

Stepping Stones Pre School, Aldborough, Norfolk

Safeguarding Policy

'This organisation is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment.'

(Children's Workforce Development Council, 2009)

The Safeguarding Lead Practitioner (SLP) is Helen Watson

The Deputy Safeguarding Lead Practitioner (Deputy SLP) is Carole Haggith

The Chair of the Management Committee is Tina Gibbons

This policy has been written in accordance with Norfolk Safeguarding Children Partnership (NSCP) guidance and the Early Years Foundation Stage statutory requirements.

Aims

- Ensure every child who attends the setting is safe and protected from harm and does not suffer from any unnecessary impairment to their health and development.
- Ensure all those who work in the pre-school, either paid or unpaid, have a clear understanding of their legal responsibility to safeguard and promote the welfare of all the children in their care.
- Ensure that parents and carers have a clear understanding of the legal responsibilities relating to safeguarding and promoting the welfare of all children.
- Provide activities that will equip our children with the skills they need to stay safe.

Ethos

At Stepping Stones Pre School the child's welfare is paramount and the children are supported by safe and effective care. We maintain a positive emotional environment where adults and children are confident to express themselves, safe in the knowledge that they will be listened to and respected. In order to do this:

- Staff are well trained and knowledgeable about safeguarding issues and understand the child protection referral and whistleblowing procedures.
- Positive relationships with parents and carers are an important part of practice.
- Staff and volunteers undertake their roles in a professional manner.

Confidentiality

Staff, volunteers, and Committee will:

- Keep concerns confidential and only share them with those that need to know in order to protect children in line with the referral process.
- Always keep records secure and accessible only to those who need to know in order to protect children.
- Sign the safeguarding policy which includes the requirement for confidentiality.
- Sign the confidentiality pledge.

Information Sharing

If it is in the public interest information can be shared to safeguard and promote the welfare of children, without consent from the person who provided it, or to whom it relates.

Our setting follows ICO guidance in the 10 Step Guide to Sharing Information to Safeguard Children (09/23)

Roles and responsibilities

The Role of the SLP and Deputy SLP

Policies and Procedures

The SLP and Deputy SLP in a supporting role are responsible for ensuring that:

- Safeguarding policy, procedures and guidance in accordance with local and national guidance/legislation are in place and that these are available, understood and followed.
- The safeguarding policy is reviewed and updated on at least an annual basis, and at any time there is change in guidance, legislation and staffing. This is done in conjunction with the manager.
- Current contact details for having child protection conversations are clearly displayed with basic information about the referral process. This is done in conjunction with the manager.

Safer working practice

The SLP and Deputy SLP in a supporting role are responsible for ensuring that:

- They adhere to the setting's code of conduct
- They demonstrate high standards of safe working practice.
- Safeguarding practice within the setting is in line with all relevant legislation, NSCP guidance, and setting procedures and policy. This is done in conjunction with the manager.
- Staff, students, volunteers and regular visitors have opportunities to discuss safeguarding policy and practice. They are updated and reminded on a regular basis about the setting's safeguarding policy and know what to do if they are worried a child is being abused. This is done in conjunction with the manager.
- Safeguarding information is cascaded to staff, and support is available as appropriate through information sharing e.g. staff meetings and supervision.
- Evidence of general discussion is recorded e.g. staff meeting minutes. Safeguarding should be a regular agenda item at staff meetings.
- Safeguarding concerns about any adult working in the setting are reported to the manager.
- Parents/Carers understand the setting's/centre's responsibilities relating to safeguarding. This is done in conjunction with the manager.

Training

The SLP and Deputy SLP in a supporting role are responsible for ensuring that:

- Staff, students and volunteers receive clear information about safeguarding at induction and receive safeguarding training appropriate to their role. This is done in conjunction with the manager.
- Their own training and knowledge on safeguarding issues is up to date including where to source information, in line with NSCP guidance, and they are able to act effectively as a point in reference for others.

Child protection and multi- agency working

The SLP and Deputy SLP in a supporting role are responsible for ensuring that:

- Safeguarding concerns are raised with Children's Services by the SLP or deputy, in line with NSCP procedures and the setting's policy
- They represent the setting at multi-agency meetings concerning individual children, and complete reports and other relevant paperwork in line with NSCP.
- Support and guidance is provided to staff etc who raise concerns regarding related record-keeping, and appropriate action is taken in line with NSCP.

- Informed decisions are made about who will talk to parents, and when this is appropriate. Staff are supported to maintain respectful relationships with parents.
- Accurate safeguarding records are maintained and stored appropriately.
- Appropriate information is provided to support transitions both within the setting and beyond. This is done in conjunction with the manager.
- Effective relationships are established with other agencies including health, and liaison is established as appropriate with safeguarding.

