

**SAFEGUARDING AND CHILD PROTECTION
KINDERGARTEN AND PRE-SCHOOL**



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Introduction

Safeguarding children is everyone's responsibility.

'Everyone who works with children... has a responsibility for keeping them safe'. 'No single professional can have a full picture of a child's needs and circumstances and, if children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.'

Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children March 2015

Due to the close contact childcare providers have with children and families, they could be the first people to spot early signs of abuse and neglect so it is important that providers feel confident in knowing what to look out for and what to do if they have concerns.

This document sets out the statutory responsibilities and guidance for practitioners and includes:

- A definition of safeguarding and child protection
- Categories and indicators of abuse and neglect
- Single Point of Access (SPA) and Local Authority Designated Officer (LADO)
- What to do if you have concerns
- Roles and responsibilities
- Record keeping
- Safeguarding processes flowchart
- Contact details

We recognize our moral and statutory responsibility to safeguard and promote the welfare of all children. We endeavour to provide a safe and welcoming environment where children are respected and valued. We are alert to the signs of abuse and neglect and follow our procedures to ensure that children receive effective support, protection and justice.

All adults should act as a positive role model for children and young people and should actively promote high self-esteem in all children.

All practitioners should be confident in their knowledge of how to respond to child protection concerns and to ask for help, advice and training when needed.

Practitioners should help children learn about how to recognise and manage risks that they may face (using appropriate level of language) and act to keep themselves safe.

Practitioners should promote the safe use of ICT and help children and young people understand any potential risks this may present.

Practitioners should work with parents and carers to build an understanding of the setting's responsibilities to the welfare of children.

Settings should adopt safe and robust recruitment procedures.



What is safeguarding?

For the purposes of this guide the definition of safeguarding is as follows:

'Safeguarding children is the action we take to promote the welfare of children and protect them from harm – it is everyone's responsibility. Everyone who comes into contact with children and families has a role to play.'

Safeguarding is:

- 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.

Child protection 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: A guide to inter-agency working to safeguard and promote the welfare of children March 2015

What is child abuse and neglect?

Child abuse is a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (for example, via the internet). They may be abused by an adult or adults, or another child or children.

Definitions of abuse and neglect:

Physical abuse

A form of abuse that 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.

This is possibly a more obvious form of abuse as injuries can often be seen, but not always. All children acquire bumps and bruises, cuts and grazes from time to time but sometimes the injuries can be found in unusual places which may be cause for concern.

Signs which may suggest physical abuse:

- unexplained bruising, marks or injuries on any part of the body
- bruising to a non-independently mobile baby
- multiple bruising in clusters, often on the upper arm, outside of the thigh
- bruising of different colours indicating repeated injuries
- fingertip bruising to the chest, back, arms or legs



- human bite marks
- burns of any shape or size
- an injury for which there is no adequate explanation.

Emotional abuse

Emotional abuse is the persistent emotional maltreatment of a child that causes severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or making fun of what they say or how they communicate.

It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Signs which may suggest emotional abuse:

- Neurotic behaviour, for example hair twisting, rocking
- Being unable to play
- Fear of making mistakes
- Sudden speech disorders
- Self-harm
- Fear of parent being approached regarding their behaviour
- Developmental delay.

Sexual abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.

They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Child sexual exploitation (CSE)

Sexual exploitation is a form of sexual abuse in which a young person is manipulated, or forced, into taking part in a sexual act. This could be part of a seemingly consensual relationship or in return for attention, affection, money, drugs, alcohol or somewhere to stay.



Signs which may suggest sexual abuse:

- Pain, bruising or bleeding in the genital area
- Vaginal discharge or infection
- Stomach pains
- Changes in behaviour
- Fear of being left with a specific person or group of people
- Sexual knowledge beyond their developmental level
- Sexual drawings or language
- Eating problems
- Self-harm
- Acting in a sexually explicit way towards adults

Neglect

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

- provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- protect a child from physical and emotional harm or danger
- ensure adequate supervision (including the use of inadequate care-givers)
- ensure access to appropriate medical care or treatment
- respond to a child's basic emotional needs.

