SAFEGUARDING AND CHILD PROTECTION POLICY FOR SUNFLOWER MONTESSORI KINDERGARTEN

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1. Introduction

'Every child deserves the best possible start in life and the support that enables them to fulfil their potential.

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

Statutory Framework for Early Years Foundation Stage (DfE, 2025)

This policy is for Sunflower Montessori Kindergarten, staff, parents / carers, volunteers, and the wider setting community. It forms part of the safeguarding arrangements for our setting and should be read in conjunction with the following:

- Statutory framework for the early years foundation stage (DfE, 2025);
- our Behaviour Policy, and:
- our Staff Code of Conduct
- our Attendance Policy

Safeguarding and promoting the welfare of children *(everyone under the age of 18)* is defined in Keeping children safe in education (DfE, 2025), as:

- ❑ Providing help and support to meet the needs of children as soon as problems emerge
- ❑ protecting children from maltreatment, whether that is within or outside the home, including online
- ❑ preventing the impairment of children's mental and physical health or development
- ❑ ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- ❑ taking action to enable all children to have the best outcomes

We follow a whole-setting approach to safeguarding, which ensures that keeping children safe is at the heart of everything we do, and underpins all systems, processes, and policies. It is important that our values are understood and shared by all children, staff, parents / carers, volunteers, and the wider setting community. Only by working in partnership, can we truly keep children safe.

Early Years providers must take all necessary steps to keep children safe and well by:

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- ✓ Safeguarding children
- ✓ Ensuring the people who have contact with children are suitable
- ✓ Promoting good health
- ✓ Supporting and understanding behaviour
- ✓ Maintaining records, policies, and procedures

2. Statutory framework

There is government guidance set out in Working Together (DfE, 2023) on how agencies must work in partnership to keep children safe. This guidance places a shared and equal duty on three Safeguarding Partners (the Local Authority, Police and Health) to work together to safeguard and promote the welfare of all children in their area under multi-agency safeguarding arrangements. These arrangements sit under the Essex Safeguarding Children Board (ESCB). In Essex, the statutory partners are Essex County Council, Essex Police, and three NHS Integrated Care Boards covering the county.

Early years settings have a duty under section 40 of the Childcare Act 2006 to comply with the safeguarding and welfare requirements of the Early Years Foundation Stage, under which settings are required to take necessary steps to safeguard and promote the welfare of young children.

In addition to national statutory guidance, in Essex, all professionals must work in accordance with the SET Procedures.

Our setting also works in accordance with the following legislation and guidance (this is not an exhaustive list):

- Statutory framework for the early years foundation stage (DfE, 2025)
- Working Together (DfE, 2023)
- What to do if you're worried a child is being abused (HMG, 2015)
- The Prevent Duty guidance (Home Office, 2015)
- Effective Support for Children and Families in Essex (ESCB 2024)
- Understanding and supporting behaviour - Safe practice for schools (Essex County Council)
- Children Act (HMG, 1989)
- Children Act (HMG, 2004)
- Childcare Act (HMG, 2006)
- Children and Social Work Act (HMG, 2017)
- Keeping children safe in education (DfE, 2025)
- Counter-Terrorism and Security Act (HMG, 2015)

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3. Roles and responsibilities

All adults working with or on behalf of children have a responsibility to protect them and to provide a safe environment in which they can learn and achieve their full potential. However, there are key people within settings and the Local Authority who have specific responsibilities under child protection procedures. The names of those in our setting with these specific responsibilities (the Designated Safeguarding Lead and Deputy Designated Safeguarding Lead) are shown on the cover sheet of this document. However, we are clear that safeguarding is everyone's responsibility and that everyone who comes into contact with children has a role to play.

