



Micheldever & Stratton Preschool Safeguarding & Child Protection (Revised 31st January 2024)

Working in conjunction with the Early Years Foundation Stage Statutory Framework (EYFS).

Quality and Consistency.

A Secure Foundation.

Partnership Working.

Equality of Opportunity.

Unique Child **Positive Partnerships** **Enabling Environment** **Learning and Developing**

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1. Introduction

1.1 Aims

Micheldever & Stratton Pre-school is committed to Safeguarding all children, young people and vulnerable adults that we come into contact with. Safeguarding the welfare of the child is the paramount consideration in every situation. All staff and volunteers are expected to share this commitment. Safeguarding children is vital for our setting, as part of the legal requirements of our Ofsted registration. Having safeguards in place within our setting not only protects and promotes the welfare of children but also it enhances the confidence of staff, volunteers, parents/carers, management or governors, and the general public. The purpose of this Safeguarding Policy is to achieve a nurturing and child-centred environment where children can have fun and be safe. So, to ensure their safety, we adopt the following Safeguarding policies and procedures.

1.2 Definitions

Safeguarding is a relatively new term which is broader than 'Child Protection' as it also includes Prevention and Early Help.

Safeguarding has been defined as:

'The action we take to promote the welfare of children and protect them from harm...is everyone's responsibility...defined as protecting children from maltreatment; preventing impairment of children's health or development; ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and taking action to enable all children to have the best outcomes.'

Working Together to Safeguard Children 2015

For the purposes of Child Protection legislation the term 'child' refers to anyone up to the age of 18 years.

1.3 Law, guidance and other policies

This policy is consistent with the Every Child Matters framework and operates within the 1989 Children Act, the 2004 Children Act, and the national statutory guidance 'Working Together to Safeguard Children' 2015: 'Keeping Children Safe in Education' 2022

<https://www.gov.uk/government/publications/working-together-to-safeguard-children>

The procedures we follow have been laid down by the South West Child Protection Procedures: www.swcpp.org.uk and the Hampshire Safeguarding Children Board: <https://www.hants.gov.uk/socialcarenadhealth/childrenandfamilies>

Early Years providers have a duty under section 40 of the Childcare Act 2006 to comply with the welfare requirements of the Early Years Foundation Stage (EYFS).

1.4 Values, Beliefs and Principles

We adhere to the following Safeguarding and Child Protection principles, values and beliefs:

- We believe that children have a right to grow up safe from harm, and the safety and well-being of the children is always our paramount concern.
- Children will be listened to and respected.
- All children, young people and vulnerable adults have an equal right to protection from abuse, regardless of their age, race, religion, ability, gender, language, background or sexual identity.
- Disabled children and children with behavioural difficulties are particularly vulnerable to abuse.
- Working in partnership with other agencies and sharing information appropriately is essential in promoting the welfare of children.
- Partnership working with parents appropriately means that outcomes are generally better for children.
- The most vulnerable children are safer in an environment which offers effective Safeguarding. It's possible that workers who are safeguarding children may only have one small piece of the jigsaw, and proactive Safeguarding may expose the full extent of any abuse.
- Children rarely lie about abuse.
- Safeguarding measures must acknowledge the 'child's world' and how individual children give meaning to their experience. Workers must avoid making assumptions about this experience, and avoid making judgments based on their own stereotypes or prejudices. This policy focuses on a child centred approach in order to promote a more effective safeguarding system than when adult's interests dominate.
- The Equality Act 2010 puts a responsibility on public authorities to have due regard to the need to eliminate discrimination and promote equality of opportunity. This applies to the process of identification of need and risk faced by the individual child and the process of assessment. No child or group of children must be treated any less favourably than others in being able to access effective services which meet their particular needs.

1.5 Responsibilities and Leadership

This policy applies to staff, trainees, volunteers, visitors and parents using our Pre-school. We deliver services at various venues, and this policy and procedure will apply in all these contexts. We expect services delivered Welfare Requirement – Safeguarding and promoting children's welfare Every Child Matters – Stay Safe Revised: April 2016 6 by partner organisations to have Safeguarding and Child Protection procedures in place.

1. Staff responsible for Child Protection: Andrea Harris, DSL and Nicola Mann-Rae, DDSL. In the absence of these, matters should be brought to the attention of the most senior member of staff on duty at the time or the Committee Chair (Sam Smith) responsible for Safeguarding and Child Protection.

The Committee members of our Pre-school have an important Safeguarding role. All The Committee should be DBS certificated every 3 years unless they are part of the update service. A non-staff member of the Committee should be nominated and appointed annually as the member Responsible for Safeguarding and Child Protection. The Chair of the Committee should ensure this process takes place. This member will receive reports from the Pre-school manager of any occasions when there are concerns or issues of Child Protection.

The Committee member responsible for Safeguarding and Child Protection should be invited to attend Multi-Agency Safeguarding training with Hampshire Safeguarding Training Board every three years.

Safeguarding should be a standing agenda item at every Committee meeting. The Committee member responsible for Safeguarding and Child Protection should be invited by the Chair to give regular verbal updates to the Board concerning Safeguarding matters.

The staff member responsible for Safeguarding and Child Protection should provide an annual report, prepared with the safeguarding leads, and delivered to the Committee Members on:

- Changes to the Safeguarding and Child Protection Policy and/or Procedures;*
- Safeguarding and Child Protection Training undertaken by the designated person, other staff, volunteers and Committee members*
- The number of Child Protection incidents/cases (without name or detail); and*
- The place of Safeguarding and Child Protection issues in planning.*

The Committee will review this policy annually, to ensure it is being implemented. Appropriate action will be taken if deemed necessary.

2. Prevention

2.1 Safer Recruitment

Micheldever & Stratton Pre-School acknowledges that paedophiles and those that pose a threat to children may be attracted to employment that allows them access to children and young people. As part of this policy we will ensure that people working with our children are safe to do so.

2.1 (i) Staff

Recruitment at Micheldever & Stratton Pre-School is made safer by carrying out the following procedures:

Step 1 – Planning Recruitment: As soon as the need for recruitment is established, a recruitment manager should be appointed who is responsible for ensuring that the Pre-school policies on Safer Recruitment are adhered to – usually the Committee Chair or Recruitment manager. A recruitment panel should be formed containing at

least one senior member of Committee member/Pre-school management who has successfully passed the Safer Recruitment Training. A timetable for recruitment should be created allowing sufficient time to make all the relevant checks at each stage of the selection process.

Step 2 – Job Description & Person Specification: The job description and person specification should make reference to Safeguarding.

Step 3 – Advertisement: The advertisement will contain reference to our commitment to Safer Recruitment.

Step 4 – Candidate Pack: The candidate pack will include a copy the Pre-school Safeguarding Policy. Candidates will be asked to use a standard Application Form, containing: Full and former names, DOB, current address, NI number, Academic/ vocational qualifications, full chronological

employment history (disclosing any gaps and reasons for leaving). Personal CV's will not be accepted nor will other versions of application forms.

Step 5 – Selection: The panel will scrutinise the application forms for breaks in service, reasons for leaving etc. Suspicious gaps etc. would not automatically bar a candidate from short-listing but the panel would make further checks, including supplementary interview questions and/or requests for clarification from the candidate prior to the interview.

Step 6 – Notification of interview: In the invitation to interview letter candidates will be asked to bring 2 forms of ID, including drivers licence and/or passport and 2 proofs of address e.g. utility bill, proof of entitlement to work in UK (if not UK citizen).

Step 7 – Taking References: Two references will be taken prior to interview. Should references contain disciplinary information or Safeguarding concerns omitted by the candidate, the invitation to interview will be withdrawn. The selection panel will have access to the references prior to the interview and may ask supplementary questions about information contained within them. Generic or pre-written references will not be accepted.

Step 8 – The selection process: The formal interview will contain a range of Safeguarding questions, with supplementary questions used to further assess a candidates understanding/ motivations and reasoning regarding Safeguarding issues. Supplementary interview questions may relate to concerns/ queries about information given in initial application.

Step 9 – Making a conditional offer: Once a candidate has been selected, a conditional offer will be made based on the following background checks:

References (checked prior to interview), verification of identity, Disclosure and Barring Service (DBS) certification (processed by BCC), criminal record self disclosure (although declaration of spent convictions will not automatically bar a candidate), verification of qualifications and professional status.

For non-UK residents, DBS certification alone will not be sufficient and additional checks will be sought from the candidate's country of origin. Above checks MUST be carried out before the successful candidate is allowed to begin work.

2.1 (ii) Supply and Temporary Staff: Supply teachers/staff and temporary staff are subject to the same level of vigilance. Supply agencies must provide evidence that all Safeguarding checks have been completed. Where a supply teacher or temporary staff member is employed by the School and Centre directly, a new DBS check will be completed prior to the teacher/practitioner working within the setting.

2.1 (iii) Parents and Volunteers: We value volunteers and encourage parents/carers to become involved in supporting the setting. Any parent/carer or volunteer with access to children, and without direct supervision from a member of staff, will be expected to provide two satisfactory references. They do not necessarily need a DBS check if the Head teacher decides that they are always supervised, so not in a regulated activity (i.e. close and unsupervised contact with children).

2.1 (iv) Students: Students will be expected to give their college as a reference, to ensure that they are suitably placed within the organisation. Students above 16 years old will be expected to have a satisfactory DBS check. Students will be able to start a placement with us prior to receiving the outcome of the DBS check, subject to staff carrying out a risk assessment, and students at no time having unsupervised contact with children. The placement will be offered pending a satisfactory DBS check, and will be subject to a probationary period as agreed with their supervisor. Students will only be allowed to accompany children to the toilet or change their nappies or clothes with a member of staff.

2.1 (v) Monitoring: Although we are committed to Safer Recruitment procedures, we must continue being vigilant after a member of staff/volunteer/student has started working within our setting and staff must know the procedures and channels open should concerns arise (See Whistle Blowing Policy). All staff and volunteers will be required to be DBS checked every 3 years unless signed up to the update service. Staff will be expected to attend training to keep up to date and informed on Child Protection issues.

2.2 Effective Practice

We aim to establish and maintain an ethos where children feel secure and are encouraged to communicate and are responded to. We will ensure all children have effective means of communication with more than one adult and we provide opportunities for individual or small group discussions about thoughts and feelings in an atmosphere of trust, acceptance and tolerance. Staff and volunteers should ensure that all children make good progress in our Pre-school, recognising that ineffective Safeguarding can lead to underachievement.

The delivery of the EYFS promotes Personal, Social, Health and Emotional development in all children and should ensure that children are both listened to and encouraged to talk about their feelings. Children should be taught how to recognise risks, how to respond to them, and an awareness of whom they can turn to for help.

We will include in the curriculum, activities and opportunities which will equip children with the skills and knowledge they need to fulfil their potential.

2.3 Environment

The environment should always be planned in ways which minimise the risks to children e.g. physical layout and surroundings, clear roles for everyone, supervising

people. Concerns about children's welfare will always be taken very seriously. We will display our 'Safeguarding statement' on our boards.

2.4 Staff guidelines

Where possible, staff and volunteers should always try to ensure they are working with a minimum of two children. All staff and volunteers will be DBS certificated, to be renewed every 3 years. We will enable all our staff and those who work here to make informed and confident decisions regarding Safeguarding. We expect staff and volunteers to have read, understood and adhere to the Safeguarding policy and related procedures. Staff MUST keep all their personal electronic devices with image and sharing capabilities in the kitchen. They can be taken out and used outside, but must not be used where children are present. If staff need to be contacted in emergency situations this must be done through the work mobile phone.

No images of children are to be used for any publicity without parental permission. Only the child's first name should be used in picture captions. Staff and volunteers should be made aware of Safeguarding practice during Induction, staff meetings, locality meetings and other training opportunities. Effective practice in staff teams should be ensured with effective recruitment, training, supervision and appraisal procedures. The safeguarding leads should discuss ongoing matters relating to effective Safeguarding practice with the Committee member Responsible for Safeguarding and Child Protection as necessary.