Signs which may suggest neglect:

- Constant hunger
- Constantly dirty or smelly
- Loss of weight or being constantly underweight
- Inappropriate clothing for the conditions
- Medical assistance not sought when necessary
- Mentioning being left alone or unsupervised

Definitions above adapted from Working Together to Safeguard Children 2015

Female genital mutilation (FGM)

FGM 'includes all procedures which involve partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons whether for cultural or other non-therapeutic reasons' (WHO, UNICEF, UNFPA, 1997).

FGM constitutes child abuse and causes physical, psychological and sexual harm which can be severely disabling. In the case of suspected FGM providers must not contact parents before seeking advice from SPA or mediate between the children and their parents.



Signs which may suggest FGM

- A child may talk about a special procedure or ceremony that is going to take place
- Prolonged absence from the setting
- Change in behaviour on return
- Damage to the genital area and/or adjacent tissues
- Pain or difficulty in sitting
- Bleeding or infection
- Urine retention
- Fracture or dislocation as a result of restraint
- Psychological damage, including depression, anxiety, and sexual dysfunction

More information regarding FGM can be found on the London Safeguarding Children Board website.

Domestic violence and abuse

The cross-government definition of domestic violence and abuse is 'any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

- psychological
- physical
- sexual
- financial
- emotional

Signs which may suggest children are exposed to domestic abuse:

- Aggressive behaviour
- Displaying anti-social behaviour
- Acting out their experiences
- Suffering from depression or anxiety
- Not achieving potential - due to difficulties at home or disruption of moving to and from refuges.

Indicators of abuse

It is vital that staff are aware of the range of physical and behavioural indicators of abuse and report any concerns to the safeguarding and child protection designated person. It is the responsibility of the childcare setting to report concerns, but that it is not their responsibility to investigate or decide whether a child has been abused.

Indicators could take a number of forms, and individual indicators will rarely, in isolation, provide conclusive evidence of abuse. They will be viewed as part of the picture, and each small piece of information will help the safeguarding and child protection designated person decide how to proceed. The setting does not need absolute proof that the child is at risk to act.



Children who may be particularly vulnerable to abuse

All children should receive equal protection, so providers should be particularly aware of children in the following circumstances who may be particularly vulnerable.

- Looked after
- Disabled or have special educational needs
- Living in a known domestic abuse situation
- Affected by known parental substance misuse
- Asylum seekers
- Living in temporary accommodation or living transient lifestyles
- Living in chaotic, neglectful and unsupportive home situations
- Vulnerable to discrimination and maltreatment on the grounds of race, ethnicity, religion or sexuality
- Do not have English as a first language
- Having a parent with enduring or untreated mental health problems.

Single Point of Access (SPA)

SPA acts as a central information hub that coordinates information from a range of sources, as well as signposting to universal provision. SPA works closely with the Initial Response Team and the Targeted Family and Youth Service. SPA also supports the work of the CAF coordinator, Education Welfare Service, Primary Mental Health, early years and children's centres, health visitors and GPs and the police.

Parents, professionals, volunteers or anyone working with children that have concerns about a child's developmental needs, issues that the parent or carer is experiencing, or they suspect a child is being neglected or subjected to physical, sexual, or emotional abuse, should contact SPA.

You may call SPA for initial advice and guidance. Referral forms are available online.

It is important to contact SPA before making an online referral so they can respond to the child's needs quickly if you are concerned that a child is at immediate risk.

The outcome of contacting SPA will depend on the circumstances but could include:

- being given advice about local services;
- logging concerns about a child;
- signposting to services; or
- supporting the CAF process.

When seeking advice or reporting information, be sure that you clearly understand and keep a record of any actions you are told to take, along with related timescales and actions taken. There is an incident form (page 15) to support you in recording any incidents, who you spoke to and actions taken. The chronology form (page 18) enables you to have an overview of the incident.



Local Authority Designated Officer (LADO)

The Local Authority Designated Officer (LADO) works within children's services to help safeguard children in accordance with the statutory guidance, Working Together to Safeguard Children 2015. The LADO should be informed, through SPA, of all cases where it is alleged that a person who works with children has:

- behaved in a way that has harmed, or may have harmed, a child;
- possibly committed a criminal offence against children, or related to a child; or
- behaved towards a child or children in a way that indicates they are unsuitable to work with children, for example if their conduct falls within any of the categories of abuse.