The management committee

The management committee has strategic oversight of our safeguarding arrangements. It ensures that these arrangements operate effectively, as follows:

- we have appropriate policies in place;
- our staff receive the right training to keep children safe, including regular safeguarding and child protection updates, at least annually, to provide them with the relevant skills and knowledge to keep our children safe;
- we have a named Designated Safeguarding Lead (DSL) who takes lead responsibility for safeguarding children, and a deputy (DDSL) to provide cover when the DSL is absent (their names are on the front page of this policy);
- all adults in our setting who work with children undergo safeguarding and child protection training at induction as appropriate, which is regularly updated;
- our setting contributes to inter-agency working, in line with statutory and local guidance;
- information is shared and stored appropriately and in accordance with statutory requirements;
- we have safer recruitment and selection procedures in place that help to deter, reject, or identify people who might abuse children;
- we meet statutory responsibilities to check adults working with children;
- we ensure volunteers are appropriately supervised in the setting, as appropriate

The Designated Safeguarding Lead (DSL)

Our DSL is responsible for liaison with local statutory children's services agencies, including Essex Social Care and other agencies as required. The DSL provides support, advice, and guidance to staff on an ongoing basis, and on any specific safeguarding issues as required.

Our DSL and their deputy (DDSL) attend a child protection training course to enable them to identify, understand and respond appropriately to signs of possible abuse and neglect. They also ensure that

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everyone in our setting (including temporary staff, volunteers, visitors, and contractors) is aware of our child protection procedures and that they are followed at all times.

All staff

Everyone in our setting has a responsibility to provide a safe environment in which our children can learn. We recognise that any child may benefit from early help and all our staff members are aware of the Essex Early Help procedures and our role in it. They are aware of signs of abuse and neglect so they are able to identify children who may need help or protection.

All staff members are aware of and follow our procedures (as set out in this policy) and are aware of how to make a request for support to Essex Social Care if there is a need to do so. Staff understand that, if they have any concerns about a child's welfare, they must act on them immediately and speak with the DSL or DDSL – they do not assume that others have taken action.

Our staff understand that children may not always feel able or know how to tell someone that they are being abused, perhaps due to their age, or because they are embarrassed, or they may not always recognise that they are being abused. We recognise there are many factors which may impact on our children's welfare and safety and we understand safeguarding in the wider context (contextual safeguarding). We also understand that abuse, neglect, and safeguarding issues are rarely 'stand-alone' events and that, in most cases, multiple issues will overlap.

Our staff will always reassure children who report abuse / victims of abuse that they are taken seriously and that they will be supported and kept safe. We will never make a child feel ashamed for reporting abuse, nor make them feel they are causing a problem.

4. Types of abuse / specific safeguarding issues

Information about abuse and harm including examples of specific safeguarding issues is set out below. Further information about types of abuse and harm is given in:

- What to do if you're worried a child is being abused: Advice for practitioners (HMG, 2015); and
- Keeping Children Safe in Education (DfE, 2025)

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. A child may be abused by an adult or adults or another child or children – the four categories of abuse are:

- **Physical** - *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 / carer fabricates the symptoms of, or deliberately induces, illness in a child*
- **Emotional** - *the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development*

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- **Sexual** - *forcing or enticing a child or young person to take part in sexual activities, not necessarily involving violence, whether or not the child is aware of what is happening. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children*

- **Neglect** - *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*

Harmful sexual behaviour

It is normal for some children to display sexualised behaviour towards other children as they develop. However, harmful sexual behaviour (HSB) is developmentally inappropriate sexual behaviour which is displayed by children, and which may be harmful or abusive (derived from Hackett, 2014). It may also be referred to as sexually harmful behaviour or sexualised behaviour. HSB encompasses a range of behaviour, which can be displayed towards younger children, peers, older children, or adults. It is harmful to the children and young people who display it, as well as those it is directed towards.

We understand that, if a child's sexual behaviour is not developmentally appropriate or expected for their age, it is important to respond quickly, before the behaviour becomes harmful to that child or other children. We recognise HSB may also be a sign that a child has suffered their own trauma or abuse, and we will respond to ensure they receive the right help at the right time to address the concerning behaviour.

Domestic abuse

Domestic abuse is any type of controlling, coercive, threatening behaviour, violence, or abuse between people who are, or who have been in a relationship, regardless of gender or sexuality. It can also happen between adults who are related to one another and can include physical, sexual, psychological, emotional, or financial abuse.