The role of the Chair of the Management Committee in Safeguarding

- Ensures Safeguarding policy in place.
- Ensures policies reviewed and updated.
- Ensures safer recruitment process in place.
- Ensures DBS checks recorded.
- Ensures Code of Conduct in place.
- Ensures SLP and Deputy SLP nominated.
- Ensures contingency for their absence in place.
- Ensures effective inductions in place.
- Ensures safeguarding updates and reminders for staff are evidenced.
- Ensures allegations against staff are acted upon.
- Attends relevant training.

The Role of the Committee in Safeguarding

- Supports Chair in above
- Attends required and other relevant training.

The role of the setting staff and regular volunteers

- Read, understand and follow the Safeguarding Policy, and related policies as listed.
- Know who the Safeguarding Lead Practitioner and Deputy are.
- Adhere to the Code of Practice.
- Demonstrate high standards of safe working practice.
- Understand the role of the key person.
- To be proactive in checking understanding of safeguarding policy and procedure and refreshing knowledge.
- Report concerns about any adult working or volunteering in the setting to the manager, following the whistleblowing procedure as detailed in the policy.
- To report concerns about the manager directly to the Local Authority Designated Office (LADO) and the Chair of the Committee
- Receive information about safeguarding at induction and to attend and keep up to date safeguarding training.
- **If you fundamentally disagree with the SLP or the Deputy's decision *not* to contact Children's Services then you have the right to follow procedure and make a referral to Children's Services. The disagreement should be recorded, and details of the reasons made clear to the SLP's line manager.**

Safer recruitment process (also see Safer Recruitment Policy)

It is our aim to prevent unsuitable people being employed or volunteering to work with children in our setting. We are committed to safer recruitment and follow the recommendations from the Norfolk County Council safer recruitment process for early years and childcare settings. These commitments include:

- Setting up and adhering to robust recruitment and selection processes for all adults and students who undertake to work whether paid or unpaid at the setting as detailed in our Safer Recruitment Policy.
- Using robust vetting and checking processes through the involvement of outside agencies (DBS) and the ISA, the submission of full references on request and completion of a health declaration.
- Completing annual declarations for all adults who work paid or unpaid as part of the appraisal process.
- Completing a continuing suitability declaration as part of the supervision process.

Training

All staff and volunteers make a commitment to undertake the appropriate training, detailed in the matrix below, in line with NSCP guidance and their role and to keep this updated. Safeguarding Policy and procedure are regular agenda items at staff meetings and training days.

Staff have the opportunity to discuss Safeguarding Policy and procedure at staff meetings and their supervisions.

Role	Introduction to child protection	Safeguarding training for Committees	Safeguarding Lead Practitioner (SLP) training	Safer Recruitment training	NSCB multi-agency training	Prevent Workshop to Raise Awareness of Prevent (WRAP)
Safeguarding Lead Practitioner (SLP)			Required	Required	Required	Required
Deputy Safeguarding Lead Practitioner			Required	Recommended	Recommended	Required
Committee Members		Required		Recommended		Recommended
All Early Years Practitioners	Required					Recommended
Regular Volunteers	NCC Recommended In house training – Required					Recommended

Induction

All staff, volunteers, students and Committee members to be taken through the procedures detailed in this policy on induction and after a period of absence.

All staff, volunteers and students to be given a copy of the Safeguarding Policy on induction and asked to read and sign that they have understood it.

All staff, volunteers and students to be shown where the recording concerns form, and body map form are stored and where the flow charts and phone numbers are displayed.

Supervisions

All staff, volunteers and students who work at the setting to be given regular supervisions where they have the opportunity to discuss or raise any concerns. These should be recorded, and a copy kept on file.

Parents and carers

The pre-school makes a commitment to working in partnership with parents and carers and ensuring that they are made aware of the duty to promote the protection and welfare of children.

Registration

- At their child's induction parents and carers are shown the *Ofsted parents' poster*, the *Duty of Care poster* and taken through the allegations against adult's process.
- Parents and carers are taken through the *Parent & Pre-School* contract, which summarises the Safeguarding, Equal Opportunities and Behaviour policies, and asked to read it, sign it and return a copy to the office.
- The registration form asks for proof of parental responsibility and whether the family is in the Early Help process or involved with any other agencies.

Policy documents

The Safeguarding Policy and other relevant policies (see section below) are available to parents and carers on the pre-school website and copies can be emailed or printed on request.

Accidents and existing injuries

The Tapestry Accident forms, and daily attendance records should be audited termly to check for any unusual patterns of attendance or accidents that may indicate a safeguarding issue.

If a safeguarding concern arises, a *record of concern* form should be completed and used in the best interests of the child. This form should be kept in the Safeguarding file. The Safeguarding file is a separate locked file and is only available to the SLP and Deputy.