2.5 Training and support

All staff will be given Safeguarding and Child Protection training within 12 months of starting work and retrained if there are significant changes in policy. All staff will receive refresher Safeguarding and Child Protection training after 3 years. They will have clear roles and expectations of their behaviour and conduct at work. Staff will have additional opportunities to speak about Safeguarding concerns through their Supervision sessions (statutory requirement of the EYFS). These sessions will promote 'a culture of mutual support, teamwork and continuous improvement which encourages the confidential discussion of sensitive issues' (EYFS). Safeguarding, and concerns about other staff will be a standing agenda item for all supervision sessions. Selected frontline staff will also receive training on the Single Assessment Framework (SAF) to aid in assessing a child's additional needs and deciding how those needs should be met and co-ordinate service provision. Senior staff will undertake Level 2, Level 3 and/or Level 4 Hampshire Safeguarding Children's Board multi-agency training, consistent with guidelines. This training will be updated every 3 years. Records of staff and Committee training should be kept updated in the Safeguarding and Child Protection Training Log.

2.6 Parents/Carers

We are committed to helping parents/carers understand their responsibility for the welfare of all children. Parents/carers should be made aware of our commitment by including a 'Safeguarding Statement' in the Parent Pack, which is also displayed on the parent board. The full safeguarding policy will be available on request or via our website. Before children start in our setting, parents/carers will be asked for a list of adults who can collect their child. They will also need to provide a password so that

staff can verify their identity. Parents/carers will need to say who is collecting their child when they bring them in.

Where possible, any Safeguarding concerns should be discussed with parents/carers and the safeguarding lead should seek agreement to making referrals. We have a duty of care to share Child Protection and Safeguarding information with the knowledge of the parent/carer, unless to do this would place the child at increased risk of significant harm. Parents/carers will be informed that it is our practice to share information and that this will be transferred to their child's receiving school.

No adults are to use mobile phones in groups. This particularly includes camera phones and video. If any adults need to use a personal phone then they need to leave the group and inform a practitioner that they are leaving the room.

No images of children are to be used for any publicity without parental/carer permission. Only the child's first name should be used in picture captions.

2.7 Visitors

Pre-school staff need to ask visitors to sign in/out and issue them with a dated VISITOR sticker. They need to show them where to go if they are not familiar with the building.

Pre-school staff need to ensure that visitor's electronic devices with image and sharing capabilities are stored in a secure place if they are seeing children unsupervised. All staff need to check where visitor's electronic devices are if they are seeing children unsupervised (this will be additional to the Reception check for added safety). If visitors need to use their electronic devices to take photos of the children, the parents/carers and the Pre-school manager must give their consent.

2.8 e-Safety

e-Safety encompasses Internet technologies and electronic communications such as all electronic devices with image and sharing capabilities and wireless technology. It highlights the need to educate professionals, parents/carers and children about the benefits and risks of using new technology and provides safeguards and awareness for users to enable them to control their online experiences. e-Safety depends on effective practice at a number of levels:

- Responsible ICT use by all staff and service users; made explicit through policies.
- Sound implementation of e-Safety policy in both administration and curriculum, including secure network design and use.
- Safe and secure broadband, including the effective management of content filtering.

2.8 (i) Internet use

The purpose of Internet use in the pre-school is to raise educational standards, to promote achievement, to support the professional work of staff and to enhance management information and administration systems. Internet use is a necessary tool for learning. It is an essential element in 21st century life for education, business and social interaction. Access to the Internet is therefore an entitlement for staff and

parent/carers who show a responsible and mature approach to its use. Our Pre-school has a duty to provide quality Internet access.

Benefits of using the Internet in education include:

- Access to learning wherever and whenever convenient
- Access to world-wide educational resources including museums and art galleries
- Educational and cultural exchanges world-wide
- Access to experts in many fields for parent/carers and staff
- Professional development for staff through access to national developments, educational materials and effective curriculum practice;
- Collaboration across support services and professional associations;
- Improved access to technical support including remote management of networks and automatic system updates;
- Exchange of curriculum and administration data with the Local Authority and other bodies

It is acknowledged that, despite the benefits offered by the Internet, unlimited Internet use can have a detrimental effect of the wellbeing of the Pre-school. Staff and parents/carers should therefore be taught what Internet use is acceptable and what is not and given clear objectives for Internet use. Internet access should be planned to enrich and extend learning activities.

All ICT resources at the centre have filtering systems which prevent access to unsuitable sites. All staff must read and sign the 'Code of conduct for school employees' before using any ICT resource at the Pre-school. All staff will be given the e-Safety Policy and its importance explained during Induction. Staff and parents/carers should be aware that Internet traffic can be monitored and traced to the individual user. Discretion and professional conduct is essential. Staff that manage filtering systems or monitor ICT use will be supervised by management and have clear procedures for reporting issues. If staff and parents/carers discover unsuitable sites, the URL (address), time, content must be reported to the Local Authority helpdesk via the manager.

The manager will ensure that the use of Internet derived materials by staff and parents/carers complies with copyright law. Staff and parents/carers should be taught to be critically aware of the materials they are shown and how to validate information before accepting its accuracy. The pre-school will work to ensure filtering systems are as effective as possible.

[2.8 \(ii\) Email](#)

Staff and parents/carers must immediately tell the manager if they receive offensive e-mail. E-mail sent to external organisations should be written carefully and authorised before sending, in the same way as a letter written on headed paper. The forwarding of chain letters is not permitted

2.8 (iii) All Electronic Devices

No adults are to use their own electronic devices in the preschool or in groups. This particularly includes all devices with image and sharing capabilities. If any adults need to use them, then they need to leave the centre/group and inform a practitioner that they are leaving the room.

2.8 (iv) Social Networking

Micheldever & Stratton Pre-school should block/filter access to social networking sites and newsgroups unless a specific use is approved. Staff will be advised never to give out personal details of any kind which may identify the Pre-school, or to 'friend' parents/carers. Staff and parents/carers should be advised not to place Pre-School photos and/or videos on any social network space unless prior permission has been sought. Staff are expected not to become friends with existing parents on any social media websites.

2.8 (v) Managing emerging technologies

Emerging technologies will be examined for educational benefit and a risk assessment will be carried out by the manager before use is allowed.

2.8 (vi) Micheldever & Stratton Pre-school website

The contact details on the website will be the address, e-mail and telephone number. Personal information will not be published. The manager and the relevant committee member will take overall editorial responsibility and ensure that content is accurate and appropriate.

2.8 (vii) Publishing children's' images and work

Photographs that include children will be selected carefully and will be appropriate for the context. Parents/carers and children's full names will not be used anywhere on the Website, particularly in association with photographs. Written permission from parents/carers will be obtained before photographs of children are published on the Pre-school website. Work can only be published with the permission of parents/carers.

2.8 (viii) Information system security

preschool ICT systems capacity and security will be reviewed regularly. Virus protection will be installed and updated regularly. Security strategies will be discussed with the committee by the manager as necessary.

2.8 (ix) Protecting personal data

Personal data will be recorded, processed, transferred and made available according to the GDPR and Data Protection 2018.

2.8 (x) Assessing risks

The Pre-school will take all reasonable precautions to prevent access to inappropriate material. However, due to the international scale and linked Internet content, it is not possible to guarantee that unsuitable material will never appear on a Pre-school computer. We cannot accept liability for the material accessed, or any

consequences of Internet access. We will audit ICT use to establish if the e-Safety policy is adequate and that the implementation of the eSafety policy is appropriate.

2.8 (xi) Handling e-Safety Complaints

Complaints of Internet misuse will be dealt with by the manager. Complaints about abuse must be dealt with in accordance with Child Protection procedures.

Parents/carers will be informed of the complaints procedure.

2.8 (xii) Parents/carers info

Parent/carers attention will be drawn to the e-Safety Policy in newsletters, the Parent Pack and on the website.

2.8 (xiii) Monitoring

The manager will monitor the use of computer systems, including access to websites, the interception of e-mail and the deletion of inappropriate materials where it believes unauthorised use of computer system may be taking place, or if the system may be being used for criminal purposes or for storing unauthorised or unlawful text, imagery or sound.

3. Early Help

3.1 Definition

Micheldever & Stratton Pre-school aims to provide both universal and targeted services to meet the various individual needs of families in the locality. Providing early help is more effective in promoting the welfare of children than reacting later. Children in need of Early Help are defined as those children who are not attaining one or more of the Five Outcomes for Children:

- Stay safe
- Be healthy
- Enjoy and achieve
- Make a positive contribution
- Economic well-being

- but whose circumstances do not reach Child Protection thresholds. It is important that children in need of Early Help receive this support in a timely fashion to prevent the escalation into abuse and to lessen the risk of harm or impairment. By providing support and information to all families we aim to prevent families reaching crisis point by identifying families that are struggling at an early stage.

3.2 Early Help Procedures

Staff must ensure that they are recognising signs and symptoms of need of Early Help and responding appropriately to adult's and children's disclosure of need of Early Help.

Staff must record signs and symptoms and disclosure of children in need of Early Help. Concerns should be recorded and shared appropriately. Staff must report a need for Early Help to the Family Support Lead and discuss the options for the family. Options could include: carry on recording incidents and take no further action

at the present time; further discussion with parents/carers and devising and providing a plan for Early Help within the setting; and/or organising extra support with other professionals. As well as offering support in the pre-school, we can deliver a range of targeted and universal groups for families and children as well as individual support in their own homes. We also signpost families to other agencies where appropriate (i.e. DVA projects). If staff are clear that they have done all they can in terms of Early Help, but feel that the child and parent/carers still need more than they can provide, they must contact the First Response Team and inform the parents they are doing so. The First Response Team will ask some simple questions or ask to answer a series of questions that will complete a Request for Help form.

If the child is deemed in need of Early Help by First Response, the Early Help Coordinator will oversee and coordinate a Single Assessment Framework (SAF) for the family to supply them with extra services (this replaces the CAF process). The Centre may be asked to fill in a SAF on behalf of the Early Help Team. The Centre should receive a response about what action is to be taken in terms of Early Help within 10 days from the First Response Team. If it does not receive this, the referral will need to be chased.

The SAF is a key part of delivering frontline services that are integrated and focused around the needs of children and young people. The SAF is a standardised approach to conducting an assessment of a child's additional needs and deciding how those needs should be met. The SAF will promote more effective, earlier identification of additional needs, particularly in universal services. It is intended to provide a simple process for a holistic assessment of a child's needs and strengths, taking account of the role of parents, carers and environmental factors on their development. Practitioners will then be better placed to agree, with the child and family, about what support is appropriate. The SAF will also help to improve integrated working by promoting co-ordinated service provision. If the staff member is not happy with the response from First Response, the referral should be taken to a higher authority within the First Response Team.

[4. Child Protection](#)

[4.1 Purpose](#)

Micheldever & Stratton Pre-school considers it the duty of staff and volunteers to protect children and young people who they come into contact with from abuse. The committee will work closely with staff to ensure effective implementation of this Child Protection Policy and Procedures, thus ensuring the safety of children. This is part of our Safeguarding children procedure.

[4.2 Definitions](#)

Child Protection is defined as:

'Part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.' Working Together to Safeguard Children 2013

We recognise that we have an explicit duty to safeguard children who are in need, or who may suffer significant harm as defined in the Children Act 1989 and 2004, and the Education Act 2002.

'Working Together to Safeguard Children' (2015) recognises 4 categories of abuse:

- Physical Abuse.
- Sexual Abuse.
- Emotional Abuse.
- Neglect.
- Domestic

These are defined as:

(i) 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, Fabricated and Induced Illness Syndrome (FIIS). Physical abuse also includes Female Genital Mutilation (FGM) – see 4.13.

(ii) Sexual Abuse

Includes 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. The activities may involve physical contact, including penetrative (eg rape, buggery) or non-penetrative acts (kissing, rubbing, masturbation touching on outside of clothing. Sexual abuse need not necessarily involve a high level of violence, nor is solely perpetrated by adult males. Sexual abuse Includes grooming by the Internet.

