



Safeguarding & Child Protection Policy & Procedures

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Community Social Workers	How to contact Children's Social Care How to contact Children's Social Care Worcestershire County Council
Local Authority Designated Officer	01905 846221 (or via the FFD)
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Pinvin Community Preschool current Policies and Procedures: Safeguarding and Child Protection; Health and Hygiene; Safety and Suitability of Premises; Environment and Equipment; Suitable People; Information and Records (including GDPR); Self-regulation in the Early Years; Equality and Diversity; SEND in the Early Years; The Role of the Early Years Educator; Covid-19 Response.	

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An Introduction to Safeguarding and Child Protection

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

Safeguarding can be defined as:

- Protecting children from maltreatment.
- Preventing impairment of children's health or development.
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care.
- Taking action to enable all children to have the best outcomes.

('Working Together to Safeguard Children', DfE 2018)

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

Children's Rights

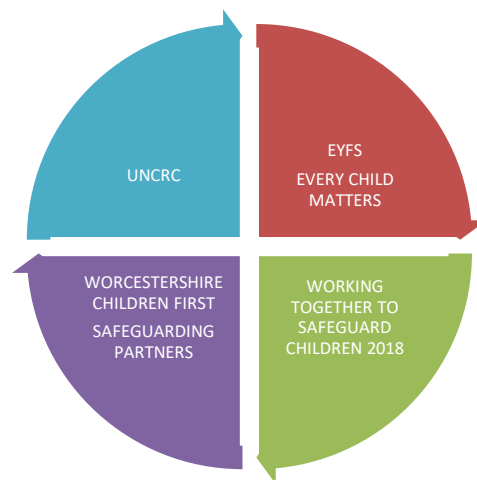
The UN Convention on the Rights of the Child (**UNCRC**) sets out the rights that must be realised for children to develop their full potential, free from hunger and want, neglect and abuse. All children have the right to be strong, resilient and listened to, in an environment where they are protected from abuse and harm.

Pinvin Community Pre-school promotes children's right to be strong, resilient and listened to. We create an environment within our setting that encourages children to develop a positive self-image, which includes their heritage stemming from their colour and ethnicity, their languages spoken at home, their religious beliefs, cultural traditions and home background.

We promote children's right to be strong, resilient and listened to by;

- Encouraging children to develop a sense of autonomy and independence.
- Enabling children to have the self-confidence and the vocabulary to resist inappropriate approaches.
- We help children to establish and sustain satisfying relationships within their families, with peers, and with other adults.

The Wider Context



The rights and entitlements of children are embedded into the **Statutory Framework for the Early Years Foundation Stage (2021)** otherwise known as the EYFS which states;

3.1 *Children learn best when they are healthy, safe and secure, when their individual needs are met, and when they have positive relationships with the adults caring for them.*

Everything that we do at Pinvin Community Pre-school is centred around the EYFS Statutory guidance. Training on the EYFS starts at the induction process and continues throughout the careers of all our Early Years Practitioners.

The Government guidance **Working Together to Safeguard Children (2018)** provides a national framework for all agencies working with children to work in partnership to safeguard children effectively. This guidance is written with regard to the following legislation and guidance:

[The Children Act 1989](#)

[The Education Act 2002](#)

[The Sexual Offences Act 2003](#)

[The FGM Act 2003](#)

[The Children Act \(2004\)](#)

[The Childcare Act \(2006\)](#)

[Safeguarding Vulnerable Groups Act \(2006\)](#)

[The Childcare \(Disqualification\) Regulations \(2009\).](#)

[Children & Social Work Act \(2017\)](#)

[Inspecting registered early years providers \(Ofsted 2018\)](#)

[Inspecting safeguarding in early years education and skills setting \(Ofsted 2019\)](#)

[Statutory Framework for the Early Years Foundation Stage \(2021\)](#)



Worcestershire Children First is responsible for the delivery of services to children and young people across Worcestershire. The company is 100% owned by Worcestershire County Council and delivers its children's services on behalf of the local authority working with partners across the county to ensure children, young people and families receive the best possible service.

Responsible for: Children's Social Care, Education, Early Help, SEND and Foster Care.

Safeguarding Partners

Working Together to Safeguard Children (2018) focuses on the core legal requirements of safeguarding, making it clear what individuals, organisations and agencies **must and should do** to keep children safe. In doing so, it seeks to emphasise that effective safeguarding is achieved by putting children at the centre of the system and by every individual and agency playing their full part.

This recently revised document (February 2019) in line with the **Children and Social Work Act (2017)** introduced a requirement for new multi-agency safeguarding arrangements (**MASA**) at local authority level.

Instead of each locality having access to a Local Safeguarding Children Board, the government states each locality must have access to a team of Safeguarding Partners, who will work collaboratively to strengthen the child protection and safeguarding system.

In Worcestershire the three safeguarding partners are;

1. Chief Executive of Worcestershire County Council
2. Chief Constable of West Mercia Police
3. Accountable Officer for NHS South Worcestershire, NHS Wyre Forest and NHS Redditch and Bromsgrove Clinical Commissioning Groups (CCGs).

These partners have a shared and equal duty to make arrangements to work together to safeguard and promote the welfare of all children in the local area. Legally the partnership only needs consist of the three partners however Worcestershire have committed to widening their sector to include education (including early years) and will be known as the **Worcestershire Safeguarding Children Partnership (WSCP)**.

WSCP replaces the Worcestershire Safeguarding Children Board (WSCB), however guidance produced by WSCB remains valid and should be followed by professionals.



Within this partnership, sit three sub-groups;

1) Quality Assurance Practice and Procedures (QAPP) Delivering a multi-agency program of Quality Assurance through; audits, understanding service user experience and monitoring of Key Performance Indicators.

2) Safeguarding Practice Reviews Completion of serious case reviews and serious incident reviews to identify multi agency learning.

3) Get Safe Partnership Board 'GET SAFE' is the WSCP's title for the identification and management of multi-agency support and protection for children and young people at risk of criminal exploitation.



Get Safe stands for:

Gangs, Sexual Exploitation, Trafficking, Modern Day Slavery, Absent or Missing, Forced Marriage, Criminal Exploitation

Regional Child Protection Procedures for West Midlands

Within the West Midlands, there are nine local areas that collaborate on child safeguarding procedures. A proposal to take a more regional approach to multi-agency working was successfully submitted to the DfE, to improve efficiencies where numerous partner organisations (police, probation and health) work together, spanning issues that cross local authority boundaries.

The regional child protection procedure website allows you to select your relevant region to find a wealth of information on the subject of safeguarding and child protection.

<https://westmidlands.procedures.org.uk/>

Registered Providers Role and Responsibilities

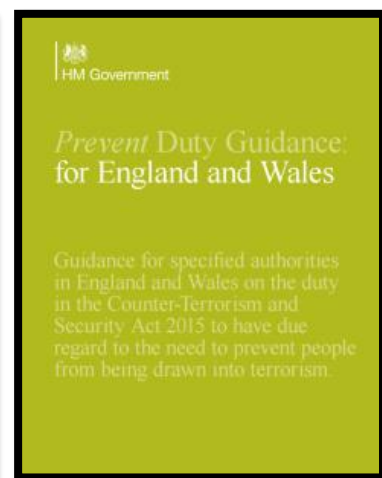
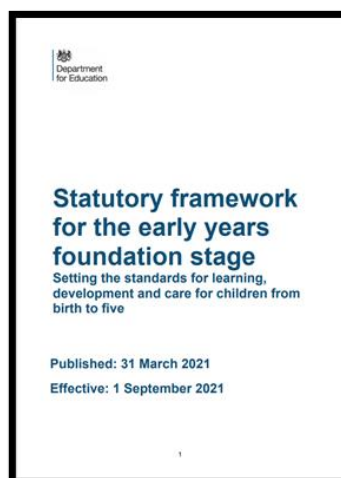
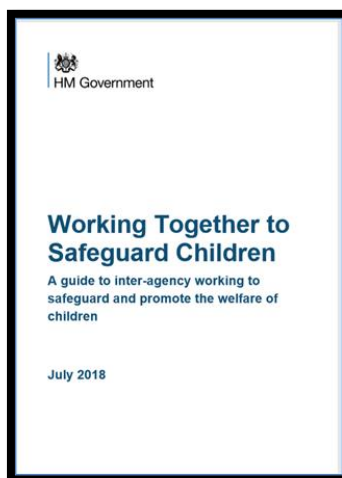
Safeguarding is everyone's responsibility and therefore all adults working in the setting will:

- Take all necessary steps to keep children safe and well.
- Promote good health.
- Manage behaviour.
- Be alert to any issues for concern in the child's life at home or elsewhere.
- Meet the requirements of the Statutory Framework for the Early Years Foundation Stage (EYFS 2021).
- Follow the policies and procedures of the setting and notify the relevant person or agency without delay if concerns arise.
- Keep appropriate records.

In addition, the Registered Provider will:

- Adhere to the government's statutory guidance: *'Working Together to Safeguard Children 2018'* and to the *'Prevent duty guidance for England and Wales 2015'*.
- Implement the requirements of the Early Years Foundation Stage (2021).
- Create a culture of vigilance where children's welfare is promoted and where appropriate and timely action is taken when necessary to safeguard children.
- Make specific arrangements for children's safety and wellbeing, including:
 - implementing first aid, policies and procedures for responding to children who are ill or infectious.
 - adhering to a strict policy for the administration of medicines.
 - keeping a written record of accidents or injuries and first aid treatment and informing parents and/or carers of any accident or injury sustained by the child.
 - ensuring the premises are fit for purpose, compliant with health and safety legislation and appropriate risk assessment.

- having an evacuation procedure and suitable fire detection and control equipment.
 - ensuring staffing arrangement meet the needs of all children and ensure their safety by implementing a robust key person system.
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- Notify local child protection agencies and Ofsted of any serious accident, illness or injury to, or death of any child while in their care, and of the action taken.
 - Only release children into the care of individuals who have been notified to the provider by the parent and ensure that children do not leave the premises unsupervised.
 - Take all reasonable steps to prevent unauthorised persons entering the premises.
 - Keep and regularly update records of each child; name, date of birth, who has parental responsibility etc. and the required information about the Registered Provider and adults in regular contact with children.
 - Have a complaints procedure and records.
 - Keep attendance records.
 - Notify Ofsted of any changes e.g., a new manager, the address of the premises, the name or address of the provider, any proposal to change the hours during which childcare is provided.



The Role of the Designated Safeguarding Lead

The DSL ensures that they:

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

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

The provider nominates a Deputy DSL in order to ensure a DSL is available at all times during the hours of operation and this is to be built into weekly rota planning. The DSL retains overall responsibility.

Pinvin Community Pre-school is a committee-run setting and therefore has a committee member who takes a lead role in safeguarding/child protection to support the DSL. This person also attends training to DSL level.

Use of Technology including Mobile phones

Software: The setting uses two main software packages for the storage of data and children's progress: Tapestry and QuickBooks. Both have capacity for download on to mobile devices, but they are to be used on devices owned by, and stored securely within, the setting only and are not to be downloaded on to personal mobile devices. Staff will complete records while on site.

Mobile phones in the setting: Staff are not permitted to use their own devices in the setting except in the kitchen area where there are no children present. This includes any devices with cameras.

All devices are signed in and out and placed in a cabinet. The management team may on occasion complete spot checks. Phones are also taken from any visitors to the setting, signed for and stored in the cabinet for safekeeping.

We also require children to sign in any phones they may have on their possession when in our care.

The strict no-mobile phone use in the setting applies to parents during drop-off and collection time.

Mobile phones outside the setting

The setting provides a mobile phone for outings and allows the manager and deputy manager in charge on the day of an outing to take a personal mobile as back up.

Photos should not in any circumstances be taken on any other mobile but the setting's handset.

More information can be found later in this policy and accompanying appendices.

Safeguarding as part of the curriculum

We support children's personal, social and emotional development, and as part of this we teach children how to keep themselves and others safe.

We promote British values throughout the curriculum, for example we teach children independence, self-care and confidence, and we ensure that children understand personal boundaries and acceptable behaviour towards others and themselves.

More specifically we support children in understanding healthy and positive relationships and issues of privacy and respect. More information can be found in the appendices.

Recognising Abuse and Neglect

We recognise that there are many factors which contribute to a child's well-being and development including the parenting capacity of carers and the family home environment. We are in a unique position to observe any changes in a child's behaviour or appearance which might suggest that they are in need of support or at risk of harm.

We understand that abuse and neglect are forms of maltreatment of a child. Abuse to a child may be perpetrated by the actual inflicting of harm, or by failing to act to prevent harm.

Abuse may occur within a family or in an institutional or community setting by those known to the child. Less frequently abuse may be inflicted by a stranger in person or via the internet. A child may be abused by an adult or adults, or another child or children. When the abuser is a child, it is important to remember that they may also be at risk, and these concerns should also be raised with the appropriate agencies.

Physical abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child.

Emotional abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Sexual abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. It does not necessarily involve a high level of violence. 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 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 (including via the internet).

Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Neglect

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

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

Neglect may also include a lack of responsiveness to a child's basic emotional needs.

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

- Bruising on parts of the body which do not usually get bruised accidentally, e.g., around the eyes, behind the ears, back of the legs, stomach, chest, cheek and mouth (especially in a young baby), etc.
- Any bruising or injury to a very young, immobile baby.
- Burns, scald or bite marks.
- Any injuries or swellings, which do not have a plausible explanation.
- Bruising or soreness to the genital area.
- Faltering growth, weight loss and slow development.
- Unusual lethargy.

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

As of 31st March 2018: 78% of all Child Protection Plans in Worcestershire were for Neglect

More information can be found in the appendices.

Specific concerns which can affect the young child: We are also aware of specific risks and forms of abuse and we ensure that our training includes these, for example:

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

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

Children with family members in prison

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

Child Exploitation

Child exploitation occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18.

- This may result in **child sexual exploitation**, which does not always involve physical contact, it can also occur through the use of technology and can still be abuse even if the sexual activity appears consensual.
- It could also be **child criminal exploitation, e.g., 'county lines'**, which is a geographically widespread form of harm involving drug networks or gangs, who groom and exploit children and young people to carry drugs and money from urban areas to suburban and rural areas, market and seaside towns.
- Exploitation may also involve **modern slavery** and **trafficking**, which is not always from country to country, sometimes children are trafficked within the local area.
- More information can be found in the appendices.

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 partners or family members, regardless of gender or sexuality. Exposure to domestic abuse can have a serious, long-lasting effect on children and young people.

Homelessness

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

So-called 'honour-based' violence

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

Online safety

Children are often more adept at using technology than the adults around them, but do not necessarily understand the risks posed by those who they 'meet' online. In many cases parents are not fully aware of the risks and we therefore endeavour to inform and empower parents and carers. We do not allow children access to the internet when in our care. If we choose to use the internet for teaching purposes the adult prepares this without the child being present to ensure the site is safe. More information can be found in the appendices.

Peer on peer 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, bullying (including cyberbullying); sexual violence and sexual harassment; physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm; sexting and initiating/hazing-type violence and rituals. In such circumstances we would consider the potential needs of the perpetrator as well as the victim.

Poor mental health

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

Preventing radicalisation

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

Sexual violence and sexual harassment between children

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

Special education needs and disabilities

There is a higher rate of abuse and/or neglect among children with SEND. This may potentially be because:

- of the challenges faced by parents and carers.
- they have delayed cognitive and/or language development, leaving them vulnerable.
- signs and symptoms of abuse and neglect can sometimes be attributed to their condition.

We acknowledge and understand that SEND children may routinely display challenging behaviour, but unwanted behaviour can equally be an indicator of trauma as a result of abuse and neglect. We therefore consider all needs holistically in order to determine the right kind of support for the child and family.

Procedures for Responding to Concerns

Any adult working in the setting who is concerned about a child or who identifies that a child or family may need extra help and support, will discuss this with the DSL. They may also want to have a discussion with their SENCO and/or a colleague from another agency to get a better understanding of the child and their family, and this will be with the family's consent.

We recognise the importance of context, i.e., the family and wider environment in which the child lives.

Emerging concerns

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

Responding to disclosure

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

If a child makes a disclosure we will:

- **Contain our reaction as far as possible.** Try not to express shock or disbelief
- **Listen** to the child, accept what they say and communicate to them that we accept it.

- **Not** make any promises to the child about not passing on the information. The child needs to know that someone who will be able to help them will be spoken with.
- **Record** the information as accurately and quickly as possible, including the timing, setting and those present, as well as what was said. Recording of safeguarding concerns should stick clearly to the facts and not be embellished with personal opinion or draw in previous incidents.
- **Discuss with the DSL** to determine the most appropriate course of action.
- **Not interrogate the child.** We may ask for clarification but will not ask leading questions. We will use 'TED' questions, i.e., '**Tell** me what happened', 'please **explain** what you mean when you say' and 'can you **describe** the person?' or 'can you **describe** the place?'

We will under no circumstances record or photograph disclosure or injuries, as photographs can be edited. Collecting the evidence is **NOT** our responsibility. When talking to children, practitioners should try to remove barriers by thinking about the child's communication needs and preferences and about where conversations take place.

It is important to triangulate what the child says with how they behave and react to others and how the parents/carers behave. Are they telling you what they have been told to say? Do they say everything is OK and then behave as though it isn't? Do they say different things to different people? Don't assume that this is because they are lying, it may be because they are not able to say what they mean.

Sharing concerns with parents and carers


Concerns will generally be shared with the child's parents/carers. This can eliminate misunderstandings and can help us better understand the needs of the child and the family situation. It also ensures that our relationship with parents is built on trust and openness. Parents are fully involved in decision making and we seek consent from parents to share information with other professionals, to aid any support required for the child and family. If a concern has been raised about a child and following a

meeting with parents no further action is required, the record will state the outcome clearly and remain on the child's file.

However, in some circumstances we would not share information with parents or seek consent to share with others. For example, if:

- Sexual abuse is suspected.
- It is considered that discussing the issue with parents may put the child at further risk of significant harm.
- A criminal offence may have been committed.
- Organised abuse is suspected.
- Fabricated illness is suspected.
- An explanation is given by parents/carers which is felt to be inconsistent or unacceptable.

Assessing levels of Need

	<p>We refer to the WSCP ‘Multi Agency Levels of Need’ guidance to support our understanding of the child's needs and our decision making. In some circumstances we may be able to offer additional support ourselves. Sometimes we might need to work with another agency or possibly more than one. If possible, we will avoid a formal process, but when a child's situation becomes more complex or there appears to be increased risk, it may be necessary to draw up more formal plans with the family in order to coordinate the work.</p>
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Level 1: Coping with life

This category represents children with no identified additional needs. Their needs are met through universal services and possibly housing or voluntary services.

If further support is required practitioners talk to the DSL and to the parents to offer support as appropriate. We would (with the engagement of the family) carry out an Early Help Assessment and seek consent to involve other professionals as appropriate, and/or talk to a community social worker for advice and support.

Early Help Assessment (EHA)

The Early Help Assessment is a tool to assist any professional who is working with children, young people and families. It should be used where there are emerging welfare or well-being concerns. This is not a referral form but gives a framework to consider where there is an unmet need at any point in the child's life from pre-birth through to the teenage years, whilst working with a child or family.

Providing the right help at the earliest opportunity can help to solve problems before they become more pressing and complex, averting the need for statutory intervention later on.

It is not compulsory to use the Early Help Assessment but if, at a later date you wish to refer the child or young person onto statutory services, there will be an expectation that you have completed this form.

This form is completed directly with the family to ensure transparency and partnership working. It should state;

- What you are worried about.
- What is working well.
- What needs to happen.

After the assessment has been made, a family plan may be required. This can be completed by a single agency or by a group of professionals where a multi-agency meeting has been convened. The objectives contained in the plan should be SMART (specific, measurable, achievable, relevant and timely) and include actions that ordinarily form part of your professional role.

The plan should be circulated with the family and other agencies involved, within 5 days of writing. Parental consent is essential and a signature or confirmation of consent from the parent/carer must be in place.

A copy of the early help assessment and/or plan should be kept safe and secure within the setting.

The EHA can be found at: <https://www.worcestershire.gov.uk/eha>

Level 2: May need some extra help which I can manage

This category represents children with extra needs that can be met through universal services, providing additional support or straightforward working with one or more partners, such as Parenting Support, Physiotherapy or Speech and Language Therapy. At level 2 we would initiate an Early Help Assessment and Plan with the parents and other relevant agencies.

Level 3: I need further help; I need to work with other agencies

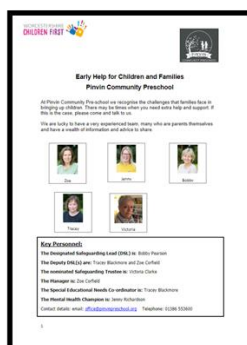
This category represents children with complex or escalating needs that can only be met by a coordinated multi-agency plan which sets out the outcomes to be achieved and the role of each partner agency and the family in meeting these objectives. Professionals working with the child and family will identify whether there is a need to engage specialist services.

Level 4: In need of serious help, I really am concerned and need to speak to Children's Social Care

This category represents children who need statutory and/or specialist interventions including both children in need and those in need of protection. A child in need is one who is unlikely to have a reasonable standard of health and development without statutory or specialist service. A child in need of protection is one that is suffering, or is likely to suffer, significant harm.

Early Help Local Offer

To support families who may find themselves in level 1-2 of the multi-agency levels of need, we have collated national and localised information on the support available to them. This is called our [Early Help Local Offer](#) and published to all of our families.



Making a Referral

If a child may be at risk of significant harm, the DSL makes a referral to the Family Front Door without delay. The DSL will do this by telephoning the Family Front Door and then completing a Referral to Children's Social Care. If all lines to the FFD are busy, the DSL will complete a Referral to Children's Social Care and indicate what time the child is likely to be collected from the setting.

1. Contact the **Family Front Door on (01905) 822666** weekdays 9.00am to 5.00pm (until 4:30pm on a Friday). Out of office hours (5.00pm to 9.00am weekdays and all-day weekends and bank holidays) contact the **Emergency Duty team on (01905) 768020**
2. The '[Referral to Children's Social Care](#)' is an online form, which can be accessed via the Professionals Portal

However, if the child **needs immediate protection, contact the Police on 999**, and if a child is brought to us with **serious injuries, we telephone for an ambulance**.

It is only at Level 4 that a social worker can be involved in a case. They legally have no rights to interfere until the level of need is agreed at level 4. Referral forms are printed and saved in the child's safeguarding file.

If Referral does not meet threshold

Statutory agencies can only intervene **without** the parent's consent if the child is considered **at risk of significant harm**.

If it is decided the child is '**in need**' rather than '**at risk**', assessment can only proceed with parental consent.

If we are not in agreement with the Family Front Door about the level of need and appropriate action, we will use the levels of need guidance to support a professional discussion with the decision maker, and if still unsatisfied we would use the WSCP Escalation policy. In the meantime, we would continue to observe the child, maintain records, offer support and refer to early help services if appropriate and be prepared to refer again if concerns increase.

For more guidance, please see the [WSCB Escalation policy](#).

Open cases

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

Supporting Early Years Educators

We support our Educators to:

- Expect the unexpected and be prepared to think the unthinkable.
- Appreciate that respectful scepticism and challenge are healthy – it is ok to question what you are told.
- Be able to recognise when disguised compliance is present.
- Understand the impact of coercive control on the behaviour and responses of family members.
- Recognise that not all families are like your own and that there is a danger in not testing out assumptions.
- Recognise the importance of context, i.e., the family and wider environment in which the child lives.
- Recognise the cumulative impact on children of multiple or combined risk factors (previously referred to as 'toxic mix').

Supporting Children

We recognise that children who are abused or witness violence may find it difficult to develop a sense of self-worth. They may feel helplessness, humiliation and some sense of blame. We acknowledge that settings may be the only stable, secure and predictable element in the lives of children who have been abused or who are at risk of harm. We are aware that research shows that their behaviour may be challenging and defiant or they may be withdrawn.

The setting will endeavour to support all children by:

- Encouraging self-esteem and self-assertiveness, as well as promoting respectful relationships, challenging bullying and humiliating behaviour.
- Promoting a positive, supportive and secure environment giving children a sense of being valued.

- Consistently applying strategies which are aimed at supporting vulnerable children, and supporting children to understand that some behaviour is unacceptable but that they are valued and will not be blamed for any abuse which has occurred.
- Liaising with other agencies that support the child such as Children's Social Care and Early Help providers.
- Notifying the Family Front Door as soon as a significant concern is identified.
- Providing continuing support to a child about whom there have been concerns, after they leave or move on from the setting by ensuring that appropriate information is forwarded under confidential cover to their new setting. A copy of records (which may potentially be required as evidence in the future) will be retained until the child has reached the age of 25 years.

Positive Physical Intervention

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

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

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

Supporting Documentation



[What to do if you're worried a child is being abused.](#) This guidance is for anyone who comes into contact with children and families while working. It explains the; signs of abuse and neglect and the action to take if you think a child is being abused.

Record Keeping

Documenting concerns

Our records are a factual account of what was seen and heard, containing the child's own words where appropriate and completed as soon as possible, not later than the end of the working day. The child is identified by name and date of birth on each page and we do not use abbreviations. Blank spaces or alterations are scored through with a single line, and the original entry remains legible. They are written in permanent black ink, dated, timed, signed and stored securely.

A professional opinion may be included in a record, but only if stated as such and the facts or observations upon which the opinion is based are made explicit. Try to avoid speculation, personal opinion (other than professional) or drawing conclusion based on previous incidents.

Clear records support decision making e.g., whether co-ordinated multi-agency support could be helpful, or a discussion with the Community Social Worker/referral to the Family Front Door is required.

An individual file chronology is kept as a summary of incidents, concerns and actions, to support monitoring. This chronology supports early identification of needs. The chronology is kept and updated by the Safeguarding co-ordinator and shared with the key person and DSL.

Safety and welfare concerns forms are used to record specific concerns and are completed by the person identifying the concern. The completed record is given to the DSL immediately, for consideration and/or action.

A safety and welfare concerns continuation form will be used following the recording of a concern, to record additional information.

An individual child protection file is started for a child when:

- There are welfare and or safety concerns
- The child has been referred to the Family Front Door

- There is Children's Services Social Care involvement with the child/family
- We are participating in multi-agency support

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

An individual child protection file includes:

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

Security, storage, and retention of records

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

Parents have the right to access information held about their child, so records are shared with them if they make this request. However, there are some exceptions, for example;

- If sharing the information would place the child at risk of significant harm.
- If records contain personal information about another individual e.g., another child. In this instance, records should still be shared when requested but with information about the other person redacted.

Where a parent's action, or proposed action, conflicts with the pre-school's ability to act in the child's best interests, we will try to resolve the problem with that parent but avoid becoming involved in conflict. However, there may be occasions when we need to decline requests for action from one or more parents.

In cases where we cannot resolve the conflict between separated parents, we would advise the aggrieved parent to pursue the matter through the Family Court.

All safeguarding records are retained until the child reaches the age of 25 years.

Further guidance can be found at:

[Understanding and dealing with issues relating to parental responsibility](#)

[Updated 3 September 2018](#)

Information Sharing

We take advice from the document '[Information sharing Advice](#) for practitioners providing safeguarding services to children, young people, parents and carers' (July 2018).

We recognise information sharing is a key factor in many serious case reviews, where poor information sharing has resulted in missed opportunities to take action that keeps children and young people safe.

We follow the 7 golden rules to sharing information.

1. Adhere to our 'Information and Records including GDPR Policy'.
2. We are transparent in our approach with parents and explain from the outset why, what, how and with whom information may be shared, seeking their agreement where possible.
3. Seek advice from other professionals.
4. Where possible share information with consent.
5. Consider the safety and well-being of those involved in our decision.
6. Only share information that is necessary, accurate, up to date, and shared securely.
7. Record our decisions for sharing information. Documenting who we shared information with and for what purpose.

Transfer of Child Protection records

When a child leaves our setting to move to a different provision or transfers to school, we copy the child's safeguarding file and transfer these records directly and securely to the receiving DSL. Records are transferred by hand if possible or signed for if posted. We aim to transfer records within 5 working days of them leaving.

Prior to sending on safeguarding records to the receiving setting we make the receiving establishment aware by telephone prior to the transfer of the records.

When we have transferred safeguarding records, we complete a transfer form and place as a front sheet to the safeguarding file. This is signed by our DSL and the receiving DSL, with other details such as the address of the setting and the date of transfer. We withhold the original safeguarding file with a copy of the transfer form and store securely until the child is 25 years old.

When new children start at our setting, as part of the registration process, we request information from the previous settings. We consider it to be best practice to contact the previous settings to establish if there are any safeguarding or developmental concerns.

Children in more than one setting

Where children are dual registered, we contact the other setting by telephone to establish if there is a safeguarding file that would assist us in safeguarding the child. Where possible we complete this with parental consent which is sought as part of the child's registration document. If we have safeguarding concerns about a child in our care who attends a different setting, we would follow our Information and Records policy or seek advice from Family Front Door to establish what action we should take.

Where we have shared information, we document this in the child's safeguarding file, specifying whom we shared information with and for what purpose.

Children subject to a Child Protection (CP) Plan

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

Child transfers to an unknown setting/location

If a child, subject of a child protection plan leaves and the name of the child's new education placement is unknown, the DSL will contact the child's Social Worker to discuss how and when records should be transferred. Where the records are of prior child protection/welfare concerns, and there is not an open case or a social worker involved with the family, the DSL will inform the Family Front Door.

Child protection files would be retained by us and transferred to the new setting, once known, or destroyed once the child has reached the age of 25.

More information on writing up safeguarding reports can be found in the appendices

Building a Safer Workforce

Recruiting

The provider checks the suitability and obtains an enhanced criminal record records disclosure for anyone working directly with children. We keep a record of the date and the serial number of the DBS certificate.

Applicants are asked to complete an application form and we obtain two employer references, including the most recent employer. If this is not possible, for example if the applicant is applying for their first position, we will obtain character references and complete a risk assessment.

Staff do not take up a post until all checks are completed satisfactorily.

The persons responsible for recruitment must have completed safer recruitment training and at least one of them is included on every interview panel.

We keep a record of ID checks, right to work in the UK, qualifications (certificates are checked), references obtained and DBS certificate details.

The same processes are used for volunteers, and student DBS certificates obtained by their training provider are checked and the details recorded.

Induction, training and continued supervision

Induction

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

- Safeguarding and Child Protection policy including how to define and identify possible signs of harm, abuse and neglect, and identity of DSL and Deputy DSL.
- Self-regulation in the Early Years (previously Behaviour Management Policy).
- Online Safety policy (including acceptable use).
- Whistleblowing procedure.

All staff complete safeguarding training at least every three years. The DSL, deputy DSL, manager and Registered Provider complete training at an appropriate level and refresh every two years. The quality and effectiveness of training is evaluated following each course. Preferably, local authority training is used as we are confident that this meets the requirements of the different roles, Ofsted expectations and the recommendations of the WSCP.

Safeguarding is always on the agenda at staff meetings and all staff are provided with updates at least twice annually, through a safeguarding staff newsletter. We also offer professional development regarding safeguarding duties as part of a termly safeguarding sub-committee workshop.

Supervision

Supervision meetings take place for all staff at least every other month. The purpose of this is to foster a culture of mutual support and continuous improvement by providing support, coaching and training for staff, and encouraging confidential discussion of sensitive issues.

The Registered Provider conducts supervision meetings with the manager.

Disqualification

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

Whistleblowing

If staff have concerns about a colleague, a member of the committee or any professional that comes into the setting, they report them to the manager, or DSL either at their supervision meeting or preferably as the issue occurs. If the concern relates to the manager or DSL directly, the member of staff should contact the committee chair or any member of the committee they feel able to approach. If they

feel unable to take any of these measures, they can seek guidance using the [Protect](#) website.