Once an allegation has been made, the LADO's role is to capture and co-ordinate the sharing of all the information relating to the case with the officers and agencies that need to be informed. The LADO will be involved from the initial phase, providing advice and guidance to the setting, employer or voluntary organisation, and monitoring the progress of the case through to its conclusion. LADO meetings are held where allegations are such that they may require a multi agency response and involve both Children's Services and the Police alongside the employer.

If an allegation does not require Police or Children's Social care involvement the LADO will support the organisation to investigate, following their own internal procedures and can advise regarding disciplinary, training and policy matters.

A LADO information leaflet is available on the LSCB web pages.

Child protection - responsibilities of the childcare provider

Early years and childcare providers have a duty under Section 40 of the Childcare Act 2006 to comply with the 'Statutory framework for the early years foundation stage (EYFS)' - revised September 2014 .

- Providers must be alert to any issues for concern in the child's life at home or elsewhere.
- A practitioner must be designated to take lead responsibility for safeguarding children in every setting. Childminders must take the lead responsibility themselves.
- Training, made available by the provider, must enable staff to identify signs of possible abuse and neglect at the earliest opportunity and to respond in a timely and appropriate way,
- Providers must take into account the Government's statutory guidance 'Working Together to Safeguard Children 2013' (now 2015).
- If providers have concerns about children's safety or welfare, they must notify agencies with statutory responsibilities without delay. This means Single Point of Access (SPA) and, in emergencies, the police.
- Providers must inform Ofsted or their childminder agency of any allegations of serious harm or abuse by any person living, working, or looking after children at the premises (whether the allegations relate to harm or abuse committed on the premises or elsewhere) and actions taken within 14 working days.
- Providers should ensure that all safeguarding and child protection policies are annually reviewed.



- The safeguarding policy, in the event of an allegation being made against a member of staff, must contain an explanation of the action to be taken if you are worried about a child, and cover the use of mobile phones and cameras in the setting.
- Link the safeguarding policy to any supporting documents and other policies.
- Providers should develop an e-safety policy and clear rules regarding the use of the internet, social media, and any other modern technology tools within and outside the workplace.
- Providers should coordinate the early identification of vulnerable children, with the involvement of parents and carers and actively participate in the Common Assessment Framework (CAF) process.

Roles and responsibilities of the designated safeguarding and child protection person

The **designated person** for child protection in the Kindergarten is:

Jutta Hepworth jutta.hepworth@dslondon.org.uk, 02089391815

The designated safeguarding and child protection person will:

- refer suspected abuse or neglect of children and young people to SPA. Urgent concerns must be reported immediately even if the designated safeguarding and child protection person is not available;
- report allegations made against members of staff to the local authority designated officer (LADO) through SPA. This is known as the duty to refer;
- develop and update child protection and other safeguarding policies ensuring staff are made aware of their responsibilities and families are familiar with how to raise a concern;
- ensure that confidential records are kept of any concerns about a child or young person and of any conversation or referrals to statutory agencies;
- provide support, supervision and advice for any staff member, volunteer or student with a safeguarding or child protection concern;
- provide safeguarding and child protection induction for new staff, students and volunteers;
- have an understanding of the Local Safeguarding Children's Board procedures;
- ensure their own safeguarding training is up-to-date and follow the recommended training requirements;
- ensure all safeguarding and child protection training is cascaded to the whole staff team, including new staff, bank or agency staff or volunteers;
- ensure staff have appropriate child protection and safeguarding training and maintain training records; and
- co-operate with any request for information from the local authority such as child protection training returns and self-evaluative forms for safeguarding and child protection compliance with section 11 of the Children Act 2004.



What to do if you have concerns about a child

You may become concerned or worried about a child's care, behaviour or an injury to a child, but the child may not have said anything to suggest that they have been abused. Every case is individual and decisions to investigate or follow up a concern should be made by SPA or a social worker not by the setting manager or designated safeguarding and child protection person.