(iii) Emotional Abuse

The persistent emotional ill treatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It involves conveying to children that they are worthless/unloved, inadequate, or valued only insofar as they meet the needs of another person; age or developmentally inappropriate expectations being imposed on children; the exploitation or corruption of children; overprotection or preventing a child taking part in normal social activities; serious bullying (includes cyber bullying); seeing or hearing the ill treatment of another person, not giving the child opportunities to express their views; deliberately silencing them or making fun of what they say or how they communicate.

(iv) Neglect

The persistent failure to meet a child's basic physical needs and/or psychological needs, likely to result in the serious impairment of the child's health or development, such as failing to provide adequate food, shelter and clothing; or neglect of, or unresponsiveness to, a child's basic emotional needs. Includes the impact on the unborn child of maternal substance abuse and failure to ensure adequate supervision including the use of inadequate care-givers.

(v) Domestic

The impact of abuse on children has been recognised in recent legislation, with the Domestic Abuse Act 2021 recognising children affected by domestic abuse as

victims in their own rights. This includes children who see, hear or experience the effects of the abuse and are related to the perpetrator or victim.

Children might suffer short and long-term health and development complications as a result of witnessing and experiencing abuse. In some cases, this can lead to learning difficulties.

Domestic violence is violence or other abuse that occurs in a domestic setting, such as in a marriage or cohabitation. Domestic violence is often used as a synonym for intimate partner violence, which is committed by one of the people in an intimate relationship against the other person, and can take place in relationships or between former spouses or partners. In its broadest sense, domestic violence also involves violence against children, parents, or the elderly. It can assume multiple forms, including physical, verbal, emotional, economic, religious, reproductive, financial abuse, or sexual abuse, or combinations of these. It can range from subtle, coercive forms to marital rape and other violent physical abuse, such as choking, beating, female genital mutilation, and acid throwing that may result in disfigurement or death, and includes the use of technology to harass, control, monitor, stalk or hack.

4.3 How to recognise child abuse – Signs and Symptoms

Recognising abuse is the most important duty that staff undertake to ensure that they are protecting children from abuse. Staff are not responsible for diagnosing or investigating child abuse. However, we do have a clear responsibility to be aware of, and alert to signs that all is not well with a child in our care. Not all concerns about children relate to abuse; there may well be other explanations. It is important that staff at the Pre-school keep an open mind and consider what they know about the child and the child's circumstances. Set out below are some of the possible signs which may help staff recognise if a child is being abused. Although these signs do not necessarily indicate that a child has been abused, they may help adults recognise that something is wrong. The possibility of abuse should be investigated if a child shows a number of these symptoms, or any of them to a marked degree. If you are worried, it is not your responsibility to investigate and decide if it is abuse. It is your responsibility to act on your concerns and do something about it.

(i) Physical Abuse

- Unexplained recurrent injuries or burns
- Improbable excuses or refusal to explain injuries
- Wearing clothes to cover injuries, even in hot weather
- Refusal to undress for appropriate activities e.g. changing wet clothes
- Bald patches
- Chronic running away
- Fear of medical help or examination
- Self-destructive tendencies
- Aggression towards others
- Fear of physical contact – shrinking back if touched

Admitting that they are punished, but the punishment is excessive (such as a child being beaten every night to 'make him listen').

Fear of suspected abuser being contacted

Bruising in a baby who has no independent mobility is very uncommon and it may be an indicator of physical abuse.

(ii) Sexual Abuse

Being overly affectionate or knowledgeable in a sexual way, inappropriate to the child's age

Medical problems such as chronic itching, pain in the genital, venereal diseases

Other extreme reactions, such as depression, self-mutilation, suicide attempts, running away, overdoses, anorexia

Personality changes such as becoming insecure or clinging

Regressing to younger behaviour patterns such as thumb sucking or bringing out discarded cuddly toys

Sudden loss of appetite or compulsive eating

Being isolated or withdrawn

Inability to concentrate

Lack of trust or fear of someone they know well, such as not wanting to be alone with a babysitter or child-minder

Starting to wet again, day or night/nightmares

Become worried about clothing being removed

Suddenly drawing sexually explicit pictures

Trying to be 'ultra-good' or perfect; overreacting to criticism

(iii) Emotional Abuse

Physical, mental and emotional development lags

Sudden speech disorders

Continual self-depreciation (I'm stupid, ugly etc.)

Overreaction to mistakes

Extreme fear of new situations

Inappropriate response to pain ('I deserve this')

Neurotic behaviour (rocking, hair twisting, self-mutilation)

Extremes of passivity or aggression

(iv) Neglect

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- Constant hunger
- Poor personal hygiene
- Constant tiredness
- Poor state of clothing
- Emaciation
- Untreated medical problems
- No social relationships
- Compulsive scavenging
- Destructive tendencies

A child may be subjected to a combination of different kinds of abuse. It is also possible that a child may show no outward signs and hide what is happening from everyone.

Staff need to be sensitive to signs of abuse, particularly in children with limited or non-verbal communication. Statistically disabled children and children with behavioural difficulties are more vulnerable to significant harm. Staff should be especially vigilant regarding signs relating to disabled children and not automatically assume that any of the above relates to their impairment.

The quality of relationships staff develop with children is vital in helping to understand unexplained changes in behaviour and /or personality. Small as well as more obvious unexplained changes may indicate a cause for concern. Staff should be made aware of any children who have a social worker and be extra vigilant.

Children with a Child Protection Plan who have two days of two consecutive absences without a satisfactory explanation need to report this to the safeguarding lead.

[4.4 Dealing with an Emergency](#)

In some instances staff or volunteers may be the first people to recognise that the child may need immediate attention resulting from child abuse. This may need to be your first action. Depending on the circumstances you may need to:

- Telephone for an ambulance or the police (dial 999)
- Ask a doctor to call;
- Ask the parent to take the child to the doctor or the hospital at once;
- Offer to take the parent and child to the hospital/surgery/clinic for immediate medical attention as appropriate;
- Take the child yourself to the hospital/surgery/clinic.

It is important to remember that the child is the legal responsibility of the parents/carers and that person (identified on child's membership forms) must be involved in the matter as soon as practicable, and **IF IT IS BELIEVED THAT DOING SO PUTS THE CHILD AT NO FURTHER RISK.**

Having taken the necessary emergency action, any suspected abuse must be reported to the safeguarding lead as soon as practicable. If the abuse implicates the manager, the concerns should be discussed with the next tier of line management - the Committee member responsible for Child Protection. If necessary, report the disclosure yourself to the LADO and OFSTED.

A record of an account of the emergency must be written retrospectively when it is possible to do so.

4.5 What to do if abuse is disclosed

When a child discloses abuse, the member of staff should take the following action:

- Stay calm.
- Listen to what the child / young person is actually saying.
- Reassure them that they have done the right thing by telling you.
- Do not promise the child that this can be kept secret, as subsequent disclosure could then lead to the child feeling betrayed. Explain that you are obliged to inform other people.
- Reassure the child that the people who will be informed will be sensitive to their needs and will be looking to help protect them. Inform them that it will have to be passed on to the appropriate agencies.
- Make a note of any conversations with the child, trying to make these as detailed as possible, including when and where the conversations took place. Use the body map, if appropriate, to show the position of any bruises or marks the child or young person shows you, trying to indicate the size, shape and colour.
- Record as soon as possible and use the actual words used by the child.
- Keep all records factual. Be aware of not making assumptions or interpretations of that the child / young person is telling you. Store all records securely.
- Do not interrogate the child, or push for more information. Ensure that any questions asked are open, not leading closed questions. Do not ask the child/young person to repeat what they have they told you, for another worker or Committee member.
- Discuss your concerns with the safeguarding lead. If the allegations implicate the manager, the concerns should be discussed with the next tier of line management - the named Committee member responsible for Child Protection.
- If necessary, report the disclosure yourself to the LADO and OFSTED.
- The person to whom the disclosure was made should ensure that the child who has disclosed the information is informed about what will happen next, so they can be reassured about what to expect. There may be occasions when a child will disclose abuse which occurred in the past, termed historical abuse. This information needs to be treated in exactly the same way as a disclosure of current child abuse. The reason for this is that the abuser may still represent a risk to children now.

4.6 Recording

Any member of staff or volunteer receiving disclosure of abuse, or noticing possible abuse, must make an accurate record as soon as possible noting what was said or seen, putting the event into context, and giving the date, time and location. Records should be: clear, use straightforward language, concise, accurate, contemporaneous, dated, presented chronologically, written to differentiate between facts, opinion, judgments and hypothesis, written to show emphasis by underlining and with a mind that the subject of a record does have the right in law to request access to them at any stage. Judgments made, actions and decisions taken, and who agreed and who is responsible should be carefully recorded.

Your records should cover these basic facts:

- What you saw: when and where (this includes the position of any bruises or marks that you have seen on the child, trying to indicate size, colour and shape recorded on the body map)
- What you said: when, where and who to
- What was said to you: when, where and who by
- What you thought and why you thought it
- What you did; and
- Any other relevant information

Find out (if possible) if there have been any previous concerns. It is important to compile an up-to-date case record of important events (a chronology) and also to monitor (and record if appropriate) the child's behaviour for as long as necessary.

All hand written records will be retained, even if they are subsequently typed up in a more formal report. Written records of concerns about children should be kept, even when there is no need to make a referral immediately. All records must be seen by the child protection lead before being filed.

All records relating to Child Protection concerns will be kept in a secure place (locked cabinet) and will remain confidential. Confidentiality must be maintained and information relating to individual children/families will be shared with staff on a strictly need to know basis. Parents/carers must submit a written request to access their child's file/records.

4.7 Reporting Abuse

It is appropriate to seek support from the Child Protection lead of the organisation, as to how to deal with situations and confirm appropriate action to take. Any member of staff or volunteer receiving disclosure of abuse, or noticing possible abuse must therefore report their concerns to the safeguarding lead. If the abuse implicates the manager, the concerns should be discussed with the next tier of line management - the committee member responsible for Safeguarding and Child Protection.

If necessary, staff should report the disclosure themselves to the LADO and OFSTED.

Staff should discuss the appropriate action to be taken with the safeguarding lead. The discussion should explore any known reasons/factors which may have caused a

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changed in the child's behaviour (i.e. change in the family set-up, death of a family member etc), or other factors surrounding the direct disclosure (if relevant).

The safeguarding lead may need:

- Accurate factual description of the child's behaviour and/or appearance without comment or interpretation.
- Body maps – if recording marks/bruises that have been noticed. Two people need to view marks/bruises, then agree and sign these maps. Annotate the maps with brief descriptions, positioning and sizes.
- Exact words spoken by parent/carer if asked to explain child's behaviour/appearance.

Any observation must be objective and factual, and disclosures offered by the child listened to and recorded without verbal or physical intervention or assumptions and judgements made by staff members.

Possible options for action could be:

A. Carry on recording incidents and take no further action at the present time.

If it is decided that a referral should not be made, it is important to monitor the child's behaviour closely and carefully record any concerns. Concerns may also be discussed with other agencies as appropriate.

B. Discuss with parents/carers The child's parents/carers should be seen at the earliest opportunity to ascertain if there is a known reason for a change in behaviour (e.g. a change in family make-up, death of family member, pet). Staff should remember that if abuse is taking place, it is often not the parents/carers but other family members or friends who are causing it. Parents/carers are often the last to know. Staff should aim to ask the parents/carers for an explanation in the majority of cases.

Staff need take no further action in terms of referring unless the discussion throws up more concerns. They do need to record the discussion, including why they are not referring further.

If staff have concerns that either the child or the parent/carer needs more support, but concerns do not reach Child Protection thresholds, they must make arrangements to provide the parent/carers with extra support and inform them they are doing so. If necessary, Early Help (see 3. Early Help) can be sought. If, after discussion with the parents/carers, staff feel that the child is in need of Child Protection, the following options can be pursued.