Transitions

When a child starts at Stepping Stones or moves on to another setting or school it is important that important information is transferred.

- We ask on the registration form if the family is involved with any other agencies and for the contact details of any previous setting attended.
- We will contact previous settings to enquire if they held any safeguarding records on that child if appropriate.

- If we hold a safeguarding file for the child, this is forwarded to the ongoing setting FAO Safeguarding Lead by tracked post or by hand. Parents and Carers are informed.
- A confirmation of receipt form is sent to the Safeguarding Lead at the ongoing setting. A copy of the contents is retained until confirmation of receipt is received from the ongoing setting. (SEE APPENDIX)

Understanding and identifying abuse and neglect

Abuse and neglect are forms 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 know to them or, more rarely, by a stranger for example, via the internet. They may be abused by an adult or adults, or another child or children.

Working Together to Safeguard Children (2018)

Categories of Abuse

- Neglect
- Physical Abuse
- Emotional Abuse
- Sexual Abuse

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. Once a child is born, neglect may involve a parent or carer failing to:

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

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

Physical abuse

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

Emotional abuse

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

Sexual abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, 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.

Additional Safeguarding Issues

Child Sexual Exploitation

Child sexual exploitation is when people use the power they have over young people to sexually abuse them. Their power may result from a difference in age, gender, intellect, strength, money or other resources. Signs of sexual exploitation include the child being absent for periods of time, being disruptive, having mood swings and changes in temperament, appearing with unplanned gifts or new possessions, experiencing health problems that may indicate a sexually transmitted disease, displaying inappropriate sexualized behaviour, such as over familiarity with strangers, they may also show signs of unexpected physical harm, such as bruising and cigarette burns.

County Lines

County lines is where illegal drugs are transported from one area to another, often across police and local authority boundaries (although not exclusively), usually by children or vulnerable people who are coerced into it by gangs. The 'County Line' is the mobile phone line used to take the orders of drugs. Importing areas (areas where the drugs are taken to) experience increased levels of violence and weapons-related crimes as a result of this trend.

Signs that a family may be involved can include; families seeming unfamiliar with your community or where they are, new faces picking up or dropping off the child at the setting, change in behaviour and/or demeanour (e.g. secretive, withdrawn, aggressive, emotional), signs of substance misuse and/or drug paraphernalia, changes in dress, unexplained, sometimes expensive new things (e.g. clothing, jewelry, cars etc.), unexplained absences, signs of injury.

Peer on peer abuse

Peer on peer abuse includes but is not limited to physical and sexual abuse, sexual harassment and violence, emotional harm and bullying.

Domestic Abuse

Domestic abuse is an incident or pattern of incidents of controlling, coercive, threatening, degrading or violent behaviour, usually by a partner or ex-partner but also by a family member or carer. Domestic abuse can be: psychological, emotional abuse, physical, sexual, financial.

Domestic abuse can impact children through seeing, hearing, or experiencing the effects of domestic abuse and /or experiencing it through their own intimate relationships.

Female Genital Mutilation (FGM)

FGM is a procedure where the female genital organs are injured or changed without medical reason, causing severe pain with immediate and/or long term health consequences, including mental health problems, difficulties in child birth, causing danger to the unborn child and mother, and/or death.

Unborn children and vulnerable babies

Unborn children and babies under one year old are amongst the most vulnerable and therefore at the most risk of harm from reduced parental capacity. Parental capacity is defined as "the ability of parents or caregivers to ensure that the child's developmental needs are being appropriately and adequately responded to, and to [be able to] adapt to [the child's] changing needs over time". (Dept of Health, Dept for Education and Employment, and Home Office (2000) Framework for the Assessment of Children in Need and Their Families.) The coexistence of the following environmental factors can compromise parenting capacity:

The presence of violent men, particularly the cohabitee of the natural parent, Parental conflict and or domestic abuse, Mental health problems, Substance misuse (drugs and/or alcohol), Young parents, Social isolation, Criminal convictions, Adults who themselves have come from abusive backgrounds or whom themselves were looked after as children, Learning difficulties , Long term involvement with specialist agencies, including adult services, High levels of involvement with health, Withdrawal from contact with universal services, notably sustained nonattendance at school and health appointments.

Parental alcohol and drug use

Parents' dependent alcohol and drug use can negatively impact on children's physical and emotional wellbeing, their development and their safety. The impacts on children include: physical maltreatment and neglect, poor physical and mental health, development of health harming behaviours in later life, for example using alcohol and drugs and at an early age, which predicts more entrenched future use, poor attendance due to inappropriate caring responsibilities, low educational attainment, involvement in anti-social or criminal behaviour.

