as being harmful.

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- **Stay calm;**
- **Listen** to what the child / young person is actually saying;
- **Reassure** them that they have done the right thing by telling you;
- **Ask Open questions**, e.g.: Can you tell me why you are upset? Can you tell me what is frightening you? Can you tell me why you don't want to go home today? Open questions enable you to gain information and clarification;
- **Don't ask leading questions.** This could lead a child to say something or agree with you wrongly. A closed question is: Are you afraid to go home because your Mum will hit you?;
- **Do not ask the child / young person to repeat** what they have told you, for another worker or Trustee. If the matter is to be investigated further, this will be done by trained professionals;
- **Do not promise the child that this information can be kept secret**, as subsequent disclosure could then lead to the child feeling betrayed;
- If appropriate, explain to the child who you are going to tell and why. If the child asks what might happen next, it is ok to say that you don't know, but that you can be there to support them if they want;
- Make a note of any conversations with the child, trying to make these as detailed as possible, including when and where the conversations took place. Use a body map or draw a diagram, if appropriate, to show the position of any bruises or marks the child or young person shows you, trying to indicate the size, shape and colour;
- **Record** this as soon as possible on the setting's Disclosure Form and use the **actual words** used by the child;
- **Keep all records factual.** Be aware of not making assumptions or interpretations of what the child / young person is telling you. Store all records securely;
- **Discuss your concerns with the DSL.** If the disclosure involves a member of staff, follow the Staff Allegation section;
- **If appropriate, inform parents / carers** that you are going to report your suspicions / concerns. This might not always be possible and should not put the child or yourself at risk. When you report an incident, the First Response/duty officer will ask you if the parent / carer has been informed. If you haven't, they will want to know the reasons why;
- The DSL must report the disclosure to the appropriate agency. In most cases this will be First Response, who will triage the call (see Appendix A). You can contact First Response by phone or if it is at the Families in Focus (previously called Early Help) level, by using the online form (see First Response link in 'further information');
- First Response will assess the call and pass you onto an appropriate agency. This will be Social Care (Level 3 Statutory Response) if it is a Child Protection issue or Families in Focus (Level 2 Escalating, Targeted support/Escalating Needs) if the concern is at a lower level but a multiagency response is needed. First Response may also signpost to other services or even ask you to plan to support the child. (Level 1 Plus Additional Support Universal Services);
- Once the referral has been made and if appropriate, you can tell the child what is going to happen and what to expect.

What to do if Abuse is Suspected

- If any signs or symptoms lead you to feel concerned that a child may be being abused or neglected, it is important that you record these using the setting's Concerns Form (recording what, when & where) and share these concerns with the DSL;
- With the DSL, decide on a plan of action:
 - Ongoing observation of the child, noting any further concerns;
 - Discussion with other staff to gain any further information they may have;
 - Discussion with parents/carers to establish if there might be reasons for the child's behaviour /actions;
 - Work with the child and parents/carers to reduce risk, this may be by offering a service through your setting or by referring to additional support externally.
- If you or the DSL are uncertain about whether the concern is reportable, call the Families in Focus Team for advice;

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- If you are still concerned about the welfare of the child / young person, this information must be passed on to First Response. Parents / carers should be informed unless you think this could put the child or yourself at risk;
- First Response will assess your call and pass you onto an appropriate agency. This will be Social Care (Level 3 Statutory Response) if it is a Child Protection issue or Families in Focus (Level 2 Escalating, Targeted support/Escalating Needs) if the concern is at a lower level but a multiagency response is needed. First Response may also signpost to other services or even ask you to plan to support the child. (Level 1 Plus Additional support Universal Services);
- If First Response has been contacted and they pass you to Children's' Social Care, they should let you know that they are responding to what you have told them. If you have not heard from the Social Care team, it may be appropriate to contact them to ensure that the details you gave them have been taken into consideration and acted upon.

All staff should be aware that children may not feel ready or know how to tell someone that they are being abused, exploited, or neglected, and/or they may not recognise their experiences as harmful. It is important to maintain professional curiosity and speak to the DSL if you have concerns about a child.

What to do if it is an Emergency

If you think a child is in immediate danger or a criminal act has taken place you should telephone the police on 999. In all other circumstances, you need to refer the matter to First Response and follow the procedure described in section 1 above;

In a medical emergency, your first action may need to be one of the following:

- Telephone for an ambulance, or;
- Ask the parent to take the child to the hospital at once, or;
- Take the child yourself.