C Inform parents/carers that you will be referring to the First Response Team (or Social Care if they already have a social worker), because you believe the child to be at risk, **IF STAFF BELIEVE DOING SO PUTS THE CHILD OR THEM AT NO FURTHER RISK.**

Telling the parent/carer that you are going to report your concern (or, in an emergency, that you have reported your concern) to the First Response Team (or Social Care if they already have a social worker) can be difficult, especially if staff have a close relationship with the child's parent/carer. Staff may feel unsure,

uncertain about reporting the matter, nervous about how the parent will react or worried whether what they have seen is really child abuse or not. Nevertheless, staff should aim to tell the parents/carers that they are concerned. It is good practice to explain that injuries to children, particularly small children, must be investigated. It is important to make the parents/carers understand that there is a Safeguarding Policy in place which must be followed. Tell the parent/carer that the Safeguarding Policy is designed to provide protection for children and help for parents.

D Discuss with the First Response Team (or Social Care if they already have a social worker), without informing the parent/carers, IF STAFF BELIEVE DISCUSSING WITH A PARENT/CARER WILL PUT A CHILD OR THEM AT FURTHER RISK.

Staff may also contact the First Response Team and discuss the family without giving contact details of the family. This is called an 'Anonymized Referral'. Any member of staff or volunteer can contact refer to an outside agency to discuss any concerns they have and seek guidance before actually reporting any Child Protection issues. They will be required to identify themselves as professionals. During the course of a call, you may be asked to supply identifying information of the family in order to keep a child safe.

E Contact the Emergency Services

Staff may feel, after discussion, at this stage it is appropriate to contact the emergency services.

Whatever the course of action decided upon on reporting a concern, staff must record the details of the meeting and any action agreed.

4.8 Referring

Referral means sharing information about concerns with outside agencies. If staff are concerned about the welfare of the child, information must be passed on to the appropriate agency. It is important to remember that if you report concerns, you are not reporting the parents/carers – you are reporting to protect the welfare of the child. A child can be referred to the First Response Team, or the emergency services, or to other services.

Inform parents/carers that you are going to report your concerns (see above 4.7 Reporting). This might not always be possible and should not put the child or yourself at risk. When you report an incident, agencies will ask you if the parent/carer has been informed. If they haven't, they will want to know the reasons why.

If the child has an allocated Social Worker (the details of which will be recorded on the child's admission form) the suspected abuse/information should be directed to them.

Where the referral focuses on disability issues, the Disabled Children Duty Social Worker should be contacted.

If the child is placed for adoption, all enquiries or new information should be directed to the child's allocated Social Worker and, in their absence, if the matter is urgent, to the Duty Social Worker for their team. The procedure for manager allegations against foster carers applies in full.

The First Response Team should be telephoned on the same day staff have the concern. Staff should have the following details to hand:

- Name and job title of the staff member, and reasons for the call.
- Name, date of birth, address of preschool, language spoken, any disability, present whereabouts, siblings of child.
- Name, address, phone number, present whereabouts of parents/carers.
- All available information about the incident or situation, which has led to the concern: whether it is emotional/physical/sexual abuse or neglect, or any combination of these.
- Details of any account given by the child or any other persons.
- Details of the family GP, or any other professionals known to be working with the family, such as a Social Worker, Physiotherapist or Health Visitor.
- Details of any members of the child's extended family or community who are significant to the child.
- Details of any other person known to be living in or a regular visitor to the child's home.
- Information about any previous incidents or causes for concern that are relevant to this referral.
- Any discussion about the concerns with the parent/carers, if appropriate.
- Any discussion with the child, if appropriate.
- The explanation or comment the child or his/her parent/carer may have made.
- If staff haven't discussed with parents/carers, why not?
- Who else has concerns?
- How long the concerns have been going on.
- What staff think could be happening to the child.
- What action has been taken already, and why it hasn't worked.
- Any other information.
- Staff should make a note of who they spoke to, and date and time.

First Response should use the answers to help them fill in a 'Request for Help' form.

They should formally acknowledge the referral within 1 working day and let you know what they have decided to do as a result. If you have not heard anything after 3 working days, take the referral to a higher authority within the First Response Team and tell the First Response worker what you are doing.

Out of hours referrals should be made to the Emergency Duty Team on 0300 555 1373 .

It may be appropriate to contact the Police directly.

4.9 Support to Staff, volunteers or students

As a result of dealing with disclosure or reporting your concerns, you may feel angry or upset. It is important that you are able to work this through. The committee fully support all members of staff in following this procedure and if you wish, you should talk to the committee member responsible for Safeguarding and Child Protection. In addition, any of the appropriate agencies will be able to provide support.

4.10 Allegations against a member of staff, volunteer or student

Staff, volunteers or students may also be subject to allegations of abusing children.

While support will be offered, the staff and committee will ensure that the investigating agency concerned is given all assistance in pursuing any investigation.

The HCC Disciplinary Procedure may be implemented.

The following signs and symptoms may mean that staff, volunteers or students are involved in abuse:

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

If it appears that a member of staff, volunteer or student has behaved in a way that has harmed a child, or may have harmed a child; or possibly committed a criminal offence against or related to a child; or behaved in an inappropriate way towards a child which may have indicated the he or she is unsuitable to work with children, then the following procedures must be followed:

Concerns must be recorded and reported to the safeguarding lead. They will then take steps to ensure that during the remainder of the working day that the person concerned is not left in sole charge of the children or any child.

At the earliest opportunity, the safeguarding lead should contact the committee member responsible for Safeguarding and Child Protection. The safeguarding lead or committee member should contact the Designated Officer within the Early Years and Childcare Service within HCC, unless that is the person about whom there is an allegation. If this is the case, concerns should be reported to an alternative senior manager. The safeguarding lead should make a signed and dated written record of their concerns, observations or the information they have received to pass on to the Designated Senior Officer, and maintain confidentiality and guard against publicity while an allegation is being considered or investigated and follow local information sharing protocols.

The HCC Designated Senior Officer will then contact the Local Authority Designated Officer (LADO) to ask for advice and how to proceed and to give details of concern.

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The manager may make contact directly with the HCC Designated Officer or the LADO, as appropriate. The setting should then follow the LADO's advice on how to deal with allegations against staff. OFSTED should be informed of any allegations of abuse against a member of staff, committee member, or volunteer, or any abuse that is alleged to have taken place on the premises or during a visiting or outing. While support should be offered to the involved, the staff and committee, will ensure that the agencies concerned are given all assistance in pursuing any investigation.

If it appears that the manager or the committee member responsible for Safeguarding and Child Protection, has behaved in a way that has harmed a child, or may have harmed a child; or possibly committed a criminal offence against or related to a child; or behaved in an inappropriate way towards a child which may indicate that he or she is unsuitable to work with children, then staff should contact the HCC Designated Officer or the LADO directly. If appropriate, Social Services and/or the Police will be informed by the LADO.

Relevant evidence and information will be given by the preschool if required. Proven allegations may be deemed as gross professional misconduct and in line with the Hampshire County Council Disciplinary Procedures could lead to immediate termination of employment.

Micheldever & Stratton preschool will fully support all members of staff, student or volunteer in following this procedure following an allegation or investigation. While support will be offered to the person where an allegation has been made, the committee officers will ensure that the agencies concerned are given all assistance in pursuing any investigation.

Local Authority Designated Officer (LADO) for Hampshire 01962 876364

Email child.protection@hants.gov.uk

4.11 Confidentiality and appropriate disclosure of information

Confidentiality is crucial to all our relationships, but the welfare of the child is paramount. The law does not allow anyone to keep concerns relating to abuse to themselves. Therefore, confidentiality may not be maintained if the withholding of information will prejudice the welfare of the child. All information that has been collected on any child will be kept locked and secure and confidential between those concerned. Access will be limited to the appropriate staff, management and relevant agencies. In the event of an investigation it is essential that no information on Child Protection concerns relating to a child are disclosed inappropriately. Any such leaks could have serious consequences for both the child concerned and any investigation.

Parents/carers have the right to see any records kept on their child. This might not always be possible, and should not put the child or staff at risk. It is very important that only those who need to know, actually know, to avoid rumour and gossip that could affect the child, parents/carers and the setting.

4.12 Domestic Violence and Abuse

Domestic violence and abuse (DVA) is the abuse of one person over another who is, or has been, in a relationship. The abuse may be verbal, sexual, physical, emotional, financial or psychological. Both men and women can be abused or abusers. It occurs in all groups and sections of society and may be experienced differently to, and compounded by racism, sexuality, disability, age, religion, culture or class. The current government definition describes DVA as:

‘Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality.’ Source: Home Office, Domestic Violence: A National Report, 18/9/12.

Staff may be working with children experiencing violence at home. Children experiencing abuse may be affected in a number of different ways. Staff will need to treat them sensitively, record their concerns and consider informing First Response.

We are committed to supporting the wellbeing and safety of children and acknowledge the profound and damaging effects of DVA on them. Children are always affected by living or witnessing DVA. It is estimated that 90% of children are in the same or next room when the abuse occurs. Children may:

- Witness the outcome after the event, by seeing or hearing the violence.
- Be used by the perpetrator to intimidate/blackmail the victim.
- Think that they have triggered the violence.
- Be affected by the physical and emotional effects on the victim.
- Get drawn into violence towards the victim.
- Be physically, emotionally or sexually abused or neglected.

We are committed to taking positive action against DVA and to actively support victims and protect children. Staff will be trained in DVA and Hidden Harm (the effect of DVA on children), and one member of staff will be appointed a DVA link for the setting. We will create an environment that raises awareness of DVA, and communicates to all parents/carers that it is a safe place to ask for help. Public information posters, leaflets and stickers on DVA, with key telephone numbers and the name of the link contact staff member, will be displayed in communal areas, toilets and other places.

Staff should be able to recognise the signs of DVA, which include:

- Victim tries to hide injuries, or minimises their extent or cause, appears frightened, overly anxious or depressed and/or is submissive or afraid to speak in front of the partner.
- Partner always attends unnecessarily and may refuse to leave, and/or maybe aggressive or dominant.
- Children showing the signs and symptoms of physical, emotional, sexual abuse and/or neglect.

If they suspect DVA, staff should take the initiative and use the CAADA Risk Identification Checklist (RIC) (available from safeguarding lead) to ask direct questions to suspected victims and not assume someone else will ask about it.

They should not expect there will be a hostile response, as victims say they were glad when someone asked them about their relationships. Staff must always be guided by the need to keep a victim and their children safe, and the fact that everyone who is being abused by someone close to them is the subject of a crime.

Staff should never ask about DVA when anybody else is present; this includes partners, children and other family members. The only exception is when they may need to have a professional interpreter or colleague present. Children or other family members should never be used as interpreters. When using a professional interpreter, staff should check that the specific person is acceptable to the client. Staff should never accept culture or religion as an excuse for DVA.

Staff should think of the DVA conversation as the start of the process, not a one-off event, as not all victims are going to open up the first time they realise that staff think they are being abused. A victim might deny or play down DVA as part of a coping mechanism. Staff should ask questions using the CAADA RIC checklist in a sensitive supporting manner. It's important to take time to put a victim at ease before asking direct questions. Staff should be supportive and express concern, and not accuse or patronize. If they think a victim's injury is inconsistent with their explanation, they should say why they are concerned. Staff should be aware that even if someone is being abused, they may deny it. They should accept 'no' as an answer and continue to be supportive, and discreetly offer a DVA card or leaflet with helpline numbers. They should be prepared to ask again in the future.

The conversation should be recorded and reported to the safeguarding lead. If they have serious concerns about a victim's situation, they should refer the case to the MARAC (Multi-Agency Risk Assessment Conference). If staff and the safeguarding lead have concerns about the safety of the children, the Child Protection policy must be followed.

To email the MARAC: hampshire.mash.admin@hampshire.pnn.police.uk

4.13 FGM

Female Genital Mutilation (FGM), is a form of physical abuse against children. FGM is also known as female circumcision or female genital cutting. FGM has no health benefits, and it harms girls and women in many ways. It involves removing and damaging healthy and normal female genital tissue, and interferes with the natural functions of girls' and women's bodies. FGM is defined by the World Health Organisation as "all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons". FGM has no health benefits for girls and women and procedures can cause severe bleeding and problems urinating, and later cysts, infections, infertility as well as complications in childbirth.