Prevent

The purpose of the PREVENT strategy is to stop people becoming terrorists or supporting violent extremism through early identification and the promotion of the British Values of, democracy, rule of law, individual liberty, mutual respect and tolerance.

Indicators that might suggest vulnerability to violent extremism and which may therefore be useful in the vulnerable to radicalization (VTR) process are **expressed opinions** that support violence and terrorism or the values of extremist organisations, possession of or access to extremist **material** or material regarding weapons, explosives or military techniques, changes in **behaviour** and a **personal history** that includes claims of involvement in extremist organisations , military/ terrorist training or combat/violent activity.

A practitioner from any agency working with the child, young person or adult could be the person to **notice** that there has been a change in the individual's behaviour that may suggest they are vulnerable to radicalisation. The next step is for the practitioner to speak to colleagues and/or partners to better understand the concerns raised by the behaviours observed to **check** whether intervention and support is needed. In many cases there will be an explanation for the behaviours that either requires no further action or a referral not related to radicalisation or extremism.

Making a Prevent referral.

Where the practitioner still has concerns that the individual may be vulnerable to radicalisation, they should follow safeguarding procedures and **share** their concerns with **Children's Advice and Duty Service (CADS)** and the **Norfolk Police Prevent** team **01953 423905 /01953 423896**.

Following this the [Prevent referral form](#) should be completed and sent to preventreferrals@norfolk.pnn.police.uk.

Norfolk Continuum of Needs Guidance (previously Norfolk Threshold Guidance)

A Child Centred Framework for making decisions ensuring that children & young people receive the right services at the right time and for the right duration.

This Norfolk Continuum of Needs Guidance sets out our approach to keeping children in Norfolk safe and protected from harm.

What to do if you have a concern about a child

- Discuss your concern/s with the Safeguarding Lead Practitioner (SLP) or the Deputy SLP in the event of their absence talk to the named contingency on the day.
- Together with the designated SLP, record the concern on the *recording form for safeguarding concerns* (paper copies are kept in the *red Safeguarding folder (Kitchen)* and on the pc in folder: *Safeguarding and Risk Assessment SEE APPENDIX 1*
- Follow the CADS process. *Poster on office wall and red safeguarding folder (Kitchen)*
Make careful records of all conversations, in ink, including the dates and times of whom you spoke to, the information shared, and the action agreed. Use the record of meeting or telephone conversation form. (*blank copies on office wall*)

Procedures for handling disclosures

A child may decide to disclose information that may indicate they are suffering from abuse or neglect. A child chooses to speak to an adult because they feel that they will listen and that they can trust them. The adult needs to listen to what the child has to say, and be very careful not to 'lead' the child or influence in any way what they say.

- Stay calm.
- Listen and be supportive.
- Do not ask any leading questions, interrogate the child, or put ideas in the child's head, or jump to conclusions.
- Do not stop or interrupt a child who is recalling significant events.
- Never promise the child confidentiality – it must be explained that information will need to be passed on to help keep them safe.
- Avoid criticising the alleged perpetrator.

- Tell the child what must be done next (the safeguarding process must be followed).
- Record what was said immediately as close to what was said as possible on a record of concern form. Also record what was happening immediately before the child disclosed. Be sure to sign and date the record in ink.
- Contact the Safeguarding Lead Practitioner immediately.
- Remember to seek support for yourself.

Safer working practice

- All staff and volunteers have a duty of care towards the children who attend the setting.
- All staff and volunteers are asked to sign and adhere to our **Code of Conduct**.
- We have an **E-Safety Policy** which includes guidance on the use of images, mobile phones, camera fitted devices and other electronic devices in the setting e.g., smart watches and the use of social media.
- We have a **Baby-Sitting policy** outlining our process in the event of staff undertaking these duties
- All staff and volunteers must report any concerns that they have about inappropriate behaviour of an adult.
- Staff and volunteers, who have not had a full DBS check cannot be left unsupervised with the children, help them with intimate care or wash their hands.
- Physical contact with children should be professional and physical restraint should be safe.
- Staff need to be in earshot and/or view of another member of staff.

What to do if you have concerns about an adult working with the children

We make a commitment to safeguarding children and to ensuring that all staff and volunteers are committed to safeguarding children.

The Flow Chart for managing allegations is displayed in the entrance foyer and office. The LADO referral form can be found in Documents/ Safeguarding and Risk Assessments. SEE APPENDIX

An allegation may relate to an adult who works with children 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.
- behaved towards a child or children in a way that indicates they may pose a risk of harm to children.