SPA can be contacted for initial advice and guidance. Refer to the safeguarding processes flowchart.

Staff should:

- in an emergency take action to obtain urgent medical attention for the child, if required, for example, call 999;
- stop other activity, responding to a suspicion of abuse takes immediate priority;
- report any concerns you have to the designated safeguarding and child protection person or deputy immediately, or most senior person if not available. You may contact SPA directly;
- childminders would share concerns directly with SPA;
- refer to the safeguarding processes flowchart;
- if there is any reason to believe that a child is subject to physical, emotional, sexual abuse or neglect, report these concerns to the SPA team or out of hours Emergency Duty Team;
- record who you spoke to, any advice given and actions taken;
- referral forms are available online;
- ask the parent or carer about what has been observed, so long as it does not put the child at increased risk. (see Seeking consent, p11);
- if you decide not to discuss your concerns with the child's parents you should record this and the reason why you made that judgement;
- record exactly what has been heard or seen, what has been said, and was done;
- use a body map to record injuries but do not take photographs;
- keep the notes taken at the time, without amendments, omissions or addition, even though subsequent reports may be written (date and sign each page);
- providers should operate on a need-to-know basis only. Do not discuss the issue with colleagues, friends or family.

What to do if a child discloses abuse

It often takes a great deal of courage for a child to talk to anyone about their abuse. Children learn to be very good at covering up abuse and give plausible explanations for what happened. Children may have to betray a person who is close to them, who they may love, or who has power over them. A child who discloses may risk a great deal by hoping that you will believe what they say

Providers should:

- ensure the immediate safety of the child.
- stop other activity and focus on what the child is saying, responding to a suspicion of



abuse takes immediate priority;

- seek any necessary medical treatment without delay;
- stay calm and do not express shock or disbelief;
- listen carefully to what is being said, allow the child to continue at their own pace. Ensure questions are absolutely minimal and completely open, for example “How did that happen?”;
- repeat back to the child (as accurately as possible) what you heard, to check your understanding of what the child has told you;
- tell the child they are not to blame, it’s not their fault and they have done the right thing in telling you; not promise to keep secrets - find an appropriate early opportunity to explain it will be necessary to tell someone else in order to help them and keep them safe;
- ask the child if they have told anyone else;
- tell the child what you will do next and with whom the information will be shared;
- inform the designated safeguarding and child protection person and/or your senior manager as soon as possible;

ask the parent or carer about what has been disclosed, so long as it does not put the child at increased risk (see Seeking consent);

- as soon as possible, record in writing what was said, using the child’s own words. Note the date, time and names mentioned, to whom the information was given and ensure that all records are signed and dated;
- note anything the parent or carer tells you; and
- the designated person will follow the setting’s child protection procedures and contact SPA. Childminders would inform SPA directly.

Seeking consent

While settings should seek to discuss any concerns with the child’s parents or carers and where possible, seek their agreement to make a referral to SPA, there are cases where you must not discuss concerns with them before making a referral.

Concerns must not be discussed with parents or carers before referral in the following circumstances:

- where discussion would put a child at risk of significant harm;
- where discussion would impede a police investigation or social work enquiry;
- where sexual abuse is suspected;
- where female genital mutilation (FGM) is suspected to have been carried out or planned;
- where organised or multiple abuse is suspected;
- where factitious illness or induced illness is suspected;
- where to contact parents/carers would place you or others at risk; or
- where it is not possible to contact parents or carers without causing undue delay in making the referral, advice should be sought from SPA.