The Female Genital Mutilation Act was introduced in 2003 and came into effect in March 2004. It was made illegal to: practice FGM in the UK; take girls who are British nationals or permanent residents of the UK abroad for FGM whether or not it is

lawful in that country; and aid, abet, counsel or procure the carrying out of FGM abroad.

The age at which girls undergo FGM varies enormously according to the community. The procedure may be carried out when the girl is newborn, during childhood, adolescence, at marriage or during the first pregnancy. However, in the majority of cases FGM takes place between the ages of 5-14 and therefore girls within that age bracket are at a higher risk.

In Hampshire we have a number of affected communities that come from areas where FGM is practiced, these include; Somalia, Sudan, South Sudan, Eritrea and Gambia, this is not an exhaustive list but highlights the affected communities that have been working with professionals in Hampshire to eradicate FGM and raise awareness of the health risk to those who have had FGM or may be considering it. The sign that children may be at risk of FGM are as follows: Child is female, from a culture where FGM is practised, and parents request an extended summer holiday to the country of origin.

If staff are concerned that a child is at risk of FGM, they must tell the safeguarding lead. The safeguarding lead must request to meet parents in private, and ask them directly if they are seeking to take their daughter abroad to have FGM carried out on her. If the safeguarding lead is dissatisfied with their response and has real concerns that FGM may be imminent, they should refer the matter to First Response or to the Police. The parents should be told about the referral only if it is felt that it will not bring further risk to the child.

4. 14 Child Sexual Exploitation (CSE)

Child sexual exploitation is where a young person (or a third person or persons) receives “something” (food, gifts, money, affection) as a result of them performing, and /or another or others performing on them, sexual activities.

Risk indicators include:

- Disclosure of older boyfriends
- Gang affiliation
- Receiving gifts/drugs/money
- Missing and truanting
- Coercive relationships
- Trafficking
- Chatting to strangers on line
- Found in risky locations

If a member of staff feels any children, older siblings or young parents are at risk of CSE then child protection procedures should be followed and a referral made to First Response.

4.15 The Prevent Duty

We have a duty to keep children safe from the dangers of radicalisation and extremism. The EYFS focuses on children's personal, social and emotional development and supports children in age appropriate ways to learn right from wrong, mix, and share with other children and value others views, know about similarities and differences between themselves and others and challenge negative attitudes and stereotypes.

Protecting children from the risk of radicalisation is part of our safeguarding duty and should be responded to as such. All staff should receive prevent awareness training.

[Ofsted Whistle blower Hotline: 0300 123 3155 \(Monday to Friday from 8.00am to 6.00pm\)](tel:03001233155)

[email: whistleblowing@ofsted.gov.uk](mailto:whistleblowing@ofsted.gov.uk)

[WBHL, Ofsted, Piccadilly Gate, Store Street, Manchester M1 2WD](#)

[Next Link Domestic Violence Support \(Men, women, children and young people\):](#)

[National Association for the Prevention of Cruelty to Children \(NSPCC\), help](#)

[for adults concerned about a child: 0808 800 5000](#)

[Childline, help for children who are being abused: 0800 1111 \(open 24 hours\)](#)

[South West Child Protection Procedures, provide detailed online information on](#)

[all aspects of Child Protection: www.swcpp.org.uk](#)

[Working Together to Safeguard Children \(2013\), Department of Education:](#)

<https://www.gov.uk/government/publications/working-together-to-safeguard-children>

[OFSTED Whistleblowing: http://www.ofsted.gov.uk/resources/whistleblowingofsted-about-safeguarding-local-authority-childrens-services](http://www.ofsted.gov.uk/resources/whistleblowingofsted-about-safeguarding-local-authority-childrens-services)

[Forward, \(Foundation for Women's Health Research and Development\), fighting](#)

[FGM: 0208 960 4000 http://www.forwarduk.org.uk](#)

[Recruitment and selection of charity trustees are set out in guidance "Finding](#)

[New Trustees \(CC30\)", available from the charity commission](#)

www.charitycommission.gov.uk/publications/cc30.asp

[Keeping Children Safe in Education \(July 2015\) Department of Education:](#)

<https://www.gov.uk/government/publications/keeping-children-safe-in-education>

[Prevent Duty Guidelines: for England and Wales \(2015\) HM Government](#)

<https://www.gov.uk/government/publications/prevent-duty-guidance>

Other Related Policies & Procedures

The following policies provide additional information regarding the safeguarding and welfare of the children in our care:

- *Admissions Policy*
- *Anti-Bullying Policy*
- *Children's Records Policy*
- *Children's Rights & Entitlement Policy*
- *Committee Policy*
- *Complaints*
- *Confidentiality & Client Access Policy*
- *Critical Incident Policy*
- *Daily Running Policy*
- *Diversity & Equality Policy*
- *Emergency Closure Policy*
- *Employment & Staffing Policy*
- *E-Safety Policy*
- *EYPP (Early Years Pupil Premium)*
- *First Aid Policy*
- *Health & Safety Policy*
- *Information Sharing Policy*
- *Key Person Policy*
- *Key Person & Settling Policy*
- *LADO Policy*
- *Lockdown Policy*
- *Looked After Children Policy*
- *Mobile, Camera & Social Media Policy*
- *Nappy Changing Policy*
- *Organisation Policy*
- *Outdoor Play Policy*
- *Outings & Visits Policy*

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- *Parent Involvement Policy*
- *Parents, Alcohol & Drugs Policy*
- *Photography & Video Policy*
- *Physical Contact & Handling Policy*
- *Prevent & British Values Policy*
- *Provider Records Policy*
- *Recording & Reporting of Accidents & Incidents Policy*
- *Risk Assessment Policy*
- *Security Policy*
- *Special Education Needs & Inclusion Policy*
- *Staff Alcohol & Drugs Policy*
- *Staff Behaviour Policy*
- *Staffing & Volunteers Policy*
- *Student Placement Policy*
- *Suitable Persons Policy*
- *Toileting Policy*
- *Transfer of Records Policy*
- *Uncollected or Lost Children Policy*
- *Usage, Storage & Retention Policy*
- *Whistleblowing Policy*
- *Working in Partnership Policy*

This policy will be monitored and evaluated at committee meetings. It will be reviewed annually and unless new legislation or an incident occurs which requires an immediate review of this policy

January 2020

Review Date: January 2022

This Notice was adopted by the committee on 26/01/21

Signed: Claire Bentham_____

Reviewed Date: 20/01/22

Signature: *Mrs NL Mann-Rye*

Amendments: Removed FS policies

Reviewed Date: 30/01/23

Signature: *Mrs NL Mann-Rye*

Amendments: updated relevant legislation, updated staff/committee details

Reviewed Date: 31/01/24

Signature: *Mrs NL Mann-Rye*

Amendments: Changed terms mobile phones to all electronic devices with image and sharing capabilities

Reviewed Date:

Signature:

Amendments:

Reviewed Date:

Signature:

Amendments:

7.1 Hampshire, Isle of Wight, Portsmouth & Southampton (HIPS) Safeguarding Children Partnership Arrangements

Background

Working Together 2018 (WT2018) allows more flexibility for safeguarding arrangements to operate across larger areas/multiple local authority boundaries. Early discussions in the Local Safeguarding Children Board ([LSCBs](#)) across Hampshire and the Isle of Wight indicated that each local authority area will retain responsibility for their own local safeguarding arrangements, under the auspices of the three new safeguarding partners (local authority, police and health via the [CCG](#)).

It was acknowledged that for many agencies and professionals who work across more than one of the local authority areas, there would be benefit in greater joined-up working on strategic issues and common themes.

Given that each local area was keen to retain some degree of local arrangement, partners agreed to form a new Hampshire, Isle of Wight, Portsmouth and Southampton (HIPS) Executive Group, supported by some specific four-area subgroups, to work alongside the four local partnerships.

Desired outcomes

The overarching outcome of the new arrangements is that **children in Hampshire and the Isle of Wight should be safeguarded from harm**. More specifically, the intention is that new ways of working are based on the following principles:

- be designed to ensure that services are delivered in the best interests of the child.
- not duplicate existing work, but provide strategic direction and challenge to enable enhanced co-ordination of activity and understanding of impact.

- provide a clear route for escalation of any system-wide issues and an agreed forum for the Safeguarding Partners to collectively fulfil their statutory duties.
- ensure that we make the best use of collective resources.
- be established within the existing resources (both financial and in people hours terms) and should not incur additional cost to agencies.
- local partnerships can continue to identify their own priorities in addition to any identified at a strategic level by the HIPS Executive.
- local areas ensure that the voices of children and families are clearly represented in local partnership work.

Role of HIPS arrangements and relationship with Local Safeguarding Children Partnership

The role of the HIPS Executive Group is to provide strategic direction and coordination of safeguarding activity across the pan Hampshire and Isle of Wight area, to promote best practice, implement local and national learning and identify issues requiring strategic intervention by the Safeguarding Partners across the HIPS area.

Membership and frequency of HIPS Executive

To support this role and relationship of mutual accountability, the membership of HIPS will be focused to the three Safeguarding Partners across each of the four areas, namely:

- Directors of Children's Services from each of the represented local authorities. Directors of Children's Services will represent education establishments (those who are maintained by the Local Authority) including Early Years services.
- Hampshire Constabulary, represented through the Chief Superintendent with lead safeguarding responsibility.
- Health, represented by [Clinical Commissioning Groups \(CCGs\)](#) of West Hampshire [CCG](#), Hampshire and Isle of Wight [CCG](#), Portsmouth [CCG](#) and Southampton [CCG](#). [Clinical Commissioning Group](#) representatives will represent the health sector in their local area. They will ensure dialogue with other health commissioning bodies across the HIPS area, namely NHS England (South East) and NHS England Specialist Commissioning.
- The Safeguarding Partners have also invited the Regional Schools Commissioner to attend the group to represent Academy educational establishments.

The Safeguarding Partners will act as the conduits and facilitate the flow of information and business between the HIPS Executive and the local Safeguarding Children Partnerships.

Chairing of a HIPS Executive

The HIPS Executive will be chaired by an Independent Chair newly recruited by the Safeguarding Partners for this role.

Related groups

The HIPS Executive will convene four standing subgroups where there is a clear benefit to coordinating specific areas of business across the HIPS area:

- **Health group** – This group will coordinate safeguarding business across the health economy across the HIPS area. It will take the lead on the promotion and implementation of any best practice and learning for the health sector. It should be noted that the Isle of Wight will continue to hold its local Health Subgroup across Children and Adults but core members from that group, including the Chair, will attend the HIPS Health Group to ensure alignment and cross-communication of health themes.
- **Child Exploitation group** – The purpose of this group is to develop a shared understanding of the threat/need in respect of child exploitation, including patterns of activity that may reflect the organised exploitation of children; identify risks requiring strategic intervention and operational issues that can be dealt with more appropriately through the existing local structures; to drive forward the response to child exploitation through a tasking system that maximises the specialist skills and experience of staff across the pan-Hampshire and Isle of Wight area; to ensure that the vulnerabilities and risks associated with children who go missing are understood and incorporated within a consistent and robust multi-agency response.
- **Procedures group** – This group will develop all common multi-agency policies and procedures that inform single agency policy and practice across the HIPS area and lead on the Section 11 self-assessment audit.
- **Child Death Overview Panel** - This Group will perform the functions of the [Child Death Overview Panel](#) as outlined in Working Together 2018. It should be noted that this group will report to the HIPS Executive until the Pan Hampshire and Isle of Wight Integrated Care System (ICS) is fully established, at which point the governance and reporting functions will transfer to the ICS.

Other workstreams, e.g. Quality Assurance, Workforce Development, and specific areas of business will be undertaken via Task and Finish or project focused groups. The partners remain committed to undertaking the Section 11 Audit process on a Pan Hampshire and Isle of Wight basis ([see Figure on page 10](#)).

Local Partnerships will commission and carry out their own local learning reviews. The learning and good practice arising will feed into both the local partnerships and the HIPS Executive to allow themes to be reviewed across the broad area and inform future initiatives.

The implementation and effectiveness of the new arrangements will be reviewed by the Safeguarding Partners in September 2020.