All staff and volunteers are clear that they have a duty to share concerns about staff conduct and the following steps should be taken:

- Report the concern or allegation to the Pre- School Manager or the named contingency on the day.
- If the allegation meets the criteria as set out by the Local Authority Designated Officer (LADO) the Pre-School Manager will complete a *LADO referral or consultation form* to report the concern and email to LADO@norfolk.gov.uk within 1 day.
- Digital versions of the *LADO referral or consultation forms* are kept on the setting's computer in **Documents>Safeguarding and Risk Assessment**
- They will follow the guidance of the LADO and give feedback to the member of staff concerned.
- If the concern is about the Pre-school Manager, then refer the concern to the LADO and inform the Committee Chair that a referral has been made.

- The Local Authority Designated Officer (LADO) should be informed within one working day of an allegation.

Key legislation and guidance

Children Act 1989-Gave the main framework for safeguarding children

Children Act 2004-Built on 1989 Act

What to do if you are worried a child is being abused 2015

Working Together To Safeguard Children 2023

Domestic Abuse Act 2021

The Online Safety Act 2023

Norfolk Continuum of Needs Guidance (replaced Threshold Guide)

Norfolk Safeguarding Children Partnership Policies and Procedure

ICO -A 10 step guide to sharing information to safeguard children

- [Working Together to Safeguard Children](#)
- [What to do if you're worried a child is being abused](#)
- [Early Years Foundation Stage \(EYFS\) statutory framework](#)
- [Early Years Inspection Handbook for Ofsted-registered provision](#)
- [Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents, and carers](#)
- [Prevent Duty guidance for England and Wales](#)
- [Safeguarding children and protecting professionals in early years settings: online considerations](#)
- [Norfolk Continuum of Need Guidance](#)

<https://www.schools.norfolk.gov.uk/article/30017/Early-years-safeguarding>

Relevant policies

Safeguarding children is much broader than child protection. Listed below are our policies which come under the umbrella of safeguarding.

- Accidents and Incidents
- Administration of Medicines
- Baby Sitting
- Behaviour
- E-Safety
- Failure to collect a child on time
- Health and Safety
- Intimate Care and Touch
- Missing Children
- Special Educational Needs (SEN)
- Staff Disciplinary procedures
- Safer Recruitment
- Transitions

- Whistleblowing

APPENDICES

Appendix 1 Recording form for Safeguarding Concerns

Appendix 2 Child safeguarding record Front Sheet

Appendix 3 Child safeguarding record Chronology

Appendix 4 Confidential file note: Record of telephone conversation

Appendix 5 Confidential file note: Record of meeting

Appendix 6 Child safeguarding record Transfer Record and Receipt

Appendix 7 Some of the following signs might be indicators of abuse or neglect.