All information relating to concerns would be handled in confidence, kept in a locked secure location and only made available to those who have a right or professional need to see them.

Allegations against someone working on the premises

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

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

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

We will not investigate an allegation of abuse. Neither will we discuss with the person accused, and we will follow the advice of Children's Social Care.

The allegations process is managed by Worcestershire's Local Authority Designated Officers (LADO) as part of the Safeguarding and Quality Assurance Service.

LADO procedures should be applied when there is an allegation that any person who works with children, in connection with their employment or voluntary activity, has:

- Behaved in a way that has harmed a child, or may have harmed a child.
- Possibly committed a criminal offence against or related to a child.

- Behaved towards a child or children in a way that indicates they may pose a risk of harm to children.

The Registered Provider will inform Ofsted of any allegations of serious harm or abuse whether the allegations relate to harm or abuse committed on the premises or elsewhere.

Procedure for handling an allegation

- Confirmation of the allegation in writing would be sought from the person making the allegation, but action would not be delayed whilst awaiting written confirmation.
- The recipient of the allegation would immediately inform the Registered Provider.
- The Registered Person may delegate responsibility for action to the setting manager but remains accountable for ensuring that the concern is shared immediately with the [LADO](#) through the online referral process or by phone (01905) 846221.
- If the allegation is against the DSL or the manager, it will be necessary to report the concern to the person's superior. If this is not possible staff should inform the LADO directly.
- If the allegation is against the Registered Person, the DSL should inform the LADO immediately and notify Ofsted.
- A note would be made of any actions advised by the LADO or by Ofsted and of the date and time they are implemented. This can be stored in the complaints file.
- The provider would conduct a risk assessment to determine whether the staff member should be suspended.
- Parents/carers would be informed unless to do so could put the child in further danger.

If no further action is recommended, we may still proceed with disciplinary procedures. If there are concerns about the suitability of the member of staff to

continue to work with children, we have a statutory duty to refer to the Disclosure and Barring Service (DBS) in a timescale approved by the LADO.

In all cases where an allegation against a member of staff is made, we would review all policies and procedures and address identified training/supervision needs.

Records of allegations would be retained until the alleged perpetrator reaches normal retirement age, or for 10 years if that is longer.

Further information can be found in the appendices

Online Safety Policy (Including use of mobile phones and images)

Acceptable Use Policy: Employees

As a professional organisation with responsibility for safeguarding, all members of staff are expected to use our setting's IT systems in a professional, lawful, and ethical manner. To ensure that members of staff understand their professional responsibilities when using technology, they are asked to read and sign the staff Acceptable Use of Technology Policy (AUP).

The AUP is regularly reviewed as use of technology evolves.

This policy should be read alongside appendices: Teaching online safety.

Policy Scope

The AUP will help ensure that all staff understand the expectations regarding safe and responsible technology use and can manage the potential risks posed. The AUP will also help to ensure that systems are protected from any accidental or deliberate misuse which could put the safety and security of our systems or members of the community at risk.

Staff will be asked to agree to the following:

1. I understand that this AUP applies to my use of technology systems and services provided to me or accessed as part of my role within the setting both professionally and personally. This may include use of laptops, mobile phones, tablets, email as well as IT networks, data and data storage and online and offline communication technologies.
2. I understand that this Acceptable Use of Technology Policy (AUP) should be read and followed in line with the employee handbook and Information and Records (including GDPR) policies.
3. I am aware that this AUP does not provide an exhaustive list; all staff should ensure that technology use is consistent with the settings ethos, 'Employee Behaviour and Conduct policy', (found in the Suitable People Policy) and

the overarching Safeguarding and Child protection policy. National and local education and child protection guidance, and the law.

Use of Settings Devices and Systems

4. When working in the setting I will only use the equipment and internet services provided to me by the setting. Personal devices are only allowed to be used for work related tasks whilst in the setting, for exceptional circumstances and only with the authorisation of both my line manager and the DSL.
5. Personal devices will not be used to complete work related tasks away from the setting unless prior authorisation has been given by both the line manager and DSL. This authorisation must be written and outline the decision-making process for the decision. I understand that this authorisation can be retracted if it is deemed necessary by the DSL and line manager.
6. Working remotely has become more common place since the recent Coronavirus outbreak. I understand that only the settings Managers and Deputy managers can use the settings devices for work away from the setting. If managers and deputy managers are working remotely and accessing work on the settings IT systems, data and system security requirements remain paramount.
7. I understand that any equipment and internet services provided by my workplace is intended for the operations of the business only and not for personal usage. However, reasonable personal use is permitted during breaks away from the children, if this is deemed beneficial by your line manager. This remains at the settings discretion and may be revoked at any time.
8. I understand that I must adhere to the strict guidelines set out in the E-Safety policy when using personal devices in the workplace or accessing the internet when on the premises. This includes breaks or at the beginning or end of shifts.

Data and System Security

9. To prevent unauthorised access to systems or personal data, I will not leave any information system unattended without first logging out or securing/locking access.
10. If main user of IT equipment I will use a 'strong' password to access the settings systems which include Money soft, QuickBooks, banking and general computer/laptop log ins. These will be changed termly (12 weekly) and consist of numbers, letters, and special characters. When prompted by Microsoft I will change passwords to OneDrive and email in a timely manner. Passwords will be stored safely and have 2 key holders to this information to include the manager and deputy manager.
11. I will protect the devices in my care from unapproved access or theft by locking devices away at the end of each session. If devices are to be used away from the premises these must be signed out and returned within the specified time period.
12. I will respect the settings system security and will not disclose my password or security information to others.
13. I will not open any hyperlinks or attachments in emails unless they are from a known and trusted source. If I have any concerns about email content sent to me, I will report them to my line manager and DSL.
14. I will not attempt to install any personally purchased or downloaded software, including browser toolbars, or hardware without permission from my line manager and DSL.
15. I will ensure that any personal data is kept in accordance with the Data Protection legislation, including GDPR in line with the settings Information and Records Policy.

16. Documents where possible are saved via the cloud via Office 360 and therefore subject to certificate-based encryption, allowing safe remote access. Use of pen sticks are no longer permitted to transfer data. Information that cannot be encrypted such as Money soft is backed up to a hard drive after each pay roll run.
17. I will not keep documents which contain setting related sensitive or personal information, including images, files, videos and emails, on any personal devices, such as laptops, digital cameras, and mobile phones.
18. I will not store any personal information on the settings IT system, including laptops or similar device issued to members of staff, that is unrelated to setting activities, such as personal photographs, files or financial information.
19. I will ensure that the settings owned information systems are used lawfully and appropriately. I understand that the Computer Misuse Act 1990 makes the following criminal offences: to gain unauthorised access to computer material; to gain unauthorised access to computer material with intent to commit or facilitate commission of further offences or to modify computer material without authorisation.
20. I will not attempt to bypass any filtering and/or security systems put in place by the setting.
21. If I suspect a computer or system has been damaged or affected by a virus or other malware, I will immediately report this to my line manager who will inform the company subscribed to maintain our systems.
22. If I have lost any setting related documents or files, I will report this to my line manager and the settings named Data Protection Officer as soon as possible.
23. Any images or videos of learners will only be used as stated in the settings camera and image use policy. I understand images of learners must always

be appropriate and should only be taken with setting provided equipment and taken/published where learners and their parent/carer have given explicit consent.

Good Practice

24. I will ensure that emails are sent to the correct recipient and that no child name is mentioned in line with data protection and safeguarding procedures. If the wrong recipient is inadvertently selected, I shall inform the manager or DSL immediately.
25. When sending group emails to parents or other professionals, I will blind copy addresses to ensure the privacy of people's data. It is normal practice for group emails to employees not to be blind copied but employees do have the option to opt out of this should they wish.
26. I will only communicate with students / child's and parents / carers using official Pre-school systems. Any such communication will be professional in tone and manner. I will not use aggressive or inappropriate language and I appreciate that others may have different opinions.
27. The content of any email correspondence must not be defamatory, abusive nor illegal and must accord to the preschools equal opportunities policy. Sending, sharing or receiving obscene or pornographic or other offensive material is not only considered to be gross misconduct but may also constitute a criminal offence.
28. I will not use personal email addresses on the pre-school ICT systems unless I have permission to do so.
29. I will not (unless I have permission) make large downloads or uploads that might take up internet capacity.
30. I will not access, copy, remove or otherwise alter any other user's files, without their permission.

31. I will respect copyright and intellectual property rights; I will obtain appropriate permission to use content, and if videos, images, text or music are protected, I will not copy, share or distribute or use them. I will only use images which fall within a creative commons licence.
32. I will promote online safety with the learners in my care and will help them to develop a responsible attitude to safety online, system use and to the content they access or create by:
- a. exploring online safety principles as part of an embedded and progressive curriculum and reinforcing safe behaviour whenever technology is used on site.
 - b. creating a safe environment where learners feel comfortable to say what they feel, without fear of getting into trouble and/or be judged for talking about something which happened to them online.
 - c. involving the Designated Safeguarding Lead (DSL) or a deputy as part of planning online safety lessons or activities to ensure support is in place for any learners who may be impacted by the content.
 - d. make informed decisions to ensure any online safety resources used with learners is appropriate.
33. I will report any filtering breaches (such as access to illegal, inappropriate or harmful material) to the DSL.

Use of Social Media and Mobile Technology

The Statutory Framework for the Early Years Foundation Stage states:

'Safeguarding Policies and Procedures must cover the use of mobile phones, tablets/lpads and cameras in the setting' (EYFS 2021; para 3.4).



The use of 'mobile phones, tablets/lpads and cameras' includes all hand-held devices capable of photographic imagery. Images may be distributed via print, DVD,






the internet or other technologies. Photographic imagery is integral to the recording of observations and celebration of achievements, and it is not the intention of this procedure to prevent the use of mobile phones, tablets/lpads and cameras in settings.

Procedures

This procedure aims to ensure that there are clear guidelines in place which safeguard children, protect the rights of the individual, and provide employees with clear guidelines to follow, ensuring:

- ✓ Images are used appropriately and safely.
- ✓ Individual rights are respected and child protection issues considered.
- ✓ Safe storage of setting's phones, cameras, images and memory cards.
- ✓ Personal phones, lpads/Tablets and cameras are securely stored and used appropriately.
- ✓ Parents/carers are given the right to opt out and this is respected by the staff.

<p>Safeguarding Children</p> 	<p>The welfare and protection of our children is paramount and consideration will always be given to whether the use of photography will place our children at risk.</p> <p>Signed consent is always sought.</p> <p>Additional consideration will be given to photographing vulnerable children.</p>
<p>Data Protection</p> 	<p>We follow the 6 GDPR principles: All personal data will be obtained and processed fairly and lawfully, only kept for specific purposes, held no longer than necessary and will be kept private and secure with appropriate security measures in place, whether used in the workplace, hosted online or accessed remotely. Further information can be found in our Information and Records policy.</p>
<p>Parental consent</p>	<p>On admission of a child to the setting parents/carers will be asked to complete a consent form indicating their agreement</p>

	<p>or objection regarding the use of images of their child. Consent will be discussed with the child, once they are old enough to understand, the child will then also be asked to sign the consent form. The parent/carer will be asked to confirm in writing, that they will inform the setting if they no longer wish images of their child to be used for any reason. Parents will be informed in advance if, for publicity purposes, their child is likely to appear in the press.</p>
<p>Images are only used for the purpose intended</p> 	<p>Photographs and video images are used to celebrate children's achievements and for assessment purposes. This sometimes includes group photographs and observations to evidence friendships, celebrations and activities. Consent is sought in regard to these images being shared with other parents, of the children within this cohort.</p>
<p>Parental photography</p> 	<p>Parents/carers will ensure that they respect the settings decision to prohibit photography of certain children or a particular event and all images are taken for personal use only. This includes putting images on social media.</p>
<p>The use of Mobile Devices by Children</p> 	<p>Children are not permitted to use personal equipment in the setting for the purpose of taking photographs.</p>
<p>Safe storage</p> 	<p>Images must always be stored securely and password protected. Images must be destroyed or deleted once they are no longer required for the purpose for which they were taken. Setting's phones, cameras and/or memory cards must be stored securely at the end of the session, in a locked cupboard.</p>
<p>Personal phones and cameras are securely stored and used appropriately</p>	<p>Personal phones and cameras must be stored securely away from the children (this applies to staff, parents who are staying longer than the drop off and pick up times and visitors). At the setting this will be in an allocated mobile phone box located in</p>

**PLEASE
SIGN IN & OUT
HERE**

the office area. All devices must be signed in and out. A separate box is available for visitors and stay and play parents/carers. These must also be signed in and out. A member of the office team will always be present in the office and will spot check to ensure all devices are accounted for.

Although mobile phones are signed in and placed in a mobile phone box, practitioners must remain cautious of persons who may have more than one phone, either staff or visitor, and report this immediately to the DSL.

Personal phones, cameras and other electronic devices may be signed out to the owner during rest breaks. These must only be used in the staff areas and signed back in at the end of the rest break. Staff will be given the landline phone number as a contact number in emergencies.

The manager in charge will carry their own phone when leaving the premises with a group of children, signing the phone in and out. Any images taken must be immediately uploaded and deleted from the device.

New technologies must be risk assessed to ensure we continue to comply with this policy, for instance watches that have the facility to take images must not be worn at any time.

34. I will ensure that my online reputation and use of IT and information systems are compatible with my professional role and in line with the 'Employee Behaviour and Conduct policy'. This includes my use of email, text, social media and any other personal devices or mobile technology.

- a. I will take appropriate steps to protect myself online when using social media as outlined in the teaching online safety appendices.
 - b. I am aware of the setting expectations with regards to use of personal devices and mobile technology, including mobile phones as outlined above.
 - c. I will not discuss or share data or information relating to learners, staff, setting business or parents/carers on social media.
 - d. I will ensure that my use of technology and the internet does not undermine my professional role or interfere with my work duties and is in accordance with the settings 'Employee Behaviour and Conduct policy and the law.
35. My electronic communications with current and past learners and parents/carers will be transparent and open to scrutiny and will only take place within clear and explicit professional boundaries.
- a. I will ensure that all electronic communications take place in a professional manner via setting provided communication channels, such as a setting email address or telephone number.
 - b. I will not share any personal contact information or details with learners, such as my personal email address or phone number.
 - c. I will not add or accept friend requests or communications on personal social media with current or past learners and/or parents/carers.
 - d. If I am approached online by a learner or parents/carer, I will not respond and will report the communication to my line manager and Designated Safeguarding Lead (DSL).
 - e. Any pre-existing relationships or situations that compromise my ability to comply with the AUP will be discussed with the DSL and line manager.

36. If I have any queries or questions regarding safe and professional practice online either in the setting or off site, I will raise them with the DSL and my line manager.
37. I will not upload, download or access any materials which are illegal, such as child sexual abuse images, criminally racist material, adult pornography covered by the Obscene Publications Act.
38. I will not attempt to access, create, transmit, display, publish or forward any material or content online that is inappropriate or likely to harass, cause offence, inconvenience or needless anxiety to any other person.
39. I will not engage in any online activities or behaviour that could compromise my professional responsibilities or bring the reputation of the setting into disrepute.

Policy Compliance

40. I understand that the setting may exercise its right to monitor the use of information systems, including internet access and the interception of emails, to monitor policy compliance and to ensure the safety of learners and staff. This monitoring will be proportionate and will take place in accordance with data protection, privacy and human rights legislation.

Policy Breaches or Concerns

41. I will report and record concerns about the welfare, safety or behaviour of learners or parents/carers to the DSL in line with the settings overarching Safeguarding and Child Protection policy.
42. I will report concerns about the welfare, safety or behaviour of staff to the DSL, in line with the overarching Safeguarding and Child Protection Policy.

43. I understand that if the setting believes that unauthorised and/or inappropriate use of setting systems or devices is taking place, the setting may invoke its disciplinary procedures as outlined in the written statement of employment particulars.
44. I understand that if the setting believes that unprofessional or inappropriate online activity, including behaviour which could bring the setting into disrepute, is taking place online, the setting may invoke its disciplinary procedures as outlined in the employee written statement of particulars.
45. I understand that if the setting suspects criminal offences have occurred, the police will be informed.

I have read, understood and agreed to comply with Pinvin Community Preschool's Staff Acceptable Use of Technology Policy when using the internet and other associated technologies, both on and off site.

Name of staff member:

Signed:

Date (DDMMYY).....

Visitor and Volunteer Acceptable Use of Technology Policy

As a professional organisation with responsibility for children's safeguarding, it is important that all members of the community, including visitors and volunteers, are aware of their professional responsibilities when using technology. This AUP will help Pinvin Community Pre-school ensure that all visitors and volunteers understand the settings expectations regarding safe and responsible technology use.

Policy Scope

1. I understand that this Acceptable Use of Technology Policy (AUP) applies to my use of technology systems and services provided to me or accessed as part of my role within Pinvin Community Pre-school both professionally and personally. This may include use of laptops, mobile phones, tablets, digital cameras and email as well as IT networks, data and data storage and communication technologies.
2. I understand that the settings AUP should be read and followed in line with the settings volunteer policy.
3. I am aware that this AUP does not provide an exhaustive list; visitors and volunteers should ensure that all technology use is consistent with the setting ethos, setting staff behaviour and safeguarding policies, national and local education and child protection guidance, and the law.

Data and Image Use

4. I will ensure that any access to personal data is kept in accordance with Data Protection legislation, including GDPR.
5. I understand that I am not allowed to take images or videos of learners.

Good Practice

6. I will support employees in reinforcing safe behaviour whenever technology is used on site and I will promote online safety with the children in my care.

7. I will immediately report any filtering breaches (such as access to illegal, inappropriate or harmful material) to the Designated Safeguarding Lead (DSL) in line with the settings overarching Safeguarding and Child Protection policy.
8. I will respect copyright and intellectual property rights; I will obtain appropriate permission to use content, and if videos, images, text or music is protected, I will not copy, share or distribute or use it.

Use of Social Media and Mobile Technology

9. I will ensure that my online reputation and use of technology and is compatible with my role within the setting. This includes my use of email, text, social media, social networking, gaming and any other personal devices or websites.
 - a. I will take appropriate steps to protect myself online as outlined in the teaching online safety appendices.
 - b. I will not discuss or share data or information relating to learners, staff, school/setting business or parents/carers on social media.
 - c. I will ensure that my use of technology and the internet will not undermine my role, interfere with my duties and will be in accordance with the settings 'staff behaviour and conduct policy', and the law.
10. My electronic communications with learners, parents/carers and other professionals will only take place within clear and explicit professional boundaries and will be transparent and open to scrutiny.
 - a. All communication will take place via pre-school approved communication channels such as via the settings provided email address or telephone number and not via personal devices or communication channels such as via my personal email, social networking account or mobile phone number.

- b. Any pre-existing relationships or situations that may compromise this will be discussed with the DSL and my line manager.
-
- 11. If I have any queries or questions regarding safe and professional practice online either in the setting or off site, I will raise them with the Designated Safeguarding Lead and my line manager.
 - 12. I will not upload, download or access any materials which are illegal, such as child sexual abuse images, criminally racist material, adult pornography covered by the Obscene Publications Act.
 - 13. I will not attempt to access, create, transmit, display, publish or forward any material or content online that is inappropriate or likely to harass, cause offence, inconvenience or needless anxiety to any other person.
 - 14. I will not engage in any online activities or behaviour that could compromise my professional responsibilities or bring the reputation of the setting into disrepute.

Policy Compliance, Breaches or Concerns

- 15. I understand that the setting may exercise its right to monitor the use of setting information systems, including internet access and the interception of emails, to monitor policy compliance and to ensure the safety of learners, staff and visitors/volunteers. This monitoring will be proportionate and will take place in accordance with data protection, privacy and human rights legislation.
- 16. I will report and record concerns about the welfare, safety or behaviour of learners or parents/carers to the Designated Safeguarding Lead in line with the settings overarching Safeguarding and Child Protection policy.
- 17. I will report concerns about the welfare, safety or behaviour of staff to my line manager and DSL, in line with the Employee Behaviour and Conduct policy.

18. I understand that if the setting believes that if unauthorised and/or inappropriate use, or unacceptable or inappropriate behaviour is taking place online, the setting may invoke its disciplinary procedures.

19. I understand that if the setting suspects criminal offences have occurred, the police will be informed.

I have read, understood and agreed to comply with Pinvin Community Preschools visitor/volunteer Acceptable Use of Technology Policy when using the internet and other associated technologies, both on and off site.

Name of visitor/volunteer:

.....

Signed:

.....

Date (DDMMYY).....

Wi-Fi Acceptable Use Policy

As a professional organisation with responsibility for children's safeguarding it is important that all members of the setting community are fully aware of the setting boundaries and requirements when using the setting Wi-Fi systems, and take all possible and necessary measures to protect data and information systems from infection, unauthorised access, damage, loss, abuse and theft.

This is not an exhaustive list and all members of the setting community are reminded that technology use should be consistent with our ethos, other appropriate policies and the law.

1. The setting provides Wi-Fi for the setting community and allows access for professional and personal use of employees when on rest breaks away from the children. The service is also available to visiting professionals.
2. I am aware that the setting will not be liable for any damages or claims of any kind arising from the use of the wireless service. The setting takes no responsibility for the security, safety, theft, insurance and ownership of any device used within the setting premises that is not the property of the setting.
3. The use of technology falls under Pinvin Community Pre-schools Acceptable Use of Technology Policy (AUP), and overarching Safeguarding and Child Protection policy and Employee Behaviour and Conduct policy.
4. The setting reserves the right to limit the bandwidth of the wireless service, as necessary, to ensure network reliability and fair sharing of network resources for all users.
5. Setting owned information systems, including Wi-Fi, must be used lawfully; I understand that the Computer Misuse Act 1990 makes the following criminal offences: to gain unauthorised access to computer material; to gain unauthorised access to computer material with intent to commit or facilitate commission of further offences or to modify computer material without authorisation.

6. I will take all practical steps necessary to make sure that any equipment connected to the setting service is adequately secure, such as up-to-date anti-virus software, systems updates.
7. The setting wireless service is not secure, and the setting cannot guarantee the safety of traffic across it. Use of the setting wireless service is done at my own risk. By using this service, I acknowledge that security errors and hacking are an inherent risk associated with any wireless network. I confirm that I knowingly assume such risk.
8. The setting accepts no responsibility for any software downloaded and/or installed, email opened, or sites accessed via the setting wireless service's connection to the internet. Any damage done to equipment for any reason including, but not limited to, viruses, identity theft, spyware, plug-ins or other internet-borne programs is my sole responsibility; and I indemnify and hold harmless the setting from any such damage.
9. The setting accepts no responsibility regarding the ability of equipment, owned by myself, to connect to the setting wireless service.
10. I will respect system security; I will not disclose any password or security information that is given to me. To prevent unauthorised access, I will not leave any information system unattended without first logging out or locking my login as appropriate.
11. I will not attempt to bypass any of the setting security and filtering systems or download any unauthorised software or applications.
12. My use of setting Wi-Fi will be safe and responsible and will always be in accordance with the setting AUP and the law including copyright and intellectual property rights. This includes the use of email, text, social media, social networking, gaming, web publications and any other devices or websites.
13. I will not upload, download, access or forward any material which is illegal or inappropriate or may cause harm, distress or offence to any other person, or anything which could bring the setting into disrepute.

14. I will report any online safety concerns, filtering breaches or receipt of inappropriate materials to the Designated Safeguarding Lead as soon as possible.
15. If I have any queries or questions regarding safe behaviour online, I will discuss them with Designated Safeguarding Lead.
16. I understand that my use of the setting Wi-Fi may be monitored and recorded to ensure policy compliance in accordance with privacy and data protection legislation. If the setting suspects that unauthorised and/or inappropriate use or unacceptable or inappropriate behaviour may be taking place, then the setting may terminate or restrict usage. If the setting suspects that the system may be being used for criminal purposes, the matter will be brought to the attention of the relevant law enforcement organisation.

I have read, understood and agreed to comply with Pinvin Community Preschools Wi-Fi acceptable Use Policy.

Name

Signed:Date

(DDMMYY).....

Uncollected Child

In the event that a child is not collected by an authorised adult at the end of a session, we implement our Uncollected Child Procedure. This ensures the child continues to receive a high standard of care and is exposed to minimum distress.

Prevention

During the registration process full contact details are sought of those with parental responsibilities for the child. Information collected will include; home addresses, contact emails, landline and mobile phone numbers and contact details for their place of work. In addition, the contact details of family members or those registered to collect the child (such as a childminder or alternative setting) are also sought. This information is regularly updated, and parents prompted to inform us of any changes to personal details immediately.

For those people authorised by the parent to collect, we will require a photograph so we can easily identify them. We will also need written confirmation of this arrangement, as without this we will not release the child. This confirmation must state which days the authorised persons are collecting. If this is a regular occurrence i.e., every Tuesday grandparents collect, we will need one notification of this arrangement, however key persons must check with parents regularly, to check nothing has changed. This written confirmation must remain on the child's file.

Information about any person who does not have legal access to the child must be shared with the setting. We cannot refuse to let a parent collect if they have parental rights and are on the registration document unless we have a legal document to state otherwise.

Parents are encouraged to contact us with immediate effect if running late or are unable to collect, we provide a phone number and email address which are monitored throughout the day.

Anyone collecting a child must be over the age of 16 regardless of the relationship to the child (e.g., older sibling). If there are special circumstances the parent would like us to consider in relation to this policy, they should discuss with the manager who will perform a risk assessment and may reduce this requirement to 15 years under exceptional circumstance.

Any concerns the management have over collection arrangement will be discussed with the parent or guardian to ensure all safeguarding considerations are upheld.

Procedure

In cases of emergency where a parent may authorise another adult to collect (not currently on file), we will ask the parent to provide a password for the collecting adult to share, before releasing the child.

If we have no photo on file for a collecting adult, we will accept an electronic version through email, prior to releasing the child. This will be kept on the child's file.

In times of family dispute, the manager will keep in close contact with both parties detailed on the registration document and not take sides. A daily record of who is collecting the child will be communicated to the team. Employees need to implement extreme vigilance when considering who they are releasing the child to. If in doubt staff should check if we have the appropriate permission to release the child, even if the person at the door is known to be a family member. Routines may change and confusion may cause distress to the child and parents.

If a child is not collected at the end of a session we will;

Step 1

- Speak to management and check collections forms for any information about changes to normal collection routines.
- Contact parents on numbers provided.
- Contact authorised adults detailed on registration form or collections form.
- All reasonable attempts are made to contact the parents or nominated carers.

Step 2

- Ensure the child does not leave the premises with anyone other than those named on the registration form and collection form.
- If the setting is due to close the child will be reassured and cared for by two members of staff, until the child is safely collected by the parents or authorised adult.
- If contact is not possible the manager will call the police on 111.

Step 3

- The police will endeavour to find the parents.
- A full written report will be completed by the DSL and put on the child's file.
- Depending on circumstances, we reserve the right to charge parents for the additional hours worked by our staff. This charge is currently set at £5.50 for every half hour or part hour thereof per member of staff (Note: Two or more staff may be in attendance with your child during this time).
- Ofsted will be informed: 0300 123 1231

Under no circumstances should a member of staff go looking for the parents or take the child home with them.

If a parent is consistently late collecting a child this can have a negative impact on the child. In such cases the manager would speak with the parent to discuss the difficulties around collection and put an action plan in place. If persistent lateness continues safeguarding procedures may apply.

In the case where a parent comes to collect a child, but you feel they are unfit due to alcohol or drug abuse you cannot refuse to let them take their child. However, it would be our aim to delay them leaving by chatting or making them a drink whilst another member of staff contacts an alternative nominated adult. If this is not possible, we will contact the non-emergency local police on 101 who can only deal with this incident once the parent has left the premises with the child. Staff should be very careful in these circumstances never to put themselves in danger.

Missing Child

Prevention

Children's safety is our highest priority and regular checks on how many children are in attendance forms part of everyday practice. On arrival children and parents are greeted by a senior member of staff. Children are signed in on the register. This is then communicated to practitioners both verbally and on a whiteboard displayed in the setting.

The supervisor in charge of the session will regularly check numbers and adjust as accordingly. It is expected that staff members always know the number of children in our care and are reminded of this throughout the day by the supervisor. Children are counted throughout the session, at least every half an hour and every time we leave or return to the main building.

Every attempt is made to avoid a missing child scenario through carrying out a regular headcount and ensuring doors are locked at all times. However, we need to plan for the possibility of a missing child. Our aim is to provide a step-by-step guide to follow which will help us deal with this situation professionally and calmly, in what can be a very stressful time for all concerned.

Procedure

If a child goes missing from our setting's normal premises, we will;

- As soon as it is noticed that a child is missing, you must inform the manager in charge. Do not delay – it may be a simple miscount but it's important to act quickly.
- The manager in charge completes a roll call of both children and employees. The register will be cross-referenced with the children present.
- If a child is missing, the manager in charge will ask the children whether they have seen the child who is missing. The manager will also speak with employees to find out where the child was last seen. Any potential hiding places will be checked.

- Ensuring that the remaining children are sufficiently supervised and secure, one or preferably two members, including the manager in charge must search the building, outdoor area, park, car park and immediate vicinity of the setting.
- Doors and gates are checked to see if there has been a breach of security whereby a child could wander out.
- The manager in charge calls the police and reports the child as missing five minutes after it has been noticed that the child is missing.
- The manager then calls the child's parents.
- The manager contacts the registered person and DSL to report the incident.
- The registered person and DSL come to the setting immediately to carry out an investigation.
- Following resolution of the immediate issue i.e., the child is found, or the situation escalates to become a police matter, a report is then written to document the procedures followed.
- Ofsted will be informed with immediate effect.

If a child goes missing from education;

Managers and employees understand that although attendance of an early year's setting is not a legal requirement, children who regularly miss sessions may be at risk of abuse or neglect. We also believe regular attendance supports children's personal, social and emotional skills, supporting children in forming attachments, impacting their learning positively.

Prevention

We ask all parents to contact us if their child is to be absent from the setting. If the child is absent when they are expected in the setting, and we do not hear from the parent, we will contact them during the session, using the details on their registration form, trying both phone and email contact. The responsibility to make sure this happens is with the room leader who may nominate someone else to make the call.

Procedure

If we successfully contact the parent, we would document their reason for absence. If the absence continues beyond the normal time, we would contact the parent

regularly to maintain contact and offer support. If we become concerned about the parent or child's welfare, we would document this as per our normal safeguarding procedures and contact children's social care through the Family Front Door.

If we are unsuccessful in contacting the parents, we would then attempt to contact those authorised for collection of the child as detailed in the registration document. If contact can still not be made, we would follow normal safeguarding procedures and contact children's social care through the Family Front Door.

If a child goes missing on an outing

Prevention

Many of our outings are for the older cohort in the setting, as we feel they benefit the most from such activities in the local community. We work to high ratios when engaging in activities outside of the setting. By risk assessing the child's needs we ensure our ratios keep children safe, working to a minimum of 1 adult to 4 children. If we do take younger children we would adjust accordingly and work to higher than the normal ratios when within the setting, dependent on the children's needs.

It is part of our ethos that children learn best when you follow their interests, therefore we often go on impromptu trips outside of the setting. This can be visiting the local area, taking nature walks, exploring the village to post a letter or collect eggs, visiting our allotment and the local church. As we remain in close proximity to the setting, we will sometimes take out smaller groups of children offering them the choice. In these cases, there would always be a minimum of 2 practitioners and we would risk assess the children's needs in deciding on our ratio.

We have a detailed risk assessment in place for outings away from the setting, both planned and impromptu, and revise this regularly. In addition, where appropriate, we request a copy of the risk assessment for venue/location we are attending, helping us to identify any risk. If we are visiting somewhere new, as good practice and where possible we try to send a representative of the setting to the venue beforehand to identify and mitigate potential risks. We only visit reputable venues with good reviews for the age of children planning to attend. If exploring the village, we would

ensure all children and adults wear hi-vis jackets. Children are taught how to walk safely, cross roads and how to respond when coming across owners and their dogs.