A decision by any professional not to see parental permission before making a referral to SPA must be recorded, and the reasons given

What to do if an allegation of abuse is made against an adult in contact with children

An allegation of child abuse made against a member of staff (within the work environment or outside of work) or other adult in contact with children in the setting may come from a parent, another member of staff or from a child's disclosure. The allegation or concern may relate to a person who has:

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

Providers should:

- treat the matter seriously;
- remove the adult from the situation (if applicable);
- seek any necessary medical treatment for the child without delay; • make a written record of the information that includes: when the alleged incident took place (time and date), who was present, and what was said to have happened and who else may have been present. Keep an open mind and avoid asking leading questions;
- write down exactly what is said, not what you think they have said, record the person's actual words. Do not rephrase and avoid interpretations, if you are not sure about a word or phrase clearly state this in your notes; • not attempt to investigate the matter by interviewing any potential child witnesses or the accused person but simply record the facts and information presented to them;
- sign and date the written record;
- report the matter immediately to the designated safeguarding and child protection person, or senior manager. Where the designated person is the subject of an allegation, report the matter directly to SPA. Childminders must contact SPA directly;
- contact SPA within a maximum of 24 hours for advice and further guidance, who in turn will contact the LADO who will offer advice and guidance;
- cooperate fully with the processes of the SPA team and with any police investigations. If the LADO and police decide an allegation requires further investigation a multi-agency strategy meeting will be held to agree on who has responsibility for the actions, their timescales and what records are to be made;
- follow their own internal disciplinary procedure depending on the LADO's recommendation;
- ensure staff involved, including those who may have been suspended, are kept informed and supported throughout the investigation;
- await the outcome of the investigation before taking further action;
- ensure, if it appears from the results of the investigation that the allegations are substantiated, that disciplinary action will follow, taking legal advice where necessary;
- make a referral to the Disclosure and Barring Service (DBS) if the allegation is substantiated and the person concerned is dismissed;



- inform Ofsted throughout the investigation as soon as is reasonably possible, but at the latest within 14 days of the allegations being made and actions taken. Ofsted may suspend the settings registration at any time if it considers children are at risk.

If an adult tenders their resignation this must not prevent an allegation being followed up, a formal conclusion reached and action taken.

Record keeping

It is essential that clear and concise records are kept.

- Record the incident and include all relevant details, a sample form is available on page 15.
- Start a chronology at the earliest opportunity to ensure all contacts are recorded and logged. A sample form is available on page 17.
- A chronology must list specific and significant incidents, events and actions taken in relation to the child and, where appropriate, their family, with a brief explanation or cross-referenced to where the records can be found.
- All records must be dated and signed to ensure they can be attributed to the person completing them.
- Records must be written as soon as reasonably possible following any incident taking place.
- The incident, event, or observation should be described clearly and concisely, physical marks or injuries should be recorded on a body map where appropriate. A sample body map is available on page 14.
- Records should contain any comments made by the child, adult in their own words.
- Records must make a clear distinction between what is factual information and what are personal comments or thoughts.
- Record any advice given and actions taken.
- In the case of an allegation against a member of staff, a summary should be kept on the member of staff's file and the staff member should be provided with a copy.
- For related criminal or civil proceedings, records may be subject to disclosure.
- Records must be kept for an appropriate length of time.

All records and notes should be kept securely at all times. If records are kept electronically these must also be kept securely and password protected. Access should be restricted to appropriate members of staff.

Whistle blowing

Whistle blowing is when someone reports suspected wrongdoing at work, including health and safety issues, damage to the environment, a crime, misuse of public funds and where the welfare of children is being negatively affected, and the cover up of any of these.

All settings should have 'clear whistle blowing procedures, which reflect the principles in Sir Robert Francis's 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' *Working Together to Safeguard Children, March 2015*



Any individual who has reasonable suspicion of staff malpractice or concerns about a child's welfare within a setting should inform the designated safeguarding and child protection person immediately who will follow the settings procedure. If you suspect the designated person may be related to the issue you should contact SPA or Ofsted directly. You are advised to set out the background and history of your concerns, giving names, dates and places, where possible, and the reason why you are particularly concerned about the situation. All reports will be investigated and dealt with in confidence, including staff on a need to know basis.

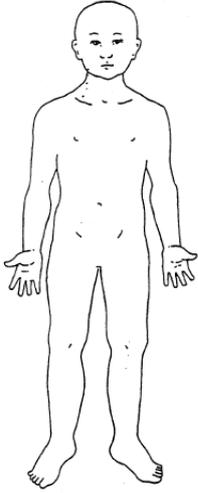
Parents or carers of a child involved should be informed of the allegation as soon as possible, providing provision of information and advice at that stage does not impede the enquiry, disciplinary or investigative processes. However, parents or carers may need to be told immediately, for example, if a child requires medical treatment.