Being exposed to domestic abuse in childhood is child abuse and can have a significant and lasting impact. Children may experience domestic abuse directly, but they can also experience it indirectly. Either can have a serious effect on a child's behaviour, brain development and overall wellbeing, and also compromise the child's basic need for safety and security.

In Essex, the Southend, Essex and Thurrock Domestic Abuse Board (SETDAB) is responsible for designing and implementing the Domestic Abuse Strategy and provides advice, guidance and resources to support work around domestic abuse.

Risk in the community

We understand that safeguarding incidents and behaviours can be associated with factors outside a child's home or our setting, and that there are risks that exist in the community. All staff are aware of contextual safeguarding and we are therefore mindful of whether wider environmental factors present in a child's life are a threat to their safety and / or welfare. We always consider relevant information when assessing any risk to a child and will share it with other agencies when appropriate, to support better understanding of a child and their family. This is to ensure that our children and families receive the right help at the right time.

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Emotional wellbeing
Children's personal, social, and emotional development (PSED) is crucial for them to lead healthy and happy lives and is fundamental to their cognitive development. We understand that a child's positive wellbeing is vital and that poor wellbeing can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation. We recognise that where children have suffered abuse or other potentially traumatic adverse childhood experiences, this can have a lasting impact throughout childhood, adolescence and into adulthood.

Prevention of radicalisation
Children can be vulnerable to radicalisation and extremism in the same way they are vulnerable to other safeguarding issues. Keeping Children Safe in Education (DfE, 2025) defines the following:

Extremism: the vocal or active opposition to our fundamental values, including democracy, the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. This also includes calling for the death of members of the armed forces
Radicalisation: refers to the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups

Terrorism**:** an action that endangers or causes serious violence to a person/people; causes serious damage to property; or seriously interferes or disrupts an electronic system. The use or threat must be designed to influence the government or to intimidate the public and is made for the purpose of advancing a political, religious, or ideological cause.

The Counter-Terrorism and Security Act (HMG, 2015) placed a duty on childcare providers and schools. Under section 26 of the Act, childcare providers and schools are required, in the exercise of their functions, to have 'due regard to the need to prevent people from being drawn into terrorism'. This duty is known as the **Prevent Duty**.

Channel is a national programme which focuses on providing support at an early stage to people identified as vulnerable to being drawn into terrorism. Prevent referrals may be passed to a multi-agency Channel panel, which will discuss the individual referred to determine whether they are vulnerable to being drawn into terrorism and consider the appropriate support required. A representative from an educational setting may be asked to attend the Channel panel to help with this assessment. An individual's engagement with the programme is entirely voluntary at all stages.

So-called 'Honour Based Abuse'
So-called 'honour'-based abuse (HBA) encompasses incidents or crimes which have been committed to protect or defend the honour of the family and / or the community, including Female Genital Mutilation (FGM), forced marriage, and practices such as breast flattening.

Abuse committed in the context of preserving 'honour' often involves a wider network of family or community pressure and can include multiple perpetrators. It is important to be aware of this dynamic and additional risk factors when deciding what form of safeguarding action to take. All forms of HBA are abuse (regardless of the motivation) and should be handled and escalated as such. Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a child being at risk of HBA, or already having suffered HBA.

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Female Genital Mutilation
FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs. It is illegal in the UK and a form of child abuse with long-lasting harmful consequences. Information about FGM is available on the National FGM Centre website.

Forced marriage
Forcing a person into a marriage is a crime in England and Wales. A forced marriage is one entered into without the full and free consent of one or both parties and where violence, threats or any other form of coercion is used to cause a person to enter into a marriage. Threats can be physical or emotional and psychological. A lack of full and free consent can be where a person does not consent or where they cannot consent (if they have learning disabilities, for example). Nevertheless, some perpetrators use perceived cultural practices as a way to coerce a person into marriage.