1 Recording Form for Safeguarding Concerns

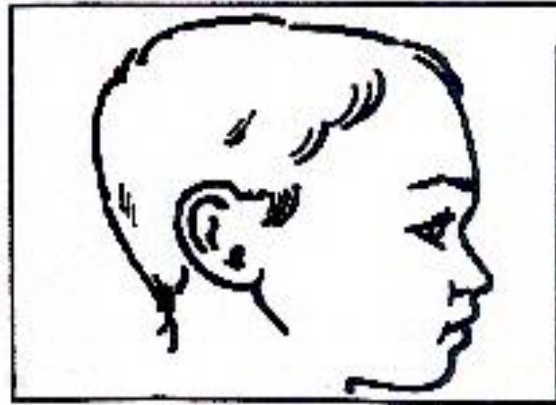
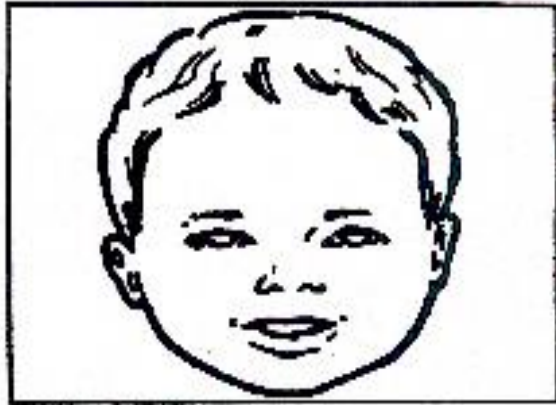
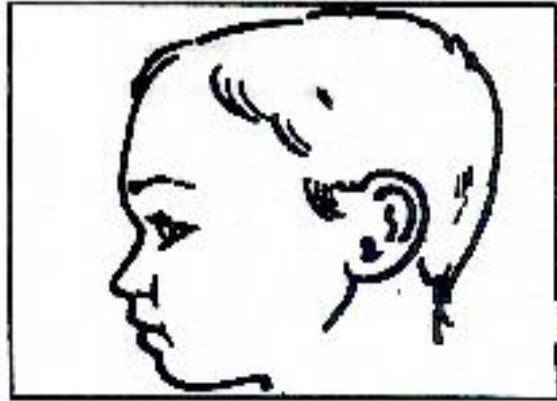
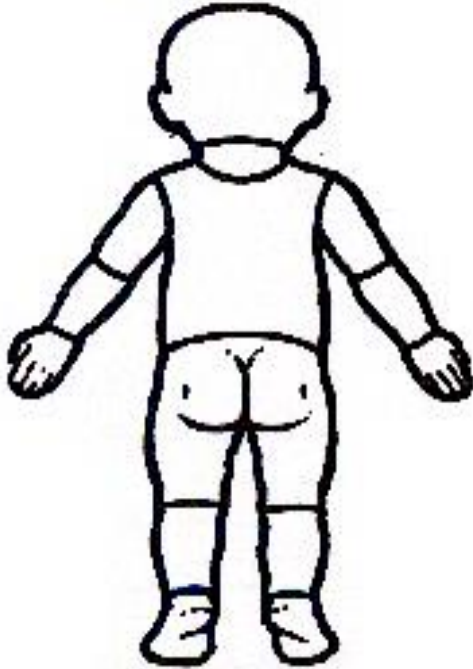
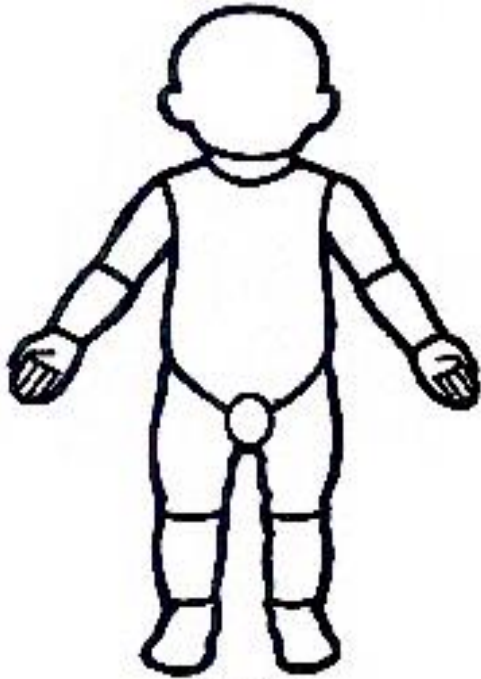
Staff, volunteers and regular visitors are required to complete this form **(HIGHLIGHTED IN BOLD)** and pass it to [Enter name of SLP] if they have a safeguarding concern about a child in our organisation.

Information Required	Enter Information Here
Full name of child	
Date of birth	
Your name and position in the organisation	
Nature of concern/disclosure <i>Please include where you were when the child made a disclosure, what you saw, who else was there, what did the child say or do and what you said.</i> <i>[Ensure that if there is an injury this is recorded (size and shape) and a body map is completed]</i> <i>[Make it clear if you have a raised a concern about a similar issue previously]</i>	
Time & date of incident:	
Name and position of the person you are passing this information to?	
Your Signature	
Time and date form completed	
Time form received by SLP	
Action Taken by SLP	
Referral made to Police [yes/no, date and time]	
Referral made to CADS [yes/no, date and time]	

Information Required	Enter Information Here
Referral made to LADO [yes/no, date and time]	
Referral Made to Other Agency [yes/no, date and time, name of organisation]	
Parents/Carers Informed [yes/no, date and time]. If yes include names of those who have been informed. If no, please state why.	
Feedback given to the child [yes/no, date and time]	
Feedback given to person who recorded the disclosure [yes/no, date & time]	
Further Action Agreed	
Full Name of SLP	
Signature of SLP	