When using the forest school site, practitioners are aware of the added risks to children associated with visiting a public space. Although the forest school site is for the use of the setting exclusively, access is possible for any member of the public. Extra precautions are taken to ensure children's safety such as enclosed toileting areas, extra vigilance by practitioners and clear rules and boundaries for children. Any suspicious behaviour of persons in the near vicinity would be reported to the local police on 111.

When exploring the village by foot we always ensure we hold an up to date first aid kit, and have access to a mobile phone, preferably the managers or deputy managers. There is always somebody on pre-school premises who we can call in an emergency or come to support if necessary. If further afield we would plan our outing carefully and place a practitioner in charge of organising the outing. They would have a prior meeting with the manager, to discuss requirements of the outing and plan accordingly.

When going on planned visits we encourage parents to attend with us. This is a good opportunity to work in partnership with our parents, and we believe can be a positive experience for the child. Where a parent attends an outing, they are solely responsible for their own child and no others. They are advised about our safeguarding and child protection policy and expectations around mobile phones, and interactions with other children.

When on outings in large groups, practitioners are allocated specific children to care for. Although we tend to move around as one or two groups and work with our colleagues, this ensures every child is paid specific attention and kept safe. Headcounts are completed every 5 minutes by the manager or person in charge of the outing and all staff are actively encouraged to know and check the numbers of children attending.

Procedure

As soon as it is noticed that a child is missing, practitioners on the outing ask children to stand with their designated person and carry out a headcount to ensure that no other child has gone astray. One practitioner designated by the manager in charge searches the immediate vicinity but does not search beyond that.

The manager contacts the venues security team and advises of missing child.

The manager in charge contacts the police and reports the child as missing. They then immediately contact the child's parents who make their way to the setting or outing venue as agreed.

The setting manager (if not attending), registered person and DSL are informed, if they are not on the outing, they must make their way to the venue to aid the search and be the point of contact for the police as well as support staff.

Educators and adults keep calm and do not let the other children become anxious or worried. If the missing child is not found within 30 minutes plans are put in place to remove children from the venue and return to the setting.

The manager together with the registered person speaks with the parent(s).

The registered person carries out a full investigation taking written statements from all the practitioners and adults who were on the outing. The manager in charge at the time of the incident writes a detailed incident report to identify where the breach of security happened.

If the incident warrants a police investigation, all practitioners and adults must co-operate fully. In this case, the police will handle all aspects of the investigation, including interviewing staff. Children's social care may be involved if it seems likely that there is a child protection issue to address.

Ofsted is informed within 14 days as this amounts to a significant event and the insurance provider is informed.

Managing People

Missing child incidents are very worrying for all concerned. Part of managing the incident is to try to keep everyone as calm as possible. The staff will feel worried about the child, especially the Key person or the designated carer responsible for the safety of that child for the outing. They may blame themselves and their feelings of anxiety and distress will rise as the length of time the child is missing increases.

Staff may be the understandable target of parental anger and they may be afraid. The manager and the registered person need to ensure that staff under investigation are not only fairly treated but receive support while feeling vulnerable.

The parents will feel angry, and fraught. They may want to blame staff and may single out one staff member over others; they may direct their anger at the manager and registered person.

When dealing with a distraught and angry parent, there must always be two members of staff, one of whom is the manager or the registered person. No matter how understandable the parent's anger may be, aggression or threats against staff are not tolerated, and the police must be called.

The other children are also sensitive to what is going on around them. They too may be worried. The remaining staff caring for them need to be focused on their needs and must not discuss the incident in front of them. They must answer children's questions honestly but also reassure them.

In accordance with the severity of the final outcome, staff may need counselling and support. If a child is not found, or is injured, or worse, this will be a very difficult time. The registered person and management committee will use their discretion to decide what action to take. Staff must not discuss any missing child incident with the press without taking advice.

Children Looked After

A 'child looked after' (CLA) is likely to have experienced trauma, separation and significant disruption in their lives which can have an impact on their progress in the early years. Children in care benefit from professionals working together to understand their needs and by early years practitioners having an understanding of the impact of trauma and loss on a child's emotional well-being and development.

Definition

Children and young people become 'looked after' if they have either been taken into care by the local authority or have been accommodated by the local authority (a voluntary care arrangement). Most looked after children will be living in foster homes, but a smaller number may be in a children's home, living with a relative or even placed back home with their natural parent(s).

Our Procedures

In our setting, we place emphasis on promoting children's right to be strong, resilient and listened to. Our policy and practice guidelines for looked after children are based on these two important concepts, attachment and resilience. The basis of this is to promote secure attachments in children's lives as the basis for resilience. These aspects of well-being underpin the child's responsiveness to learning and are the basis in developing positive dispositions for learning.

2-Year-Old Children looked after

We offer places to two-year-old children, looked after where the child has been with the foster carer for at least two months and shows signs of having formed a secure attachment to the carer. We advocate that young children need to be settled enough with their carer to be able to cope with further separation, a new environment and new expectations made upon them. Therefore, any settling-in process will be carefully planned in conjunction with the carer, and the child only left when both parties feel comfortable. The child remains our priority and this settling in process will be under constant review.

3 & 4-Year-Old Children Looked After

We offer places for funded three and four-year-olds who are in care to ensure they receive their entitlement to early education. We expect that a child will have been with a foster carer for a minimum of one month and has formed a secure attachment to the carer.

We can offer 'stay and play' provision for a child who is two to five years old and still settling with their foster carer, or who is only temporarily being looked after.

Where a child who already attends our setting is taken into care and is cared for by a local foster carer, we will continue to offer the placement for the child.

A designated person will be allocated as responsible for looked after children. This currently is the named Designated Safeguarding lead. The designated person ensures the key person has the information, support and training necessary to meet the looked after child's needs.

The designated person and the key person liaise with agencies, professionals and practitioners involved with the child and his or her family and ensures appropriate information is gained and shared.

The setting recognises the role of the local authority social care department as the child's 'corporate parent' and the key agency in determining what is decided for the child. No changes to procedure or arrangements will take effect without prior discussion and agreement with the child's social worker, particularly in relation to the birth parents or foster carer's role in relation to the setting

Early Years Child Education Plan (P.E.P)

Schools have a statutory responsibility to complete a P.E.P. on a termly basis for looked after children. The Early Years team recommend that early year's settings also complete a termly P.E.P. so that the holistic needs of the looked after child and family are identified and supported appropriately. We use the template available through the local provider to complete this plan in conjunction with other agencies as required.

Evaluating Provision

We use the [\(West Midlands\) Framework for Evaluating the Effectiveness of Early Years Provision for Looked After Children](#), to ensure we are reviewing our processes and to ensure we are providing the best support for the child and carer.

Adoption

Adoption is a process whereby a person assumes the parenting of another, usually a child, from that person's biological or legal parent or parents. Legal adoptions permanently transfer all rights and responsibilities, along with filiation, from the biological parent or parent.

Adopted children are no longer referred to as Looked After.

Adoption Central England (ACE) provides adoption services and support to children and families in Worcestershire.

Further information can be found on the [NSPCC website](#)

Please note the term Child looked after (CLA) has recently changed from (LAC) Looked after child.

The children and young people were behind the change in language as LAC created the impression that the children were somehow 'lacking' something.

Documents and guidance may still refer to LAC but it is good practice to use the term CLA.

Safeguarding Children through COVID-19

Context

On the 20th March 2020 the UK Government instructed all parents to keep their children at home wherever possible in response to the global pandemic Covid-19.

Schools and all childcare providers were asked to remain open only for those children of key workers critical to the COVID-19 response, or for vulnerable children, but the recommendation was they should attend only if 'absolutely necessary and if they could not be cared for safely at home.

In September 2020 restrictions were lifted and settings opened to all children with increased risk assessments and procedures in place to protect children, families and staff from the Coronavirus. **Please see our 'Covid-19 Response policy' for up-to-date information.**

Unfortunately, in January 2021 a second national lockdown was actioned by the government to protect lives as the virus continued to spread and the number of deaths continued to rise. However, this time requirements were different and Early years settings were asked to remain open for all children. Despite remaining open for all children, many parents were working from home and chose to keep their children at home with them to protect the spread of the virus.

In August 2021 the country started to re-open with many restrictions lifted, however we recognise that the pandemic will have long-term implications to the safeguarding and welfare of children. We keep this policy in place as there is still much uncertainty regarding the future and we want to be prepared for this. In addition, we will regularly update our Covid-19 Response policy which includes risk assessments and our outbreak management plan.

To keep informed of updates and changes to the UK's response to Covid-19 we subscribe to [the Department for Education](#) update email service.

Risk Factors

We recognise that the pandemic will affect all of our families in a range of ways and we need to support all of our families; those attending the setting and those choosing to be at home.

Poverty: Families may have reduced income due to loss of work or furlough. Working and home schooling can impact utility bills such as heating and electricity.

Health: Less accessibility to healthcare may mean a delay in immunisations or general health care including dental care. Lack of funds may result in poorer nutrition.

Parental stressors: juggling of multiple responsibilities including work, full-time childcare and care for family members who may be shielding or ill is a significant challenge to many parents, causing stress and anxiety.

Vulnerability: lockdown increases the risk that children may experience online-facilitated grooming or other online harms, during a period when demand for online child sexual material is known to be on the rise.

Emotional and mental health: children and adult mental health is in crisis as routines are disrupted and normal support networks are inaccessible or under extreme pressures causing long delays for support.

[Isolated and struggling: social isolation and the risk of child maltreatment, in lockdown and beyond \(nspcc.org.uk\)](https://www.nspcc.org.uk/what-we-do/our-approach/isolated-and-struggling-social-isolation-and-the-risk-of-child-maltreatment-in-lockdown-and-beyond/)

Risk assessment for families not attending setting

In response to the increased risk factors to our families we wanted to ensure that we could continue to support all of our families during these unprecedented times. Keeping in regular contact is our priority so we can continue our support and maintain relationships with the children and the family. We do recognise that some families require more support than others and that non-attendance at the setting may

add stress to family life. We therefore completed a risk assessment of all our children so we could logistically support everyone using a variety of platforms.

Levels of contact (during lockdown periods)

All families:

- All families receive a telephone call from their keyperson every 2 weeks (this includes families who are attending the setting). The objective of the telephone call is to connect with our families and let them know they are not alone. We can be a listening ear and signpost them to any services that may be useful.
- Weekly emails detailing updated government guidance and reminders of the support we are offering.
- Facebook: 'Parents of Pinvin Pre-school' Facebook page linking parents with sites offering educational and emotional well-being ideas. This is updated regularly by a dedicated practitioner.
- Tapestry: All parents have been encouraged to upload pictures, video or journal their home activities to their personal pages or to a new group adventure page. Consents are sought for this.
- YouTube: We have created a YouTube channel which holds a range of videos including story times, singing, yoga and craft activities. More videos will be uploaded regularly.
- Parents are signposted to the 'What to Expect When' document created by Action for Children. This is designed to explain the EYFS to parents and gives ideas on how to support young children and their development.
- The setting remains open for all children; therefore, the email and telephone numbers remain open and monitored. Parents are aware of the different ways in which they can contact us.

We will review and develop how we continue to connect with our children and families from feedback and external advice from the local authority.

We monitor the levels of engagement across all our families. Where families are not engaging, we recognise it may be by choice because strong personal networks are

in place and our input is not required. However, non-engagement will trigger an email or additional telephone calls to check that all is well.

Additional support

The purpose of the risk assessment was to identify families that may require additional support. To categorize families, we engaged our prior knowledge of the family, our professional judgement and intuition to assess how families may cope. For simplicity we categorised children of key workers as high risk where there is no other support option available.

The table below details how we have categorised our families:

No Risk	All families receive the support as detailed in the list above.
Minimal Risk	In addition to the general level of support, families receive a phone call from the manager twice a week.
Mounting Risk	In addition to the general level of support, families receive a daily phone call and plan of support
High Risk	In addition to the general level of support, the setting will work with external agencies (with parental consent) to ensure they are well supported.

This risk assessment is under continual review. Families may be moved up or down the scale dependent on their engagement with us.

If we become worried a child may be at risk, we would follow our standard safeguarding procedures.

Our risk assessment is shared with the Pinvin Federation DSL where we care for shared families i.e., siblings.

We recognise that children with special educational needs can sometimes be at a higher risk of abuse. We take this into consideration when categorising families. To support families of SEND children the SENDCO posts useful links to reputable sites or pages, offering advice for home education and ideas for activities. As with all families, support provided may increase dependent on need.

Food Bank vouchers

We are an authorised setting able to issue food bank vouchers. This is advertised to our families through our regular emails.

Children attending the setting

Please see Covid-19 Response Policy for up-to-date details on how we safeguard children through the pandemic.

Planning ahead

We recognise that these exceptional circumstances will affect the mental health and well-being of children and adults. All families will cope in different ways and experience different challenges. Planning ahead remains challenging since there is no information as to how long the restrictions will be in place. However, all our measures are being continuously reviewed and we commit the following;

- Keep up to date with government and local authority guidance and forward this on to employees and parents.
- Prepare for the eventuality that children may experience bereavement as a result of the situation and prepare appropriate resources.
- Present resources to allow children to talk about their experiences and reassure them regarding staying safe from Coronavirus now and in the future.
- Continue our focus on nurturing the emotional health of our children, allowing time and space for them to talk through their feelings.
- Work with local feeder schools to start the transition process for September 2022.
- Move away from 'Behaviour Management' to a Self-regulation in the Early Years policy in supporting the emotional health of children.

- Ensure physical activity remains a key focus for our setting to combat the potential rise in sedentary behaviours through the crisis.
- Be supportive of our families regarding the potential need for payment plans for their provision going forward, recognising some families may be in financial difficulty for some time.

Continued risks to children

We recognise that some children are potentially at increased risk of abuse whilst in the home. Social distancing and the requirement for self-isolation means that there are fewer opportunities for anyone outside the home to spot the signs of abuse.

The NSPCC have issued concerns over the potential rise in on-line abuse during the lockdown. There are also global concerns over the potential rise of domestic abuse cases in the home. Maintaining regular contact with our families helps us to recognise signs and in the event of genuine concern arising, we would escalate our contact.

When more children and families return to the setting, we will ensure all employees are aware of the escalated risks some children may have been exposed to and ensure all employees remain extra vigilant.

This policy will be revised throughout the crisis and will mainly be directed by government and local authority advice.

Policy Review

This policy remains under constant review as we learn from practice and new guidance becomes available.

This policy will be formally reviewed and signed off annually by the registered person.

Appendices: Teaching On-Line Safety

Introduction

Many children and young people have been brought up with the internet and most use technology intuitively. This generation are sometimes referred to as Digital Natives. The term **digital native** describes a person who has grown up in the digital age, rather than having acquired familiarity with digital systems, such as an older adult, often referred to as a **digital immigrant**.

A digital native fully trusts in technology, whereas digital immigrants may be wary of technology and choose to dip in and dip out of its usage. It is common for digital immigrants to feel daunted about managing the effective and safe use of technology. However, as adults and especially practitioners working with children, we have a responsibility to keep children safe. As the landscape of technology changes, we must ensure we are aware of the dangers and mitigate this risk.

Educating ourselves first, gives us the knowledge to empower children and young people with the know-how to safeguard themselves and their personal information. Teaching children how to stay safe online is something that should be nurtured throughout a child's early and middle years, right through adolescence to see them into adult life.

This document therefore will firstly consider the complexities the internet brings to safeguarding children, to support our understanding of online safety and how we can best support this.

Digital Natives	Digital Immigrants
<ul style="list-style-type: none"> • Receive information really fast, i.e. within seconds. • Parallel process information and multi task. • Prefer to see graphics before the text. • Prefer random access to resources, i.e. via hyperlinks. • Function best when networked. • Thrive on instant gratification and frequent rewards. • Prefer games to "serious" work. 	<ul style="list-style-type: none"> • Prefer a controlled release of information from a limited source. • Prefer single or "focussed" tasks. • Often prefer to get information from text. • Prefer information to be presented linearly, logically and sequentially. • Have a greater need for private and personal space for introspection.

Technology and behaviours

The internet can bring many positives to children's lives, it supports social contact, access to different experiences and learning. Many children report the use of technological platforms affecting their emotional health positively when connecting with friends. However, there are also risks to this.

Whilst the internet gives access to entertaining, engaging and educational content, it also has illegal and inappropriate content bringing with it safeguarding implications and a threat to children and young person's emotional health.

Many children do not recognise risk until it presents as an immediate threat. It is therefore our role as adults to support children and young people in recognising the motives of others and give them the knowledge of how to report any concerns. It is important to remember that inappropriate contact can happen across gaming, social media and video platforms.

Common parental concerns regarding their child's use of the internet include;

- Cyber bullying
- The content of online material
- The content of games played
- The child damaging their reputation now or in the future
- People encouraging them to harm others
- People encouraging them to self-harm
- Giving out personal information to inappropriate people
- Pressurising children to spend money on-line
- Companies collecting information on what the child is doing
- Possibility of their child being radicalised on-line

Supporting Children: The Three C's

Sharing information with others is a great way for young people to stay connected with friends, but what is shared should be thought about carefully. Children and young people should be educated to consider the three C's of risk.

- Content
- Contact
- Conduct

The three C's are unlikely to occur in isolation and many of the risks will run across more than one C. The three C's come into play at different stages through a child's life and so vulnerability is not a static issue. **Below we will consider the three C's and how we can support children with these.**

INTERNET CONTENT		
Category	Danger	Advice
Social networking sites: WhatsApp, Instagram, Snapchat	<ul style="list-style-type: none"> • Viewing inappropriate material • Oversharing information • Unwanted contact; bullying and/or abuse 	<ul style="list-style-type: none"> • Most sites have a minimum age of 13 and offer different safety features: Blocking tools, reporting tools, privacy settings and safety information centres. • Children should be supported to access, implement and manage privacy settings on their accounts
Gaming	<ul style="list-style-type: none"> • Viewing inappropriate material • Hearing inappropriate language • Game play and chat off-line with people they don't know • Unwanted contact; bullying and/or abuse • Oversharing through video or audio 	<ul style="list-style-type: none"> • Read game reviews • Research safety features on consoles • All movies, games, tv shows, mobile apps should have a minimum age recommendation. • PEGI offer game age ratings throughout Europe. • Common Sense Media also offers parental advice on suitability.
Live Streaming Broadcasting or receiving live videos i.e. vloggers	<ul style="list-style-type: none"> • Risk of being exposed to inappropriate content • If child is the broadcaster; • Putting self at risk of abuse/bullying/trolling • Giving out personal information • Damage to personal reputation 	<ul style="list-style-type: none"> • If broadcasting themselves they need to consider who can view this content, and what personal information am I making available to the world.
Ephemeral or Expiring content	<ul style="list-style-type: none"> • Bullying/abuse/trolling • Online content that seemingly disappears can be recorded or screenshot allowing others to store copies. 	<ul style="list-style-type: none"> • Expiring content is common on many platforms allowing us to build a story with content disappearing over time. Young people need to be aware that such data can be copied and stored.

	<ul style="list-style-type: none"> • Damage to own reputation. 	
Video chat and Web cams	<ul style="list-style-type: none"> • A growing number of apps allow for live chats with others. Although settings may be set to private, visual and audio recordings can still be made. 	<ul style="list-style-type: none"> • Young people need to be aware of who they are chatting to and what they are sharing on-line.
Downloading	<ul style="list-style-type: none"> • Legal consequences. 	<ul style="list-style-type: none"> • Children need to be aware of the legal consequences to downloading illegal content.
Adult content	<ul style="list-style-type: none"> • Access intentional or unintentional to; Pornography, gambling, and graphic violence 	<ul style="list-style-type: none"> • Security settings • Dialogue with children
Violent and extreme content	<ul style="list-style-type: none"> • What young people find, see and hear on-line can influence actions and opinions 	<ul style="list-style-type: none"> • Give children the opportunity to talk about what they have come across on-line that may upset them.
Inaccurate Information	<ul style="list-style-type: none"> • Fake news, online scams. 	<ul style="list-style-type: none"> • Support children to think critically as to the content they access online.

Internet Contact

Children and young people use the internet to connect with friends and communities, how many likes and followers they have can have a direct impact on their emotional state. However, on-line contacts may not always be who they say they are. Some may have ill-intent and could be sexual predators who groom children with the intent of meeting them off-line. Others may not intend to meet off-line but wish to obtain indecent images or videos to exploit the child. They may also be people who threaten, bully and intimidate others.

Cyber bullying

On-line platforms can be a tool for individuals or groups to bully others. This may be in the form of text messages 'tagging' people or deliberately blocking people in a group chat. Targets of cyber bullying can feel upset, hurt, humiliated, scared and in some cases at greater risk of self-harm and suicidal behaviours.

Grooming

Grooming is the process of a young person being contacted on or off-line with the intention of causing them harm. A child may think they are in contact with someone of a similar age and interests, but this is not always the case.

Boys and girls can be approached in this way and the perpetrator may not always change their identity but instead mask their motive i.e. pretend to be a modelling scout or football coach.

Geolocation

Many mobiles and apps have geolocation settings where your location can be shared with other people. This allows others to become familiar with where you live and your daily routines.

Internet Conduct

Children and young people should be aware that their online behaviour can have an impact on themselves and others. They need to be educated how to manage their online conduct and know how to report concerns.

Sexting

Sometimes referred to as 'sending nudes'. This is where a young person shares images or videos of themselves or others. This could also be sharing messages with sexual content. Once the message or image has been sent the person has no control over what happens to it. This may lead to further exploitation as a result of blackmail.

If a young person under the age of 18 engages in sexting they have potentially created an indecent image of a child. By sending this on to another person they have potentially distributed an indecent image of a child. If they receive an indecent image they are then in possession of an indecent image of a child. These scenarios may have consequences of prosecution.

Digital Footprint

What you create, post and share on-line is your digital footprint. What others say and share about you also adds to your on-line reputation. A digital footprint can be positive or negative and affect how people view you in the future.

Personal Information

Young people may be unaware that their personal information is being shared on-line (an identifying school uniform, shop or road sign may identify your location). It is of great importance that young people are taught to keep their personal information and that of others safe.

Online Sexual Harassment

This is unwanted sexual conduct on any digital platform. Online sexual harassment can leave a person feeling exploited, upset, threatened, discriminated against and harassed.

Educating children through Positive Communication

Remember young people use the internet differently to adults. Talking positively about the internet can open up the communication channels. Listen to young people and show an interest in what they tell you.

Questions to ask:

What sites do you like to use?

What do you like about being online?

Which websites, apps and games do you think are ok to use?

What sites do you like to spend time on?

What don't you like?

How do you stay safe online?

Have you any tips that you would like to share?

Do you understand what privacy settings are and how you put them in place?

Do you know how to block and report, could you show me?

Adults should be advising children and young people:

- How to avoid using personal information
- Not accepting requests from unknown accounts
- Tell an adult if anything worries or upsets them
- How to use privacy settings

This can be done in a supportive role rather than a critical one, through sensitive questioning and reflection about their online activity, we can work together to find solutions. Ask them to consider the following questions about their online activity;

- Am I in control of my activity on social media?
- Do I know how to block someone?
- How do I report a problem?
- Who can look at the content I post now and in the future?
- Who can view my profile, is my account public or private?
- What does my profile say about me?
- Do I have privacy settings in place?
- How do I delete content?
- How might what I share make others feel?
- What should I do if something worries me online?
- Do I know how to be a good friend online and support others?

Gaming

Gaming poses safeguarding risks to children and so children should be supported in following the SMART rules.

Safe: Keep safe by not giving out personal information when playing online

Meeting: If anyone suggests meeting, tell an adult immediately

Accepting: Don't accept game requests from people you don't know

Reliable: Try to only speak to friends and family

Tell: If you are worried then tell a trusted adult

In addition, we should support children and families to read game reviews to help understand potential risks. <https://www.common sense media.org/> is a website that can help with this.

Encouraging critical thinking in staying safe online

We all share things online for different reasons. Perhaps it is an interesting story, news about a celebrity that you like, or something that made you laugh. But when you see something you like online; do you check to make sure that it is true before you share it?

Fake news is news or stories on the internet that are not true.

There are two kinds of fake news:

1. False stories that are **deliberately published** or sent around, in order to make people believe something untrue or to get lots of people to visit a website. These are deliberate lies that are put online, even though the person writing them knows that they are made up.
2. Stories that *may* have some truth to them, but are **not completely accurate**. This is because the people writing them - for example, journalists or bloggers - don't check *all* of the facts before publishing the story, or they might exaggerate some of it.

By challenging what we see and developing those critical thinking skills we are able to navigate and use information more effectively. We therefore should support children to:

- ✓ Check the source of information
- ✓ Compare information with what they already know
- ✓ Check the information is up to date
- ✓ Check at least three sources
- ✓ Refer to <https://www.childnet.com/> Resources for different age groups to help in the management and education of online safety

As we support children's resilience offline, we must do the same for their 'digital resilience'.

Digital resilience helps individuals recognise and manage the risks they come across when they socialise, explore or work online. It is achieved primarily through experience, rather than learning and it is fostered by opportunities to confide in trusted others and later reflect upon online challenges.

WHAT IS DIGITAL RESILIENCE?

A child who is digitally resilient will be able to:

! Understand when they are at risk online

Know what to do to seek help



Learn from experience

Recover when things go wrong



This involves:

- Recognising potentially risky scenarios.
- Understanding how to deal with them.
- Using these experiences to adapt what they do online in the future.

 **parentzone**
MAKING THE INTERNET WORK FOR FAMILIES

www.ParentZone.org.uk

How to manage Trends

Historically, different waves of trends, crazes and challenges become the must have or 'do' online. Remember fidget spinners, or the ice bucket challenge?

Trends on the internet may be used to raise awareness of charities and can be positive, however some trends can put children and young people in danger.

Encouraging them to pass potentially dangerous tasks to friends.

In order to advise and protect children from these potentially harmful behaviours;

- ✓ Research the facts
- ✓ Be aware some challenges are hoaxes
- ✓ Not name the challenge as young people will instinctively look for this
- ✓ Don't show content linked to the challenge
- ✓ Report



Online Respect and Responsibilities

Online communication does not always convey emotion and so dialogue can be misinterpreted. It is important for us to teach children how to;

- ✓ Be respectful and polite online
- ✓ Use abbreviations with care so not to be misinterpreted
- ✓ Avoiding spreading bad news
- ✓ Be careful with sarcasm and humour as this can be misinterpreted

Children should be supported in exploring;

- ✓ Their online friendships
- ✓ How social media impacts on their happiness, sense of self, confidence and emotional well-being
- ✓ Being aware of what they share online and 'think before you post'
- ✓ The importance of respecting the law
- ✓ How to recognise and deal with online pressures
- ✓ What a friend is and what information they should avoid

Reporting

If you are worried about a child or young person, normal safeguarding processes apply as they would for incidents offline. Keeping the child safe is your main priority. In addition to normal processes tell the child not to delete any images or conversations that may be used for evidence.

For concerns over how someone is communicating with a child online a report to <https://www.ceop.police.uk/safety-centre/> should be made via their online reporting tool.

Hate crime should be reported to [True Vision](#) which is part of the police.

Most apps have their own reporting systems embedded into their programs. IWF (Internet Watch Foundation) is a separate reporting tool for child sexual abuse images and videos.

Barriers to reporting

The top 5 reported barriers to reporting are:

1. The young person was too embarrassed
2. They were worried about what would happen next
3. They would rather sort it out themselves
4. They would be blamed
5. They would be targeted by those involved

Overcoming barriers

Our responsibility as adults are to overcome barriers to reporting by;

- ✓ Promoting a culture where children talk openly
- ✓ Explaining to young people how to report
- ✓ Talking openly about the need for them to report if they have concerns
- ✓ Giving young people the language to use when reporting
- ✓ Giving young people different ways to make reports
- ✓ Making young people aware of their pastoral lead in their school/college



<https://www.ceop.police.uk/safety-centre/>

Good Practice

Precautions can be taken to manage the risk of access to inappropriate material:

Filtering: designed to restrict or control the content a user can access on the internet. It works by preventing predetermined words, phrases and URL's from being delivered to the user.

Filtering is only a tool and we have an obligation to consider how children may be taught about safeguarding including online, through teaching and learning opportunities.

Monitoring: Works differently, rather than blocking data, technology-based monitoring systems operate in the background and look out for pre-set words and phrases.

It is important to note parental controls are unlikely to prevent a child/young person contacting or being contacted by someone.

In terms of age restrictions on games and apps these should be written in the terms and conditions of the individual material. Misuse could lead to accounts being terminated. In recent times more pressure is being put on companies to ensure more stringent checks are made.

Being a Professional Role Model

In your role caring for children we are in a privileged position to be a good role model to children and families. This also protects our professional and personal reputations.

We ask all employees of the setting to consider their own digital footprint.

Google your name: What comes up?



We ask all our employees to follow the guidelines stated below;

If using social media on a personal basis;

- Make account private
- Use a different or variation of your name
- Keep your location private
- Do not accept friendship requests from people who you are associated with through work i.e. parents and children.

If using social media professionally, protect and safeguard your professional reputation by;

- Risk assessing if the account should be public or private
- Use appropriate images and text
- Do not send private messages to children or young people
- Be aware of what others can see about you
- Think before you post
- Make sure you use appropriate profile pictures and usernames
- Act accordingly to the settings 'Staff Behaviour and Conduct policy'.

In the recent Coronavirus crisis as a setting we have increased our online presence, in order to connect with our colleagues, children and families. This has been received positively and a way to overcome many of the barriers we face through long periods of social distancing and in some cases, self-isolation.

We must however use technology carefully. Once we have published a video, audio or text this becomes our digital footprint both personally and as a setting. Videos taken within our homes are very personal, so we need to safeguard ourselves and ensure we are not taking any unnecessary risks through identifying personal data about ourselves and our family.

Before using different platforms to connect with others, the setting is required to research, and risk assess its appropriateness for what we are trying to achieve. Some platforms may have risks attached such as privacy and malware concerns, these ultimately will have implications to how we safeguard children.

WhatsApp has become a popular choice for communication both personally and professionally and can have huge benefits to feel connected, part of the group and as a tool to share best practice. However, there can be hidden dangers to how people perceive what is written. Words, and the use of emojis may be misunderstood so we ask all employees to THINK before they post.

Before you text, message, email ask yourself, is this?				
T rue	H elpful	I nspiring	N ecessary	K ind

Further Reading

- Digital friendships report
- UK Safer internet centre
- Hopes and Streams Learning Report
- The London Grid for Learning
- Social media - A guide for teachers and support staff
- Childnet
- Online Pornography: Young people's experiences of seeing on-line porn and the impact it has on them
- Young people and gambling (2018)
- Internet Watch Foundation (IWF)
- What causes upset on-line
- Online Harms White paper – Executive summary

- Sexting in schools and colleges (2016)
- UK Council for internet safety
- Online Sexual Harassment
- Project deSHAME
- Child Exploitation and Online Protection (CEOP)
- Social Media – A guide for teachers and professionals (2018)

Legislation

- Malicious Communication Act 1988
- Children Act 1989
- Computer Misuse Act 1990
- Communications Act 2003
- The Prevent Duty Guidance 2015
- Digital Economy Act 2017
- Keeping Children Safe in Education

Government Guidance

Safeguarding children and protecting professionals in early years settings: online safety considerations for managers

Published 4 February 2019

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

Appendices: Female Genital Mutilation (FGM)

Female Genital Mutilation (FGM)

Female genital mutilation (FGM) is the partial or total removal of external female genitalia for non-medical reasons. It is also known as female circumcision or cutting. Religious, social, or cultural reasons are sometimes given for FGM, however, FGM is child abuse, it is dangerous and a criminal offence. There are no medical reasons to carry out FGM. It does not enhance fertility and it does not make childbirth safer. It is used to control female sexuality and can cause severe and long-lasting damage to physical and emotional health.