The Forced Marriage Unit has published statutory guidance and multi agency guidelines, which are available on the GOV.UK website. The Forced Marriage Unit can also provide advice and information: call 020 7008 0151 or email fmu@fcdo.gov.uk.

Breast Flattening
Breast flattening is the process during which young pubescent girls' breasts are ironed, massaged, flattened and/or pounded down over a period of time (sometimes years) in order for the breasts to disappear or delay the development of the breasts entirely. Information about breast flattening is also available on the National FGM Centre website.

5. Children potentially at greater risk of harm

We recognise that some children may potentially be at greater risk of harm and require additional help and support. These may be children with a Child in Need or Child Protection Plan, those in Care or previously in Care or those requiring wellbeing support. We work with Social Care and other appropriate agencies to ensure there is a joined-up approach to planning for these children and that they receive the right help at the right time.

Our setting also understands that children with special educational needs (SEN) and / or disabilities can face additional safeguarding challenges. Barriers can exist when recognising abuse and neglect in this group of children. These can include:

- ❑ assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability, without further exploration
- ❑ that they may be more prone to peer group isolation than others
- ❑ the potential to be disproportionally impacted by things like bullying, without outwardly showing signs
- ❑ communication difficulties in overcoming these barriers

We recognise that children with SEND may require additional help and support to ensure they are appropriately safeguarded.

6. Procedures

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Our setting works with key local partners to promote the welfare of children and protect them from harm. This includes providing a co-ordinated offer of early help when additional needs of children are identified and contributing to inter-agency plans which provide additional support (through a Child In Need or a Child Protection plan).

All staff members have a duty to identify and respond to suspected / actual abuse or disclosures of abuse. Any member of staff, volunteer or visitor to the setting who receives a disclosure or allegation of abuse, or suspects that abuse may have occurred, **must** report it immediately to the DSLr (or, in their absence, the DDSL).

All action is taken in accordance with the following guidance:

- ❑ Essex Safeguarding Children Board guidelines - the SET (Southend, Essex and Thurrock) Child Protection Procedures (ESCB, 2025)
- ❑ Statutory framework for the early years foundation stage (DfE, 2025)
- ❑ Keeping Children Safe in Education (DfE, 2025)
- ❑ Working Together to Safeguard Children (DfE, 2023)
- ❑ 'Effective Support for Children and Families in Essex' (ESCB)
- ❑ PREVENT Duty - Counter-Terrorism and Security Act (HMG, 2015)

Where there is risk of immediate harm, concerns will be referred by telephone to the Children and Families Hub and / or the Police. Less urgent concerns or requests for support will be sent to the Children and Families Hub via Essex Effective Support . The setting may also seek advice from Essex Social Care or another appropriate agency about a concern if we are unsure how to respond to it.

Wherever possible, we will share any safeguarding concerns, or an intention to refer a child to Children's Social Care, with parents / carers. However, we will not do so where it is felt that to do so could place a child at greater risk of harm or impede a criminal investigation, or where we are advised not to. If it is necessary for another agency to meet with a child in the setting, we will always seek to inform parents or carers, unless we are advised not to by that agency. On occasions, it may be necessary to consult with the Children and Families Hub and / or Essex Police for advice on when to share information with parents / carers.

All staff understand that, if they continue to have concerns about a child, or feel a concern is not being addressed or does not appear to be improving, they should press for re-consideration of the case with the DSL.

If, for any reason, the DSL or DDSL is not immediately available, this will not delay any appropriate action being taken. Safeguarding contact details are displayed in our setting to ensure that all staff members have access to urgent safeguarding support, should it be required. Any individual may refer to Social Care where there is suspected or actual risk of harm to a child.

When new staff, volunteers or regular visitors join our setting they are informed of the safeguarding arrangements in place, the name of the DSL and DDSL and how to share concerns with them.

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7. Working with other partners to keep children safe

It is the responsibility of the DSL to ensure our setting is represented at, and that a report is submitted to, any statutory meeting called for children currently at our setting or previously known to us. Where possible and appropriate, any report will be shared in advance with parent(s) / carer(s). The member of staff attending the meeting will be fully briefed on any issues or concerns the setting has and be prepared to contribute to the discussions.