Ways of Working

The working practices of Safeguarding Partnership members will be considered locally with a view to securing effective operation of the [LSCB](#) functions and ensuring all member organisations are effectively engaged.

It may be appropriate for the Safeguarding Partnership to set up working groups or sub-groups, on a short-term or a standing basis to:

- Carry out specific tasks, for example: maintaining and updating procedures;
- Provide specialist advice, for example: in respect of working with specific ethnic and cultural groups, or with disabled children and/or parents;
- Bring together representatives of a sector to discuss relevant issues and to provide a contribution from that sector to safeguarding work, for example: schools, the voluntary and community sector, faith groups; and
- Focus on defined geographical areas within the Safeguarding Partnership boundaries;
- As a '[core group](#)' or 'executive group' of Safeguarding Partnership members, to undertake some day-to-day business by local agreement.

Each Safeguarding Partner in the Consortium will establish local arrangements for working groups or sub-groups the details of which will be available on their respective websites.

All groups which are established by the Safeguarding Partnership should work to agreed terms of reference, with explicit lines of reporting, communication and accountability to the Safeguarding Partnership. This may take the form of a written constitution detailing a job description for all members and service level agreements between the Safeguarding Partnership, agencies and other partnerships. Chairs of sub-groups should be Safeguarding Partnership members.

Each Safeguarding Partnership should consider how to put in place arrangements to ascertain views of parents and carers and the wishes and feelings of children (including children who might not ordinarily be heard) about the priorities and effectiveness of local safeguarding work, including issues of access to services and contact points for children to safeguard and promote welfare. The Safeguarding Partnership should also consider how children, parents and carers can be given a measure of choice and control in the development of services.

Annual Business Plan

Each Safeguarding Partner will produce an annual business plan setting out:

- A work programme for the following year to include measurable objectives;
- Relevant management information of child protection activity in the previous year;
- Progress against objectives established for the year ending.

Safeguarding Partnership Annual Report

The Chair must publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in the local area (this is a statutory requirement under **section 14A of the Children Act 2004**). The annual report should be published in relation to the preceding financial year and should fit with local agencies' planning, commissioning and budget cycles. The report should be submitted to the Chief Executive, Leader of the Council, the local police and crime commissioner and the Chair of the Health and Wellbeing Board.

The report should provide a rigorous and transparent assessment of the performance and effectiveness of local services. It should identify areas of weakness, the causes of those weaknesses and the action being taken to address them as well as other proposals for action. The report should include lessons from reviews undertaken within the reporting period.

The report should also list the contributions made to the Safeguarding Partnership by partner agencies and details of what the Safeguarding Partnership has spent, including on Child Death Reviews, [Serious Case Reviews](#) and other specific expenditure such as learning events or training.

Monitoring and Inspection

The Safeguarding Partnership 's work to ensure the effectiveness of work to safeguard and promote the welfare of children by member organisations will be a peer review process, based on self-evaluation, performance indicators and a joint audit. Its aim is to promote high standards of safeguarding work and to foster a culture of continuous improvement. It will also identify and act on identified weaknesses in services.

Where it is found that a Board partner is not performing effectively in safeguarding and promoting the welfare of children, and the Safeguarding Partnership is not convinced that any planned action to improve performance will be adequate, the Safeguarding Partnership chair or a member

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or employee designated by the chair should explain these concerns to those individuals and organisations that need to be aware of the failing and may be able to take action.

As part of the monitoring and evaluation function of the Safeguarding Partnership, there is a requirement for each Safeguarding Partner to ensure appropriate links with any secure setting in its area and be able to scrutinise restraint techniques, the policies and protocols which surround the use of restraint, and incidences and injuries. Safeguarding Partnerships with a secure establishment(s) in its areas should report annually to the Youth Justice Board on how effectively the establishment(s) is managing use of restraint, the reports should be provided more frequently if there are concerns on the use of restraint. Consideration should be given to sharing the information with relevant inspectorates (HMIP and [Ofsted](#)). Where appropriate, members of the Safeguarding Partnership (with secure establishments in its area) should be given demonstrations in the techniques accredited for use to assist their consideration of any child protection or safeguarding issue that might arise in relation to restraint.

All incidents when restraint is used in custodial settings and in which results in an injury to a young person should be notified to, and subsequent action monitored, by the Safeguarding Partnership.

Individual services will be assessed through their own quality regimes. Annual performance assessment of council children's services (APA), by [OFSTED](#), looks at the contribution of local authorities to outcomes for children, with an overall judgement supported by separate judgements on social care services for children and on education services. It draws on performance information, inspection evidence, other documents and self assessment. These inspectorates in their other work, plus other inspectorates such as the Healthcare Commission, and Her Majesty's Inspectorates of Constabulary, Prisons, and Probation, will have as part of their remit considering the effectiveness of their agencies' role in safeguarding and promoting the welfare of children. The [LSCB](#) should draw on their work.

The Safeguarding Partnership will be able to feed its views about the quality of work to safeguard and promote the welfare of children into these processes.

The effectiveness of the Safeguarding Partnership itself should also form part of the judgement of the Inspectorates. This may be done, for example, by examining the quality of the Safeguarding Partnership's planning and determining whether key objectives have been met. It will be for the Local Authority to lead in taking action, if intervention in the Safeguarding Partnership's own processes is necessary.

7.2 Agency Roles and Responsibilities

A range of individual organisations and agencies working with children and families have specific statutory duties to promote the welfare of children and ensure they are protected from harm. These duties, as applied to individual organisations and agencies, are set out in this section.

This section should be read in conjunction with [Working Together to Safeguard Children 2018](#).

Statutory duties under the Children Act 2004

Section 11 of the Children Act 2004 Places duties on a range of organisations, agencies and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children.

Section 11 places a duty on the following organisations and agencies:

- local authorities and district councils that provide children's and other types of services, including children's and adult social care services, public health, housing, sport, culture and leisure services, licensing authorities and youth services
- NHS organisations and agencies and the independent sector, including NHS England and [clinical commissioning groups](#), NHS Trusts, NHS Foundation Trusts and General Practitioners
- the police, including police and crime commissioners and the chief officer of each police force in England and the Mayor's Office for Policing and Crime in London
- the British Transport Police
- the National Probation Service and Community Rehabilitation Companies
- Governors/Directors of Prisons and Young Offender Institutions
- Directors of Secure Training Centres
- Principals of Secure Colleges
- Youth Offending Teams/Services

These organisations and agencies should have in place arrangements that reflect the importance of safeguarding and promoting the welfare of children, including:

- a clear line of accountability for the commissioning and/or provision of services designed to safeguard and promote the welfare of children
- a senior board level lead with the required knowledge, skills and expertise or sufficiently qualified and experienced to take leadership responsibility for the organisation's/agency's safeguarding arrangements
- a culture of listening to children and taking account of their wishes and feelings, both in individual decisions and the development of services

- clear whistleblowing procedures, which reflect the principles in [Sir Robert Francis' Freedom to Speak Up Review](#) and are suitably referenced in staff training and codes of conduct, and a culture that enables issues about safeguarding and promoting the welfare of children to be addressed
- clear escalation policies for staff to follow when their child safeguarding concerns are not being addressed within their organisation or by other agencies
- arrangements which set out clearly the processes for sharing information, with other practitioners and with safeguarding partners
- a designated practitioner (or, for health commissioning and health provider organisations/agencies, designated and named practitioners) for child safeguarding. Their role is to support other practitioners in their organisations and agencies to recognise the needs of children, including protection from possible abuse or [neglect](#). Designated practitioner roles should always be explicitly defined in job descriptions. Practitioners should be given sufficient time, funding, supervision and support to fulfil their child welfare and safeguarding responsibilities effectively
- safe recruitment practices and ongoing safe working practices for individuals whom the organisation or agency permit to work regularly with children, including policies on when to obtain a criminal record check
- appropriate supervision and support for staff, including undertaking safeguarding training
- creating a culture of safety, equality and protection within the services they provide
- employers are responsible for ensuring that their staff are competent to carry out their responsibilities for safeguarding and promoting the welfare of children and creating an environment where staff feel able to raise concerns and feel supported in their safeguarding role.

Local authorities also have duties to safeguard and promote the welfare of children in relation to its functions under [Section 175 of the Education Act 2002](#).

Statutory Guidance about these education duties is set out in [Keeping Children Safe in Education](#) 2018.

The governing bodies, management committees or proprietors of the following have duties in relation to safeguarding and promoting the welfare of pupils:

- governing bodies of maintained schools (including maintained nursery schools) and colleges;
- proprietors of independent schools (including [academies](#), [free schools](#) and alternative provision [academies](#)) and non-maintained special schools. In the case of [academies](#), [free schools](#) and alternative provision [academies](#), the proprietor will be the academy trust; and
- management committees of pupil referral units (PRUs).

There are additional requirements for boarding schools, residential special schools, residential colleges and children's homes to consider with regards to safeguarding. These are set out in National Minimum Standards and regulations for the relevant setting, as set out in [Keeping Children Safe in Education 2018](#).

The responsibility of the Children and Family Court Advisory and Support Service (Cafcass) is to safeguard and promote the welfare of children going through the family justice system, as set out in the [Children Act 1989](#) and to safeguard and promote the welfare of children involved in family proceedings in which their welfare is, or may be, in question, as set out in section 12(1) of the Criminal Justice and Court Services Act 2000.

People in positions of trust

Organisations and agencies working with children and families should have clear policies for dealing with allegations against people who work with children. Such policies should make a clear distinction between an allegation, a concern about the quality of care or practice or a complaint. An allegation may relate to a person who works with children who 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

County level and unitary local authorities should ensure that allegations against people who work with children are not dealt with in isolation. Any action necessary to address corresponding welfare concerns in relation to the child or children involved should be taken without delay and in a co-ordinated manner. Local authorities should, in addition, have designated a particular officer, or team of officers (either as part of local multiagency arrangements or otherwise), to be involved in the management and oversight of allegations against people who work with children. Any such officer, or team of officers, should be sufficiently qualified and experienced to be able to fulfil this role effectively, for example, qualified social workers. Any new appointments to such a role, other than current or former designated officers moving between local authorities, should be qualified social workers. Arrangements should be put in place to ensure that any allegations about those who work with children are passed to the designated officer, or team of officers, without delay.

Local authorities should put in place arrangements to provide advice and guidance to employers and voluntary organisations and agencies on how to deal with allegations against people who work with children. Local authorities should also ensure that there are appropriate arrangements in place to liaise effectively with the police and other organisations and agencies to monitor the progress of cases and ensure that they are dealt with as quickly as possible, consistent with a thorough and fair process.

Employers, school governors, trustees and voluntary organisations should ensure that they have clear policies in place setting out the process, including timescales for investigation and what support and advice will be available to individuals against whom allegations have been made. Any allegation against people who work with children should be reported immediately to a senior manager within the organisation or agency. The designated officer, or team of officers, should also be informed within one working day of all allegations that come to an employer's attention or that are made directly to the police.

If an organisation or agency removes an individual (paid worker or unpaid volunteer) from work in regulated activity with children (or would have, had the person not left first) because the person poses a risk of harm to children, the organisation or agency must make a referral to the Disclosure and Barring Service to consider whether to add the individual to the barred list.

This applies irrespective of whether a referral has been made to local authority children's social care and/or the designated officer or team of officers. It is an offence to fail to make a referral without good reason.

Individual organisational responsibilities

The roles and responsibilities of the following agencies are listed below, as per [Working Together to Safeguard Children 2018](#).

Schools, colleges and other educational providers

The following have duties in relation to safeguarding and promoting the welfare of children:

- governing bodies of maintained schools (including maintained nursery schools), further education colleges and sixth-form colleges (as established under the [Further Education and Higher Education Act 1992](#))
- proprietors of academy schools, [free schools](#), alternative provision [academies](#) and non-maintained special schools. In the case of [academies](#) and [free school](#) trusts, the proprietor will be the trust itself
 - proprietors of independent schools
 - management committees of pupil referral units.

This guidance applies in its entirety to all schools.

Schools, colleges and other educational settings must also have regard to statutory guidance Keeping Children Safe in Education, which provides further guidance as to how they should fulfil their duties in respect of safeguarding and promoting the welfare of children in their care.