Reporting requirements of FGM - Section 5B of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2015) places a statutory duty upon practitioners in England and Wales, to personally report to the police where they discover (either through disclosure by the victim or visual evidence) that FGM appears to have been carried out on a girl under 18. Those failing to report such cases will face disciplinary sanctions. Information on when and how to make a report can be found in the following Home Office guidance: 'Mandatory Reporting of Female Genital Mutilation - procedural information' (Home Office, 2016).

A girl or woman who has had female genital mutilation (FGM) may:

- Have difficulty walking, standing, or sitting
- Spend longer in the bathroom or toilet
- Appear withdrawn, anxious, or depressed
- Have unusual behaviour after an absence from school or college
- Be particularly reluctant to undergo normal medical examinations
- Ask for help but may not be explicit about the problem due to embarrassment or fear

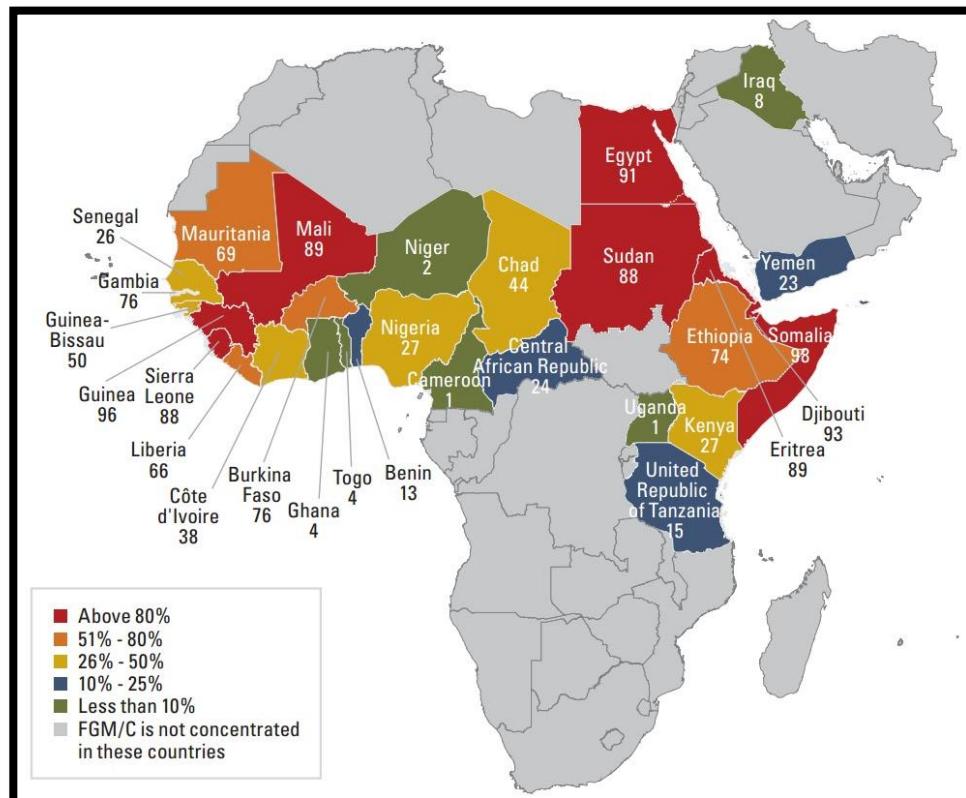
Long-term effects of FGM

Girls and women who have had FGM may have problems that continue through to adulthood, including:

- Difficulties urinating or incontinence
- Frequent or chronic vaginal, pelvic, or urinary infections
- Menstrual problems
- Kidney damage and possible failure
- Cysts and abscesses
- Pain when having sex
- Infertility
- Complications during pregnancy and childbirth
- Emotional and mental health problems

FGM is usually carried out on young girls between infancy and the age of 15, most commonly before puberty starts.

There are many countries associated with FGM and this has affected 25 million girls and women. **Further Guidance can be sought at fgmhelp@nspcc.org.uk**



Appendices: Prevent

Prevent

From the 1st July 2015, all early year's childcare providers and schools are subject to provide clear guidance of promoting British Values and preventing counter terrorism/extremism under section 26 of the Counter Terrorism and Security Act 2015. This duty is also known as the Prevent Duty. Paragraphs 57—76 of the guidance are concerned specifically with schools and childcare providers.

The prevent strategy, published by the Government in 2011 is part of our overall counter terrorism strategy, **CONTEST**. The aim being to reduce the threat to the UK from terrorism by stopping people becoming terrorists or supporting terrorism.

The revised government publication 'Contest: The United Kingdom's Strategy for Countering Terrorism' (July 2018) outlines the strategic 'four P' work strands which underline the strategy;

Prevent: to stop people becoming terrorists or supporting terrorism

Pursue: to stop terrorist attacks

Protect: to strengthen our protection against a terrorist attack

Prepare: to mitigate the impact of a terrorist attack

As an education facility with responsibility for safeguarding children, our role to play falls within the 'Prevent' strand.

Definitions

Radicalisation is defined as the process by which people come to support terrorism and extremism and, in some cases, to then participate in terrorist groups.

Extremism is vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for

the death of members of our armed forces, whether in this country or overseas.”
HM Government Prevent Strategy, 2011

Indicators

Issues that may make an individual vulnerable to radicalisation can include:

- **Identity crisis** Distance from cultural/religious heritage and uncomfortable with their place in society
- **Personal crisis** Family tensions; sense of isolation; adolescence; low self-esteem; disassociating from existing friendship group and becoming involved with a new and different group of friends; searching for answers to questions about identity, faith and belonging
- **Personal circumstances** Migration; local community tensions; events affecting country or region of origin; alienation from UK values; having a sense of grievance that is triggered by personal experience of racism or discrimination or aspects of Government policy.
- **Unmet aspirations** Perceptions of injustice; feeling of failure; rejection of community values.
- **Criminality** Experiences of imprisonment; previous involvement with criminal groups

Those closest to the individual may first notice the following changes of behaviour:

- General changes of mood, patterns of behaviour, secrecy
- Changes of friends and mode of dress
- Use of inappropriate language
- Possession of violent extremist literature
- The expression of extremist views
- Advocating violent actions and means
- Association with known extremists
- Seeking to recruit others to an extremist ideology

Right Wing Extremism

CONTEST addresses all forms of terrorism and no individual or group is free to spread hate or incite violence.

Right-wing terrorism or far-right terrorism is terrorism that is motivated by a variety of different right-wing and far-right ideologies, most prominently by neo-Nazism, neo-fascism, white nationalism, white separatism, ethnonationalism, religious nationalism, and anti-government patriot/sovereign citizen beliefs and occasionally by anti-abortion and tax resistance.

Right-wing terrorists aim to overthrow governments and replace them with nationalist and/or fascist regimes. Although they often take inspiration from Fascist Italy and Nazi Germany, with some exceptions, right-wing terrorist groups frequently lack a rigid ideology.

Of the 561 individuals who were adopted to a local Channel panel in 2018/19, 254 (45%) were referred for concerns related to right wing terrorism and 210 (37%) were referred for concerns related to Islamist terrorism.

Individuals identified as vulnerable to being drawn into terrorism can be referred to Prevents multi-agency Channel programme, to receive early intervention safeguarding support.

Channel

The Counter-Terrorism and Security Act 2015 sections 36 to 41 set out the duty on local authorities and partners to establish and cooperate with a local Channel programme of 'Channel panels' to provide support for people, children and adults who are vulnerable to being drawn into terrorism at a pre-criminal stage. Channel is about ensuring that vulnerable children and adults of any faith, ethnicity or background receive support before their vulnerabilities are exploited by those that want them to embrace terrorism, and before they become involved in criminal terrorist related activity.

If concerns are raised about a child at risk of extremism, normal safeguarding procedures will apply. Through this referral it will then be decided if a further referral to Channel is required.

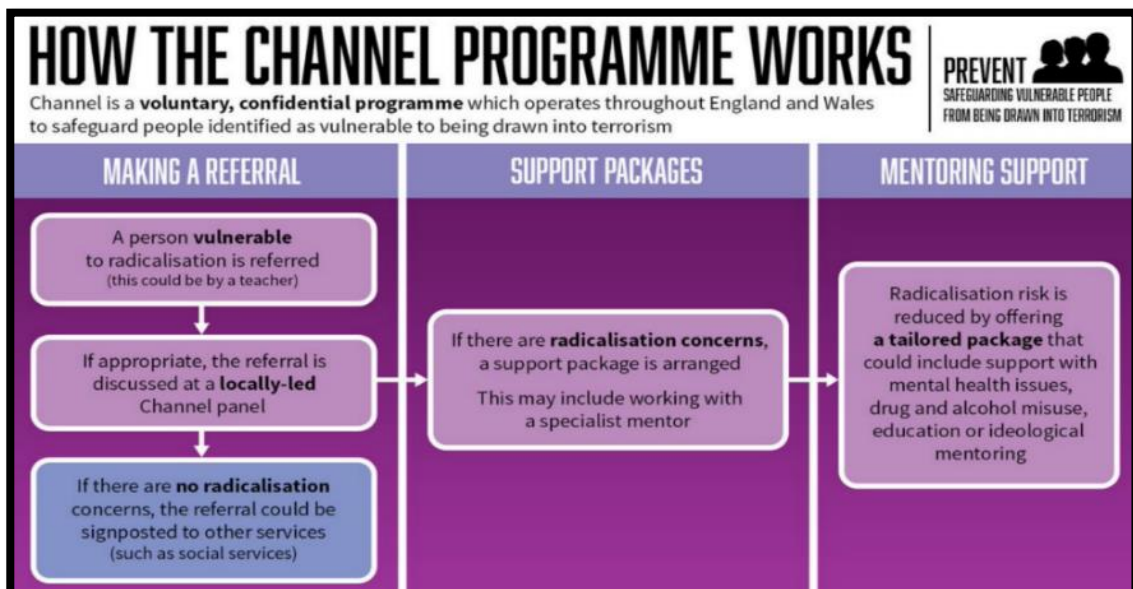
When Channel referral forms are completed, they are passed directly to the police for deconfliction (is the referral malicious, misguided or misinformed?) and, if

appropriate, referred for action to the Channel Panel meeting. This referral will, in the first instance, consist of a request (from West Mercia Police) that partners share any information about the individual that is relevant.

The Channel Panel is chaired by a WCC Public Health Practitioner and brings together a range of multi-agency partners to collectively assess the risks in relation to an individual and decide whether a support package is needed. The panel may include statutory and non-statutory partners, as well as lead safeguarding professionals.

If the panel feels that an individual who has been referred would benefit from support, a bespoke package of support will be tailored for that individual based on their particular needs and circumstances.

Participation in Channel is entirely voluntary, and a person will always be informed first if it is felt that they would benefit from Channel support. For children, parental consent is required before Channel support can be put in place. The process of obtaining consent is managed carefully by the Channel Panel.



Appendices: British Values

British Values

The DfE have recently reinforced the need “to create and enforce a clear and rigorous expectation on all schools to promote the fundamental British values of democracy, the rule of Law, individual liberty and mutual respect and tolerance of those with different faiths and beliefs”.

Democracy: We will make decisions together and listen to children’s and parent’s voices. We will give children opportunities to choose activities and resources to develop enquiring minds in an atmosphere where questions are valued.

Rule of Law: We promote children’s personal, social and emotional development. Re-enforcing our high expectations of children and teaching the value and reasons behind them and that there are consequences when rules are broken.

Individual liberty: We will promote freedom for all reflecting on their differences and understanding that everyone is free to have different opinions.

Mutual Respect: We promote treating others as you wish to be treated. Children gain respect through interaction with caring adults who show and value their individual personalities.

Tolerance of different Faiths and Beliefs: We promote children’s understanding of different faiths and beliefs by participating in a range of celebrations throughout the year. Giving them the opportunity to dress up in clothes and try foods from other cultures.

Cultural Capital Myth

Cultural capital is a new term introduced into the new Inspection Framework (2019) and **does not** replace British Values. Cultural capital is about identifying the children's experiences in life so far and filling any gaps to prepare them for life in modern Britain. For example, most of our children arrive to pre-school by car, the cultural capital we offer is prioritised time spent outside in the natural world engaging in physical activity – filling a gap and a developmental need in their life experience.

British values should be embedded across our whole practice and reflected upon regularly to assess how we promote these 5 fundamental principles.

Appendices: Neglect

The NSPCC define neglect as 'the ongoing failure to meet a child's basic needs' and is recognised as the most common form of child abuse.

National statistics paint a bleak picture with 48% of child protection plans in England (as at March 2018) due to neglect. More worryingly in Worcestershire this figure is far higher at 78%.

Some interesting facts...

- Neglect was present in 60% of the 139 serious case/incident reviews from 2009-2011
- Neglect can be life threatening and needs to be treated with as much urgency as other categories of maltreatment.
- Neglect with the most serious outcomes is not confined to the youngest children and occurs across all ages.
- The possibility that in a very small minority of cases neglect will be fatal, or cause grave harm, should be part of a practitioner's mind-set.

Our Response

In response the Regional Child Protection procedures for the West Midlands have launched the Worcestershire Neglect Strategy, Pathway and Toolkit. The tools are designed to support practitioners to identify neglect and include a guide to SMART planning. All the documents can be found in the West Midlands Child Protection Procedures (section 3.13).

<http://westmidlands.procedures.org.uk/local-content/xkjN/localised-content-neglect-tools-and-pathways/?b=Worcestershire>

It is true that neglect can be difficult to define within a family context due to differing parenting styles and opinions. However, the below information taken from the Experiences of Neglect by Horwath's Classifications gives us a framework from which to work from. (Horwath, J (2007) Child Neglect: Identification and Assessment, Basingstoke, Hampshire: Palgrave Macmillan).

Experiences of Neglect by Horwath's Classifications

Age Group	Medical	Nutritional	Emotional	Educational	Physical	Lack of Supervision
Infancy; 0-2 years	Includes failure to notice that a baby is unwell, and failure to seek medical treatment. Not attending routine health screening appointments may be indicative.	Under-nourishment leads to restricted growth and brain development. There can be a link between neglect and obesity, e.g. if parents use sweets as 'pacifiers'.	Lack of stimulation can prevent babies from 'fixing' neural connections. Infant attachments are damaged by neglect, which makes learning skills more difficult.	Some parts of the brain, e.g. cortex, are dependent on experience and stimulation to develop. Language relies on reinforcement and feedback from carers.	Dirty home conditions may affect infant immune system; lack of changing and nappy rash; lack of encouragement may delay skill development.	Babies should be supervised at all times, particularly when lying on surfaces they could fall from or in the bath. If babies feel abandoned, this can affect the development of attachments.
Pre-school; 2-4 years	May include missed health and dental appointments, and failure to seek medical treatment following accidents or for routine conditions such as head lice or squints.	Not eating 1200 – 1500 calories per day, and/or unregulated amounts of fat and sugar in the diet, which can lead to heart problems, obesity and tooth decay.	Neglected children without a secure attachment may experience difficulties playing with their peers, sharing feelings and thoughts, coping with frustration and developing empathy.	Neglect can be a significant factor in delaying a child's language development, e.g. through the amount and quality of interactions with carers. This delay affects their education.	Child may present as dirty or malnourished, and living conditions may be poor. Child may not have been toilet trained, sleeping sufficiently or have adequate boundaries.	Home may lack safety devices, e.g. stair gates, dangerous items such as drugs or knives may be within reach, child may not have appropriate car seat, child may be left home alone.
Primary; 5-11 years	Children may have more infections and illnesses than their peers due to poor treatment, or lack of prevention, e.g. through hand washing, good diet or adequate sleep.	Food isn't provided consistently, leading to unregulated diets of biscuits and sweets. Concerns should not just focus on weight; children of normal weight could still have unhealthy diets.	Insecure attachment styles can lead to children having difficulties forming relationships and may express their frustration at not having friends through disruptive behaviour.	Neglected children can experience a number of disadvantages at school, including low educational aspirations, lack of encouragement for learning and language stimulation.	Ill-fitting, inadequate or dirty clothing, poor personal hygiene, lack of sleep, lack of routines or boundaries which can lead to frustration with school rules and boundaries.	Primary school children may be left home alone after school or expected to supervise younger children. They may be left to play outside alone or to cook meals without supervision.

Adolescent 12+ years	Poor self-esteem and recklessness can lead to ignoring or enduring health problems rather than accessing services. There may also be risk-taking behaviour, e.g. in sexual activity.	Adolescents may be able to find food, but lack of nutritious food and limited cooking experience can lead them to unhealthy snacks, which affects both health and educational outcomes.	Peer groups and independence are important at this age; young people who are isolated by neglect (e.g. through poor hygiene) will struggle. Conflict with carers may also increase.	Likely to experience cognitive impairment e.g. in managing emotion, challenging behaviour in school. Low confidence and academic failure can reinforce negative self-image.	Adolescents' social development is likely to be affected by their living conditions, inadequate clothing, poor hygiene and body odour. This can affect their self-esteem	Neglected adolescents may stay out all night with carers not aware of their whereabouts, which can lead to opportunities for risk-taking behaviours that can result in serious injury
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SMART Planning

One of the clearest benefits of using SMART principles in social care planning is that it has the potential to make expectations much clearer for all concerned. In situations of child protection, it can help parents, carers and other family members to understand what they need to do, by when and what happens if they do not do it. In the context of multi-agency working, it can help professionals from all agencies to understand their own and other agencies' responsibilities.

SMART stands for **S**pecific, **M**easurable, **A**chievable, **R**elevant and **T**imely.

Example of a SMART target:

'Sarah to improve her school attendance this year'

Let's check if this is SMART.....

Specific: Yes, the objective is specifically related to Sarah and her school attendance this year.

Measurable: Yes, but not in the most effective way. If Sarah attended school for 1 day more than she did last year, this objective would technically be met.

Attainable: Yes, easily so based on the above.

Relevant: Possibly but not clear from the way the objective is stated by itself.

Timely: Yes, but could be improved by being more specific.

How might this objective be improved?

‘Sarah to attend school for a minimum of 4 days per week between the May half term and the summer holidays.’

For more support and information on Neglect: <https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/neglect/>

Appendices: County Lines

County Lines

County lines is a term used to describe a specific type of criminal exploitation. This is where gangs and organised crime networks exploit children to sell drugs. They are often forced to travel to different counties, and they use dedicated mobile phone 'lines' to sell these drugs. This is where the term comes from.

<https://west-midlands.police.uk/your-options/county-lines>

The above website offers support and guidance through a live chat platform for those affected by County lines. If live chat is unavailable call 101.

If you believe that the child is in immediate danger or there is a threat to life, please call 999.

Fearless.org

If you are supporting children who are afraid to report any safeguarding issue you can report this anonymously through the below website.

<https://www.fearless.org/en/give-info>

There are also a number of video clips for training purposes on criminal exploitation.

An Emerging threat

County lines (also known as 'going country') is a tactic used by individuals, or more commonly by groups/criminal gangs to establish a drug dealing operation in an area outside of their usual localities. This typically involves gangs moving their operations from large urban cities out into more remote rural areas – particularly coastal towns, market towns, or commuter towns close to large cities.

Reasons for establishing outside of local areas

There are various reasons why drug dealers choose to move their operations outside of their usual areas, some of which are outlined below:

- For anonymity – County lines operations have been found to be set up across multiple police force boundaries, sometimes hundreds of miles away from the dealers' original locations, therefore making it harder to be detected by law

enforcement. Furthermore, being that far away also makes it harder to be detected by their competitors and other rival gangs.

- A receptive customer base – Customers in rural areas have limited access to drug supplies (in comparison to those in urban areas). Therefore, there is more of a demand for the drugs in these areas than in the highly competitive urban areas where the dealers have come from.
- Less intimidating competition – It has been suggested that the prolific use of firearms by criminal gangs in urban areas means that supplying drugs outside of these areas reduces the chances of being a target. Therefore, there is a perception that the competition in rural areas are less intimidating and easier to overcome.

Cuckooing

This refers to the process through which county lines operators take over a local property to use as a base for their criminal activity. The operators usually target and exploit vulnerable people such as those dependent on drugs, with mental health issues, or the elderly. Using violence, intimidation, or coercion (i.e. by offering money or drugs in exchange of use of their property), the operators then take over the property, sometimes rendering the victim homeless in the process.

Vulnerable females have also been found to be exploited for the use of their property. Sometimes they are coerced into abusive relationships, offered low priced drugs in order to gain control over them, and in other cases being prostituted and sexually assaulted, all the while taking over their homes in the process.

Exploitation of children as ‘runners’

A commonly recurring theme in county lines is the exploitation of children and young people. County lines operators often groom and use young people as ‘runners’, making them carry drugs or money to and from the areas where the operation has been established. This is often via train but also by car and coaches.

Children are also often made to stay overnight at the location (known as ‘the trap’ or ‘trap house’) and made to distribute the drugs in the area.

Some criminal gangs, usually as part of gang initiation, are involved in sex crimes and there has been a significant increase in cases of gang rape in the UK over the past 5 years. The role and relationship of girls in criminal street gangs is very complex. Girls affiliated with gangs are often used by multiple gang members to establish status, seek revenge and even used to lure rival gang members in honey traps.

Although criminal street gangs are predominately male only, there are some girl only street gangs operating in the UK too. If involved with a criminal street gang it can be very difficult for members to leave.

How do you know if County Lines drug dealing is happening in your area?

Some signs to look out for include:

- An increase in visitors and cars to a house or flat
- New faces appearing at the house or flat
- New and regularly changing residents
- Change in resident's mood and/or demeanour
- Substance misuse and/or drug paraphernalia
- Changes in the way young people you might know dress
- Unexplained, sometimes unaffordable new things
- Residents or young people you know going missing, maybe for long periods of time
- Young people seen in different cars/taxis driven by unknown adults
- Young people seeming unfamiliar with your community or where they are
- Truancy, exclusion, disengagement from school
- An increase in anti-social behaviour in the community
- Unexplained injuries

There are over 7000 organised crime gangs operating in the UK

Be prepared to think the unthinkable.

Since January 2019, the West Midlands have seen an uplift in the number of under 18s who have been linked to county lines and been arrested at cuckooed addresses and/or stop searched and found in possession of weapons, drugs, money and/or phones. The county line business model may shift and attempt to recruit young people who do not present obvious vulnerabilities and/or fall under the radar, for example, not known to the police or partner agencies. West Mercia Police have several county lines that utilise local and out of force juvenile's as drug runners. Understanding who is the 'ideal recruit' and when the appropriate 'recruitment season' begins, is the next challenge to prepare for.

Generation Z

Social media can be a key element in the recruitment process. Generation Z are often considered the age group at risk of being victims and/or suspects of criminal exploitation. They are born between 1995-2010 and they are digital natives, which means they have a significant understanding of technology and multiple digital communication platforms.

Children are being exploited by gangs involved in drug crime. Know the signs to spot.

County lines gangs use children and vulnerable people to courier drugs and money. A young person who is involved in county lines activity might exhibit some of these signs:



Persistently going missing from school or home, or being found out-of-area



Unexplained acquisition of money, clothes or mobile phones



excessive receipt of texts or phone calls



Relationships with controlling, older individuals or gang association



Leaving home or care without explanation



Suspicion of self-harm, physical assault or unexplained injuries



Parental concerns



Significant decline in school performance



Significant changes in emotional well-being

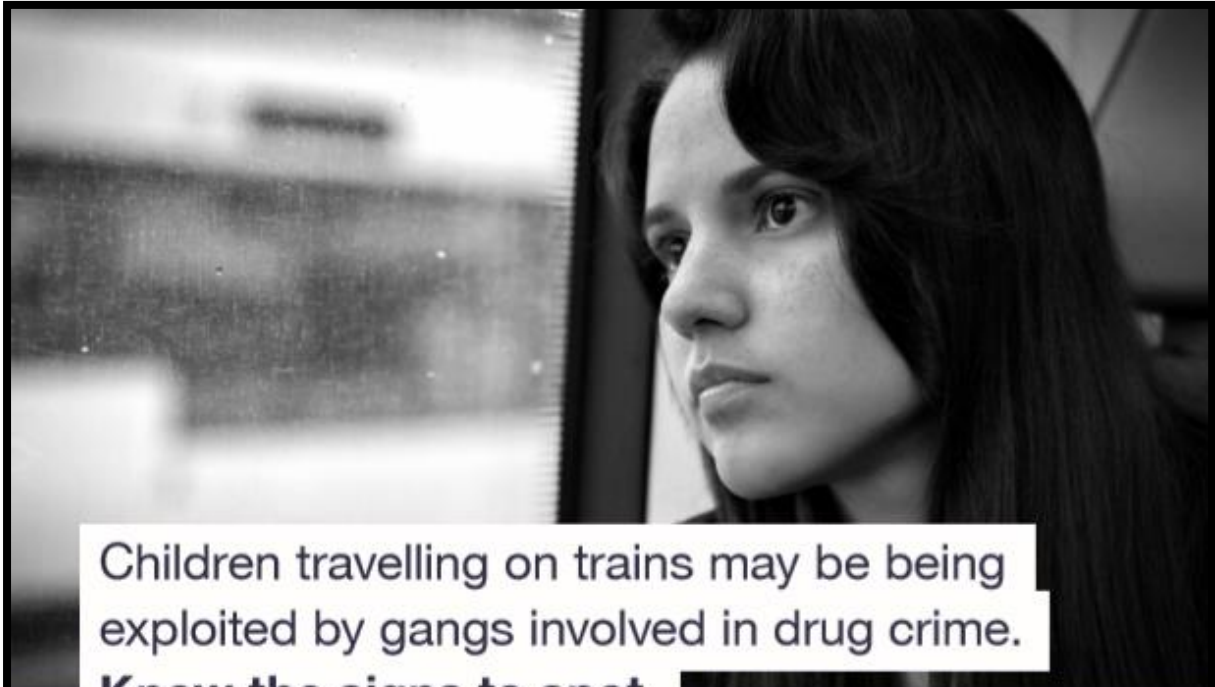
If you have concerns, follow your safeguarding procedures and share your concerns with local authority social care services.



Home Office



Working in partnership with
CrimeStoppers.



Children travelling on trains may be being exploited by gangs involved in drug crime.
Know the signs to spot.

County lines gangs use children to courier drugs and money across the country. A high proportion of these children travel on trains.

Have you seen a child, sometimes as young as 12, travelling long distances alone?



They might seem unfamiliar with the local area, or not have a local accent



They could be travelling during school hours or unusual hours (early in the morning, late at night)



Are they travelling the same route on a regular basis (once or twice a week)?



They could be receiving excessive texts or phone calls



Are they deliberately avoiding authority figures such as police officers or railway staff?



Some may be with older individuals who are purchasing tickets for them or giving them money for tickets.

If you see something that doesn't feel right, or looks suspicious, you should text British Transport Police on 61016 or call 0800 40 50 40 and mention that you have concerns a child may be involved in county lines activity



Home Office



Appendices: Child Sexual Exploitation (CSE)

Child Sexual Exploitation

Child Sexual Exploitation (CSE) is defined as:

'Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator.

Child sexual exploitation (CSE) is a type of sexual abuse. When a child or young person is exploited, they are given gifts, drugs, money, status and affection, in exchange for performing sexual activities. Children and young people are often tricked into believing they are in a loving and consensual relationship. This is called grooming. They may trust their abuser and not understand that they are being abused.

Children and young people can be trafficked into or within the UK to be sexually exploited. They are moved around the country and abused by being forced to take part in sexual activities, often with more than one person. Young people in gangs can also be sexually exploited.

Sometimes abusers use violence and intimidation to frighten or force a child or young person, making them feel as if they've no choice. They may lend them large sums of money they know cannot be repaid or use financial abuse to control them.

Anybody can be a perpetrator of CSE, no matter their age, gender or race. The relationship could be framed as friendship, someone to look up to, or romantic. Children and young people who are exploited may also be used to 'find' or coerce others to join groups.

Types of CSE

CSE can happen in person or online. An abuser will gain a child's trust or control them through violence or blackmail before moving onto sexually abusing them. This can happen in a short period of time.

When a child is sexually exploited online, they might be persuaded or forced to:

- send or post sexually explicit images of themselves
- film or stream sexual activities
- have sexual conversations

Once an abuser has images, video or copies of conversations, they might use threats and blackmail to force a young person to take part in other sexual activity. They may also share the images and videos with others or circulate them online.

Gangs use sexual exploitation:

- to exert power and control
- for initiation
- to use sexual violence as a weapon

Children or young people might be invited to parties or gatherings with others their own age or adults and given drugs and alcohol. They may be assaulted and sexually abused by one person or multiple perpetrators. The sexual assaults and abuse can be violent, humiliating and degrading.

Signs of CSE

Sexual exploitation can be difficult to spot and sometimes mistaken for "normal" teenage behaviour. Knowing the signs can help protect children and help them when they've no one else to turn to.

Signs of sexual abuse and grooming may be:

- Unhealthy or inappropriate sexual behaviour
- Being frightened of some people, places or situations
- Being secretive
- Sharp changes in mood or character
- Having money or things they can't or won't explain
- Physical signs of abuse, like bruises or bleeding in their genital or anal area

- Alcohol or drug misuse
- Sexually transmitted infections
- Pregnancy

Other signs may be:

- Having an older boyfriend or girlfriend
- Staying out late or overnight
- Having a new group of friends
- Missing from home or care, or stopping going to school or college
- Hanging out with older people, other vulnerable people or in antisocial groups
- Involved in a gang
- Involved in criminal activities like selling drugs or shoplifting

A child might know they are being sexually exploited. They might be worried or confused and less likely to speak to an adult they trust.

Both sexual exploitation in person and online can have long-term effects on a child or young person. They may:

- struggle with trust and be fearful of forming new relationships
- become isolated from family and friends
- fail exams or drop out of education
- become pregnant at a young age
- experience unemployment
- have mental health problems
- make suicide attempts
- abuse alcohol and drugs
- take part in criminal behaviour
- experience homelessness.

If you are worried about a child in our care, please follow the normal safeguarding guidelines in making referrals.

However, if your concerns are regarding somebody outside of the workplace

- Call 999 if the child is at immediate risk or call 101 if you think a crime has been committed
- Call Crime stoppers anonymously on 0800 555 111 or online

You can also report abuse through the NSPCC by:

Calling 0808 800 5000, emailhelp@nspcc.org.uk or fill in the online form.

<https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/child-sexual-exploitation/>

Guidance for Parents and Carers

Finding out your child has been sexually exploited can be frightening and distressing, but there is help for affected families.

PACE works with parents and carers of children who are, or at risk of, being sexually exploited. You can call them for confidential help and advice on 0113 240 5226 or fill in their online form.

Barnardo's can support parents through their services across the UK.

Government guidance on safeguarding children against CSE can be found;

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/591903/CSE_Guidance_Core_Document_13.02.2017.pdf

Support and Guidance for children and young people

The NSPCC run therapeutic services for children who have experienced, or are at risk of, sexual exploitation and abuse:

- Hear and Now: <https://learning.nspcc.org.uk/services-children-families/hear-and-now>
- In Ctrl: <https://www.nspcc.org.uk/keeping-children-safe/our-services/childrens-services/>
- Letting the Future In: <https://learning.nspcc.org.uk/services-children-families/letting-the-future-in>
- Protect and Respect: <https://learning.nspcc.org.uk/services-children-families/protect-and-respect>

Other organisations that can help include Barnardo's and The Children's Society. They run services for children and young people across the UK.

Barnardo's 'Wud U?' app shows children how to make safe decisions.