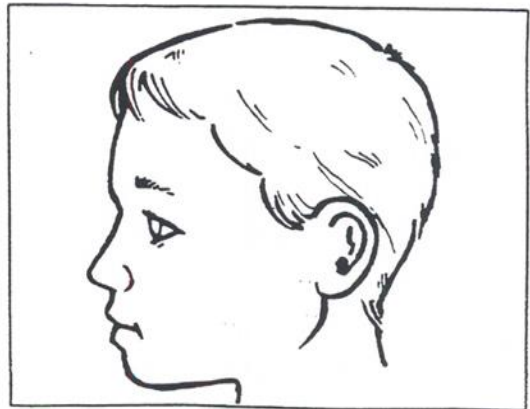
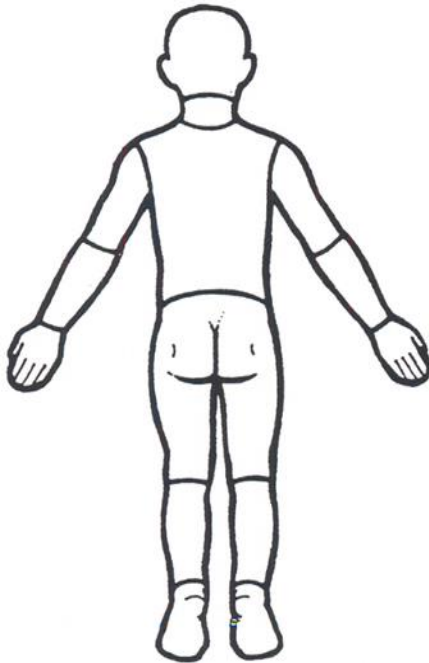
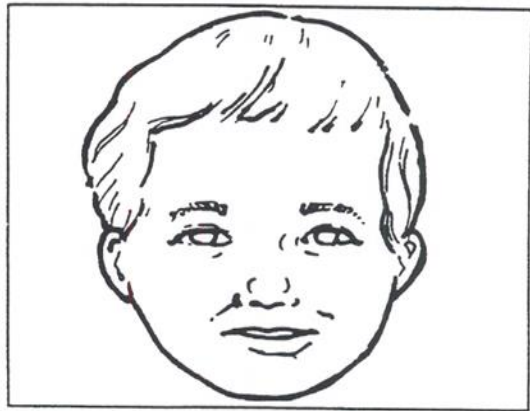
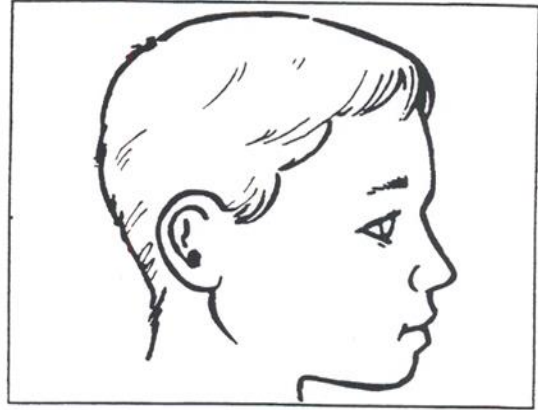
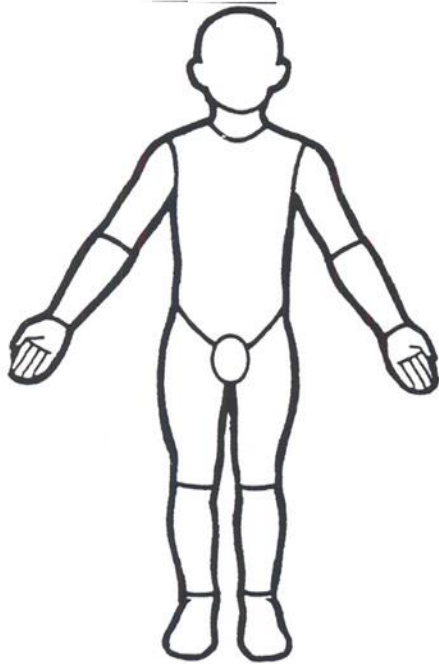
Body Map

Young Child



Indicate clearly where the injury was seen and attach this to the referral form

Body Map



Older Child
Indicate clearly where the in

Stepping Stones Pre School Aldborough Norfolk

Front Sheet: Child Protection Record

Date file started:

Information Field	Initial Result	Changed to	Changed to
Social care status: (CP, CIN, FSP, EHAP, Cause for Concern)			
Name of child:			
Any other names by which the child is known/has been known:			
Date of birth:		Please leave blank	Please leave blank
Address: (including postcode)			
Other family members: (include full name, relationship, if under 18 include age and school where known)			
Name and contact number of key workers: (Include Children's Services Social Care and any other relevant professionals)			
Name and contact number of GP if known:			
Are any other child protection files held by the setting relating to another child closely connected to this child? [Yes/No and details]		Please leave blank	Please leave blank

[Enter name] Pre -School is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment.

Chronology/Significant Events Sheet

This information is gathered to provide an overview of the nature of concerns and details of significant professional interventions.

Date & Time	Nature of contact including name(s)	Key issues discussed & actions agreed or taken in response	Further details in file? [Y/N]	Signature and role of record keeper

4

Confidential file note: Record of telephone conversation

Information required	To be completed
Child Name	
DoB	
Message for	
Caller <i>(please specify including full name, job title or relationship to child)</i>	
Date	
Time	
Telephone Number	
Details/Key Points discussed	
Agreed actions <i>(include person responsible and timescales)</i>	
Agreed actions <i>(include person responsible and timescales)</i>	
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SLP Name	
Signature	
Evidence of Follow-up action taken by SLP <i>(include progress against agreed actions, follow-up with other professionals, parents and child including the date)</i>	

Information required	To be completed
Further Action Agreed <i>(e.g. Pre- school to instigate an Early Help Assessment, assessment by Children's Social Care)</i>	
Full name	
SLP Signature	
Date	