Early years and childcare

Early years providers have a duty under section 40 of the Childcare Act 2006 to comply with the welfare requirements of the early years foundation stage (EYFS). Early years providers must ensure that:

- they are alert to any issues of concern in the child's life
- they have and implement a policy and procedures to safeguard children. This must include an explanation of the action to be taken when there are safeguarding concerns about a child and in the event of an allegation being made against a member of staff. The policy must also cover the use of mobile phones and cameras in the setting, that staff complete safeguarding training that enables them to understand their safeguarding policy and procedures, have up-to-date knowledge of safeguarding issues, and recognise signs of potential abuse and [neglect](#)
- they have a practitioner who is designated to take lead responsibility for safeguarding children within each early years setting and who must liaise with local statutory children's services as appropriate. This lead must also complete child protection training.

Health

[Clinical commissioning groups](#) are one of the three statutory safeguarding partners. NHS organisations and agencies are subject to the section 11 duties.

Health practitioners are in a strong position to identify welfare needs or safeguarding concerns regarding individual children and, where appropriate, provide support. This includes understanding risk factors, communicating and sharing information effectively with children and families, liaising with other organisations and agencies, assessing needs and capacity, responding to those needs and contributing to multi-agency assessments and reviews.

A wide range of health practitioners have a critical role to play in safeguarding and promoting the welfare of children including: GPs, primary care practitioners, paediatricians, nurses, health visitors, midwives, school nurses, allied health practitioners, those working in maternity, child and adolescent mental health, youth custody establishments, adult mental health, sexual, alcohol and drug services for both adults and children, unscheduled and emergency care settings, highly specialised services and secondary and tertiary care.

All staff working in healthcare settings – including those who predominantly treat adults – should receive training to ensure they attain the competences appropriate to their role and follow the relevant professional guidance ([Safeguarding Children and Young People: roles and competences for health care staff](#), [Looked-after children: Knowledge, skills and competences of health care staff](#), [Protecting children and young people: the responsibilities of all](#))

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[doctors, Safeguarding Children and Young People: The RCGP/NSPCC Safeguarding Children Toolkit for General Practice.](#)

Within the NHS:

- NHS England is responsible for ensuring that the health commissioning system as a whole is working effectively to safeguard and promote the welfare of children. It is also accountable for the services it directly commissions, including primary care, and healthcare services in the under-18 secure estate (for police custody settings see below in the policing section). NHS England also leads and defines improvement in safeguarding practice and outcomes and should also ensure that there are effective mechanisms for safeguarding partners and Health and wellbeing boards to raise concerns about the engagement and leadership of the local NHS. Each NHSE region should have a safeguarding lead to ensure regional collaboration and assurance through convening safeguarding forums.
- [Clinical commissioning groups](#) are one of the statutory safeguarding partners and the major commissioners of local health services. They are responsible for the provision of effective clinical, professional and strategic leadership to child safeguarding, including the quality assurance of safeguarding through their contractual arrangements with all provider organisations and agencies, including from independent providers.

Designated health professionals

[Clinical commissioning groups](#) should employ, or have in place, a contractual agreement to secure the expertise of designated practitioners; such as dedicated designated doctors and nurses for safeguarding children and dedicated designated doctors and nurses for [looked-after](#) children (and designated doctor or paediatrician for [unexpected deaths](#) in childhood).

In some areas, there will be more than one [clinical commissioning group](#) per local authority, and they may consider 'lead' or 'hosting' arrangements for their designated health professionals, or a clinical network arrangement with the number of Designated Doctors and Nurses for child safeguarding equating to the size of the child population. Designated doctors and nurses, as senior professionals, clinical experts and strategic leaders, are a vital source of safeguarding advice and expertise for all relevant organisations and agencies but particularly the [clinical commissioning group](#), NHS England, and the local authority, and for advice and support to other health practitioners across the health economy. The NHS commissioners and providers should ensure that designated professionals are given sufficient time to be fully engaged, involved and included in the new safeguarding arrangements.

All providers of NHS funded health services including NHS Trusts and NHS Foundation Trusts should identify a dedicated named doctor and a named nurse (and a named midwife if the organisation or agency provides maternity services) for safeguarding children. In the case of ambulance trusts and independent providers, this should be a named practitioner. Named practitioners have a key role in promoting good professional practice within their organisation and agency, providing advice and expertise for fellow practitioners, and ensuring safeguarding training is in place. They should work closely with their organisation's/agency's safeguarding lead on the executive board, designated health professionals for the health economy and other statutory safeguarding partners.

[Clinical commissioning groups](#) should employ a named GP to advise and support GP safeguarding practice leads. GPs should have a lead and deputy lead for safeguarding, who should work closely with the named GP based in the [clinical commissioning group](#).

Other public, voluntary and independent sector organisations, agencies and social enterprises providing NHS services to children and families should ensure that they follow this guidance.

Public Health England

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Public Health England (PHE) is an executive agency of the Department of Health and Social Care which has operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner. PHE's mission is "to protect and improve the nation's health and to address inequalities", and was established in 2013 following the Health and Social Care Act 2012. PHE's Chief Nurse provides advice and expertise in their capacity as the government's professional advisor (Public Health Nursing), which in the context of children's health includes health visitors and school nurses.

Police

The police are one of the three statutory safeguarding partners as set out in chapter 3 and are subject to the section 11 duties set out in this chapter. Under section 1(8)(h) of the Police Reform and Social Responsibility Act 2011, the Police and Crime Commissioner (PCC) must hold the Chief Constable to account for the exercise of the latter's duties in relation to safeguarding children under sections 10 and 11 of the Children Act 2004.

All police officers, and other police employees such as Police Community Support Officers, are well placed to identify early when a child's welfare is at risk and when a child may need protection from harm. Children have the right to the full protection offered by criminal law. In addition to identifying when a child may be a victim of a crime, police officers should be aware of the effect of other incidents which might pose safeguarding risks to children and where officers should pay particular attention. For example, an officer attending a [domestic abuse](#) incident should be aware of the effect of such behaviour on any children in the household. Children who are encountered as offenders, or alleged offenders, are entitled to the same safeguards and protection as any other child and due regard should be given to their safety and welfare at all times. For example, children who are apprehended in possession of Class A drugs may be victims of exploitation through county lines drug dealing.

The police will hold important information about children who may be suffering, or likely to suffer, [significant harm](#), as well as those who cause such harm. They should always share this information with other organisations and agencies where this is necessary to protect children. Similarly, they can expect other organisations and agencies to share information to enable the police to carry out their duties. All police forces should have officers trained in child abuse investigation.

The police have a power to remove a child to suitable accommodation under section 46 of the Children Act 1989, if they have reasonable cause to believe that the child would otherwise be likely to suffer [significant harm](#). Statutory powers to enter premises can be used with this section 46 power, and in circumstances to ensure the child's immediate protection. Police powers can help in emergency situations, but should be used only when necessary and, wherever possible, the decision to remove a child from a parent or carer should be made by a court.

Restrictions and safeguards exist in relation to the circumstances and periods for which children may be taken to or held in police stations. PCCs are responsible for health commissioning in police custody settings and should always ensure that this meets the needs of individual children.

Adult Social Care Services

Local authorities provide services to adults who are responsible for children who may be in need. When staff are providing services to adults they should ask whether there are children in the family and consider whether the children need help or protection from harm. Children may be at greater risk of harm or be in need of additional help in families where the adults have mental health problems, misuse substances or alcohol, are in a violent relationship or have complex needs or have learning difficulties.

Adults with parental responsibilities for disabled children have a right to a separate parent carer's needs assessment under section 17ZD of the Children Act 1989. Adults who do not have parental responsibility, but are caring for a disabled child, are entitled to an assessment on their

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ability to provide, or to continue to provide, care for that disabled child under the Carers (Recognition and Services) Act 1995. That assessment must also consider whether the carer works or wishes to work, or whether they wish to engage in any education, training or recreation activities.

Adult social care services should liaise with children's social care services to ensure that there is a joined-up approach when carrying out such assessments.

Housing Services

Housing and homelessness services in local authorities and others at the front line such as environmental health organisations are subject to the duties set out in Working Together 2015. Professionals working in these services may become aware of conditions that could have an adverse impact on children. Under Part 1 of the Housing Act 2004, authorities must take account of the impact of health and safety hazards in housing on vulnerable occupants, including children, when deciding on the action to be taken by landlords to improve conditions. Housing authorities also have an important role to play in safeguarding vulnerable young people, including young people who are pregnant, leaving care or a secure establishment.

British Transport Police

The British Transport Police (BTP) is subject to the section 11 duties set out in this chapter. In its role as the national police for the railways, the BTP can play an important role in safeguarding and promoting the welfare of children, especially in identifying and supporting children who have run away, are truanting from school or who are being exploited by criminal gangs to move drugs and money.

The BTP should carry out its duties in accordance with its legislative powers. This includes removing a child to a suitable place using their police protection powers under the Children Act 1989, and the protection of children who are truanting from school using powers under the Crime and Disorder Act 1998. This involves, for example, the appointment of a designated independent officer in the instance of a child taken into police protection.

Prison Service

The Prison Service is subject to the section 11 duties set out in this chapter. It also has a responsibility to identify prisoners who are potential or confirmed 'persons posing a risk to children' (PPRC) and through assessment establish whether the PPRC presents a continuing risk to children whilst in prison custody. Where an individual has been identified as a PPRC, the relevant prison establishment:

- should inform the local authority children's social care services of the offender's reception to prison, subsequent transfers, release on temporary licence and of release date and of the release address of the offender
- should notify the relevant probation service provider of PPRC status. The police should also be notified of the release date and address
- may prevent or restrict a prisoner's contact with children. Decisions on the level of contact, if any, should be based on a multi-agency risk assessment. The assessment should draw on relevant risk information held by police, the probation service provider and the prison service. The relevant local authority children's social care should contribute to the multi-agency risk assessment by providing a report on the child's best interests. The best interests of the child will be paramount in the decision-making process.

A prison is also able to monitor an individual's communication (including letters and telephone calls) to protect children where proportionate and necessary to the risk presented.

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Governors/Directors of women's establishments which have Mother and Baby Units (MBUs) should ensure that:

- there is at all times a member of staff allocated to the MBU, who as a minimum, is trained in first aid, whilst within the prison there is always a member of staff on duty who is trained in paediatric first aid (including child/adult resuscitation) who can be called to the MBU if required
- there is a contingency plan/policy in place for child protection, first aid including paediatric first aid and resuscitation, which should include advice for managing such events, and which provides mothers with detailed guidance as to what to do in an emergency
- each baby has a child care plan setting out how the best interests of the child will be maintained and promoted during the child's residence in the unit

This also applies to MBUs which form part of the secure estate for children

Probation Service

Probation services are provided by the National Probation Service (NPS) and 21 Community Rehabilitation Companies (CRCs). The NPS and CRCs are subject to the section 11 duties.

They are primarily responsible for working with adult offenders both in the community and in the transition from custody to community to reduce reoffending and improve rehabilitation. During the course of their duties, probation staff come into contact with offenders who:

- have offended against a child
- pose a risk of harm to children even though they have not been convicted of an offence against a child
- are parents and/or carers of children
- have regular contact with a child for whom they do not have caring responsibility They are, therefore, well placed to identify offenders who pose a risk of harm to children as well as children who may be at heightened risk of involvement in, or exposure to, criminal or anti-social behaviour, and of other poor outcomes due to the behaviour and/or home circumstances of their parent/carer(s).

They should ask an offender at the earliest opportunity whether they live with, have caring responsibilities for, are in regular contact with, or are seeking contact with children. Where this applies, a check should be made with the local authority children's services at the earliest opportunity on whether the child/children is/are known to them and, if they are, the nature of their involvement.

Where an adult offender is assessed as presenting a risk of serious harm to children, the offender manager should develop a risk management plan and supervision plan that contains a specific objective to manage and reduce the risk of harm to children. The risk management plan should be shared with other organisations and agencies involved in the risk management.