Children and young people can contact:

- Fearless to report crime anonymously: <https://www.fearless.org/en>
- Gangsline for free advice and support from ex-gang members: <http://www.gangline.com/>
- Victim Support if they've experienced crime: <https://www.victimsupport.org.uk/>



Child line recognises how difficult it is for children to talk about sexual exploitation and abuse. Whether it is happening now or happened in the past, Childline can be contacted 24/7. Calls to 0800 1111 are free and confidential. Children can also contact Childline online.

Childline has information and advice for children and young people about:


- sexual abuse
- rape and sexual assault
- gangs
- online grooming
- keeping safe online

Appendices: Trafficking

HOW CTAC CAN HELP

To support professionals working with trafficked children, CTAC can:


1. Provide advice to professionals from a child protection and police perspective – through casework, an advice line, leaflets and training.
2. Attend child protection meetings and produce child trafficking reports for the courts and the Immigration Tribunal.
3. Coordinate multi-agency responses with a child protection focus where there are trafficking concerns for a child.
4. Advocate for foreign national children in the UK where there are trafficking or safeguarding concerns.
5. Deliver free training to a range of professionals in the UK and abroad.
6. Influence, challenge and share best practice with professionals.
7. Analyse and report on trafficking trends and share data with strategic partners.
8. Analyse, report and share data in relation to safeguarding concerns for children being moved across borders.
9. Provide support with referrals to the National Referral Mechanism (NRM) – a framework for identifying victims of human trafficking and ensuring they receive appropriate care.
10. Participate in local and national strategic groups and respond to policy consultations.



"There's no family here or back home. I feel lonely when I don't have anyone to check up on me or show that they care."

Juma¹, trafficked to the UK from Nigeria

¹ Name changed to protect identity



Stop child trafficking and slavery in its tracks


**The NSPCC's Child Trafficking Advice Centre
0808 800 5000**

GET IN TOUCH

Trafficking and slavery need a child protection response, and it's vital to consult with all relevant agencies to assess the situation.

The NSPCC's Child Trafficking Advice Centre is here for you to talk through any concerns you may have for a child. We can also deliver free awareness-raising presentations to professionals.

For more information, call **0808 800 5000** and ask for the Child Trafficking Advice Centre, email ctac@nspcc.org.uk or go to nspcc.org.uk/ctac



Since September 2007, the Child Trafficking Advice Centre has worked on more than **1,200 cases¹**, which had either clear trafficking or safeguarding concerns.

¹ Figures correct to September 2015

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EVERY CHILDHOOD IS WORTH FIGHTING FOR

The NSPCC's Child Trafficking Advice Centre (CTAC) is a specialist service. It provides free guidance and support to professionals with safeguarding concerns for children being moved across international borders, either to or from the UK.

The service is staffed by experienced social workers and a National Crime Agency police liaison officer. It provides free training and awareness-raising presentations, attends network and child protection meetings and produces child trafficking reports for courts.

IS IT CHILD ABUSE?

Child trafficking is child abuse and requires a child protection response and multi-agency working, irrespective of the child's immigration status or whether they have engaged in criminal activity.

Children are vulnerable to multiple types of abuse in the process of trafficking. Children can suffer physical abuse, sexual abuse, emotional and psychological abuse, and neglect.

ADE'S STORY¹

Ade is a 15-year-old child from west Africa. His father had a small business, his mother was a nurse and he attended the local secondary school. When Ade was 14 his family and most of the people from his community were killed in a genocide. He was homeless and left with no responsible adults or means to look after himself.

Peter, an older man who claimed to be his father's business contact, took Ade in. He was made to work on Peter's farm in return for food and shelter. Peter told Ade to copy a signature and took him to several offices. Soon after, Peter brought Ade to the UK and left him with another man called John.

John was a white man and his wife was from the same country as Ade. They both appeared to have good jobs and had a big house. Ade lived in this house for six months. He wasn't given enough food, was responsible for looking after two young children, cleaning and cooking for John and his wife and he was made to sleep in the storage room.

John told Ade that he was too old to attend school and would have to work for them. He was beaten by both John and his wife and told he was a big responsibility for them. One day after being beaten, Ade was kicked in the house and the family went away for the weekend. Ade was so fearful after the last attack that he took a risk and climbed out of the window. He approached an adult on the street and asked for help.

This adult took him to a local police station.

¹ Ade's story draws on real cases that CTAC has seen, but does not describe a specific case.

HOW TO HELP A CHILD LIKE ADE

Follow your child protection procedures:

- ✳ **First and foremost, Ade is a child who has disclosed he has suffered significant harm. You should follow organisational child protection procedures for responding to and reporting disclosures of abuse.**
- ✳ **Given Ade's disclosures, a strategy meeting should be held, involving children's services, police, immigration, health, and any other agencies that Ade is known to.**

There are significant indicators that Ade has been trafficked to the UK for the purpose of domestic servitude. While in the UK, he has been kept in slavery and beaten.

To support a child like Ade, there are a number of things that need to be considered:

- ✳ **Ade needs to be reassured that he's not in trouble, it's not his fault, and you and other professionals are there to support and protect him. Trafficked children are often kept in exploitative situations as they don't know that authorities in the UK can help them.**
- ✳ **An appropriate placement for Ade should be discussed – taking into account his safety, the risk from John, his medical needs, and the level of support he'll require both practically and emotionally.**
- ✳ **Ade will have appointments and interviews with many different professionals. He may not understand the role of each professional and the purpose of these interviews.**
- ✳ **Trafficked children are at high risk of going missing from Local Authority care, particularly within the first 48 hours. Appropriate safety plans for Ade's circumstances should be discussed with Ade and his carers and put in place at the earliest opportunity.**
- ✳ **Ade's immigration status should be clarified. Many trafficked children are brought to the UK with false or no documentation. If Ade has no documentation, or documentation that is not his, he should be supported to see a solicitor at the earliest opportunity.**
- ✳ **In the absence of any ID and with Ade saying he is 15, it should be presumed he is a child. If there's reason to believe he is older, a Merton compliant age assessment should be carried out by the Local Authority. Ade should be informed about the purpose of this.**
- ✳ **A referral to the National Referral Mechanism (NRM) should be made to formally identify Ade as a victim of trafficking. For support with referrals, the Child Trafficking Advice Centre can help.**

Appendices: Sexting

Sexting

Sexting is the term used for sending or receiving sexually explicit texts, images or videos via mobile phones, computers, or tablets.

A person under 18 is breaking the law if they:

- Take an explicit photo or video of themselves or a friend
- Share an explicit image or video of another person under 18 even if its shared between those of the same age
- Possess, download, or store an explicit image or video of an under 18-year-old, even if they gave their permission for it to be created.

This content can be anything from texts, partial nudity right up to sexual images or video. Very often it is between partners but can be between groups and can use a whole range of devices, technologies and online spaces. The most common ones are by text, private message on social networks or apps such as Kik, Oovoo, Instagram or Skype.

Sexting is a growing issue among young people and can also be used by offenders who sexually groom child victims.

Even though the age of sexual consent is 16, the age for making and distributing indecent images is 18. That means that a 17-year-old who can legally have sex cannot legally take or send a naked image.

Further guidance and support can be found at:

<https://www.disrespectnobody.co.uk/sexting/what-is-sexting/>

<https://www.west-midlands.police.uk/your-options/sexting#>

<https://swgfl.org.uk/services/professionals-online-safety-helpline/>

The Internet Watch Foundation work internationally to make the internet a safer place. They help victims of child sexual abuse worldwide by identifying and removing online images and videos of their abuse. They search for child sexual abuse images and videos and offer a place for the public to report them anonymously.

These are then removed. Every 5 Minutes our analysts in Cambridge find & remove a video online of a child suffering sexual abuse.

<https://www.iwf.org.uk/>

Every 5 minutes analysts of the Internet Watch Foundation find and remove a video online, of a child suffering sexual abuse.

Be prepared to think the unthinkable



Context

With the rise of sexting incidents involving young people, this guidance aims to help schools identify sexting incidents, manage them and escalate appropriately.

For School Staff

Remember: The production and distribution of sexting images involving anyone under the age of 18 is illegal and needs very careful management for all those involved.



Step 1:

If a device is involved - confiscate it and set it to flight mode or, if not possible, switch it off.



Step 2:

Seek advice - report to your designated safeguarding lead via your normal child protection procedures.

For the Designated Safeguarding Lead

Record all incidents of sexting, including both the actions you did take as well as the actions you didn't take and give justifications. In applying judgement to each incident, consider the following:

- Is there a significant age difference between the sender/receiver involved?
- Is there any external coercion involved or encouragement beyond the sender/receiver?
- Do you recognise the child as more vulnerable than usual i.e. at risk?
- Is the image of a severe or extreme nature?
- Is the situation isolated or has the image been more widely distributed?
- Have these children been involved in a sexting incident before?
- Are there other circumstances relating to either sender or recipient that may add cause for concern i.e. difficult home circumstances?

If any of these circumstances are present, then do escalate or refer the incident using your normal child protection procedures. This includes reporting to the police.



If none of these circumstances are present, then manage the situation accordingly within the school and without escalating to external services. Record the details of the incident, action and resolution.



Co-financed by the European Union
Connecting Europe Facility

When In doubt or If you need further advice please ring our
Professionals Online Safety Helpline on: 0844 381 4772

Appendices: Safeguarding Referrals



You have telephoned Family Front door with a safeguarding concern so what happens next?

The initial screening and contact team acts as the first point of contact for professionals and the public to raise a safeguarding concern about a child. The team is made up of trained advisors and is supported by social workers to deal with telephone referrals, referral forms, emails, etc. They confirm that referrals meet the threshold and pass them on to duty teams or advise referrers on requests for support and early help services.

Community-based social workers are able to support professionals to make a referral or give them the advice to be able to support the child and/or family themselves, and they work closely with the targeted family support services. They work in the community but also operate a telephone service and a telephone consultation can be booked online via the Professionals Portal

[Family Front Door Professional Portal](#)

Social Workers within the Family Front Door share offices with Police and Health who have access to their own case record systems. This means that there can be appropriate information sharing as early as possible to inform decisions for children to access the right service. For example, there are daily multi-agency meetings to review child sexual exploitation, missing children, and domestic abuse cases.

When information shared with the Family Front Door suggests that a child may be in need of protection, a strategy meeting is called. This takes place at the Family Front Door and as the key agencies are co-located there, most strategy meetings happen within two hours. If a child then needs ongoing social work intervention such as a

Child in Need Plan, Child Protection Conference, or becomes looked after, they will transfer to the care of locality teams.

An initial child protection conference is arranged when it is considered that a child may be suffering or at risk of significant harm. It brings together family members and professionals working with them to analyse information about the child's needs and the parent's capacity to meet them in order to decide what action is required to safeguard the child and promote their welfare.

In Worcestershire, the Signs of Safety model is used at initial child protection conferences. This model is solution focused and is concerned with what is working well in addition to the concerns. Core groups include the child (where appropriate) the family and professionals working closely with them. They arrange the provision of services in order to implement the plan developed at the initial conference.

A child in need meeting may be arranged if a child is considered to be 'in need' rather than at risk of significant harm and again there would be a clear plan to support the family.



Signs of Safety: A Guide for Professionals

In Worcestershire we are introducing a new approach to our work with children and families; this approach is called Signs of Safety; this information leaflet will help you to understand what this means for partner agencies.

What is Signs of Safety?

The Signs of Safety approach, seeks to strengthen risk assessments and maximise family participation and where possible they actively contribute to solutions to keeping their child safe.

Using the Signs of Safety approach professionals supporting families work together to:

1. Look at what's going well in the child's life - the strengths.
2. Understand who is worried and why - the worries and concerns.
3. Identify what needs to be done to build on the strengths, reduce the concerns and keep the child safe - the outcomes.

Signs of Safety expands on the investigation of risk to encompass strengths and signs of safety that can be built upon to stabilise and strengthen a child's and family's situation. The approach is designed to help professionals and families throughout the child protection process.

When used in Child Protection Pathway the following approach is taken. What is different about this style of child protection conference?

The Signs of Safety approach uses assessment and planning tools to 'map' the information shared. This information is organised into:

1. **What we are worried about?** Past harm, future danger, complicating factors
2. **What is working well?** Strengths and safety which already exist
3. **What needs to happen?** Child protection safety goals and next steps for future safety

Agencies no longer read out their report; instead you are asked to provide key information concisely, focussing on the above points and to consider what your information tells us about the dangers to the child but also what is working well and the family's strengths.

It is important that information is presented in everyday language, without using jargon and you should distinguish between fact, observation, allegation and opinion. The source of the information should also be made clear.

What you need to do before the Conference

It is important that families do not hear new information at the conference and it is the responsibility of all agencies that have relevant information to make this available to the conference in a written report. The report should be provided to and discussed with parents, and children where appropriate, at least 24 hours in advance of an initial conference and 3 working days before a review conference. These timescales are to give families sufficient time to prepare for such important meetings about their family life.

Information is recorded on a whiteboard or whiteboard paper, the Chairperson asks questions of professionals and family moving between worries and strengths etc. to develop the presented information.

When the information has been 'mapped' the Chair will ask the social worker for their Danger Statement, this answers the question 'what are you worried will happen to the child/ren if nothing changes?'. This can be amended if necessary if new information is presented to the conference.

The conference then agrees 'what would you need to see to end the plan/close the case?' This is the Safety Goal and enables the family to clearly understand what they need to change.

Actions to help the family achieve these changes are identified and recorded during the conference as Next Steps - this becomes the plan.

Decision making

The conference is required to determine risk and the likelihood of significant harm for the child in question. The Chair will explain the threshold for a Child Protection Plan and will ask each agency for their view about whether the outline plan developed in the conference constitutes a Child in Need Plan or a Child Protection Plan.

To help with this decision the Chair will ask you a question to scale from 0 to 10 to measure how concerned you are and why. It is the responsibility of the Child Protection Chair to decide the category of risk that is most representative of the concerns.

More information on this can be found at www.signsofsafety.net



Signs of Safety: A Guide for Families

Print

Save as

Share

Read aloud

In Worcestershire, we're working in a new way called Signs of Safety. This leaflet will help you to understand what this means for you and your child/children and your family.

What is Signs of Safety?

Signs of Safety is an approach of working that supports families who need help in bringing up their children. Children and their parents are at the heart of how we work. Professionals will work with your family and extended family members so that everyone understands what is happening in the child's life and what risks exist.

Professionals will help parents find solutions to the risks and provide support to help them ensure their child is safe. These professionals include social workers, health visitors, teachers, police, doctors and family support workers.

How will we support you?

Your family is central to all of the work. Professionals will work with you so that you all understand who is worried about your child and what they are worried about. They will want to know how your child feels and talk with you to identify what is working well in your child's life. We call these 'strengths'.

Together you will talk about and agree what needs to happen to build on the strengths and reduce worries. We call these 'goals'. Professionals will want to know if there are people in your wider family or among your friends who can support your child and you to reach the 'goals'.

The views of your child

Talking to children is at the heart of Signs of Safety. It's important that children, as well as adults, have an opportunity to talk about what they are worried about. Also discuss what makes them happy and what they would like to see happen in their family and community to keep them safe.

Signs of Safety Child Protection Conference

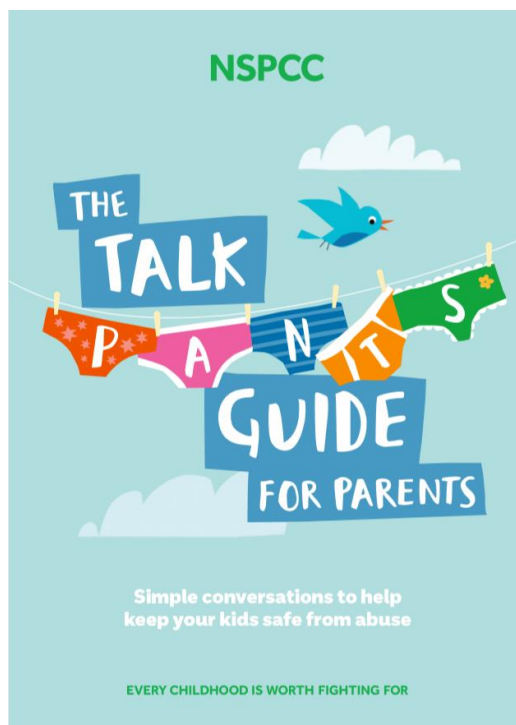
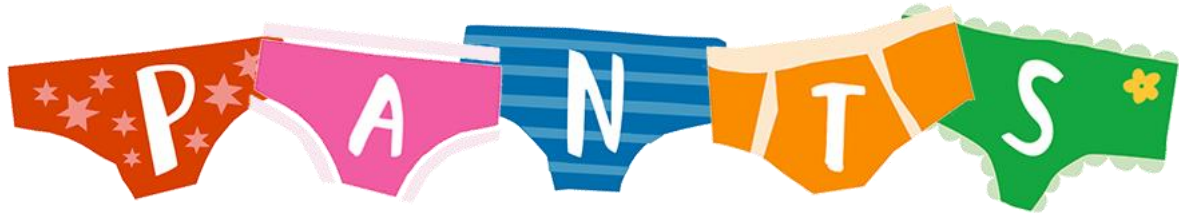
Before the conference starts, the chairperson will meet with you to explain how the meeting will run and how you can contribute to the discussions. The professionals attending the conference who have contact with your child or yourself will have been asked to prepare a report (they will have spoken to you about this). The chairperson will speak with conference members including you to gather information about:

- What is working well?
- What people are worried about?
- What complicates things?
- How people could help you keep your child/children safe?

The key information is written on a whiteboard so everyone can see. When all the information has been shared the Chairperson will ask the social worker what they are worried will happen if nothing is done to change the situation?

Scaling questions may be used to help assess how worried everyone, including yourself, is. We use a scale of 0 -10 where 10 is good and 0 means we are very worried for the child's safety. The conference will agree a Safety Goal; this describes what you need to do to assure everyone that your child is safe now and in the future. Actions that need to happen to help you achieve the Safety Goal are agreed during the conference and written on the whiteboard.

Appendices: Pantosaurus Campaign



When's the right time to talk PANTS?

You know your child better than anyone. And you'll know when they're ready and how much detail to go into. Some parents found these moments helped them start the conversation:

- bath time, applying cream or when getting your child dressed
- car journeys
- going swimming and saying that what's covered by swimwear is private
- during a TV show that features a sensitive storyline

'Pantosaurus' is a campaign aimed at educating young children how to keep themselves safe. Information and resources can be found at:

<https://www.nspcc.org.uk/globalassets/documents/advice-and-info/pants/pants-2018/pants-parents-guide-online.pdf>

Appendices: Difficult Conversations with Children and Young people

Working closely with children means that we sometimes must have difficult conversations. These could be triggered by national events such as a terrorist attack, the Coronavirus or more personal events, such as bereavement or family separation. These are sensitive issues for children, and it is important we handle these opportunities effectively, allowing children to talk and be listened to.

Although it is not always possible, where you can it is good practice to prepare for conversations. Research your topic and ensure it is aimed at the correct level of understanding. Some topics maybe better addressed as a group and some on a one to one basis. Use your knowledge of the children as part of the decision making of how you approach this.

If you plan to speak to a smaller group or a child on their own it is good practice to plan some activities and resources which allow you to have quality time with the child/children. This could be a craft activity, sensory activity or role play in the home corner. Activities that allow us to be calm and still are best suited when starting a difficult conversation.

Books are also great tools to help children think and begin to understand difficult experiences. It is good practice to have a source of books aimed at the age of children in your care. Ideas of subjects could be family bereavement, family separation, or long-term illness. These books should be kept in a special place so the children recognise these have value, and this can improve their engagement with the topic.

The NSPCC have developed some basic principles when having a difficult conversation with a child.

Help them feel comfortable Acknowledge that the topic isn't easy to talk about but explain why it's important to talk about it.

Show you're listening Encourage children to talk openly and make it clear that you value their opinions. You could set ground rules, such as not interrupting and respecting other people's points of view.

Give them time Allow children to set their own pace - don't push them to say more than they want to. They may need time to process certain topics – so make sure they know they can come back to you another time if they need to.

Stay neutral Avoid displaying strong emotions such as shock or embarrassment in response to something a child or young person says. This might discourage them from sharing their experiences with you.

Be open and honest Encourage children and young people to ask questions. Answer them as honestly as possible, whilst taking into consideration their age and emotional maturity.

Get your facts straight If you don't know the answer to a question, say so – don't provide young people with information that's incorrect. If you're talking about something like coronavirus where the situation may change quickly, explain this and let children know how to stay updated as things progress.

Use the right language Make sure children understand the terminology associated with the topic and that it is age appropriate.

Be clear about confidentiality It is important that children feel able to share their experiences with you. But if you have any concerns about their wellbeing you must follow normal child protection procedures.

Put support in place Following your conversation, children may have further questions or want to talk more about the issue. Make sure they know who they can talk to. Think about how to let parents know what you've been talking about, so that they can provide further support at home. Consider setting some time aside as a follow-up session to give children the opportunity to discuss their thoughts and feelings.

Recognise the signs Talking about difficult or upsetting topics might make some children think about other things that are happening in their lives. Make sure you are equipped to recognise the signs that a child you are talking to may have experienced abuse and know how to respond.

Advice for parents can be found at <https://www.nspcc.org.uk/keeping-children-safe/support-for-parents/talking-about-difficult-topics/>

Research

NSPCC learning (2019) undertook a piece of research named 'The Importance of an adult's interpersonal skills in helping to improve a child's experience of disclosure'. This was instigated by previous research where it concluded adults don't always recognise, understand or react appropriately when a child or young person starts to tell them about experiences of abuse.

Based on children's and adult experiences, and looking at existing evidence on the topic the researchers produced a poster to disseminate their findings.

NSPCC
‘Learning’

Let children know you’re listening

A **safeguarding resource** to help you show children and young people that, whatever they want to share, you’re ready to listen.
There are three simple directions to remember...

➤ Show you care, help them **open up**

Give them your full attention and keep your body language open and encouraging. Be compassionate, be understanding and reassure them their feelings are important. Phrases like “you’ve shown such courage today” help.

➤ Take your time, **slow down**

Respect pauses and don’t interrupt them – let them go at their own pace. Recognise and respond to their body language. And remember that it may take several conversations for them to share what’s happened to them.

➤ Show you understand, **reflect back**

Make it clear you’re interested in what they’re telling you. Reflect back what they’ve said to check your understanding – and use their language to show it’s their experience.



+ Find out more

For more training and resources to help protect children visit
nspcc.org.uk/listen

Appendices: Domestic abuse

Every child deserves a safe and secure home. But witnessing domestic abuse can have long-term effects on children and young people.

Domestic abuse is any type of controlling, bullying, threatening or violent behaviour between people in a relationship. It can seriously harm children and young people and witnessing domestic abuse is child abuse. It is important to remember domestic abuse:

- Can happen inside and outside the home
- Can happen over the phone, on the internet and on social networking sites
- Can happen in any relationship and can continue even after the relationship has ended
- Both men and women can be abused or abusers

Types of domestic abuse

Domestic abuse can be emotional, physical, sexual, financial or psychological, such as:

- Kicking, hitting, punching, or cutting
- Rape (including in a relationship)
- Controlling someone's finances by withholding money or stopping someone earning
- Controlling behaviour, like telling someone where they can go and what they can wear
- Not letting someone leave the house
- Reading emails, text messages or letters
- Threatening to kill someone or harm them
- Threatening to another family member or pet.

Signs of domestic abuse

It can be difficult to tell if domestic abuse is happening and those carrying out the abuse can act very different when other people are around. Children and young people might also feel frightened and confused, keeping the abuse to themselves. Signs that a child has witnessed domestic abuse can include:

- Aggression or bullying
- Anti-social behaviour, like vandalism
- Anxiety, depression or suicidal thoughts
- Attention seeking
- Bed-wetting, nightmares or insomnia
- Constant or regular sickness, like colds, headaches and mouth ulcers
- drug or alcohol use
- Eating disorders
- Problems in school or trouble learning
- Tantrums
- Withdrawal

If a child talks to you about domestic abuse it is important to:

- Listen carefully to what they're saying
- Let them know they've done the right thing by telling you
- Tell them it's not their fault
- Say you'll take them seriously
- Don't confront the alleged abuser
- Explain what you'll do next
- Report what the child has told you as soon as possible

Operation Encompass

Operation Encompass, operating in partnership with West Mercia Police, Worcestershire Children First and schools first started in November 2018 and aims to support children and young people exposed to domestic abuse.

It is a process whereby the police and children's services inform the school if a child or young person has experienced any domestic incident prior to the start of the next school day. This information sharing allows school staff to provide emotional and practical support to their pupils experiencing domestic abuse.

Operation Encompass ensures that a member of the school staff, usually the Designated Safeguarding Lead, is given special training to enable them to work with the police and children's services in receiving and using the information that has been shared in confidence.

Operation Encompass is not yet linked to early years settings, but this is something planned for the future.

Early help in Worcestershire

Support for Families Experiencing Domestic Abuse

What is the service called?

Worcestershire Domestic Abuse Service

Who is it delivered by?

West Mercia Women's Aid in partnership with Rooftop Housing. The support is delivered by specialist trained staff and volunteers.

Who is it appropriate for?

Support is for individuals or families who are experiencing, or are affected by, domestic abuse or violence.

What do they deliver?

The service offers a range of support. This includes a 24 hour helpline service which gives advice, guidance and support to any individual experiencing domestic abuse. Refuge accommodation in Worcestershire can also be accessed through the 24 hour helpline. 121 support in partnership with Rooftop Housing includes support workers for women only and also a male victim domestic abuse worker. There are also recovery and empowerment groups for both adults and children and peer support networks.

Referral and contact information

Individuals can self-refer and contact the helpline for advice, support and guidance on 0800 980 3331. A referral can also be made online via the website www.westmerciawomensaid.org

Advice and information for parents



Domestic Violence

About domestic violence

Domestic violence "is the abuse of one partner within an intimate or family relationship. It is the repeated, random and habitual use of intimidation to control a partner," according to Refuge, the national charity for women and children against domestic violence.

Domestic violence is the result of an abuser's desire for power and control. The abuse can be physical, emotional, psychological, financial or sexual. If you are forced to alter your behaviour because you are frightened of your partner's reaction, you are being abused.

Even if they are not physically harmed, children may suffer lasting emotional and psychological damage as a result of witnessing the violence.

It is important to remember that you are never to blame for someone else's abuse and the safety of you and your children is the number one priority. The first, and most important step, is to speak to someone and get the help you need. We have listed people you can talk to in our signposting section.

The organisation Refuge (www.refuge.org.uk) offers this useful advice:

If you are being abused, it may help to remember this:

- You're not alone. One woman in four is abused during her lifetime
- You don't have to deal with this on your own
- The abuse is not your fault
- You cannot change your partner
- Domestic violence is against the law

Children can witness domestic violence in a variety of ways

They may be in the same room and get caught in the middle of an incident risking getting hurt, perhaps in an effort to make the violence stop. Children may be in another room but can hear the abuse or see physical injuries following an incident of violence. Or children may be forced to take part in verbally abusing the victim.

Effects of domestic violence on children and young people

All children witnessing domestic violence are experiencing emotional abuse. Children will react in different ways to being brought up in a home where there is violence. Most children, however, will be affected in some way by tension or by witnessing arguments, distressing behaviour or assaults - even if they do not always show this.

Children may:

- Have conflict including shouting and fighting
- Develop stress-related illnesses, become anxious or depressed
- Feel frightened, powerless or confused
- Feel the violence is their fault or that they ought to be able to stop it
- Have difficulty sleeping
- Have nightmares or flashbacks
- Feel unable to invite friends round out of shame, fear, or concern about what their friends may see
- Complain of physical symptoms such as tummy aches
- Start to wet their bed
- Have temper tantrums
- Feel ambivalent feelings both towards the abuser and towards the non-abusing parent
- Have problems at school or refuse to go to school, this can be in an effort to protect the non-abusing parent
- Become aggressive, violent and antisocial
- Develop or increase risky behaviour, including the use of alcohol or drugs
- Withdraw from other people
- Develop low self-esteem
- Self-harm by taking overdoses or cutting themselves

IDVAs

Independent Domestic Violence Advocates offer support to high-risk victims – both women and men - based in a range of settings such as refuges and support groups in the UK.

What can an Independent Advocate help you with?

- Creating safety plans and undertaking risk assessments
- Accompanying you to court or arranging pre-trial visits
- Supporting you to give evidence and write victim impact statements
- Requesting special measures in court including, for example, screens in court to conceal survivors so they don't have to face their abuser
- Access to refuge accommodation
- Improving security in your property so you can continue to live safely at home
- Providing emotional support and referring you to counselling or mental health services
- Liaising with social workers on child protection issues

An IDVA's role often begins at the point of crisis – for example, just after a police call-out, or when a woman goes to hospital for medical help after a violent attack.

What can help? What to do next

These are some things that can make a difference:

1. Seek help for yourself and your children. Their safety and yours are the number one priority.
2. Report incidents of violence to the police and Children's Services.
3. Contact the NSPCC (contact details in our signposting section)
4. Help your children to cope by enabling them to talk when they need to, whether it's to you, a family member, a friend, teacher or counsellor.
5. Believe that you are never to blame for someone else's abuse. It is natural to worry about what will happen when you report the violence, but it is the first and most important step to getting help and keeping you and your children safe.
6. Talk to someone you trust about your experience of domestic abuse – a family member, a friend, your GP.
7. Agree on code words when you talk if it helps you to feel safer.
8. Seek advice from professionals about housing, finances and schooling if these are issues.

Finding support

All resources listed on this sheet are for information only. While every effort has been made to ensure accuracy, YoungMinds cannot accept responsibility for changes to details made by other organisations.

<p>Refuge www.refuge.org.uk Offer a range of services providing support to women and children who are experiencing, or have experienced, violence or abuse - including a national domestic abuse helpline.</p> <p>Freephone helpline (open 24/7): 0808 2000 247</p> <p>Email: helpline@refuge.org.uk</p> <p>Call the helpline to find out more about their local services, including emergency temporary accommodation.</p>	<p>Women's Aid www.womensaid.org.uk Supports women and children who are experiencing, or have experienced, domestic abuse.</p> <p>Online chat support (open Monday-Friday 10am-12pm): https://chat.womensaid.org.uk</p> <p>Email (response within 5 working days): helpline@womensaid.org.uk</p> <p>Survivors forum: https://survivorsforum.womensaid.org.uk</p> <p>Survivors handbook: www.womensaid.org.uk/the-survivors-handbook</p>
<p>NSPCC www.nspcc.org.uk Information and advice for adults concerned about the safety of a child.</p> <p>Open Monday to Friday 8am-10pm, and 9am-6pm at weekends.</p> <p>Phone: 0808 800 5000</p> <p>Email: help@nspcc.org.uk</p> <p>Online form: https://forms.nspcc.org.uk/content/nspcc--report-abuse-form</p> <p>If you are deaf or hard of hearing and have a webcam, you can contact them via SignVideo using British Sign Language.</p>	<p>Family Rights Group www.frg.org.uk/advice Support and advice for families whose children are in need, at risk, or in the care system.</p> <p>Open Monday-Friday 9.30am-3pm.</p> <p>Freephone helpline: 0808 801 0366</p> <p>Textphone: 18001 0808 801 0366</p> <p>Online discussion board for parents, family friends and carers: www.frg.org.uk/need-help-or-advice</p>
<p>Men's Advice Line www.mensadviceline.org.uk Advice and support for men experiencing domestic violence or abuse.</p> <p>Open Monday and Wednesday 9am-8pm, and Tuesday, Thursday and Friday 9am-5pm.</p> <p>Helpline (free from landlines and most mobiles): 0808 801 0327</p> <p>Email: info@mensadviceline.org.uk</p>	<p>Victim Support www.victimsupport.org.uk Free and confidential support for anyone affected by a crime, including victims and witnesses and their family and friends.</p> <p>Open 24/7, every day of the year, including Christmas.</p> <p>Support line: 0808 1689 111 Textphone: 18001 0808 1689 111 Online contact form: www.victimsupport.org.uk/help-and-support/get-help/supportline/email-supportline</p>


Finding support

All resources listed on this sheet are for information only. While every effort has been made to ensure accuracy, YoungMinds cannot accept responsibility for changes to details made by other organisations.