The child is the legal responsibility of the parent/carer and they must be involved as soon as practical, unless to do so would put the child at immediate risk of harm. Having taken the necessary emergency action it is important that you make immediate contact with First Response. If it is out of office hours, contact the Emergency duty team.

Working with Children and Young People

Recognising Inappropriate Behaviour in Staff, Volunteers and Other Adults.

There is no guaranteed way to identify a person who will harm children. However, there are possible warning signs. These may include:

- Paying an excessive amount of attention to a child or groups of children, providing presents, money or having favourites;
- Seeking out vulnerable children, e.g. disabled children;
- Trying to spend time alone with a particular child or group of children on a regular basis;
- Making inappropriate sexual comments;
- Sharing inappropriate images;
- Being vague about where they have worked or when they have been employed;
- Encouraging secretiveness.

There may be other sources of concern; this is not a conclusive list. If you are concerned about another staff member or volunteer's behaviour you need to pass this on to the DSL.

If a Staff Allegation is Made, or you Suspect a Member of Staff or Volunteer of Abuse or Inappropriate Behaviour:

The LADO MUST be involved and consulted on ALL staff allegation incidents that may meet the harm threshold before an investigation of any type occurs.

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Definitions of harm:

If it appears or has been reported (e.g.: by a parent/carer or another child) that a staff member or volunteer has:

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

then these procedures **MUST** be followed:

- Record the concerns and report them to the DSL;
- The DSL should take steps to ensure that during the remainder of the working day that particular member of staff is not left in sole charge of any child or children;
- At the earliest opportunity, the DSL must contact the setting's Child Protection Officer - see list in Appendix A;
- It may be clear in some cases, where a child has been injured and/or there is clear evidence of significant harm or risk of significant harm, an immediate referral must be made to the police, First Response or emergency services. In addition:

Either the DSL or the Child Protection Officer must then contact the Local Authority Designated Officer (LADO) WITHIN 1 WORKING DAY of receiving the report of an allegation.

Local Authority Designated Officer (LADO)

Telephone: 0117 903 7795 or Work Mobile: 07795 091020

- Once you have notified the Local Authority Designated Officer (LADO) of any allegation against a person who works with children, please complete the following form and return to the relevant email address.

LADO Notification form:

[1-lado-referral-form-kbsp-oct22.doc \(live.com\)](#)

- The setting must follow the LADO's advice on how to deal with allegations against staff. **Note: Do not start any investigation into the allegation until the LADO has been contacted;**
- If the allegation hasn't been made by the parent/carer, the setting should take advice from the LADO on how and when to inform them;
- The setting is required to inform OFSTED of any allegations of abuse against a member of staff, student or volunteer, or any abuse that is alleged to have taken place on the premises or during a visit or outing within 14 days. (See Appendix A);
- If the concern is regarding the DSL, the above procedure will be followed but the report will be made to the Deputy DSL/Child Protection Officer.

Low-level concerns

A low-level concern is a concern, no matter how small, that is inconsistent with the staff code of conduct, including inappropriate conduct outside of work. Where a concern does not meet the harm threshold it will be dealt with under our low-level concerns policy and procedure. If a setting is uncertain if a concern is at a low level or staff allegation level, a professional discussion with the LADO should be sought.

Support to Staff and Volunteers

The Trustees will fully support all members of staff in following this procedure. Following an allegation or investigation:

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- Staff and volunteers who work with issues of child protection may themselves need support in dealing with the emotional distress this can cause. They can talk to the setting's DSL or Child Protection Officer and any of the appropriate agencies listed in Appendix A;
- Staff, volunteers or Trustees
- Members may also be subject to allegations of abusing children in relation to their work for the setting. While support will be offered to these individuals by the setting, we will ensure that the agency dealing with the matter is given all assistance in pursuing any investigation and the Bristol LADO will be informed. The disciplinary procedure may be implemented.
- Staff and volunteers may also experience abuse outside of the work setting. They can talk to the setting's DSL or Practice Manager to seek support. E.g. Domestic Abuse

Recruitment and Employment of Staff and Volunteers

We acknowledge that paedophiles and those that pose a threat to children may be attracted to employment that allows them access to children and young people. As part of this policy, we will ensure that people working with the children are safe to do so.