If a child is subject to a Care, Child Protection or a Child in Need plan, the DSL will ensure the child is monitored regarding their attendance, emotional wellbeing, EYFS progress, welfare, and presentation. If the setting is part of the core group, the DSL will ensure the setting is represented, provides appropriate information, and contributes to the plan at these meetings. Any concerns about a plan and / or the child's welfare will be discussed and recorded at the core group meeting, unless to do so would place the child at further risk of significant harm. In this case the DSL will inform the child's key worker immediately and then record that they have done so and the actions agreed.

8. Training

The DSL and DDSL undertake Level 3 safeguarding training at least every two years. The Manager and all staff receive appropriate safeguarding training at least annually, in line with ESCB expectations.

In addition, all staff and other adults working with children in our setting receive safeguarding and child protection updates as required, but at least annually, to provide them with relevant skills and knowledge to safeguard children effectively. Records of any child protection training undertaken are kept for all staff.

9. Information sharing and confidentiality

Sharing information is a key part of safeguarding work and decisions about how much information to share, with whom and when, can have a profound impact on a child's life. Effective information sharing can help to ensure that a child receives the right help at the right time and can prevent a concern from becoming more serious and difficult to address.

Where there are concerns about the safety of a child, the sharing of information in a timely and effective manner between organisations can reduce the risk of harm. Whilst the Data Protection Act 2018 places duties on organisations and individuals to process personal information fairly and lawfully, it is not a barrier to sharing information, where the failure to do so would result in a child or vulnerable adult being placed at risk of harm. Similarly, human rights concerns, such as respecting the right to a private and family life, would not prevent sharing information where there are real safeguarding concerns. Fears about sharing information cannot (and will not) stand in the way of the need to safeguard and promote the welfare of children at risk of abuse or neglect.

Our staff will never guarantee confidentiality to anyone (including parents / carers, or children) about a safeguarding concern, nor promise to keep a secret. In accordance with statutory requirements, where there is a child protection concern, this must be reported to the DSL or DDSL and may require further referral to and subsequent investigation by appropriate authorities.

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Information on individual child protection cases may be shared by the DSL or DDSL with other relevant staff members. This will be on a 'need to know' basis only and where it is in the child's best interests to do so.

Where a child is attending another setting at the same time as attending ours we may, where appropriate, link with the other setting. Wherever possible, we will inform parents / carers of our intention to do this, unless to do so would place the child at further risk.

10. Child protection records

Well-kept records are essential to good child protection practice. Our setting is clear about the need to record any concern held about a child or children within our setting and when these records should be shared with other agencies.

Any member of staff receiving a disclosure of abuse or noticing signs or indicators of abuse will record it as soon as possible, noting what was said or seen (if appropriate, using a body map to record), giving the date, time, and location. All records will be dated and signed and will include the action taken. This is then presented to the DSL or DDSL, who will decide on appropriate action and record this accordingly.

Any records relating to child protection are kept on an individual child protection file for that child (which is separate to any other child file). All child protection records are stored securely and confidentially until the child transfers to another educational setting.

Where a child transfers from our setting to another setting or school, their child protection records will be forwarded to the new educational setting. These will be marked 'Confidential' and for the attention of the DSL at the new setting, with a return address on the envelope so it can be returned to us if it goes astray. We will obtain evidence that the paperwork has been received by the new setting, and then destroy any copies held in our setting. Where appropriate, the DSL may also contact the new setting in advance of the child's move there, to enable planning so appropriate support is in place when the child arrives.

Where a child joins our setting, we will request child protection records from the previous educational setting (if applicable, and if none are received).

Where a child is attending another setting at the same time as ours, we will share any child protection records where appropriate and where it is in the best interests of the child. We will link with other settings when there is a need to so and we will be transparent with parents when we do so (unless to do so would place a child at further risk of harm).