<p>Child Law Advice (at Coram Children's Legal Centre) www.childlawadvice.org.uk Provides free legal advice and information on child, family and education law to parents, carers and young people.</p> <p>Open Monday-Friday 8am-6pm.</p> <p>If you are calling about family or child law the number is 0300 330 5480.</p> <p>To email about family or child law, go to www.childlawadvice.org.uk/email-advice-family</p> <p>Online information about child protection: www.childlawadvice.org.uk/family/child-protection</p>	<p>Rape Crisis Centre www.rapecrisis.org.uk Support for girls and women who have experienced rape, sexual violence and childhood sexual abuse.</p> <p>Freephone helpline for girls and women aged 13+ (open daily 12-2.30pm and 7-9.30pm): 0808 802 9999</p> <p>Live chat service open daily during varied hours, for women aged 16+: https://rapecrisis.org.uk/get-help/live-chat-helpline/about-the-live-chat-helpline</p> <p>Find your local Rape Crisis Centre: https://rapecrisis.org.uk/get-help/find-a-rape-crisis-centre</p>
<p>Barnardo's www.barnados.org.uk Provides a range of services to children, young people and families across the UK, including around domestic violence. A list of their services can be found on their website.</p>	<p>Citizens advice www.citizensadvice.org.uk/family/gender-violence/domestic-violence-and-abuse Website offers information and practical and legal advice about domestic violence.</p> <p>Adviceline open Monday-Friday 9am-5pm, outside of public holidays.</p> <p>Adviceline: 03444 111 444</p> <p>Text-phone: 03444 111 445</p>
<p>Childline www.childline.org.uk If you're under 19 you can confidentially call, chat online or email about any problem big or small.</p> <p>24/7 helpline: 0800 1111</p> <p>Chat 1:1 with an online counsellor: www.childline.org.uk/get-support/1-2-1-counsellor-chat</p> <p>To email: Sign up on the website, so you can send your message without needing to use your name or email address, at www.childline.org.uk/registration</p>	<p>The Mix www.themix.org.uk If you're under 25 you can talk to The Mix about anything that's troubling you over the phone, email or webchat. You can also use their phone or online counselling service.</p> <p>Helpline open daily 4-11pm: 0808 808 4994</p> <p>Email: www.themix.org.uk/get-support/speak-to-our-team/email-us</p> <p>Webchat open daily 4-11pm: www.themix.org.uk/get-support/speak-to-our-team</p> <p>Counselling service: www.themix.org.uk/get-support/speak-to-our-team/the-mix-counselling-service</p>

Finding support

All resources listed on this sheet are for information only. While every effort has been made to ensure accuracy, YoungMinds cannot accept responsibility for changes to details made by other organisations.

<p>Youth Wellbeing Directory www.annafreud.org/on-my-mind/youth-wellbeing Lists local services for young people's mental health and wellbeing.</p>	<p>Youth Access www.youthaccess.org.uk Offers information about advice and counselling services for young people aged 12-25 years.</p>
<p>YoungMinds www.youngminds.org.uk</p> <p>Parents Lounge www.youngminds.org.uk/find-help/for-parents/parents-lounge Our Parents Helpline experts answer questions on having difficult conversations with your child.</p> <p>#Take20 www.youngminds.org.uk/take20 Ideas and suggestions to help parents find 20 minutes to do something together with their child to support confidence, self-esteem and resilience.</p> <p>Top Tips www.youngminds.org.uk/take20/top-tips-for-you-and-your-child Supporting a child through a time of difficulty or change</p>	
<p> MindEd <small>— learning to support young wellbeing minds</small></p> <p>www.minded.org.uk/families/index.html MindEd for families is a website where you can hear about other parents' experiences and find clear, helpful guidance on children and young people's mental health and wellbeing</p>	<p>CRISIS TEXT LINE </p> <p>If you, or someone you are caring for, is experiencing a mental health crisis, you can text the YoungMinds Crisis Messenger for free, 24/7 support.</p> <p>Text YM to 85258.</p> <p>Texts are free from EE, O2, Vodafone, 3, Virgin Mobile, BT Mobile, GiffGaff, Tesco Mobile and Telecom Plus.</p>

Appendices: Parents who substance abuse

Most parents who drink alcohol or use drugs, do so in moderation and are not a risk to their children, however if drink or drug use becomes **harmful** or **dependent**, this is substance abuse. Parent's and carers who misuse substances can have chaotic, unpredictable lifestyles and may struggle to recognise and meet their children's needs. This may result in their children being at risk of harm.

Harmful: When someone puts themselves or others in danger. They might continue to drink or take drugs even if it puts them at risk of illness, psychological problems or physical accidents.

Dependent: When someone craves alcohol or drugs and continues to use them even though it causes them social, health or even financial problems.

Living in a household where a parent or carer misuses substances doesn't mean a child will experience abuse, but they can be a risk.

Substance misuse can have negative effects on children at different stages in their lives.

During pregnancy, drinking and drug use can put babies at risk of birth defects, premature birth, being born underweight and withdrawal symptoms.

In later years, substance misuse can put children at risk of:

- Physical and emotional abuse or neglect
- Behavioural or emotional problems
- Having to care for their parents or siblings
- Poor attendance at school or low grades
- Experiencing poverty
- Being exposed to drugs or criminal activity
- Being separated from parents

Short-term support

Immediate support for families where there is parental substance misuse should involve setting pragmatic, realistic and timely goals which focus on solutions rather than problems.

For example, practitioners need to make sure:

- Younger children are taken to nursery/school
- Older children are not missing school
- All children receive the appropriate support with their school work
- Children are taken to all necessary medical appointments/check-ups (including dental appointments)

Practical support for parents might include helping with:

- Housing problems
- Access to benefits
- Financial support

In the short-term practitioners should focus on building a good working relationship with parents rather than putting them under pressure to change entrenched, problematic behaviours immediately. However, it is important to make sure that parents are addressing their substance misuse and are engaged with a drug or alcohol service (Clever, Unell and Aldgate, 2011; Cornwallis, 2013; Home Office, 2003).

Medium and long-term support

In each nation of the UK the government has also set out how agencies should work together to tackle substance misuse. In England, the 2017 drug strategy highlights the impact of parental drug misuse on children as well as the key role that families can play in supporting recovery (HM Government, 2017).

Public Health England has produced guidance for local authorities on Safeguarding and promoting the welfare of children affected by parental alcohol and drug use (Public Health England, 2018).

Appendices: How can Early Help support families?

Early help provides support for families across many different areas that can affect their lives. The below are just some of the services that are commissioned by Worcestershire County Council.

Service
Targeted Family Support
Early Intervention Family Support
Parenting Support
Childcare
Youth Groups and Activities
NEET Prevention
Young Carers
Housing Support
Health Visiting, Breastfeeding Support and School Health Nursing
Intensive Home Visiting Service (Starting Well Plus)
Maternity Services
Emotional Wellbeing and Mental Health Services for Children and Young People
Sexual Health Services for Young People
Substance Misuse Services
Support in Schools for Disadvantaged and Vulnerable Learners
Information and Support for Children with SEND
Short Breaks for Children with Disabilities
Support for Families Experiencing Domestic Abuse
One to One Case Management for Domestic Abuse Perpetrators
Community Social Workers

Early help in Worcestershire

Targeted Family Support

What is the service called?

Targeted Family Support.

Who is it delivered by?

Worcestershire County Council.

Who is it appropriate for?

A targeted family support service is delivered at Level 3 of the Levels of Need Guidance where there is an identified need for a family support worker. At this level, children and young people will have complex needs to the extent that their health, development and well-being will be impaired without intervention. They may have difficulties across more than one area of their lives, and they are likely to require some extra support from more than one agency. The guidance is available at

www.worcestershire.gov.uk/wscb.

What do they deliver?

Targeted Family Support Workers develop a consistent key working response in the family home or other appropriate setting. The service:

- Allocates a named worker who is responsible for delivering intensive family support.
- Undertakes an Early Help Assessment with the whole family to create and design a plan which empowers the family to help themselves moving forward
- Deliver practical evidence-based interventions to meet the specific family needs
- Fulfils a co-ordinating role to complement and maximise the potential of existing services to support families who are in need of additional support
- Records all assessments and interventions on the Framework-i recording system (Worcestershire County Council)
- Promotes and encourages multi agency support of the family and delivery of the plan
- Ensures an effective closure strategy with signposting and linkages made to more universal provision where possible

The work with the family is based on their consent. There are high expectations for the family that is being worked with and their ability to manage any necessary changes, and workers are clear about the purpose of working with the family and the intended outcome.

Targeted family support teams are based in each district within the county and work in partnership with social care, district councils, health providers, police, schools, fire service, third sector organisations, as well as other organisations.

Referral and contact information:

Referrals are made via an online form available at: www.worcestershire.gov.uk/requestfamilysupport. Parents/ carers and young people aged 13 years and above can also refer themselves for support.

Please note that referrals from social care can be made via Framework-i using the appropriate workflow and guidance.

Early help in Worcestershire

Early Intervention Family Support

What is the service called?

Early Intervention Family Support (EIFS):

Redditch, Bromsgrove, Worcester City, Wychavon and Malvern Hills districts.

Wyre Forest and Hagley Project (WHP):

Wyre Forest and Hagley communities.

Who is it delivered by?

EIFS is delivered by Worcestershire County Council.

WHP is delivered by ContinU Trust on behalf of local schools.

Who is it appropriate for?

This level of support is available to children, young people and families who meet level two of the Levels of Need Guidance.

EIFS works with children at primary, first and middle school. WHP works with primary school aged children.

What do they deliver?

EIFS provide support and guidance for children and their families when the needs are first identified at an early stage. The team also offers additional advice, guidance and expertise for the school in addition to its own pastoral provision. Support for children and families can be used to:

- Improve home to school links and strengthen relationships between families and schools to include promoting inclusion of children and reducing exclusions
- Improve attendance where it is impacted by issues at home such as housing issues, financial difficulties, family relationship breakdown, parental ill health etc
- Improve attendance where there are issues around low level emotional well-being and mental health

EIFS workers usually offer one-to-one support with the child, young person and/or family at school, in the family home or other appropriate venue. They sometimes offer workshops or groups through consultation with schools to identify areas of need. These might include groups for young people around protective behaviours, anger management, social skills and self-esteem. For parents/carers groups could cover managing your child's anxiety, Moodmasters (emotional health) and other parenting workshops. EIFS also offer drop-in sessions for parents/carers for initial advice and guidance, signposting to alternative or more appropriate services prior to direct one-to-one support.

Early help in Worcestershire

WHP is a term-time service that works closely with all 32 local primary schools who each have a named WHP Home School Link Worker attached to their school. WHP help families to get the right kind of help when they need it - for their child, for themselves or for the family as a whole. The aim is to help make things better at school and/or at home so the child can make the most of each school day.

WHP Home School Link Workers support families with things like:

- Improving attendance
- Avoiding a first exclusion
- Emotional troubles
- Family difficulties
- Debt and money worries
- Bereavement

As well as one-to-one work, WHP also offer parenting courses, a drop-in service and much more.

WHP Home School Link Workers provide one-to-one support as well as Quickhelp advice. They provide free courses for parents and carers in local schools that are small and friendly, easy to join, relaxed and informal. WHP Link Workers also provide a drop-in service (appointments system) in many schools and attend Parents Evenings and New Intake events.

The WHP Home School Link Worker works with parents and carers, schools and other services, deciding together how we can make things better at school and/or at home so that the child can make the most of each school day.

Referral and contact information

More information about EIFS is available at: www.worcestershire.gov.uk/EIFS. Referrals in to EIFS are via the online form to request services from early help family support: www.worcestershire.gov.uk/requestfamilysupport.

More information about WHP is available at: www.continu.org.uk/whp. Families can self-refer to the service using the details on the website or by speaking to their child's school. Non-school professionals wishing to make a referral to the service should speak to the child's school.

Early help in Worcestershire

Parenting Support

What is the service called?

Parenting Support.

Who is it delivered by?

Parenting support is delivered by a wide range of providers. There are Local Authority-commissioned providers for each district, as below:

Redditch and Bromsgrove – Redditch Borough Council

Worcester City, Malvern Hills and Wychavon – Action for Children

Wyre Forest – 10:32 (consortium led by Barnardos including Vestia and ContinU Trust)

Parenting support is also delivered by health visitors, midwives, school nurses, schools, early years settings and voluntary groups.

Who is it appropriate for?

All parents can access some form of parenting support whether that is through an online course or group. Most groups are targeted at families most in need.

What do they deliver?

Providers deliver evidence-based Parenting Programmes and support groups to improve parenting capacity. These programmes include those that are specific to parents of children with special educational needs and/or disabilities. There are a large number of parent support groups and activities running across the county. Providers recruit volunteers to support parenting and universal groups and also help local support groups to become sustainable. These include Stay and Play groups and parent carer support groups for those with special educational needs and/or disabilities.

These are delivered through children's centres, community buildings and sometimes within the family home

Children's centre timetables are available at www.worcestershire.gov.uk/childrenscentres.

Referral and contact information

Professionals wishing to discuss the availability of parenting support for a family they're working with should contact providers in the relevant district. More information and contact details are available at:

www.worcestershire.gov.uk/groupsforparents

Online parenting guides

Worcestershire County Council has funded three free online parenting guides open to anyone living in Worcestershire. These are:

- Understanding your child
- Understanding pregnancy, labour, birth and your baby
- Understanding your baby

Information about how to access these, can be found at www.worcestershire.gov.uk/parentguides

Appendices: The role of the Health Visitor

Health visitors are qualified and registered nurses or midwives who have chosen to gain additional training and qualifications as specialist community public health nurses (SCPHN - HV). Their additional training in public health enables them to assess the health needs of individuals, families, and the wider community to promote good health and prevent illness.

Health visitors work mainly with children from birth to five years and their families. This includes working with at-risk or deprived groups such as the homeless, addicts or travellers.

In Worcestershire health visitors work with families to improve future health outcomes, and provide expert information, assessment and intervention for babies, children and families including first time mothers and fathers and families with complex needs. They also deliver the 0-5 Healthy Child Program. Health visitors work from clinics or visiting families in their home.

0-5 Healthy Child Program

Antenatal visit: 28-32 weeks pregnant. A Health Visitor will help you prepare for parenthood and is someone you can talk to about how you are feeling. This visit will be offered to all first-time parents and to other families if required.

10-14 days after birth. You can talk with the Health Visitor about how your new baby is settling in and you can ask questions regarding any aspect of their care including feeding issues and immunisations. You can also talk about how you are feeling. The Health Visitor will also be able to advise on support and activities in your local area.

Six to eight weeks after the birth. You can talk to your Health Visitor about how you and your new family are doing. There will be an opportunity to talk about immunisations which start at 8 weeks and how you are feeling emotionally and physically.

9-12 months Ages and Stages developmental review. This is also an opportunity to discuss your child's general health and wellbeing. If you are interested, your

health visitor can also put you in touch with local baby groups, children's centres or activities in your area.

2-2½ years Ages and Stages developmental review. This is an opportunity to discuss your child's development and general health and wellbeing including speech and language development, toilet training and behaviour.

2½ - 5 years - you can contact your health visitor to discuss any concerns you may have regarding your child.

Parents can contact Health Visitors to discuss any health and development concerns of a 0-5-year-old. It is good practice for childcare settings who have concerns about a child to speak with the child's health visitor. Details and consent for this contact should be given on the child's registration form. Tel: 01386 502012.

Appendices: Worcestershire Children's Social Care



7. What will you do with my records?

Children's Services keep electronic records of children they have been and are involved with. These are kept secure and very strictly in line with the Law (the Data Protection Act). Children's Services are allowed to share this information with other agencies ONLY for very specific reasons for example to protect a child from the risk of significant harm or to prevent a crime. Government guidance says that information sharing should be necessary, proportionate, relevant, adequate, accurate, timely and secure.

8. Further information

- For further information on your assessment, speak to your Social Worker or, if necessary, their Team Manager.
- If you need to make a complaint or would like to make a compliment about Children's Services, you may contact Worcestershire Customer Services by telephone 01905 766366, or go to www.worcestershire.gov.uk and search 'complaints'.
- There is further general information on Children's Services on the Worcestershire County Council website www.worcestershire.gov.uk and on Worcestershire Safeguarding Children Board web pages - go to www.worcestershire.gov.uk and search 'wscb'.
- The general telephone number for Worcestershire County Council is 01905 763763

The Social Worker carrying out your assessment is:

They can be contacted by phone on:

or by email at:

Children's Social Care

A guide to...

Assessments in Children's Services for Parents / Carers



Supporting
Children and Families

Find out more online:
www.worcestershire.gov.uk

 **worcestershire**
county council

1. Why is a Social Worker visiting my family?

The role of a Social Worker is to make sure that a child is safe and well cared for. You may have requested help, someone else may have requested help on your behalf, or someone may have expressed a concern about your child to Children's Social Care. This is known as a referral and Children's Social Care have a duty to look into a referral even if concerns turn out not to be confirmed.

2. What is a Social Work Assessment?

Children's Services usually start work with a family by doing an Assessment - getting to know and understand your child and family's situation well in order to decide what sort of help might be needed. The responsibility of the Social Worker to do an assessment is set out in the Children Act 1989 in the following sections:

- **Section 17** - to establish whether the child is a 'child in need' and if so how best needs identified can be met; whether there is a role for a social worker (to promote welfare and protect from risk of harm) or a role for other professionals to provide you with support. This includes assessments for disabled children who might need a service.
- **Section 47** - where information is received that a child has suffered or is at risk of suffering significant harm, the assessment will look at what the risks are to a child and will decide if the child needs the statutory involvement of children's services to protect them from significant harm.

Your Social Worker will explain which of these is your assessment. Sometimes an assessment can be completed in one or two visits. However, others take longer. A Social Worker should complete the assessment in 45 working days.

3. What does the Assessment involve?

The Social Worker will need to:

- visit your child in your home and/or at school to get to know your family's circumstances;
- talk to and listen to you to understand your views and feelings about the concerns and the support that might be needed;
- talk with your child on their own (if old enough) to give them the opportunity to say how they feel and what they think;
- sometimes talk to any other members of your family involved in your child's life whether or not they live in the same house;
- check Children's Social Care records in our area and others if you have lived elsewhere, for details of any previous involvement with your family;
- talk to other agencies that may be involved with your family, for example, children's schools, family doctor, or Police.



4. Do I have to give my consent for the Assessment?

As far as possible the Social Worker will want to work with your family with your consent. If the assessment is under s.17, the Social Worker will ask for your written consent to contact other agencies, and if appropriate, to speak with your child on their own. You do have a right not to consent to the Assessment; however if this happens the Social Worker will discuss with their Team Manager what should happen next.

If the assessment is considering risk of harm (s.47), the Social Worker may make some enquiries without your consent - the Law allows them to do this (Children Act 1989).

5. What happens at the end of an Assessment?

The Social Worker will put together a summary of all the information they have collected into a report. This explains your child's needs and any risks to them, and positive things about their life. The report will say what happens next. The Social Worker's Team Manager has to agree the report.

You will be given a copy so you can check factual accuracy, and the Social Worker will explain their conclusion. The Assessment Report usually goes out to anyone with 'Parental Responsibility' (unless this would create a risk of harm to the child or a parent). Any agency that provided information to the Assessment will be told of what the assessment has concluded.

6. What happens next?

The Assessment will decide on one of the following:

- **No Further Action** - no service is required and the case will be closed.
- **Early Help** - no help is required from Children's Social Care, but there may be a role for other agencies. A referral could be made to them with your agreement.
- **Child in Need** - Support from Children's Social Care is to be offered to your family through a 'Child in Need Plan', with the help of other agencies.
- **Child Protection** - if there are concerns about actual or likely significant harm to your child, and Children's Social Care need to hold a 'Child Protection Conference' with any other agencies involved to agree a plan of intervention.

Worcestershire Multi-Agency Safeguarding Hub information for parents and carers

The Multi-Agency Safeguarding Hub (MASH) is a partnership between Worcestershire County Council (WCC) children's social care, Worcestershire NHS Health Services, West Mercia Police and the National Probation Service working together to safeguard children and young people.

What does the MASH do?

When a professional, a family member or member of the public is concerned about a child or young person's welfare or safety, they can refer to The Family Front Door so we can look into it.

Will I be told if there is a referral about my child?

Yes. Usually you will be told before the referral is made.

The professional should tell you what their concerns are, and they will ask your permission to contact us, unless they feel that it will put your child in immediate danger by doing so.

Can information be shared without my permission?

Yes. In certain circumstances information may be shared without your permission if:

- Someone is being hurt or may be hurt in the future
- The information may help to stop or solve a crime
- Required by law.

What happens when a referral is made?

Partners in the MASH will share information to decide if:

- the child, or young person, has been hurt or could be hurt in the future
- the child, or young person, or you would benefit from support from other professionals or agencies who help children and families.

What happens after the referral?

Agencies will share information to identify what the child or young person's needs are, and who is best placed to help and support them. This may be a social worker or other services and professionals in the community.

If the child or young person is thought to have been hurt, or could be hurt in the future, then child protection enquiries may happen.

Information will also be given to the police if it is necessary to help stop or solve a crime.

Serious Case Reviews

When a child dies, or is seriously harmed, as a result of abuse or neglect, a case review is conducted to identify ways that local professionals and organisations can improve the way they work together to safeguard children. The aim of a Serious Case Review (SCR) is to learn lessons and where necessary make changes in practice to improve the safeguarding of children and young people in the future.

A Serious Case Review looks at how local organisations have worked together to provide services to the child or young person who is the subject of the Review and to his or her family. Serious Case Reviews bring together the records of all agencies that have had involvement with the child or family. An overview report is produced which provides a complete picture of events. This report contains analysis of contact with the child and family and decision making, it draws conclusions and makes recommendations.

A SCR is completely separate from any investigation being under-taken by the Police or Coroner. The process is defined in Working Together to Safeguarding Children 2018. A link to this document can be found at:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf

Serious case reviews although upsetting to read, can offer us some understanding of how we can better safeguard children. Local serious case reviews can be found

<https://www.safeguardingworcestershire.org.uk/wscb/serious-case-reviews/>

In addition, NSPCC Learning have produced some information sheets on what has been learned from past serious case reviews. These are a useful tool to improve your knowledge and can be found at:

<https://learning.nspcc.org.uk/case-reviews/learning-from-case-review-briefings>

Disguised Compliance

One of the common threads in many serious case reviews is disguised compliance. This is when parents and carers appear to co-operate with professionals to allay concerns and to deter professional involvement. The below briefing by tri.x, helps us to understand this better.

Find more tri.x briefings here >>



Briefing
February 2017

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Working with Families Who Display Disguised Compliance

What is Disguised Compliance?

Disguised compliance is defined by the NSPCC (<https://www.nspcc.org.uk/preventing-abuse/child-protection-system/case-reviews/learning/disguised-compliance/>) as involving "a parent or carer giving the appearance of cooperating with child welfare agencies to avoid raising suspicions, to allay professional concerns and ultimately to diffuse professional intervention."

Examples of parental behaviours which indicate disguised compliance include:

- Parents who fail to engage with professionals and avoid contact;
- Repeated cancelling and rescheduling of appointments;
- Parents who tell workers 'what they want to hear', and who appear to agree about the changes needed but who then put little actual effort into making any change;
- Selective engagement - where parents do 'just enough' to keep professionals at bay;
- Parents who manipulate situations and make it difficult for professionals to see the child(ren) alone;
- Parents insisting on pre arranged visits (perhaps in order to clean the house first);
- Sporadic compliance - such as a sudden increase in school attendance, attending a run of appointments or engaging well with some professionals for a limited period of time;
- Deflecting attention - for example by criticising other workers;
- Controlling discussions - ensuring focus is on the parents and their problems, rather than the needs of the child(ren).

Why does it occur?

Most parents whose families are the focus of child protection interventions are involuntary participants in a process they may resent; agencies can be perceived as a threat meaning that families are fearful and reluctant to cooperate. Families can develop skilful strategies to keep professionals at 'arms length'. Disguised compliance occurs when parents want to draw the professional's attention away from allegations of harm and unsafe parenting with the aim of minimising or avoiding agency interventions in family life.



How does Disguised Compliance harm Children?

At the most basic level, disguised compliance harms children as it prevents professionals being able to properly assess the risks to children in the household:

Apparent or disguised cooperation from parents often prevented or delayed understanding of the severity of harm to the child and cases drifted. Where parents ...engineered the focus away from allegations of harm, children went unseen and unheard.” (Brandon et al, 2008)
<http://webarchive.nationalarchives.gov.uk/20130401151715/https://www.education.gov.uk/publications/eorderingdownload/dcsf-rr023.pdf>

Babies and younger children can be particularly vulnerable, and the effects of missing out on timely safeguarding interventions can last throughout their childhood.

Disguised compliance also harms children in the following ways:

- Through missed opportunities to intervene;
- By removing professional focus from children to adults in family meaning cases drift;
- By making professionals feel overly optimistic about progress.

Older young people may display disguised compliance themselves, particularly in relation to health appointments.

Recognising Disguised Compliance - Think the Unthinkable

Serious Case Reviews have highlighted situations where professionals have delayed or avoided child protection interventions owing to parental disguised compliance. The Serious Case Review into the death of [Daniel Pelka](#) (2013) challenged workers to ‘think the unthinkable’ and to ‘believe and act upon what they saw in front of them, rather than accept parental versions of what was happening at home without robust challenge’.

However, as Brandon et al (2008) (<http://webarchive.nationalarchives.gov.uk/20130401151715/https://www.education.gov.uk/publications/eorderingdownload/dcsf-rr023.pdf>) note disguised compliance, by its very nature, makes it difficult for professionals who are involved with a family to maintain an objective view of progress in safeguarding the welfare of a child. Disguised compliance ‘wrong foots’ professionals and can prevent or delay understanding of the severity of harm being experienced by children in the family.

Indicators of disguised compliance include:

- Parents seeking to avoid contact with professionals, including missed appointments;
- Parents seeking to control meetings with professionals and divert focus from the child to their own issues / problems;
- The child’s account differs to that of their parents / carers;



- Despite appearing to agree that changes are required, parents/carers then put little effort into making agreed changes work;
- Parental engagement with services is superficial and there is no significant change at reviews despite significant input from professionals.

Tips for Practice - How to tackle Disguised Compliance

The Importance of Healthy Scepticism

Child protection work is complex, and it can be hard when professionals have busy caseloads to 'dig deeper'. However, when there are suspicions of disguised compliance, it is important to always check for evidence in support of the parent's story / explanation for events.

In his report into the death of Victoria Climbié, Lord Laming (2003) (https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/273183/5730.pdf) explained the importance of 'respectful uncertainty' as follows:

While I accept that social workers are not detectives, I do not consider that they should simply serve as the passive recipients of information, unquestioningly accepting all that they are told by the carers of children about whom there are concerns. The concept of "respectful uncertainty" should lie at the heart of the relationship between the social worker and the family. It does not require social workers constantly to interrogate their clients, but it does involve the critical evaluation of information that they are given. People who abuse their children are unlikely to inform social workers of the fact. For this reason at least, social workers must keep an open mind.

Establish the Facts

- Use in-depth assessments to gather evidence about what is actually happening. Observe what is being said but also remember to look for non verbal cues - e.g. body language and parent / child interactions;
- Keep detailed records and build up a chronology - this will help with looking for patterns of non compliance. Look at previous records to identify patterns of behaviour / engagement. Remember that previous history is the best predictor of future behaviour;
- Talk to other professionals. What are their experiences of the family? Coordinate information across families for a fuller picture of what life is like for the child;
- Be prepared to make critical judgements of parents and their behaviour;
- Avoid being over optimistic about a parent's ability or motivation to change.

Keep the Child in Focus

- Remain child focused at all times;

'Keanu died because there was failure across every agency to see, hear and respond to him in the context of what he was experiencing at any one point in time. Staff were distracted by his mother's needs and by taking what she was telling them at face value'. (Chair Birmingham, LSCB) (<http://www.bbc.co.uk/news/uk-enland-birmingham-24365700>)



- Look to uncover the reality of the child's life in that family; talk to the child (ren). What is it like to be a child living in that household?
- When a young child misses important appointments (e.g. with health providers) remember that this is not their choice.

Ensure that Plans put in place to Safeguard Children Focus on Outcomes

- Identify clear outcomes which can be used to measure progress and reduce drift;
- Stand back - have there been any real changes?
- Look for clear signs of sustained improvement.

Support and Supervision

- Undertake joint visits with other professionals so you can share experiences;
- Use supervision to bring in a 'fresh pair of eyes'; talk through your concerns with your supervisor or manager and reflect on the case including any on-going concerns you have.

Assessing Capacity to Change

All disguised compliance involves resistance to change and an inability or unwillingness on the part of parents and carers to address risks to their child. Assessments of the parent's capacity and willingness to change should therefore be carried out alongside assessments of the child's life.

Contact Us

To find out more about working with tri.x contact us on: Telephone: 024 7667 8053 or visit our website www.trixonline.co.uk.

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tri.x is part of the Signis Group, which also includes [PACE Training](#) (Positive approaches to challenging behaviour) and [Reconstruct](#) (Training, consultancy and direct work). As a group we provide those working with children and vulnerable people with the best information, practice guidance, training and consulting available.



How is a Serious Case Review presented?

Serious Case Review



**Summary of learning
in respect of the death of Hetty**

Report by: Jon Chapman
Published 11th July, 2019

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1. Introduction

- 1.1 Hetty was 17 years and 5 months old at the time of her death and was a Looked after Child having been accommodated on 24th March 2015. Hetty spent time with foster carers before spending time at a number of placements. During the period of her placements Hetty started to present risk taking and self-harm behaviours of varying severity.
- 1.2 Due to the risk that Hetty presented to herself, she was made the subject of a secure order on 6th July 2016, on welfare grounds and accommodated at a Secure Children's Home in the North of England.
- 1.3 On 18th February 2017 at around 1.00 pm Hetty went to her room at the centre, complaining of feeling unwell. Due to her risk-taking behaviour and previous instances of self-harm staff checked Hetty every 5 minutes. At around 4.30 pm staff entered Hetty's room as she was not responding to staff and found that she had a ligature around her neck.
- 1.4 Attempts were made to resuscitate Hetty but she was not responsive and despite best endeavours she died.
- 1.5 The Worcestershire Safeguarding Children Board reviewed the case on 29th March 2017 and with reference to section 5 (2) b of the Local Safeguarding Children Board Regulations 2006, agreed that the circumstances of Hetty's death warranted a Serious Case Review.

2. Hetty

- 2.1 Hetty had two elder brothers, one younger step brother and two younger half-brothers and one half-sister. It is an enduring feature of this review that Hetty cared deeply for her half siblings and it was her continued concern for their welfare which caused Hetty much anxiety.
- 2.2 It is clear from speaking to those who knew Hetty well that she very much took on a caring role for her younger siblings whilst she was still resident with them and once she was separated from them not only missed them but worried for their welfare.
- 2.3 Everyone who knew Hetty would describe her as a very bright and articulate young person and mature beyond her years. At school she was in all the subjects top sets and was a 'straight A student' when she was progressing well without the burden of her anxieties which later disrupted her behaviour and schooling. She was said to be able to relate well to other students and had a good group of friends.
- 2.4 When not troubled Hetty was ambitious for the future and at various times talked about joining the Army or more latterly before her death stated an intention to join the caring profession.

- 2.5 The author of the review for the Secure Children's Home stated in the review that 'there is a genuine human tragedy at the heart of this Serious Case Review' and quoted from the eulogy read out by Hetty's Case Manager at a memorial service held for Hetty at the centre.