Body maps

Childs name:

Date of birth:



Name: _____

Signature: _____ Date ____



Safeguarding incident recording form

Date of incident:		Time of incident:	
Staff name/s			
Name(s) of child or children involved	Name:		Date of birth:
	Name:		Date of birth:
Give details of incident:			
Immediate actions			
When and how were parents informed?	How	Details	
	<ol style="list-style-type: none"> 1. Verbally on the day at normal collection time 2. By phone at the time of incident 3. Confirmation in writing within three days 4. Other 		
Which other agencies were informed?			
SPA/Out of Hours Duty Team		Date:	
Name:			
Contact number:			
Details of advice given:			
Date followed up in writing:			



Police Name: Contact number: Details of advice given: Date followed up in writing:	Date:
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Early Years Service Name: Contact number: Details of advice given: Date followed up in writing:	Date:
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Ofsted Name: Contact number: Details of advice given: Date followed up in writing:	Date:
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Other Name: Contact number: Details of advice given: Date followed up in writing:	Date:
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How it was dealt with? (Please tick all that apply)	<ol style="list-style-type: none"> 1. Internal assessment (eg reviewed risk assessment, or staff deployment resulting from incident) 2. Investigation by Ofsted 3. Investigation by other agencies (please give details)
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Give details and attach any reports or correspondence that are relevant	NB: any follow up conversations, phone calls, correspondence, emails etc must include date, time, name of contact and be securely attached to original form
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Action and Outcomes: (Please tick all that apply)	<ol style="list-style-type: none"> 1. Internal actions 2. Actions agreed with Ofsted 3. Changes to conditions of registration 4. Other action taken by Ofsted 5. No action 6. Actions imposed or agreed with other agencies including Early Years and Childcare Team
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Please give details:		
Has a copy of this record been shared with parents?	YES	NO
Name of recorder: Position: Signature: Date record completed:		
Outcome notified to parents (Within 28 days)	YES	
Date		

Safeguarding record – Chronology

Name of child or adult: _____

Date and time	Name	Comments, records, contacts	Actions required	Date action completed

Safeguarding processes flowchart – Kingston

Practitioner has concerns about child's welfare or an allegation against an adult. Practitioner ensures they have discussed these concerns with parent or carer unless they are concerned the child is in immediate danger. **Call 999 if you think a child is in immediate danger**

Early years providers: Practitioner shares concerns with manager and/or the designated safeguarding and child protection person as appropriate
Children's centres: Practitioner shares concerns with designated safeguarding and child protection person for the children's centre. Report to SPA or allocated social worker where known.
Childminders: may refer to SPA directly

Any individual with concerns may also contact SPA directly

Still has concerns

Designated person or practitioner contacts
Single Point of Access
Kingston SPA: 020 8547 5008
 Out of hours: 020 8770 5000

Follow any advice given by SPA or LADO

The SPA referral form for professionals is available at http://www.kingston.gov.uk/downloads/file/1136/spa_referral_form_for_professionals

This should be e-mailed **securely** to SPA*
spa@rbk.kingston.gov.uk.cjsm.net

*If you don't have secure email you can fax this, please do not use normal email. Fax: 020 8547 6036

EY Providers:

Contact Ofsted on 0300 123 1231 to report a significant event within 14 days.
 Inform your early years consultant (EYC) at the Early Years Service.

Children's centres: record activity at centre level and monitor.

SPA acknowledges receipt of referral and decides on next course of action within one working day.

Local Authority Children's Social Care starts initial assessment or LADO requests initial meeting.

The Early Years Service is available for advice and support at **any** point during this process.

This is a reference document that you should adapt for your own provision (updated February 2015)

No longer has concerns

Ensure accurate records are collated, maintained and that they are securely stored.

It is your duty to protect any information you send electronically.

Ensure children's details are e-mailed securely and do not breach the Information Commissioners Office guidance. Confidentiality must be maintained adopting a 'need to know' approach.

No further child protection action.