11. Allegations about members of the children's workforce

We ensure all staff members (including agency staff) are made aware of the boundaries of appropriate behaviour and conduct. These matters form part of staff induction and are outlined in our Staff Behaviour policy / Code of Conduct. All staff are regularly reminded of this through updates and training, and are also informed about our Whistleblowing Policy.

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Keeping Children Safe in Education (DfE 2025) and the SET procedures (ESCB 2025) set out the procedures in respect of allegations against an adult working with children (in a paid or voluntary capacity). These procedures should be followed where an adult has:

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

Any concerns about an adult in our setting should be reported to the Manager or the Deputy Manager, who will then decide how to take this forward. In some cases, it might not be clear whether an incident constitutes an allegation. If this is the case, it will be necessary for us to explore the concerns to establish some facts – this initial fact-finding is not an investigation, it is to clarify information and to direct our response to the concern raised.

Where an allegation against an adult in our setting is received, and it is felt that any of the above criteria apply, the SET procedures (ESCB, 2025) require this to be reported to the Duty Local Authority Designated Officer (LADO) at the Essex Workforce Allegations Team at LADO@essex.gov.uk. This should be done by the Manager or Deputy Manager within one working day (or sooner via 03330 139797 if **immediate safeguarding is required**). Where the concern is about the Manager, it should be reported direct to the Proprietor. In the event of an allegation relating to the conduct and behaviour of an agency member of staff, the LADO will liaise with the agency, while following due process, to facilitate a joint investigation or enable the agency to move this forward.

In accordance with the Statutory framework for the early years foundation stage (DfE, 2025), we will also inform Ofsted 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). We will also notify Ofsted of the action taken in respect of the allegations. We will make these notifications as soon as reasonably practicable, but within 14 days of the allegations being made. We are aware that not complying with these requirements without reasonable excuse is committing an offence.

Staffing matters are confidential and the setting operates within a statutory framework around Data Protection. We do not share information about any individual staff member with anyone other than any appropriate statutory agency.

12. Physical intervention and use of reasonable force

Our Behaviour Policy sets out our approach to behaviour for all children and also for those with more challenging or harmful behaviour. We recognise there are some children who have needs that require

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additional support and a more personalised approach and we always consider all behaviour, and our response to it, in the context of safeguarding.

There are occasions when staff will need to have physical contact with children. These may include:

- to comfort a child in distress *(appropriate to their age and individual specific needs identified through a risk assessment)*
- to direct a child
- for curricular reasons *(for example during physical activity, or when we are using music)*
- in an emergency, to avert danger to the child or others

The term 'reasonable force' covers a broad range of actions used by staff that involve a degree of physical contact to control or restrain children. There are circumstances when it is appropriate for staff to use reasonable force to safeguard children, such as guiding a child to safety. 'Reasonable' means using no more force than is needed. Our setting works in accordance with statutory and local guidance on the use of reasonable force and recognises that where intervention is required, it should always be considered in a safeguarding context.

13. Whistleblowing

All members of staff and the wider setting community should be able to raise concerns about poor or unsafe practice and feel confident any concern will be taken seriously by the leadership team. We have 'whistleblowing' procedures in place and these are available in the setting Whistleblowing Policy. However, for any member of staff who feels unable to raise concerns internally, or where they feel their concerns have not been addressed, they may contact the NSPCC whistleblowing helpline on: 0800 028 0285 (line is available from 8:00 AM to 8:00 PM, Monday to Friday) or by email at: help@nspcc.org.uk.

Parents / carers or others in the wider setting community with concerns can contact the NSPCC general helpline on 0808 800 5000 (24-hour helpline) or email: help@nspcc.org.uk.

14. Online Safety

Technology forms part of the Statutory framework for the early years foundation stage; computer skills are key to accessing learning. All staff in our setting are aware of the risks to children online, and understand that any child can be vulnerable, and that their vulnerability can vary according to age, developmental stage, and personal circumstances. We help our children to begin to learn how to use technology safely, and to be safe online. We will engage with our parents / carers about online safety to support them in keeping their children safe at home when using technology.