"Hetty was a bright and capable young woman who had the potential to achieve great things ... as we saw when received student of the term and so so proud of this. Hetty aspired to be a mental health nurse and she had a kindness and compassion that would have suited this perfectly".

3. Overview of events

- 3.1 Hetty was one of three children, the family moved to the Worcestershire area in 2009. The family had previous involvement with children services. Hetty's natural mother received a serious brain injury in 2009 in a car accident and requires support, despite this she retained parental responsibility.
- 3.2 Hetty's father re-married and from that relationship there was a step brother to Hetty. Her father went on to have three children, which were half brothers and sisters to Hetty and it is these children that Hetty cared deeply for, and her concerns for their welfare became the focus of Hetty's anxiety and concern.
- 3.3 Hetty and her siblings were the subject of two periods of Child Protection, the first for emotional abuse and the second for physical abuse. Hetty was accommodated with foster carers but after demonstrating severe risk-taking behaviour in the form of self-harm she had periods in a general paediatric hospital and a mental health hospital.
- 3.4 Hetty was placed at a Residential Home but whilst there made a serious attempt on her life by strangulation. She was returned to hospital where she was assessed as not showing any evidence of a psychotic episode, mood disorder or current mental illness and that she could return to the home with community CAMHS support.
- 3.5 In September 2014, Hetty moved to a longer-term residential placement. Between this time and June 2016, her self-harming behaviour continued with 70 recorded instances involving the use of ligatures, cutting, scratching and the ingestion of corrosive substances.
- 3.6 In November 2015, Hetty made some disclosures regarding serious sexual assault that required police investigation. Whilst Hetty wanted to progress the investigation there is no doubt that the investigative process caused her significant anxiety. This was exacerbated by her continued anxiety over the welfare of her siblings.
- 3.7 Hetty seemed more comfortable making disclosure in writing and poetry and on a number of occasions left items for staff to read.
- 3.8 On 6th June 2016, Hetty took a substantial paracetamol overdose, having been conveyed to hospital she continued to try to self-harm.

- 3.9 Hetty was moved to a higher staff ratio childrens home in Scotland, where she continued to try to self-harm. She absconded from the home and attempted to place herself on train lines.
- 3.10 In July 2016, a secure order to accommodate Hetty was obtained and she was moved to a secure childrens home in the North of England. There was significant difficulty in locating the appropriate setting for Hetty to be accommodated. During her time at the secure home Hetty was on a regime of 5-minute checks.
- 3.11 There was a lack of effective communication between the Local Authority Children Services and the secure home. There was a wealth of information held at the previous residential home, where Hetty had been located for nearly 22 months, and the new setting.
- 3.12 Hetty's main concern continued to be for the welfare of her siblings and despite numerous requests her contact with them was minimal.
- 3.13 There were episodes where Hetty continued to try to self-harm with one of the most severe being over the Christmas period 2016. Between July 2016 and January 2017 there were 39 recorded attempts at asphyxiation, 24 self-cutting episodes and 10 head punching episodes. On one night, staff recorded entering Hetty's room on 14 occasions to remove ligatures.
- 3.14 On the afternoon of 18th February 2017, Hetty went to her bed stating she felt unwell, staff undertook 5 minute checks. When staff attempted to rouse her for tea she was found with a tight ligature round her neck and was unresponsive. The ligature was removed, and CPR administered. Hetty was airlifted to hospital where she was pronounced dead.

4. Learning points from the case.

- 4.1 Professionals on making referrals or expressing concerns need to have the confidence to appropriately challenge and escalate matters when they feel the correct course of action is not being taken. This escalation may be on a formal or more informal basis, but the main consideration is achieving the best safeguarding outcome. On two occasions professionals did not agree with the decision to step down Child Protection Plans and whilst these concerns were appropriately voiced there was no use of the LSCB formal escalation procedures. This may be due to a culture of reticence, or a lack of knowledge of what courses of action are open when a dispute arises. This could also be addressed at the start of conference meetings, reminding practitioners of their ability to appropriately challenge.
- 4.2 Effective information sharing needed to be more consistent, there were some good examples, but this did not happen in all cases. Individuals and agencies possessed information that would have assisted to keep Hetty safer and aided professionals as she moved between settings. Full records were made at various settings but as a matter of routine these did not follow Hetty when she transferred. It may have

assisted if a chronology and genogram was maintained and made available as a matter of routine when transfers of placements took place. This would have been a consistent and readily understandable form of information sharing.

- 4.3 Professionals at various stages needed to demonstrate more professional curiosity. This aspect crosses over several areas, such as not contacting the previous authority when undertaking assessments, and in the deeper questioning when indications were given by Hetty that there were issues she needed to disclose.
- 4.4 It is recognised that young people will not readily disclose abuse to professionals but there are often signs. The NSPCC report *No one noticed no one heard- a study of disclosures of childhood abuse disclosures*² concluded that children do disclose but we do not listen to these disclosures and there needed to be greater awareness on recognising these signs.
- 4.5 Although in some cases signs that caused professionals concern were recognised and referred to other responsible agencies, there was a pattern of concerns not being followed up. Not only does this lead to the potential of further abuse and the matter not being addressed it also leaves the young person with an understandable impression that they have not been heard. Where the expectation of the young person is not met, often for valid reasons, the rationale needs to be effectively communicated to the young person. Without this they are left with a feeling that nothing has been done and their concerns were not heard.
- 4.6 It is important to acknowledge and give appropriate weighting and emphasis to all sources of information, including third party information. This should be based on the actual source, and connection to other information and intelligence already received. More significance should have been given to information given by the experienced foster carers, who were passing on disclosures they were being given by Hetty in relation to her treatment and the concerns that she expressed about her siblings.
- 4.7 There was a lack of understanding by professionals and lay persons involved in this case regarding their appreciation of what constitutes a mental illness, and that severe risk-taking behaviour alone may not on its own constitute a mental illness. A better awareness of these issues would assist professionals to manage cases and expectation. Professionals also need to know what options are available to them if there is no mental health diagnosis.
- 4.8 Whilst there are some good individual examples of Hetty's voice being heard and professionals acting upon what she said, the message that she wanted heard most was her concern over the welfare of her siblings. This message was heard, frequently recorded and discussed, but not effectively acted upon. It therefore appeared to Hetty that she was not being listened to and this undoubtedly increased her anxiety.

¹ Allnock and Miller - No one noticed no one heard: a study of disclosures of childhood abuse disclosures - NSPCC 2013

- 4.9 More emphasis could have been placed on Hetty's desire to express her feelings in writing; consideration could have been given to this in both formal and non-formal communication settings. Letters and poems which were recovered from Hetty's room after her death give both a powerful and clear indication of her feelings and concerns, and how these translated into her sense of low self-esteem and a desire to harm herself.
- 4.10 During the formal recorded interviews, known as ABEs (Achieving Best Evidence), consideration could have been given to allowing and encouraging more written disclosure, the guidelines in this type of interviewing acknowledges that alternative methods of interview can be considered as long as the witness's well-being is safeguarded.²
- 4.11 It may have been possible to proceed at an earlier stage with care proceedings for Hetty's siblings. It appeared that matters stalled awaiting the outcome of the criminal investigation into the disclosures Hetty made. This undoubtedly put pressure on Hetty and increased her anxiety. Earlier consideration could have been given to using all the information already accumulated to progress the care proceedings without the reliance of a potential criminal court case.
- 4.12 Consideration should be given to ensuring that all aspects of parental responsibility are met. It was clear at times that Hetty did not wish her father to be involved in her care or decisions made on her behalf, yet he was. Her birth mother retained PR but was not routinely informed on all decisions that were taken.
- 4.13 General Practitioners are the 'hub' for medical information pertaining to a child or young person and they should be able to signpost practitioners to where more information can be accessed if they do not actually hold it.

5. Recommendations

1. The Worcestershire Safeguarding Children Board should ensure that the single agency recommendations identified by agencies participating in this review are completed and reported upon.
2. The Worcestershire Safeguarding Children Board should ensure that their escalation procedure is reviewed to promote healthy discussion and encourage resolution between agencies.
3. The Worcestershire Safeguarding Children Board should raise the circumstances of this review with the Department for Education to inform the ongoing debate on the future of Secure Children Homes and apparent gap in provision for young persons presenting with complex and challenging issues.

² Achieving Best Evidence in Criminal Proceedings guidance on interviewing victims and witnesses, and guidance on using special measures. Page 94 para 3.128

4. The Worcestershire Safeguarding Children Board should ensure that desired development of a shared multi-agency chronology for complex cases is passed to the Worcestershire Office of Data Analytics (WODA) for incorporation into the ongoing work.
5. The Worcestershire Safeguarding Children Board should liaise with Commissioners to address the apparent gap in services for those children and young persons who do not have a mental health diagnosis and are therefore not able to access Tier 4 Services but who have complex emotional needs requiring specialist services.
6. The Worcestershire Safeguarding Children Board should ensure that the learning from this review, in listening to the voice of the child in all its facets, is incorporated into the 'Voice of the Child briefings' and this to include the recognition of the potential signs of sexual abuse.

Safeguarding Yourself: Top Tips

It is recognised that the vast majority of adults who work with children act professionally and aim to provide a safe and supportive environment which secures the well-being and very best outcomes for children in their care. Achieving these aims is not always straightforward, as much relies on child and staff interactions where tensions and misunderstandings can occur.

It must be recognised that some allegations will be genuine as there are people who seek out, create, or exploit opportunities to harm children. However, allegations may also be false or misplaced and may arise from differing perceptions of the same event. When they occur, they are inevitably distressing and difficult for all concerned. It is therefore essential that all possible steps are taken to safeguard children whilst ensuring that the adults working with them follow strict guidelines to safeguard themselves.

Top Tips

- S**ensitively share any concerns with colleagues and parents
- A**void being alone with children
- F**ollow policies and procedures
- E**stablish and maintain professional boundaries
- G**uard and protect your emotional health when dealing with safeguarding cases
- U**se appropriate language
- A**ccess support and advice from line manager/DSL
- R**espect personal space
- D**ocument anything significant that may have repercussions.

Further Advice

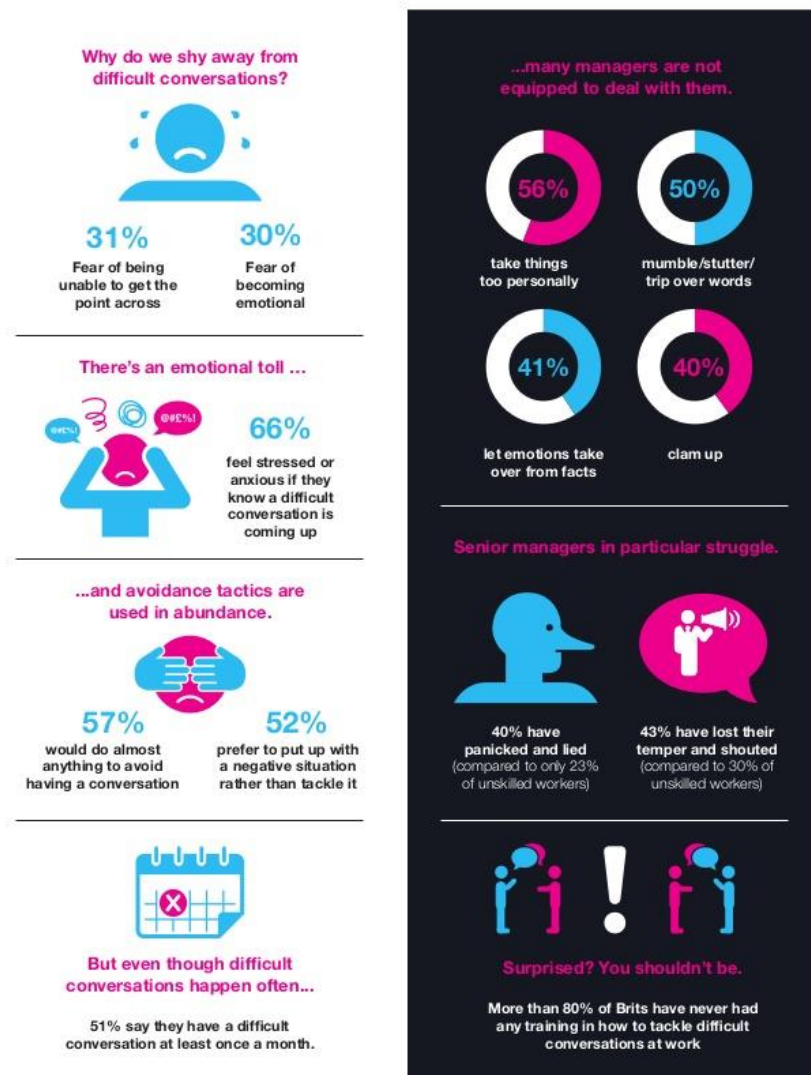


Guidance for safer working practice for those working with children and young people in education settings (May 2019) can be found at: <https://www.saferrecruitmentconsortium.org/>

Difficult Conversations with Adults

Working with young children and families can at times produce an emotive environment. Different opinions on parenting skills, or different priorities within the working environment can cause friction and difficulties within the workplace and with our relationships with parents. However, we need to discuss such issues in a professional and progressive manner, especially in our duty to safeguard children.

Difficult conversations are by definition 'difficult'! Naturally, many of us will do all we can to avoid these, but when safeguarding children, we cannot shy away.



Want to find out more or see what type of conversationalist you are?

Join the debate at [#difficultconversations](https://twitter.com/difficultconversations) or take the quiz at www.managers.org.uk/difficultconversations

Points to consider when having a difficult conversation

Prepare: manage the environment so there is time and space to talk

Open: Be open and honest as to why you are meeting

State: the issue you are wanting to discuss, starting with the facts

Invoke: invite the person to put forward their point of view

Take time: whilst the other person is talking take time to listen and calm self

Investigate: be curious, using clear language to gain a better understanding

Verify: confirm your understanding

Explore: determine next steps with a time scale agreed



When we are in the midst of a difficult conversation, we can sometimes worry we will lose our way and stumble over our words, becoming overwhelmed with what the other person is saying.

Below are some suggestions as to how we can effectively take back control of the conversation, so we are able to move forward.

When....	You might say....
Someone puts forward strong views without providing their reasoning.	'I hear what you are saying but I would like to understand more. What leads you to believe...?'
Someone tries to take the conversation off on a tangent.	'I am unclear to how that connects to what we've been discussing. Can you show me how that is relevant?'
Someone brings several things up at once...	'Okay, so far we have three things on the table, (state these) lets address these one at a time.'
Someone takes a position but doesn't identify the concerns to led to this.	'I understand that this is your position. I would like to understand better the concerns you have. Can you tell me your concerns?' Then... 'How do you see that (your position) as the best way to resolve your concerns?'
Someone makes a point but this is unclear to you.	'What I understand you to be saying is... (restate), is that accurate?'
Someone uses a veiled or loaded phrase and you are not clear what is meant by this.	'When you said (repeat phrase). I typically use it to mean (share interpretation). How are you meaning it?'
Someone seems entrenched in a position.	'What would have to happen before you would be willing to consider an alternative approach?'
You reach an impasse.	'It feels like we have reached an impasse and I am afraid we will walk away from this meeting without coming up with a viable solution. What can we do to move the conversation forward?'

Writing up Safeguarding Reports

Our Safeguarding and Child Protection policy states that, 'records should be a factual account of what has been seen and heard, containing the child's own words where appropriate and completed as soon as possible, not later than the end of the working day.'

It also states; 'a professional opinion may be included in a record, **but only** if stated as such and the facts or observations upon which the opinion is based are made explicit'.

So, how much detail should I put in the report?

When we are involved in a safeguarding case this can become overwhelming and we may feel the need to write down everything that comes to mind, including dialogue with parents, and even direct quotations. But this leads us open to influencing our report with our own personal assumptions or pre-conceived ideas regarding the family or child.

The reports that you are writing **will** be used at a later date and so they need to be factual, professional and to the point. Safeguarding files go with children to their next settings and so other professionals will need to make sense and make their own judgement on what you have written. If we over complicate our reports with too much detail or content, the true risks to the child may be hidden amongst the text, putting the child at future risk. In some cases, the reports you write may be used in child protection conferences or serious case reviews and so you need to always write with this in mind.

Poor example of a written statement.

Today Mia, came in with mum, I thought mum looked tired and dishevelled. Mia had a really bad day, she fell out with a number of children throughout the session, and wouldn't share her toys. At lunchtime she continued to be upset and wouldn't eat her lunch, she said she doesn't like jam. Mia had lots of toileting accidents throughout the day.

Ask yourself....

I thought mum looked tired and dishevelled: **Don't we all sometimes look like this as a parent, does this constitute a safeguarding concern or is it your personal opinion?**

she fell out with a number of children throughout the session, and wouldn't share her toys: **Is this not normal developmental behaviour for a toddler? Did she have any good parts of the day?**

She doesn't like jam: **So, what?**

Good example of a written statement.

Today (Monday 12 August 2019) Mia was unusually aggressive towards her friends on three occasions. She refused her lunch and has wet her pants four times during the day. Mum had no explanation for the change in Mia's behaviour when I discussed concerns at pick up time.

The above statement tells me specifics, it tells me Mia is not normally aggressive, so this is a significant change in her behaviour. It would cause me to think something has changed in Mia's life or experience at home or in the setting.

The statement specifies the number of times Mia has had toileting or behavioural incidents. It also tells me mum has no reason for this change in behaviour.

All of this would highlight a real concern and may lead me to investigate further.

This report would be understood by a stranger and has no personal assumptions or pre-conceived ideas of the family. There is also no risk of this statement being perceived differently by others.

Think before you write.

Timely: write in a timely manner so specifics are reported accurately.

Highlight: what is different to normal behaviour?

Indicate: circumstances, especially where you have received a disclosure.

Necessary: is what you have written non-biased?

Concise: is your report concise highlighting your immediate concerns?



How Outdoor Learning can help us to Safeguard Children

Safeguarding in the outdoors

Pinvin Pre-school's forest school sessions provide the perfect environment and opportunities to support those children who have experienced any kind of trauma, this could include but is not exclusive to:

- Children of solvent abusers.
- Child witnesses of domestic violence.
- Children who constantly move between houses and carers because of marriage breakdown.
- Those who frequently experience neglect and trauma due to 'dysfunctional' attachment.
- Children who have suffered any type of abuse.

How children are impacted by witnessing abuse

- Fearfulness, anxiety, "clinginess"
- Aggression, "acting out" (externalising feelings)
- Poor self-esteem, depression (internalising feelings)
- Regression to earlier developmental stage (temporary) e.g. bed-wetting, thumb-sucking
- PTSD; hyper-vigilance
- Nightmares, sleep disturbances
- Emotional numbing, dissociation, "spacing out"
- Trust and boundary issues
- Feelings of anger, shame, helplessness, anxiety, confusion, guilt, and sadness.

Some of the children experiencing any of these are united in their struggle to have their basic human needs and well-being met and can find it difficult to adjust to learning in mainstream educational settings.

Due to the very nature of the way forest school sessions are run and the resources and environment that it provides, children can often have positive learning experiences, through engagement with sensory activities and the natural world around them.



The benefits of being outside

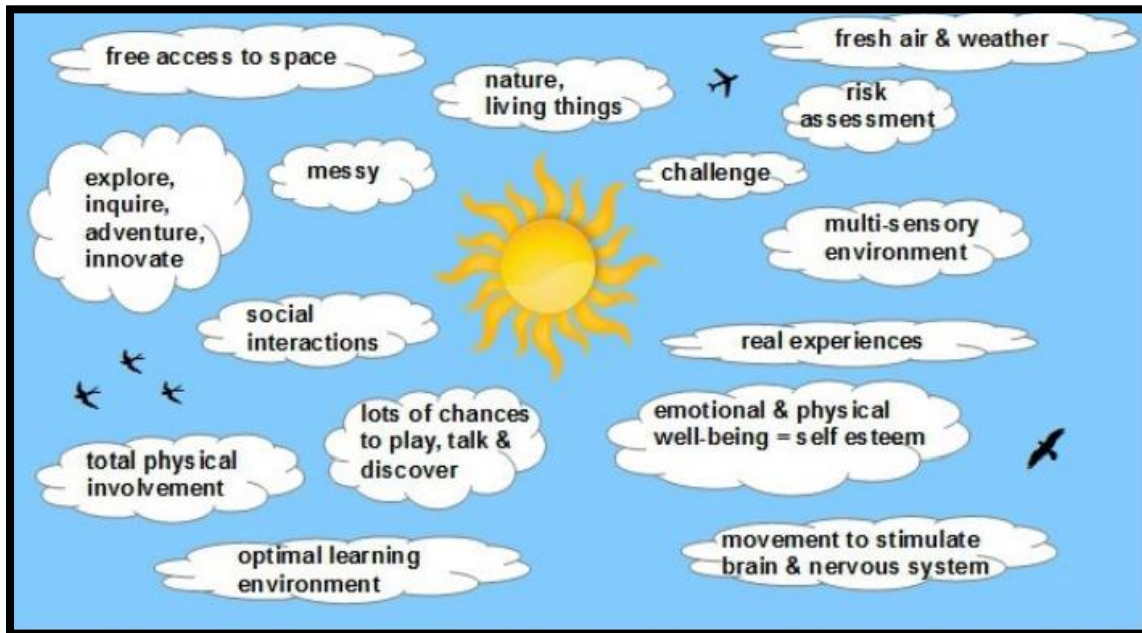
The outdoors is where children can most be themselves. With fewer restrictions, there is something about the outdoors that is exciting and exhilarating for them, a form of escapism. This feeling of freedom in open space brings with it a sense of happiness and well-being that is hard to beat.

Exposure to nature has a soothing effect on children, and can reduce hyperactivity. Being exposed to natural sunlight allows the body to naturally produce Vitamin D, which releases the neurotransmitter serotonin in the brain. This helps to regulate emotion and mood and is linked with happiness and relief from depression. Lack of sufficient time outdoors puts children at risk of Vitamin D deficiency, because the sun is the best source for Vitamin D production, and it isn't found in many foods.

Time spent playing outdoors is also thought to help relieve stress and anxiety by reducing levels of the hormone cortisol in the brain. A recent study in the UK found that even just five minutes of exercise in a natural outdoor environment can rapidly improve self-esteem and mental health and well-being in young people.

How do forest school activities help support children in need?

With trauma and marginalisation sometimes hidden, we may be working with children in a fight or flight state whose fundamental physical and emotional needs mean they are not ready to learn. Such children need time and plentiful opportunities to work with and transform sensory-rich resources in a safe and permissive environment.

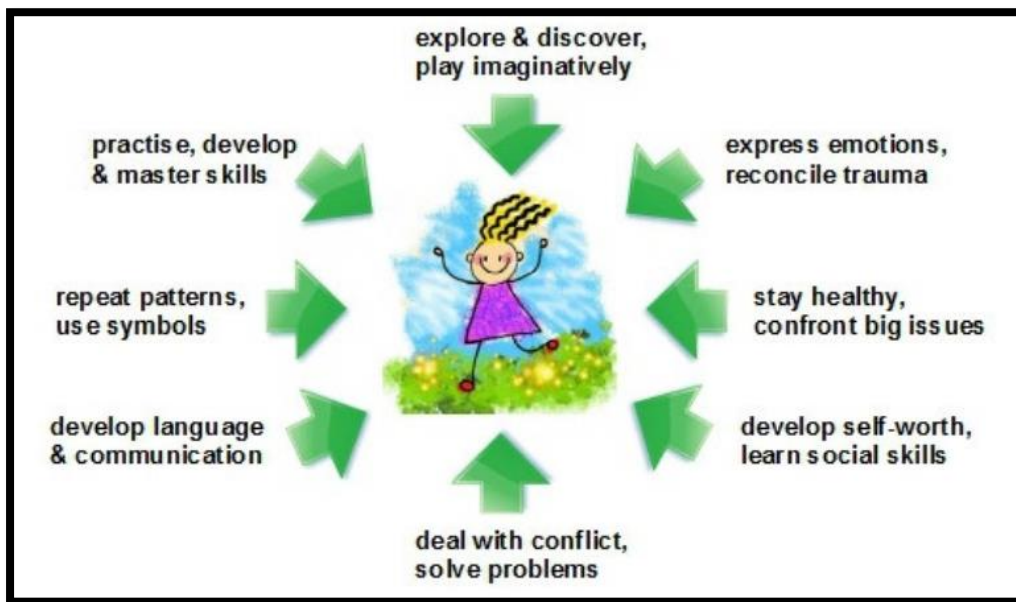


Forest School provides the perfect environment for...

- ✓ Natural play materials to be accessed, helping children to develop strategies to control and harness the messiness of their play materials.
- ✓ Providing experiences supporting the children's natural medium of expression, to help them express their feelings more easily through resources instead of words. This helps them to regulate and express and communicate their emotions, experiences and feelings naturally through a self-determined healing process.
- ✓ Facilitating the development of a safe relationship for the child to fully express and explore their feelings, thoughts, experiences, and behaviours through play, which helps to bring order to chaos and helps them to exert control.
- ✓ Natural play materials to be used to help to build a strong therapeutic alliance and a safe environment that meets the emotional, social, psychological, and

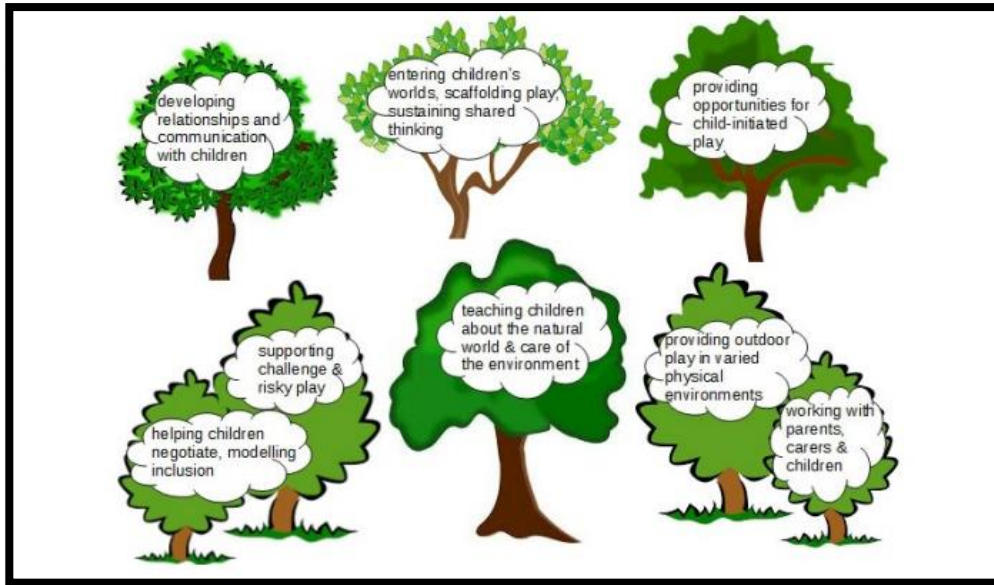
developmental needs of children. The therapeutic powers of play help children prevent or resolve psychosocial difficulties and achieve optimal growth and development.

- ✓ Bringing opportunities to build good relationships between the children and adults, creating a safe time to communicate feelings and emotions and what their world looks like with a trusted adult.
- ✓ Time to have fun just playing, enjoying life in the outdoors and doing something that makes them feel good, helping them to feel balanced, refreshed and more ready to learn.

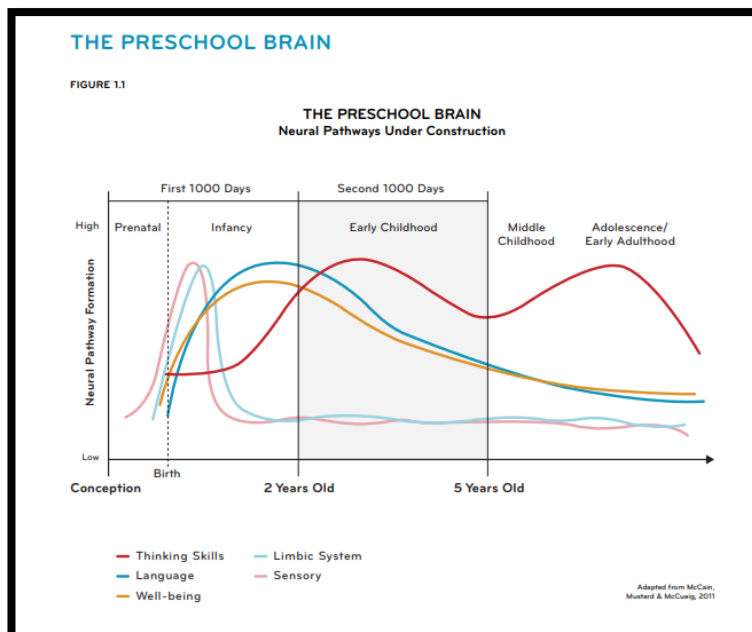


Most importantly our forest school sessions;

- Build self-esteem through self-creations (art, play) and stories.
- Enhance problem solving skills through creativity; gain mastery and sense of control over one's own world.
- Foster resilience through exploring alternate outcomes in a safe environment.
- Externalise inner feelings and conflicts, allowing for discussion with staff
- Release tension; teach self-soothing through play.
- Express or release "unacceptable" thoughts and feelings, thereby reducing the likelihood of inappropriately acting out in real life situations.



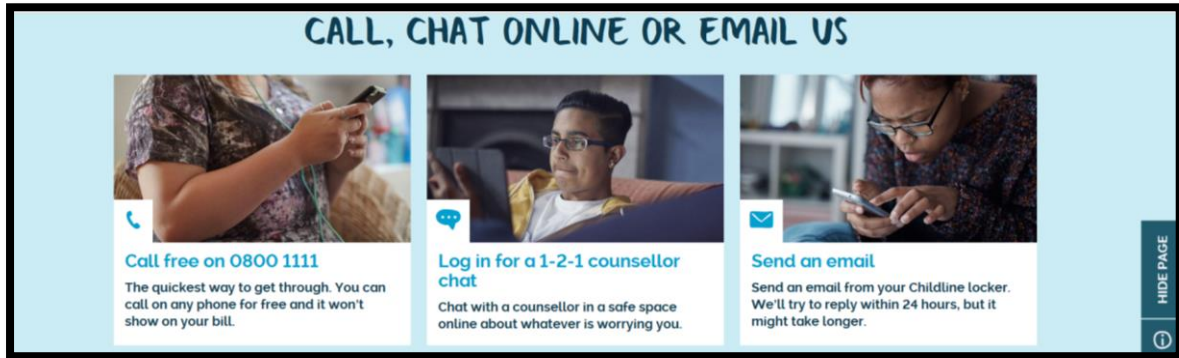
As you can see from the graph below, children learn the majority of their thinking skills and language between the ages of 2-5 so any trauma caused before or during this period will potentially have a detrimental effect on the children's learning.



With this in mind forest school can help with the healing process, by providing our support and non-judgmental acceptance of the child as a whole person is key to rebuilding self-esteem and resilience, and in assisting them in navigating change.

Support for Older Children: Childline

Childline is a free, private and confidential service for children and young people, set up by Esther Rantzen in 1986. Childline is available to help anyone under 19 in the UK with any issue they are going through.



Children and young people can join and receive their own locker, where they can save pages and personalise their account. This is confidential and does not require an email address or real name. It allows members to join message boards and engage in 1-2-1 counsellor chat.



The website is very user friendly and offers a wide range of advice through written form and a range of videos. It also has games and a calm zone supporting mental and emotional health.

Safeguarding Audit: Promoting Welfare and Safeguarding Children in Early Years and Childcare Settings

Safeguarding audit should be completed annually and then progress reviewed by DSL Lead on a termly basis.