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Confidential file note: Record of meeting

Information required	To be completed
Child name	
DOB	
Location of meeting	
Date	
Time	
Reason for meeting	
Professionals present (include name and job title)	
Family members & other adults present: (include name and relationship to the child)	
Key points discussed	
Agreed actions (include person responsible and timescales)	
Date & time of next meeting	
SLP Name	
Signature	
Evidence of Follow-up action taken by SLP (include progress against agreed actions, follow-up with other professionals, parents and child including the date)	

Information required	To be completed
Further Action Agreed: <i>(e.g. Pre-School to instigate an Early Help Assessment Plan, assessment by Children's Social Care)</i>	
Full name	
SLP Signature	
Date	

Stepping stones Pre School Aldborough , Norfolk

Safeguarding File Transfer Record and Receipt

Part 1: To be completed by sending/transferring setting

Information Required	To be completed
Name of child:	
DoB:	
Name of setting sending CP file:	
Address of setting sending file	
Method of delivery (by hand, secure post or electronically)	
Date file sent:	
Name of SLP transferring file	
Name of person file transferred to:	
Signature:	

PART 2: To be completed by receiving provider

Information Required	To be completed
Name of provider receiving CP file	
Address	
Date received	
Name of person receiving file	
Date confirmation of receipt sent	
Signature	

Transferring Setting : Please ensure that the child protection file is passed to the Designated Safeguarding Lead at the receiving provider using a secure method of delivery with Part 1 of this form completed.

Receiving Provider: Please complete Part 2 and return this form to the SLP listed in Part 1 above. You are advised to keep a copy for your own reference.

Extracted from What to do if you're worried a child is being abused (2015)

Some of the following signs might be indicators of abuse or neglect

- Children whose behaviour changes – they may become aggressive, challenging, disruptive, withdrawn or clingy, or they might have difficulty sleeping or start wetting the bed;
- Children with clothes which are ill-fitting and/or dirty;
- Children with consistently poor hygiene;
- Children who make strong efforts to avoid specific family members or friends, without an obvious reason;
- Children who don't want to change clothes in front of others or participate in physical activities;
- Children who are having problems at school, for example, a sudden lack of concentration and learning or they appear to be tired and hungry;
- Children who talk about being left home alone, with inappropriate carers or with strangers;
- Children who reach developmental milestones, such as learning to speak or walk, late, with no medical reason;
- Children who are regularly missing from school or education;
- Children who are reluctant to go home after school;
- Children with poor school attendance and punctuality, or who are consistently late being picked up;
- Parents who are dismissive and non-responsive to practitioners' concerns;
- Parents who collect their children from school when drunk, or under the influence of drugs;
- Children who drink alcohol regularly from an early age;
- Children who are concerned for younger siblings without explaining why;
- Children who talk about running away; and
- Children who shy away from being touched or flinch at sudden movements.

Some of the following signs may be indicators of physical abuse:

- Children with frequent injuries;
- Children with unexplained or unusual fractures or broken bones;
- Children with unexplained:
 - bruises or cuts;
 - burns or scalds;
 - bite marks.

Some of the following signs may be indicators of emotional abuse:

- Children who are excessively withdrawn, fearful, or anxious about doing something wrong;
- Parents or carers who withdraw their attention from their child, giving the child the 'cold shoulder';
- Parents or carers blaming their problems on their child;
- Parents or carers who humiliate their child, for example, by name-calling or making negative comparisons.

Some of the following signs may be indicators of sexual abuse:

- Children who display knowledge or interest in sexual acts inappropriate to their age;
- Children who use sexual language or have sexual knowledge that you wouldn't expect them to have;
- Children who ask others to behave sexually or play sexual games;
- Children with physical sexual health problems, including soreness in the genital and anal areas, sexually transmitted infections or underage pregnancy

Some of the following signs may be indicators of sexual exploitation:

- Children who appear with unexplained gifts or new possessions;
- Children who associate with other young people involved in exploitation;
- Children who have older boyfriends or girlfriends;
- Children who suffer from sexually transmitted infections or become pregnant;
- Children who suffer from changes in emotional well-being;
- Children who misuse drugs and alcohol;
- Children who go missing for periods of time or regularly come home late;
- Children who regularly miss school or education or don't take part in education.

Some of the following signs may be indicators of neglect:

- Children who are living in a home that is indisputably dirty or unsafe;
- Children who are left hungry or dirty;
- Children who are left without adequate clothing, e.g. not having a winter coat;
- Children who are living in dangerous conditions, i.e. around drugs, alcohol or violence;
- Children who are often angry, aggressive or self-harm;
- Children who fail to receive basic health care
- Parents who fail to seek medical treatment when their children are ill or are injured.