Early years providers: may need to act to ensure services are provided and discuss this with EYC for further support.

Children's centres: Continue to engage with the family through children's centre services. Bring to children's centre multi agency meeting and locality meeting.

No further local authority children's social care involvement at this stage, although other action may be necessary eg, onward referral to Family Support Team, Primary Mental Health and children's centre manager, or a CAF may be required.

Safeguarding processes flowchart – Richmond

Practitioner has concerns about child's welfare or an allegation against an adult. Practitioner ensures they have discussed these concerns with parent or carer unless they are concerned the child is in immediate danger.

Call 999 if you think a child is in immediate danger

Early years providers: Practitioner shares concerns with manager and/or the designated safeguarding and child protection person as appropriate

Children's centres: Practitioner shares concerns with designated safeguarding and child protection person for the children's centre. Report to SPA or allocated social worker where known.

Childminders: may refer to SPA directly

Any individual with concerns may also contact SPA directly

Still has concerns

Designated person or practitioner contacts
Single Point of Access

Richmond SPA: 020 8891 7969

Out of hours: 020 8744 2442

An online SPA referral can be made at
www.richmond.gov.uk/child_protection

Follow any advice given by SPA or LADO

An incident recording form is available to help practitioners record information and support discussions:

www.richmond.gov.uk/safeguarding_incident_recording_form.pdf

EY providers:

Contact Ofsted on 0300 123 1231 to report a significant event within 14 days.

Inform your early years consultant (EYC) at the Early Years Service.

Children's centres: record activity at centre level and monitor.

SPA acknowledges receipt of referral and decides on next course of action within one working day.

Local authority children's social care starts initial assessment or LADO requests initial meeting.

No longer has concerns

Ensure accurate records are collated, maintained and that they are securely stored.

You may use the 'Comments, Concerns and Incident record' available on

www.richmond.gov.uk/comments_concerns_or_complaints_record.pdf

It is your duty to protect any information you send electronically.

Ensure children's details are e-mailed securely and do not breach the Information Commissioners Office guidance. Confidentiality must be maintained adopting a need to know approach.

No further child protection action.

EY providers: may need to act to ensure services are provided and discuss this with EYC for further support.

Children's centres: Continue to engage with the family through children's centre services. Bring to children's centre multi-agency meeting and locality meeting.

No further local authority children's social care involvement at this stage, although other action may be necessary eg, onward referral to Family Support Team, Primary Mental Health and children's centre manager, or a CAF may be required.

The Early Years Service is available for advice and support at **any** point during this process.

This is a reference document that you should adapt for your own provision (updated February 2015)

Contact details

The Royal Borough of Kingston upon Thames

Single Point of Access (SPA)

Telephone: **020 8547 5008**

Secure email spa@rbk.kingston.gov.ukcjsm.net

Email: spa@kingston.gov.uk (this email must not be used for referrals)

Emergency out of hours contact: 020 8770 5000

For child protection concerns in an emergency outside of office hours all day Saturday, Sundays and bank holidays

Local Safeguarding Children Board (LSCB)

Kingston Local Safeguarding Children Board

Telephone: 020 8547 4655

Email: lscb@rbk.kingston.gov.uk

Early Years Advisory Team

Administration telephone: 020 8547 5215

London Borough of Richmond upon Thames

Single Point of Access (SPA)

Telephone: **020 8891 7969**

Email: spa@richmond.gov.uk

Emergency out of hours contact: 020 8744 2442

For child protection concerns in an emergency outside of office hours, all day Saturday, Sundays and bank holidays

Local Safeguarding Children Board (LSCB)

Richmond Local Safeguarding Children Board

Telephone: 020 8831 6323

Email: maha.gadher@achievingforchildren.org.uk

Early Years Advisory Team

Administration telephone: 020 8831 6267



Legislation, guidance and sources of information

- Children Act 1989, 2004 and 2006
- Children and Families Act 2014
- Convention on the Rights of the Child, UNICEF 1989
- Data Protection Act 1998
- Freedom of Information Act 2000
- The Human Rights Act 2000
- Equality Act 2010
- London Child Protection Procedures 2014
- Safeguarding and Vulnerable Groups Act 2006