- All staff (including the setting's Practice Managers) and volunteers will be checked by the Disclosure and Barring Service on joining the scheme, to be renewed every 3 years;
- All people connected with the setting must declare all convictions/cautions incurred since DBS disclosure which may affect their suitability to work with children;
- All people connected with the setting must declare their disqualification status;
- Two references will be taken up prior to appointment for new staff and volunteers and a medical reference may also be required;
- The selection and interview procedure of the setting will be adhered to. This must include a full employment history, qualifications, interview, and identity checks. Applicants will be informed of any online searches as part of the recruitment process. This would normally be carried out on short-listed candidates only;
- Providers must also meet their responsibilities under the Safeguarding Vulnerable Groups Act 2006 which includes a duty to make a referral to the Disclosure and Barring Service where a member of staff is dismissed (or would have been had the person not left the setting first) because they have harmed a child or put a child at risk of harm;

Use of Mobile Phones, cameras, and Online safety

We are aware of the risks associated with the use of mobile phones and cameras in the setting. To manage this appropriately we have separate policies regarding the use of these devices and online safety. In addition, we will ensure that all internet compatible devices used in the setting will have appropriate filters and controls. The implementation of filters and controls will be overseen by the DSL.

Staff Behaviour

All staff, volunteers and management members within the setting recognise that they need to conduct themselves in an appropriate, open and transparent way to ensure a safer environment for all.

In addition, we will use "Guidance for safer working practice for those working with children and young people in education settings," as a tool to develop setting specific guidance on behaviour or Code of conduct for staff and volunteers.

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Whistleblowing

We have a separate Whistleblowing Procedure so serious and or systemic concerns about senior staff or management may be reported to more senior staff/management or to an appropriate external organisation if necessary. Allegations about specific staff members should be dealt with in line with the Staff Allegation section earlier in this document.

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Further Information

South West Child Protection Procedures – provide detailed online information on all aspects of child protection, e.g : Staff allegations
<https://www.proceduresonline.com/swcpp/>

Multi Agency Guidance for injuries in non-mobile babies
[non-mobile-baby-injury-policy-update-final-july-2023.pdf \(bristolsafeguarding.org\)](https://www.bristol.gov.uk/social-care-health/make-a-referral-to-first-response)

Working Together to Safeguard Children 2018
<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2#history>

Making a referral to First Response online advice and link to practitioner booklet
<https://www.bristol.gov.uk/social-care-health/make-a-referral-to-first-response>

Guidance for safer working practice for those working with children and young people in education settings
<https://saferrecruitmentconsortium.org/>
[Professional and Personnel Relationships \(cimpress.io\)](https://www.cimpress.io/)

Information sharing. Advice for practitioners providing safeguarding services to children, young people, parents and carers, 2018
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721581/Information_sharing_advice_practitioners_safeguarding_services.pdf

KBSP "Guidance on the transfer of a child protection safeguarding file to another educational setting"
<https://bristolsafeguarding.org/media/myopzmfj/transfer-of-cp-and-safeguarding-file-reviewed-may-2020.pdf>

Prevent Duty Guidance for England and Wales
<https://www.gov.uk/government/publications/protecting-children-from-radicalisation-the-prevent-duty>

KBSP Threshold Guidance-2018
<https://bristolsafeguarding.org/media/42802/threshold-guidance-kbsp-edit.pdf>

EYFS Safeguarding and Welfare Requirements – Child Protection March 2021 Start Sept 2021
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/974907/EYFS_framework_-_March_2021.pdf

Inspecting safeguarding in Early Years, Education and Skills
<https://www.gov.uk/government/publications/inspecting-safeguarding-in-early-years-education-and-skills/inspecting-safeguarding-in-early-years-education-and-skills>

Keeping children safe in education 2023

[Keeping children safe in education 2023 \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk)

KBSP Protocol: Children who Display Harmful Sexual Behaviour
<https://bristolsafeguarding.org/media/slvjkgfj/final-hsb-protocol.pdf>

Safeguarding children and protection professionals in early years settings online safety considerations
<https://www.gov.uk/government/publications/safeguarding-children-and-protecting-professionals-in-early-years-settings-online-safety-considerations>

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Appendix A – Useful contacts

1. Trustee responsible for Child Protection (Child Protection Officer)

Name/s: Helen Wilson

2. Staff Designated Safeguarding Lead and Deputy Designated Safeguarding Lead

Name: Jane Smith

Name: Sophie Cleak

Name: Jackie Millward

3. Referral Agencies

- **First Response** T: 0117 9036444 (all Bristol)

The place to call if you are concerned about a child or young person or think they need some help. Calls to First Response may result in direct referral to a Social Work Team or to Early Help and/or advice and guidance being given about services to help families.