In preparing a sentence plan, offender managers should consider how planned interventions might bear on parental responsibilities and whether the planned interventions could contribute to improved outcomes for children known to be in an existing relationship with the offender.

Children's homes

The registered person of a children's home must have regard to the Guide to the Children's Homes Regulations, including the quality standards (April 2015), in interpreting and meeting the Regulations. The Guide covers the quality standards for children's homes, which set out the aspirational and positive outcomes that we expect homes to achieve, including the standard for the protection of children. The registered person is responsible for ensuring that staff continually

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and actively assess the risks to each child and the arrangements in place to protect them. Where there are safeguarding concerns for a child, their placement plan, agreed between the home and their placing authority, must include details of the steps the home will take to manage any assessed risks on a day to day basis.

In addition to the requirements of this standard, the registered person has specific responsibilities under regulation 34 to prepare and implement policies setting out: arrangements for the safeguarding of children from abuse or [neglect](#); clear procedures for referring child protection concerns to the placing authority or local authority where the home is situated if appropriate; and specific procedures to prevent children going missing and take action if they do.

Each home should work with their local safeguarding partners to agree how they will work together, and with the placing authority, to make sure that the needs of the individual children are met.

The Secure Estate for Children

Governors, managers and directors of the following secure establishments are subject to the section 11 duties set out in Chapter 2 of Working Together:

- a secure training centre
- a young offender institution
- a secure college/school.

Each centre holding those aged under 18 should have in place an annually reviewed safeguarding children policy. The policy is designed to promote and safeguard the welfare of children and should cover issues such as child protection, risk of harm, restraint, recruitment and information sharing. A safeguarding children manager should be appointed and will be responsible for implementation of this policy.

Each centre should work with their local safeguarding partners to agree how they will work together, and with the relevant YOT and placing authority (the Youth Custody Service), to make sure that the needs of individual children are met.

Youth Offending Teams

Youth Offending Teams (YOTs) are subject to the section 11 duties set out in this chapter. YOTs are multiagency teams responsible for the supervision of children subject to pre-court interventions and statutory court disposals. They are therefore well placed to identify children known to relevant organisations and agencies as being most at risk of offending and the contexts in which they may be vulnerable to abuse, and to undertake work to prevent them offending or protect them from harm. YOTs should have a lead officer responsible for ensuring safeguarding is embedded in their practice.

Under section 38 of the Crime and Disorder Act 1998, local authorities must, within the delivery of youth justice services, ensure the 'provision of persons to act as appropriate adults to safeguard the interests of children detained or questioned by police officers'.

UK Visas and Immigration Enforcement and the Border Force

Section 55 of the Borders, Citizenship and Immigration Act 2009 places upon the Secretary of State a duty to take account of the need to safeguard and promote the welfare of children in discharging its functions relating to immigration, asylum, nationality and customs. These functions are discharged on behalf of the Secretary of State by UK Visas and Immigration, Immigration Enforcement and the Border Force, which are part of the Home Office.

See [Arrangements in the United Kingdom Border Agency to Safeguard and Promote Children's Welfare \(Every Child Matters\)](#).

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Children and Family Court Advisory and Support Service (CAFCASS)

The responsibility of the Children and Family Court Advisory and Support Service (Cafcass), as set out in the Children Act 1989, is to safeguard and promote the welfare of individual children who are the subject of family court proceedings. It achieves this by providing independent social work advice to the court.

A Cafcass officer has a statutory right in public law cases to access local authority records relating to the child concerned and any application under the Children Act 1989. That power also extends to other records that relate to the child and the wider functions of the local authority, or records held by an authorised body that relate to that child.

Where a Cafcass officer has been appointed by the court as a child's guardian and the matter before the court relates to specified proceedings, they should be invited to all formal planning meetings convened by the local authority in respect of the child. This includes statutory reviews of children who are accommodated or [looked after](#), [child protection conferences](#) and relevant Adoption Panel meetings.

Armed Services

Local authorities have the statutory responsibility for safeguarding and promoting the welfare of the children of service families in the UK (when service families or civilians working with the armed forces are based overseas the responsibility for safeguarding and promoting the welfare of their children is vested in the Ministry of Defence).

In discharging these responsibilities:

- Local authorities should ensure that the Ministry of Defence, soldiers, sailors, airmen, and Families Association Forces Help, the British Forces Social Work Service or the Naval Personal and Family Service is made aware of any service child who is the subject of a [child protection plan](#) and whose family is about to move overseas
- each local authority with a United States (US) base in its area should establish liaison arrangements with the base commander and relevant staff. The requirements of English child welfare legislation should be explained clearly to the US authorities, so that the local authority can fulfil its statutory duties

Multi-Agency Public Protection Arrangements

Many of the agencies subject to the section 11 duty are members of the Multi-Agency Public Protection Arrangements (MAPPAs), including the police, prison and probation services. MAPPAs should work together with duty to co-operate (DTC)64 agencies to manage the risks posed by violent and sexual offenders living in the community in order to protect the public and should work closely with the safeguarding partners over services to commission locally.

Voluntary, charity, social enterprise, faith-based organisations and private sectors

Voluntary, charity, social enterprise (VCSE) and private sector organisations and agencies play an important role in safeguarding children through the services they deliver. Some of these will work with particular communities, with different races and faith communities and delivering in health, adult social care, housing, prisons and probation services. They may as part of their work provide a wide range of activities for children and have an important role in safeguarding children and supporting families and communities.

Like other organisations and agencies who work with children, they should have appropriate arrangements in place to safeguard and protect children from harm. Many of these organisations

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and agencies as well as many schools, children's centres, early years and childcare organisations, will be subject to charity law and regulated either by the Charity Commission or other "principal" regulators. Charity trustees are responsible for ensuring that those benefiting from, or working with, their charity, are not harmed in any way through contact with it. The Charity Commission for England and Wales provides guidance on charity compliance which should be followed. Further information on the Charity Commission's role in safeguarding can be found on: [the Charity Commission's page on Gov.uk](#).

Some of these organisations and agencies are large national charities whilst others will have a much smaller local reach. Some will be delivering statutory services and may be run by volunteers, such as library services. This important group of organisations includes youth services not delivered by local authorities or district councils.

All practitioners working in these organisations and agencies who are working with children and their families are subject to the same safeguarding responsibilities, whether paid or a volunteer.

Every VCSE, faith-based organisation and private sector organisation or agency should have policies in place to safeguard and protect children from harm. These should be followed and systems should be in place to ensure compliance in this. Individual practitioners, whether paid or volunteer, should be aware of their responsibilities for safeguarding and protecting children from harm, how they should respond to child protection concerns and how to make a referral to local authority children's social care or the police if necessary.

Every VCSE, faith-based organisation and private sector organisation or agency should have in place the arrangements described in this chapter. They should be aware of how they need to work with the safeguarding partners in a local area. Charities (within the meaning of section 1 Charities Act 2011), religious organisations (regulation 34 and schedule 3 to School Admissions) and any person involved in the provision, supervision or oversight of sport or leisure are included within the relevant agency regulations. This means if the safeguarding partners name them as a relevant partner they must cooperate. Other VCSE, faith-based and private sector organisations not on the list of relevant agencies can also be asked to cooperate as part of the local arrangements and should do so.

Sports clubs/organisations

There are many sports clubs and organisations including voluntary and private sector providers that deliver a wide range of sporting activities to children. Some of these will be community amateur sports clubs, some will be charities. All should have the arrangements described in this chapter in place and should collaborate to work effectively with the safeguarding partners as required by any local safeguarding arrangements. Paid and volunteer staff need to be aware of their responsibilities for safeguarding and promoting the welfare of children, how they should respond to child protection concerns and how to make a referral to local authority children's social care or the police if necessary.

All National Governing Bodies of Sport, that receive funding from either [Sport England](#) or [UK Sport](#), must aim to meet the [Standards for Safeguarding and Protecting Children in Sport](#).

Organisations without Statutory Duties

All organisations that do not have statutory duties under Section 11 of the Children Act 2004, but that have involvement with children, directly or indirectly, have a responsibility to ensure that their employees, volunteers and service users are aware of these procedures and know where to access them.

Everybody who works with children, parents and other adults in connection with children should be able to recognise indicators of concern about a child's welfare or safety. A staff member or volunteer who may encounter concerns about the safety and well-being of a child should know:

- Who in their organisation can offer support and guidance;
- When and how to make a referral to Children's Social Care under the [Referrals Procedure](#);
- What other services are available locally and how to gain access to them;
- How to access and receive appropriate training.

This Safeguarding Policy works in conjunction with the following policies, procedures and forms highlighted in the EYFS welfare requirements:

Safeguarding:

- [Guidelines for monitoring vulnerable children and families](#)
- [Looked after children policy](#)
- [Admission policies \(for Nursery Schools, Wraparound and Daycare\)](#)
- [Nursery School Admission form](#)
- [LA Admission Policy for Nursery Schools](#)
- [Children's Centre Registration Form](#)
- [Parents Complaints procedures](#)
- [LA Guidance for complaints procedures](#)
- [Complaints procedure log](#)
- [Confidentiality and data protection policy](#)
- [Confidentiality agreement](#)
- [Collection and departure policy](#)
- [Missing child procedures](#)
- [Protocols for staff working arrangements](#)
- [Trips/outings policy](#)
- [Examples of permission letters for trips](#)
- [Outings checklist](#)
- [Procedures for staff and visitors arrival and departures](#)
- [SEN/Inclusion Policy](#)
- [Race Equality Policy](#)
- [Equal Opportunities Policy](#)
- [LA Racist Incident Reporting form](#)
- [LA Procedures for dealing with harassment incidents](#)
- [Vision Statement](#)
- [Learning Community contract](#)
- [Administration of medicines policy](#)
- [Accident Forms/Accident Book Procedure](#)
- [Copies of Reporting forms](#)
- [Guidelines for accident, injury, medication and 1st aid](#)

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- [☐ Children's sickness policy](#)
 - [☐ List of notifiable diseases](#)
 - [☐ First Aid Training Log](#)
 - [☐ No smoking statement](#)
 - [☐ Food preparation and equipment policy](#)
 - [☐ Examples of menus](#)
 - [☐ Food allergy/intolerance sheet](#)
 - [☐ My child form](#)
 - [☐ Behaviour policy](#)
 - [☐ Anti-bullying policy](#)
 - [☐ LA Anti-bullying guidelines](#)
 - [☐ Supervision Policy](#)
- Welfare Requirement – Safeguarding and promoting children's welfare

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Suitable People:

- [☐ DBS Log](#)
- [☐ LA recruitment and selection policy](#)
- [☐ LA Employment Handbook](#)
- [☐ LA Disclosure Procedures](#)
- [☐ LA Whistleblowing Policy](#)
- [☐ List of governors](#)
- [☐ Key information for staff](#)
- [☐ Staff handbook](#)
- [☐ Staff induction checklist](#)
- [☐ Staff development policy](#)
- [☐ Performance management reviews](#)
- [☐ Professional development evaluation](#)
- [☐ Targets for Professional development](#)
- [☐ Volunteer policy](#)
- [☐ Volunteer recruitment procedures](#)

Suitable premises, environment and equipment:

- [☐ Risk assessment policy](#)
- [☐ Risk assessment list](#)
- [☐ Fire Risk Assessment](#)
- [☐ Fire Drill Log](#)
- [☐ LA health, safety and wellbeing appendix for children's centres](#)

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- [☐ Removal of body fluids](#)
- [☐ Copy of public liability insurance](#)
- [☐ Daily room checks and garden log](#)
- [☐ Cleaning procedures](#)

Organisation:

- [☐ Policy for home visiting](#)
- [☐ Policy for transition](#)
- [☐ Role of key person](#)
- [☐ Policy for partnership with parents](#)
- [☐ Policy for Teaching and learning](#)
- [☐ Policy for monitoring teaching and learning](#)
- [☐ Planning forms](#)
- [☐ Daily routines](#)

Documentation

- [☐ CC Registration form](#)
- [☐ LA Data Protection Policy](#)
- [☐ Confidentiality Agreement](#)

[Welfare Requirement – Safeguarding and promoting children’s welfare](#)

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