<p>Working Together to Safeguard Children 2015 A guide to inter-agency working to safeguard and promote the welfare of children</p>	<p>This guidance covers: the legislative requirements and expectations on individual services to safeguard and promote the welfare of children; and a clear framework for Local Safeguarding Children Boards (LSCBs) to monitor the effectiveness of local services. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf</p>
<p>Richmond and Kingston Local Safeguarding Children Boards (LSCB)</p>	<p>The Local Safeguarding Children Board (LSCB) is a statutory body that ensures everyone is working together for the safety and wellbeing of children and people. The board coordinates the work of local agencies and checks its quality to ensure children's early help and safeguarding is effective. They provide a variety of training opportunities, policies and procedures and useful resources, including guidance on the role of the Local Authority Designated Officer (LADO) and safer recruitment. The LSCB undertakes learning and improvement case reviews. http://richmondscb.org.uk www.kingston.gov.uk/info/200236/kingston_local_safeguarding_childrens_board</p>
<p>What to do if you're worried a child is being abused: Advice for practitioners March 2015</p>	<p>This advice booklet has been produced to help practitioners identify child abuse and neglect and take appropriate action in response. It complements the <i>Working Together to Safeguard Children</i> (2015) statutory guidance. https://www.gov.uk/government/publications/what-to-do-if-youre-worried-a-child-is-being-abused--2</p>
<p>The London Safeguarding Children Board</p>	<p>Provides strategic advice and support to London's 32 Local Safeguarding Children Boards (LSCBs). The London Safeguarding Board is not responsible for individual child protection matters, but provides a range of useful information and resources. www.londonscb.gov.uk/procedures</p>
<p>Disclosure and Barring Service</p>	<p>The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA). https://www.gov.uk/government/organisations/disclosure-and-barring-service/about</p>
<p>ChildLine</p>	<p>ChildLine is a private and confidential service for children and young people up to the age of nineteen. Children can contact a ChildLine counsellor about anything. ChildLine provides information and posters. www.childline.org.uk</p>



NSPCC	The National Society for the Prevention of Cruelty to Children (NSPCC) is a charity campaigning and working in child protection. They help children who have been abused to rebuild their lives, protect children at risk, and find the best ways of preventing child abuse. Leaflets and posters available to download. www.nspcc.org.uk
UNICEF	UNICEF is the world's leading organisation working for children and child rights. They focus their work on the five big dangers children face in the world today: violence, exploitation and abuse, disease, hunger and malnutrition, war and conflict and disaster. www.unicef.org
Direct Gov website	This website provides you with policies, announcements, publications, statistics and consultations and information relating to legislation. www.direct.gov.uk
Ofsted	Ofsted inspect childcare, publish reports and regulate a range of children's services www.ofsted.gov.uk
Safe Network	A site and resource aimed at the voluntary sector and managed by Children England and the NSPCC. www.safenetwork.org.uk
Child Exploitation Online Protection Unit (CEOP)	The National Crime Agency (NCA) CEOP works with child protection partners across the UK and overseas to identify the main threats to children and coordinates activity against these threats. They protect children from harm online and offline, directly through NCA led operations and in partnership with local and international agencies. http://ceop.police.uk/About-Us/
Churches Child Protection Advisory Service (CCPAS)	CCPAS is the only independent Christian safeguarding charity which provides a helpline, safeguarding policies, resources, training and advice, disclosure checks, specialist safeguarding services. www.ccpas.org.uk
Prevent Duty Guidance	The Counter-Terrorism and Security Act 2015 contains a duty on specified authorities to have due regard to the need to prevent people from being drawn into terrorism. The Act states that the authorities subject to the provisions must have regard to this guidance when carrying out the duty, the guidance includes a section for schools and registered childcare providers www.gov.uk/government/publications/prevent-duty-guidance
Freedom to Speak up Report – Sir Robert Francis	This report is primarily written about the NHS, however the findings apply to organizations covered by Working Together to Safeguard Children, March 2015 www.freedomtospeakup.org.uk/wp-content/uploads/2014/07/F2SU_web.pdf