- **Families in Focus: North** 0117 352 1499; **East / Central** 0117 3576460; **South** 0117 903 7770
- **Disabled Children Team** (all Bristol) - Tel: 0117 9038250
- **Emergency Duty Team /Out of Office Hours** T: 01454 615 165
- **Police:** Non-emergency – Tl: 101 Emergency – Tel: 999
- **On-Call Consultant Paediatrician** (via BRI Switchboard)
- T: 0117 923 0000 – non-mobile babies

4. For Staff Allegations Contact:

- **Local Area Designated Officer** – T: 0117 903 7795, Work mobile: 07795 091020
- **Online Lado referral form** [1-lado-referral-form-kbsp-oct22.doc \(live.com\)](#)
- **Registered providers must inform Ofsted of any allegations of serious harm or abuse as soon as reasonably practicable, but at the latest within 14 days of the allegations being made.**
- **Ofsted Compliance and Investigation Team (For reporting any Child Protection concerns)** T: 0300 123 4666 or [email:cie@ofsted.gov.uk](mailto:cie@ofsted.gov.uk)

5. Support and advice

- **South West Child Protection Procedures** (online guidance) <https://www.proceduresonline.com/swcpp/>
- **Childline** -T: 0800 1111 (open 24 hours)
- **National Association for the Prevention of Cruelty to Children (NSPCC)** -T: 0808 800 5000
- **NSPCC Whistleblowing hotline:** T: 0800 028 0285 or email help@nspcc.org.uk
- **NSPCC FGM helpline:** T: 0800 028 3550 or email fgmhelp@nspcc.org.uk.
- **Bristol Against Violence and Abuse (BAVA)** email bava@bristol.gov.uk or www.bava.org.uk

Keeping Bristol Safe Partnership: [Welcome to the Keeping Bristol Safe Partnership website. \(bristolsafeguarding.org\)](#)

- **Police Prevent Team:** T: 01278 647466
- **Channel info:** channelsw@avonandsomerset.pnn.police.uk
- **Refuge National Domestic Abuse Helpline:** T: 0808 2000 247
- **Next Link (domestic abuse Bristol):** T: 0800 470 0280/0117 925 0680

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- Employers initiative on domestic abuse <https://www.eida.org.uk/>
- BAND Development and Support Worker

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Bristol Safeguarding Contacts If you have concerns about a child...



<p>If a child is at immediate risk call the POLICE</p>	<p>POLICE 999</p>
<p>To make an URGENT referral, i.e. a child is likely to suffer or is suffering significant harm, call First Response</p>	<p>FIRST RESPONSE 0117 903 6444 (Out of hours Emergency Duty Team 01454 615 165)</p>
<p>To make a NON-URGENT referral, contact FIRST RESPONSE using the online form (must have parental / carer consent).</p>	<p>FIRST RESPONSE Online form https://www.bristol.gov.uk/social-care-health/make-a-referral-to-first-response</p>
<p>To raise a concern about extremism or possible radicalisation (also contact first response).</p>	<p>PREVENT DUTY Call the Police 01278 647466 PreventSW@avonandsomerset.police.uk</p>
<p>For advice and guidance about whether to make a referral.</p>	<p>Families in Focus Team North 0117 352 1499 East & Central 0117 3576460 South 0117 9037770</p>

If you have concerns about a professional working with a child...

<p>To raise concerns, report or for advice and guidance in relation to the conduct of someone who works with children.</p>	<p>Local Authority Designated Officer (LADO) Nicola Laird LADO 0117 903 7795</p>
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Support and guidance for Childcare provision

<p>For information, support and guidance.</p>	<p>BAND 0117 954 2128 admin@bandltd.org.uk</p>
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