15. Use of mobile phones

We acknowledge that mobile phones are often the only means of contact available and can be helpful in supporting safeguarding arrangements in settings, including when on outings. In our setting, when mobile phones are used, this is underpinned by a risk assessment and operated within a clear framework, so everyone understands their responsibilities in ensuring phones are used safely.

We will ensure that staff **personal** mobiles:

- are stored securely in the cupboard and will be switched off / on silent whilst staff are on duty

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- are not used to take pictures of any children attending the setting
- are not used to take photographs, video, or audio recordings in our setting
- are not used to contact parents / carers or children except in the event of an emergency
- are not used by visitors

16. Use of cameras, photography and images

Most people who take or view photographs or videos of children do so for acceptable reasons. However, due to cases of abuse to children through taking or using images, we must ensure that we have safeguards in place.

To keep our children safe, we will:

- always obtain consent from parents / carers for photographs or video recordings to be taken, used, or published (for example, on our website or displays)
- ensure only the setting's designated cameras are used when photographing or videoing children;
- ensure that children are appropriately dressed if photographs or videos are to be taken;
- ensure that children's names are not displayed alongside any photographs in a public space;
- ensure that personal devices including cameras, mobile phones, tablets, smart watches, or other such technology are not used to take photographs, video, or audio recordings in our setting without prior explicit written consent from the setting;
- ensure that all images are stored securely and in accordance with statutory guidance;
- ensure where professional photographers are used that the appropriate checks, such as those with the Disclosure and Barring Service, references and parental consent are obtained prior to photographs being taken.

17. Attendance

Whilst there is no legal requirement for children to attend a setting before the term after their fifth birthday, we understand the importance of good attendance at our setting as a protective factor and also to support the development and wellbeing of our children. Repeated and unexplained absence from the setting can be a concern for a number of reasons:

- it is a potential indicator of abuse or neglect

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- it can significantly impact on a child's progress and / or wellbeing

In accordance with our Attendance Policy and as part of safeguarding and Health and Safety procedures, we keep a daily record of the names of the children being cared for on the premises and their hours of attendance. This data is used to identify patterns of absence as they emerge, to ensure any concerns are identified and addressed at an early stage. We also have procedures to follow up on absence from our setting and may work with other relevant agencies where it is appropriate to do so, or where we have concerns about a child.