Policies and procedures for safeguarding	Confirm in place (tick)	Date last reviewed	Date of next review	Comments (if any)
Safeguarding and child protection				
Staff code of conduct				
Whistleblowing				
Behaviour management				
Positive handling				
Equality and diversity				
Lone working				
Intimate care				
E-safety				
Off site visits				
First aid				
Administering medicines				
Health and safety				
Allegations against adults in the setting				
Recruitment and selection				
Use of images				
Children not attending				
Children attending more than one setting				
Information sharing				

Please confirm (with an X in the appropriate box) that all staff and volunteers have access to and an awareness of:	Yes	No
Early Years Foundation Stage Statutory Guidance		
Setting safeguarding and child protection policy and procedures		
WSCB Multi Agency Levels of Need document		

Safeguarding Guidance for Early Years and Childcare Settings (yellow folder)		
Settings whistle blowing policy		
Contact details for the Family Front Door		
Please confirm (with an X in the appropriate box) that the Designated Safeguarding Lead also has access to and an awareness of:	Yes	No
Ofsted's 'Inspecting Safeguarding in Early Years, Education and Skills Settings		
West Midlands Safeguarding Procedures		
Worcestershire Safeguarding Children Partnership website		
Worcestershire Learning and Improvement Briefings		
Neglect strategy and toolkit		
WSCB escalation guidance		

Roles and responsibilities	Yes	No
The setting has a Designated Safeguarding Lead		
The DSL is a member of the management team		
The setting has a deputy DSL		
There is a DSL available at all times during setting operational hours		

Please answer yes or no (with an X in the appropriate box) as appropriate and indicate your training provider	Yes	No	Training provider
Have all staff and volunteers (including cooks, etc) completed safeguarding training in the last three years			
Has your DSL completed targeted 2/DSL level training			
Has your Deputy DSL completed targeted 2/DSL level training			
Has your Registered Provider/ board or committee safeguarding lead completed safeguarding training			
Do all staff receive safeguarding updates at least annually			
Does your DSL attend DSL forums?			

How many adults in the setting have completed training on the following?	No of people	Training provider
Prevent		
British values		
Child Sexual Exploitation		
Female genital mutilation		
Managing allegations		
Safeguarding children with SEND		
Impact of domestic violence and abuse on children		
Reducing parental conflict		
Safer recruitment		
First aid		

Effectiveness of training
How do you evaluate the impact of safeguarding training?
How do you disseminate learning to others in the setting?

Recruitment, induction, and supervision	Yes	No
Has the setting obtained enhanced DBS and barred list checks for all staff and volunteers working in the setting?		
Has the setting obtained references for all staff and volunteers working in the setting?		
Do applicants submit an application form?		
Is there a record of the selection process for all staff and volunteers?		
Does the setting have an induction process which includes safeguarding policy and procedures?		
Does the setting keep a record of this induction?		
Does the setting evaluate new staff member's safeguarding knowledge?		
Does the setting provide supervision for staff?		
Does supervision for staff include safeguarding concerns?		
Does the DSL receive supervision specifically about their safeguarding role?		

How many children in the setting do you consider to be vulnerable, and for how many of these are you keeping records? For example: LAC, child protection, child in need, targeted family support, early help	No of children	No for whom records kept
Children receiving support from services/agencies other than the setting		
No of children subject of a Child Protection plan		
No of children who are subject to a Child in Need plan		
No of children receiving early help		
How do you collect feedback from these children and their families about their experience of multi-agency support?		

In the last 12 months:	
How many MARAC 'requests for information', have you received?	
How many concerns have you dealt with relating to Prevent?	
How many concerns have you dealt with relating to FGM?	
How many child protection conferences have you attended?	
How many core groups are you involved in?	
How many child in need meetings have you attended?	
How many referrals have you made to the Family Front Door?	
How many early help assessments have you completed?	
How many referrals have you made to the LADO?	

Record keeping	Yes	No
Does your setting use concern forms?		
Does your setting use chronologies?		
Are forms available to all staff in the setting?		
Are completed forms stored securely i.e. locked away?		
Are children's safeguarding records separate from their development records?		
Is there an individual file for each child about whom you have concerns?		

Are the safeguarding records cross referenced with any SEN files?		
Does the setting use accident forms?		
Does the setting record existing injuries?		
How often are the safeguarding files monitored and audited by the DSL?		

Self-assessment.

Please consider the following areas of provision, assess your policy and practice and mark the appropriate box, selecting the 'best fit'.

Safeguarding policies

Inadequate:

The setting does not have safeguarding policies in line with local authority, DfE and Ofsted guidance, or does not have policies which include child protection, safer recruitment, management of allegations, and use of cameras and mobile devices.

Requires improvement:

The setting has safeguarding policies in line with local authority, DfE and Ofsted guidance, and these include child protection, safer recruitment management of allegations, and use of cameras and mobile devices, but the policies have not been personalised and approved by the Registered Provider, or staff are not familiar with them

Good:

The setting has appropriate policies which have been personalised, approved by the Registered Provider and are known and understood by all staff and volunteers. Policies are accessible to parents and carers, and they include early help.

Outstanding:

As above, also the policies include a clear statement of the setting's ethos, they have been consulted on with parents and carers and they reflect the context of the setting and the local community.

Safeguarding procedures

Inadequate:

No procedures are in place. Or procedures are in place (including what to do when you have concerns about a child) but these are only known to the safeguarding leads or management team. Staff are not alert to signs and indicators of abuse and neglect.

Requires improvement:

All staff have some awareness of signs and indicators of abuse and neglect and some understanding of setting safeguarding procedures, they know who the DSL is and they know how to raise a concern.

Good:

All adults in the setting have a good awareness of signs and indicators of abuse and neglect and a good understanding of procedures, and

these are fully applied. Staff also know what to do if the DSL is unavailable or they are not satisfied that others are acting in the best interests of the child.	
Outstanding: As above. Also, the DSL audits and evaluates the use of these procedures to ensure that children are effectively being safeguarded and procedures are being used effectively.	
Safeguarding and the curriculum	
Inadequate: Routines and curriculum planning do not include teaching children how to protect themselves.	
Requires improvement: Routines some opportunity to teach children how to keep themselves safe, for example, privacy when using the bathroom, children able to make choices.	
Good: Children are routinely taught about personal safety, privacy, positive relationships and this is evident in planning.	
Outstanding: As above. Also, the setting has considered the context of the families that they work with, the local area and so on.	
Safer recruitment	
Inadequate: There is no safe recruitment policy or procedure, or those that exist are not applied consistently. The setting does not use application forms and do not acquire references for all staff.	
Requires improvement: There are safer recruitment policies and procedures and someone in the setting has attended training. The setting use application forms and DBS checks are completed.	
Good: There are robust policies and procedures in place. There is always at least one person who has completed safer recruitment training involved in any selection process, application forms are used, references are sort and DBS checks are in place before adults take up a post.	
Outstanding: As above. Also, job descriptions and person specifications are used and reviewed before any role is advertised. Selection processes test values and attitudes as well as knowledge and skills, and processes are regularly evaluated to ensure that they are effective.	
Safer working practices	
Inadequate: There is no code of conduct or guidance on safer working practices for staff.	

Requires improvement: There is a code of conduct or advice and guidance is issued for example, as part of other policies and procedures.	
Good: There is a code of conduct or clear guidance on safer working practices, for example use of technology, intimate care and lone working, which is communicated to and understood by all adults in the setting.	
Outstanding: As above. Also, the setting has provided training and discussed safer working practices regularly in staff meetings.	
Procedures for managing allegations against adults in the setting	
Inadequate: Not all staff, managers and Registered Providers are aware of their responsibilities when an allegation is made, and/or there is no understanding of what constitutes an allegation.	
Requires improvement: There are appropriate policies and procedures. Adults in the setting understand that they should report an allegation and Registered Providers are aware of local procedures.	
Good: All staff, managers and Registered Providers are fully aware of their responsibilities and aware of local procedures. A member of the management team has attended training.	
Outstanding: As above. Also, there is evidence that staff would know how to contact the LADO themselves if they felt unable to follow setting procedures, and the need to avoid investigation is clearly understood.	
Record keeping	
Inadequate: The setting's policies and procedures do not include guidance on recording, retaining and sharing information relating to safeguarding, and/or no records are kept, or they are not kept securely.	
Requires improvement: Records are kept by the DSL and these are kept securely, but not all staff are aware of or have access to reporting forms. Safeguarding concerns where early help would be indicated are not routinely recorded.	
Good: All safeguarding concerns are recorded and all adults in the setting have access to report forms. Records are kept securely and each child's record is separate from the others, and separate from their development records.	
Outstanding: As above. Also, chronologies are used and the DSL regularly audits and reviews records to ensure progress is being made. Records are	

comprehensive and include information from other agencies as well as the setting's own records.	
Prevent and British values	
Inadequate: There is no knowledge of extremism, Prevent and British values in the setting, and no one has completed training.	
Requires improvement: Some adults in the setting have completed training on Prevent and there is some reference to this and British values in the setting and in policies and procedures.	
Good: A number of staff have completed training on Prevent and on British values, and there is evidence that the setting has effective policies and procedures in line with local guidance and DfE and Ofsted expectations. Staff know how to identify and respond to concerns and know how British values are promoted in the setting.	
Outstanding: All staff have completed training on Prevent and British values and have a good understanding of how the two concepts are linked. They are clear about signs and indicators of radicalisation and know how to respond. There is guidance about British values in the setting for staff and parents/carers, and there is evidence that the setting has considered British values in their planning and teaching, including consideration of their local environment and contextual safeguarding.	

Monitoring and evaluation

How does the setting monitor and evaluate safeguarding practice?

Does the setting have an improvement plan which includes safeguarding?

Please identify any actions that you have identified as a result of completing this questionnaire

Please add any other comments

The (West Midlands) Framework for Evaluating the Effectiveness of Early Years Provision for Looked After Children.

Developing	Establishing	Enhancing
<p>The needs of vulnerable groups are considered by the setting but Looked After Children are not considered specifically in policies.</p> <p>Practice is usually in-line with policies but there are occasions when policies are not followed for Looked After Children.</p> <p>The registered body has some awareness of the needs of Looked After Children.</p> <p>The registered body has some awareness of the progress of Looked After Children in their setting.</p> <p>The registered body understands Looked After Children are eligible for Early Years Pupil Premium (EYPP).</p> <p>A specific person has been identified to have a focus on Looked After Children, but there are some barriers which prevent this person from being effective in their role.</p>	<p>Policies which consider the needs of Looked After Children and other vulnerable groups are in place, and are understood and implemented by staff.</p> <p>The registered body has some understanding of the needs of Looked After Children, although they are somewhat reliant on the staff to meet the settings responsibilities.</p> <p>The registered body has some knowledge of the progress of Looked After Children in the setting.</p> <p>The registered body has a tracking system in place to measure progress of Looked After Children (and all other eligible children) for EYPP.</p> <p>There is a role profile/job description agreed for the role of designated practitioner.</p> <p>The designated practitioner is allocated time to carry out the role, for example to attend meetings.</p>	<p>All policies (where appropriate) make reference to Looked After Children as a vulnerable group and show an understanding of how the families may have different needs (e.g. attendance/behaviour/bullying policies).</p> <p>Policies promote high expectations for all children, including vulnerable groups and do not put Looked After Children at a disadvantage e.g. a charging policy is in place for additional activities which considers Looked After Children.</p> <p>There is a specific policy in place to ensure that staff are aware of how the setting supports Looked After Children in their care (including progress, development, attendance and working with other agencies involved in the child's life).</p> <p>There is evidence that the registered body fully understands their statutory responsibilities in regard to Looked After Children and the potential impact on attainment.</p> <p>The registered body receives regular reports on the progress of Looked After Children in the setting and implements strategies to address any concerns.</p> <p>The registered body collects evidence of the use of EYPP and its impact on individual children's development and progress and</p>

		<p>success measures are reflected on.</p> <p>There is evidence that the designated practitioner's role profile is clearly linked to the setting's policies and procedures for Looked After Children, and the role is included in supervision discussion and appraisal.</p>
Notes		
Developing	Establishing	Enhancing
<p>There is a named designated practitioner who has responsibility for Looked After Children and who is the known key contact for carers and outside agencies in support of Looked After Children.</p> <p>The designated person is qualified to at least level 3.</p> <p>The designated practitioner completes the setting section of the child's Personal Education Plan (PEP) prior to the PEP meeting. PEP template to be found on local authority website.</p> <p>The designated practitioner attends and contributes to the PEP meeting.</p> <p>The designated practitioner ensures relevant information and targets agreed at the meeting are shared with child's key person and other relevant</p>	<p>All Looked After Children have a current PEP in place which details progress towards meeting current educational and emotional well-being targets.</p> <p>The designated practitioner holds current information on the educational progress of all Looked After Children and keeps an overview of their attainment and progress in comparison to their peers.</p> <p>The designated practitioner ensures that every Looked After Child's key person tailors learning and care to meet the child's individual needs.</p> <p>The designated practitioner knows how much funding is received by the setting to support</p>	<p>There is evidence that the designated practitioner promotes a culture of high expectations and aspirations for Looked After Children, seeing them as individuals rather than as a homogeneous group.</p> <p>The designated practitioner appreciates the importance of sensitivity and confidentiality about a child's status as looked after and ensures they are not publicly treated differently from their peers.</p> <p>The designated practitioner actively engages in professional development and can demonstrate a thorough knowledge of how the impact of being in care and/ or trauma can contribute to the learning</p>

<p>members of staff at the setting and implemented.</p> <p>The designated practitioner has received introductory training, which includes attachment awareness and exploring behaviour causes and strategies.</p> <p>The designated practitioner has received training to complete the PEP.</p>	<p>each individual Looked After Child. And ensures that EYPP is used effectively on a termly basis.</p> <p>The designated practitioner is familiar with the systems surrounding Looked After Children, for example the role of the Virtual School, the role of the social worker, etc.</p> <p>The designated practitioner has attended training to develop awareness of how the impact of being in care and/ or trauma can contribute to the learning and emotional wellbeing of Looked After Children.</p> <p>The designated practitioner acts as a source of advice to all staff about differentiated teaching and behavior development appropriate to Looked After Children.</p> <p>The designated practitioner arranges awareness raising training for all identified staff as appropriate, including where necessary, training provided by other agencies.</p>	<p>and emotional development of Looked After Children.</p> <p>There is evidence that the designated practitioner disseminates the knowledge acquired from professional development to the whole staff team on a regular basis, helping setting staff understand the things which affect how Looked After Children learn and achieve.</p> <p>The designated practitioner ensures that there is ongoing training for all staff linked to self-assessment of quality of provision for Looked After Children.</p> <p>There is evidence that the impact from ongoing training is continuously evaluated and informs the setting's self-evaluation form.</p>
<p>Notes</p>		

Developing	Establishing	Enhancing
<p>At admission the designated practitioner requests relevant information from the social worker, carers, previous setting and PEP (if one has been completed).</p> <p>Parental responsibility and contacts are confirmed and the setting staff are made aware of the child's looked after status. All staff know who will be collecting the child and whether there are individuals who do not have permission.</p> <p>The Looked After Child has a standard induction, including visit, settling in sessions, information for parents/carers, with some flexibility in order to meet their specific needs.</p> <p>A key person is identified for the individual child, with knowledge of the child and the context from which they are from.</p> <p>Information is shared between settings, schools and units within the setting.</p>	<p>Looked After Children are offered a place swiftly to ensure that they receive their entitlement to early education without delay.</p> <p>If the child is new to care, the designated practitioner and the social worker, initiate a PEP meeting which takes place within 20 working days of the place being confirmed.</p> <p>There are flexible settling in arrangements to support the individual circumstances of Looked After Children.</p> <p>Attendance can be flexible in order to support carers attendance at meetings.</p> <p>Staff are alert to the needs of the Looked After Children and appropriate observation, assessment and planning are place.</p> <p>Planning for all transitions takes place in partnership with the social worker, carer and core partners.</p> <p>Relevant information is transferred promptly between rooms/settings/schools following a transition, along with a handover conversation.</p> <p>Training and Career and Professional Development (CPD) is accessed to support transitions.</p>	<p>The child always remains at the centre of any decisions made.</p> <p>The setting is able to hold a place for a Looked After Child while care arrangements are set up.</p> <p>Settling in is supported with home visits.</p> <p>The designated practitioner arranges a PEP meeting as soon as possible on admission so that information is obtained about the needs of the child, including consideration of attachment.</p> <p>The designated practitioner liaises with staff to prepare for the PEP meeting.</p> <p>There is evidence of effective communication between the setting, carers and social worker.</p> <p>Planning for all transitions is done in conjunction with the child's PEP and following the setting/school's procedures for transition.</p> <p>There are clear procedures in place regarding a Looked After Child's transition outside of expected transition points (for example a child moving school within reception year), i.e. contacting the Virtual</p>

		<p>Head and liaising with the social worker.</p> <p>The designated person supports Looked After Children with transitions in-setting, by meeting with the new key person.</p> <p>Key persons from setting/school meet to plan and share information prior to a Looked After Child's transition.</p> <p>Transition is discussed with the child and parent/carer, and information booklets shared either at a visit to the new setting/school or during a possible home visit.</p> <p>If a Looked After Child ceases to be 'Looked After' and returns home or becomes adopted, the school or setting continues to monitor the child's needs and progress and meetings are held with parents to review progress and identify ongoing support.</p> <p>There is evidence that training and support has an impact on smooth transitions.</p>
<p>Notes</p>		

Developing	Establishing	Enhancing
<p>The setting has a system for tracking the progress of Looked After Children.</p> <p>The Key Person is identified, and any other significant professional involved in working with the Looked After Child.</p> <p>The practitioners are aware of Looked After Children in their setting and identify them within their groupings.</p> <p>Looked After Children who attend the setting are assessed on entry for a baseline.</p> <p>The designated practitioner monitors attendance and reports overall attendance to the leadership team.</p>	<p>Progress and attainment are monitored to inform planning and next steps.</p> <p>Practitioners identify specific areas needing special understanding which may be linked to the Looked After Child's development.</p> <p>Intervention programs are in place to narrow the gap with the impact monitored and recorded.</p> <p>Carers are contributors to the Looked After Child's achievements.</p> <p>The designated practitioner and setting work with the social worker to support the child's carer to improve attendance where necessary.</p> <p>Where consent has not been given for photographs to be used the quality of assessment is not affected.</p>	<p>Practitioners focus on teaching and learning, to achieve high expectations.</p> <p>The setting promotes personalised learning and a culture where every child does matter.</p> <p>Looked After Children are identified and supported to achieve their full potential. The key person works with colleagues within the setting to identify the child's strengths and interests together with any areas for development or barriers for learning.</p> <p>It can be demonstrated that Looked After Children routinely receive high quality teaching and where appropriate further targeted support from experts is sourced.</p> <p>The setting is consistent in their approach and endeavor to treat Looked After Children the same as all of their peers in the group but with discrete flexibility where necessary.</p> <p>The setting sets appropriately challenging activities whilst supporting with high quality interactions.</p> <p>The Looked After Child's interests and needs are taken into account when considering the use of EYPP.</p>

		<p>The use of assessment data is scrutinised regularly to ensure progress is rapid and learning embedded.</p> <p>The designated practitioner and setting work with the social worker to support the Looked After Child's carer to maintain attendance. This is reflected within the PEP and progress is evaluated effectively.</p>
Notes		
Developing	Establishing	Enhancing
<p>The designated practitioner knows the key people working with the child (for example carers and Social Worker).</p> <p>The setting is aware of other specialist services who may be involved with the individual Looked After Child, for example Educational Psychologist, Specialist Inclusion Support Service, emotional and mental health support, EAL support.</p> <p>Carers are given a named contact for the designated</p>	<p>The ethos of the setting and its policies, support collaboration with other agencies and services regarding Looked After Children.</p> <p>The designated practitioner plans ahead to ensure that they and/or the key person are able to attend all review meetings.</p> <p>There is effective two-way communication between designated practitioner and key persons and agencies</p>	<p>The designated practitioner forms strong partnerships with carers, Virtual Schools, Social Workers and other outside agencies, to ensure Looked After Children get the most out of their early years education and takes responsibility for sharing information as necessary with other professionals involved.</p> <p>There is evidence that the designated practitioner plays an active role in</p>

<p>practitioner and Looked After Child's key person.</p> <p>The designated practitioner attends review meetings when invited.</p> <p>The setting has an understanding of the person who has authority to sign permissions and give consent, receive reports and invitations to setting events. Any documents requiring parental consent are signed by the relevant person and returned to setting.</p> <p>Records are kept up to date with relevant contact details of carers, parents and social worker.</p>	<p>responsible for the Looked After Child.</p> <p>There is effective communication with other settings that the Looked After Child attends (if relevant).</p>	<p>sharing information at meetings concerning the Looked After Child, which are planned in advance and well prepared for.</p> <p>The designated practitioner is pro-active in ensuring PEP (Personal Education Plan) meetings are taking place within the agreed time-scale</p> <p>The designated practitioner includes the input of other professionals involved when gathering contributions for integrated 2-year-old reviews.</p> <p>There is evidence that the designated practitioner works proactively to develop relationships with agencies in other boroughs when a Looked After Child is placed in the setting from 'out of authority'.</p>
<p>Notes</p>		

Developing	Establishing	Enhancing
<p>A PEP is in place for Looked After Children and this gives parent/carers and professionals some information about the child's educational development.</p> <p>There is some individual target setting but next steps are not clear.</p> <p>There is some evidence that the setting is implementing actions but it is not clear that identified provision meets learning needs.</p> <p>The setting has a process in place to ensure the Looked After Child's voice is heard and acknowledged.</p> <p>The use of EYPP is recorded with some targets. Expected outcomes are in place.</p>	<p>The PEP gives parent/carers and professionals insight into the child's educational development and needs.</p> <p>All aspects of the PEP are completed and regularly reviewed.</p> <p>Next steps are appropriate and in line with the summary of learning, development and additional needs.</p> <p>Provision is in place to meet identified learning needs.</p> <p>There is evidence that the setting is implementing actions and working in partnership with carers.</p> <p>There is evidence that future transitions are planned.</p> <p>The Looked After Child's voice is recorded and considered by professionals involved and included in future actions.</p> <p>The use of EYPP is evidenced and impact on learning is recorded.</p>	<p>The PEP gives a wide range of parent/carer and professionals clear insight into the Looked After Child's educational development and needs. The document is shared widely and understood by practitioners as relevant.</p> <p>All aspects of the PEP are completed in detail.</p> <p>Identified targets match learning needs and previous targets are evaluated and inform planning.</p> <p>There is clear evidence that the setting is implementing excellent actions and working in partnership with carers and coordinating with other services.</p> <p>The setting's practice consistently reflects the highest expectations and the highest aspirations.</p> <p>There is evidence that future transitions are planned and documented to support the child's developmental needs.</p> <p>The Looked After Child's voice has been recorded and there is evidence that it has been fully acted upon by professionals involved.</p> <p>The use of EYPP is evidenced and shows measurable impact on development.</p>

Notes		
Developing	Establishing	Enhancing
Emotional health and wellbeing		
<p>The designated practitioner monitors the emotional health and wellbeing of individual Looked After Child and reports concerns to the registered body.</p> <p>Planning for the individual Looked After Child includes specific strategies to improve Education, Health and Wellbeing.</p>	<p>The designated practitioner takes action when concerns are noted about emotional health and wellbeing to ensure the social worker and all staff are aware of the concerns.</p> <p>The setting arranges CPD to support staff to meet the Looked After Child's emotional health and wellbeing needs.</p> <p>The designated practitioner ensures actions agreed at the PEP meeting to support emotional health and wellbeing are implemented.</p>	<p>The designated practitioner ensures appropriate support strategies are employed through actioning an early PEP meeting (within 20 days).</p> <p>There is evidence that CPD accessed to support staff to meet the Looked After Child's emotional health and wellbeing needs, has a positive impact in the setting.</p>
Behavior		
<p>The designated practitioner monitors the behavior of individual Looked After Children and reports any concerns to the registered body.</p> <p>The setting has a behavior support policy.</p> <p>The setting contacts the local authority and virtual school for advice where there is a concern</p>	<p>The designated practitioner monitors and explores why the behaviors are occurring.</p> <p>The designated practitioner ensures actions agreed at the PEP meeting to support behavior are implemented.</p> <p>The setting arranges CPD to support staff to meet the</p>	<p>The designated practitioner ensures appropriate support strategies are employed through actioning an early PEP meeting.</p> <p>There is evidence that CPD accessed to support all staff in meeting behavioral needs of Looked After Children has</p>

<p>about a Looked After Child's behavior.</p> <p>The setting seeks external support and advice for Looked After Children where behavior is cause for concern, difficult to manage and/or there may be a risk of exclusion.</p>	<p>Looked After Child's behavior needs.</p>	<p>a positive impact within the setting.</p>
<p>Exclusions</p>		
<p>The setting seeks external support and advice for Looked After Children when there may be a risk of exclusion.</p> <p>The setting is willing to admit on roll Looked After Children who have been excluded from other settings.</p> <p>The setting monitors Looked After Children to ensure positive support strategies are employed to avoid exclusion.</p>	<p>The designated practitioner requests that the PEP meeting is brought forward if there is a risk of exclusion.</p> <p>The designated practitioner and setting staff implement strategies to reduce the risk of exclusion.</p>	<p>The designated practitioner requests that the PEP meeting is brought forward and reviewed more frequently if there is a risk of exclusion.</p> <p>Actions taken by the designated practitioner and setting staff support the Looked After Child so no exclusion takes place.</p>
<p>English as an Additional Language (EAL)</p>		
<p>Looked After Children, for whom English is an additional language, are welcomed into the setting.</p> <p>Information on ethnic origin and first language is gathered during the admission process.</p>	<p>Development of first language is established to check communication skills are developing as expected.</p> <p>First language is valued in the setting and the ethnicity of the Looked After Child is reflected in the setting provision.</p> <p>The setting arranges CPD to support staff to meet the Looked After Child's EAL needs.</p>	<p>Development of EAL is tracked using the stages of acquisition of language.</p> <p>All staff encourage the use of the Looked After Child's first language in the setting.</p> <p>There is evidence that CPD accessed to support staff to meet the Looked After Child's EAL needs has a positive impact in the setting.</p>
<p>SEND</p>		
<p>The setting follows their own SEND policy where there are concerns that a Looked After Child has additional needs.</p> <p>The setting has a SENCo in place that monitors children with SEND.</p> <p>The designated practitioner informs the setting SENCo of</p>	<p>The designated practitioner and SENCo share SEND information with the Looked After Child's key person.</p> <p>The SENCo provides the designated practitioner with information to share at PEP meetings in order that appropriate SEND smart</p>	<p>The designated practitioner and setting SENCo work together to ensure the SEND needs of each Looked After Child are met.</p> <p>The designated practitioner and SENCo share SEND information with the Looked After Child's key person and all</p>

<p>any Looked After Children with SEND.</p>	<p>targets are included in the plan.</p> <p>The designated practitioner and SENCo ensure that the registered body is aware of the SEND needs of individual Looked After Children.</p>	<p>staff to ensure the LAC SEND needs are met.</p> <p>The SENCo attends the PEP meeting.</p> <p>The early years setting's SEND documents (i.e. graduated response document) are saved in the PEP documents file for individual Looked After Children.</p> <p>The designated practitioner ensures additional provision for SEND Looked After Children is referenced in the PEP.</p> <p>There is evidence that all practitioners promote a culture of high expectation and aspiration for Looked After Children with additional needs.</p>
<p>Notes</p>		

Further Guidance

Promoting the education of looked after children (2014) – statutory guidance for local authorities - <https://www.gov.uk/government/publications/promoting-the-education-of-looked-after-children>

Virtual School Head All local authorities must have a virtual school head (VSH) in charge of promoting the educational achievement of the children looked after by the authority that appoints them.

Frequently asked questions

What is a Care Order?

A Care Order is a court order that places a child under the care of a local authority. The local authority then shares parental responsibility for the child with the parents, and will make most of the important decisions about the child's upbringing e.g. where they live and how they are educated.

A court can only make a care order if it is sure that: the child is suffering, or is likely to suffer, significant harm. the harm is caused by the child's parents or if the parents are failing to protect the child. the child is likely to suffer harm because they are beyond parental control.

Section 20

This means being accommodated only. There are no care orders on the child, although Children's Social Care has certain legal responsibilities. Legally the parents can make all decisions for a child who is only accommodated. It is advisable for schools to check with the child's social worker if they are unsure/need clarification.

Section 31

This is a care order and it means that Children's Social Care share Parental Responsibility with the parents and can make all important decisions. For example, if a birth family member contacts the school to make a request concerning access to information or educational issues then permission for any arrangement must be obtained from Children's Social Care.

Section 38

This is an interim care order and it gives Children's Social Care the same powers as a full care order, but only for the time period during which the interim care order has been granted.

Who has Parental Responsibility (PR) for a child in care?

For children subject to a Care Order the Local Authority holds parental responsibility working in partnership with parents, as appropriate. For children in care without a care order (also known as Accommodated) the parents retain PR.

What is a Care Plan?

All children in care must have an overall Care Plan which is reviewed every 6 months. The Care Plan should include what is being done to ensure the child is receiving an appropriate education.

The social worker, in partnership with foster carers and parents, needs to take decisions about what must be done to help the child achieve his or her full potential. Their responsibilities include: drawing up a Personal Education Plan for the child, and ensuring they are well supported in their early years setting/school making sure the child attends the early years setting agreed for the named sessions/ attends school every day choosing and applying for a school place when required making sure that there are good links with the designated key adult/teacher at the child's early years setting/school being involved in any

assessment for special educational needs making sure that the foster carers attend parents' evenings and any other early years setting/school events which parents would attend.

What happens when a child is placed for adoption?

The long-term Care Plan may be that a child is placed for adoption. An adoption plan is made following a long process of assessment and is subject to legal proceedings. At the initial stages, a child placed for adoption remains in care until the final adoption order is granted by the court. Adoptive parents then take on full parental responsibility for the child.

A child placed for adoption may benefit from an Early Years PEP and adoptive parents may find this useful and supportive. This should be discussed with the adoptive parents and the child's social worker.

There is a statutory requirement of all school-aged children in the care of the Local Authority to have a Personal Education Plan (PEP). The PEP provides an on-going record of the child's strengths, interests and educational needs. It sets out targets and responsibilities that are identified at the PEP meetings. The PEP is part of the Care Plan.

The child's social worker has responsibility for informing the setting a child is in care, initiating PEP meetings, supporting the completing the EPEP form and reviewing. The early years setting needs to provide information on the child's overall progress including the Prime Areas of Learning – Communication and Language; Personal Social and Emotional; Physical Development and the Characteristics of Effective Learning.

Whose responsibility is the PEP?

The PEP is the joint responsibility of the Local Authority and the school/setting. The social worker is responsible for initiating EPEP and arranging the PEP meeting. The social worker has responsibility for completing their sections of the EPEP. The Key Worker/designated teacher then has responsibility for completing their sections prior to the meeting). The PEP is completed during the meeting and quality assured by attendees.

What is the review process for the PEP?

The PEP should be reviewed alongside the Care Plan (i.e. after 20 working days of going into care, 3 months, 5 months, and 6 monthly intervals thereafter). The PEP should be reviewed termly or when the child or young person moves care or education placement or when there are significant changes in circumstance.

PEP reviews should take place in consultation with the child, the school's/settings Key Worker/designated teacher, the social worker, carers and other relevant professionals.

Where a child has a statement of special educational needs/Education health and Care Plan, the PEP review should be linked with the annual review of the statement/EHCP.

Where a child has a Statement of Special Educational Needs/EHCP, the PEP review should be linked with the Annual Review and education plans in place for the child, such as the Individual Education Plan (IEP).

Children ages 3 & 4, attending funded places, are eligible for £300 Early Years Pupil Premium (annually). The funding should be used to support the agreed targets set during the PEP. Funding is actioned and monitored by the Virtual School.