Appendix A: Children and Families Flow chart 2024



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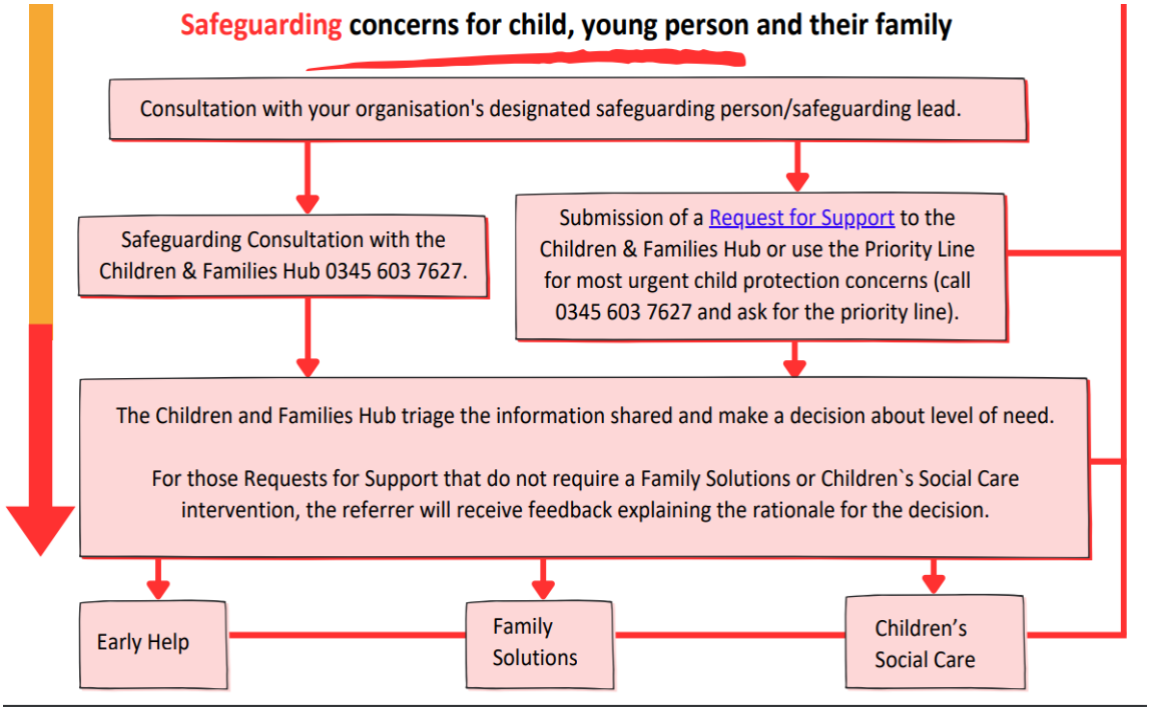
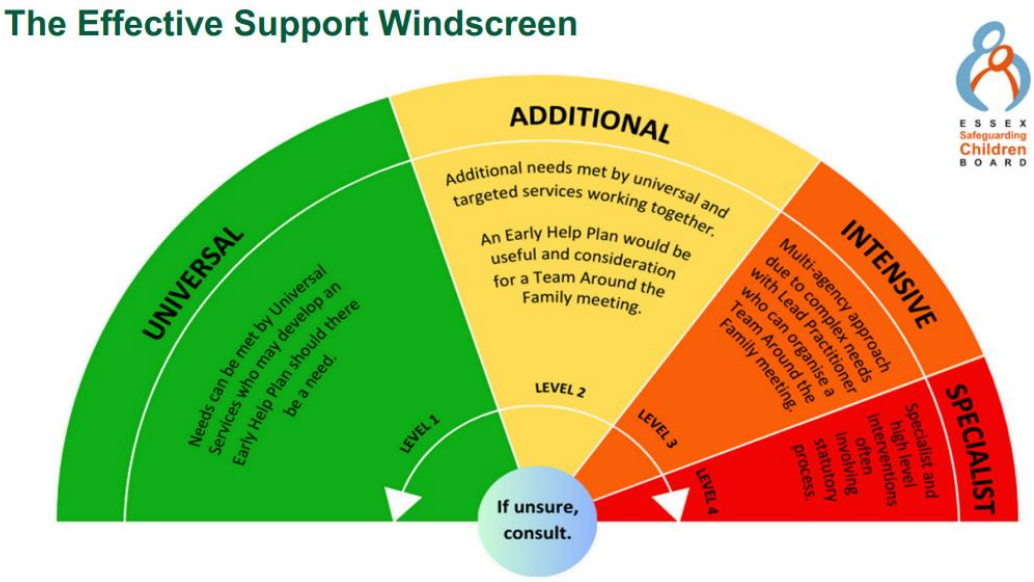


Appendix B
Windscreen of Need and levels of intervention



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All partners working with children, young people and their families will offer support as soon as we are aware of any additional needs. We will always seek to work together to provide support to children, young people and their families at the lowest level possible in accordance with their needs

Children with **Additional** needs are best supported by those who already work with them, such as Family Hubs or schools and other educational settings, organising additional support with local partners as needed. When an agency is supporting these children, an Early Help Plan and a Lead Professional are helpful to share information and co-ordinate work alongside the child and family.

For children whose needs are **Intensive**, a coordinated multi-disciplinary approach is usually best, involving either an Early Help Plan or a Shared Family Assessment (SFA), with a Lead Professional to work closely with the child and family to ensure they receive all the support they require. Examples of intensive services are children's mental health services and Family Solutions.

Specialist services are where the needs of the child are so great that statutory and/or specialist intervention is required to keep them safe or to ensure their continued development. Examples of specialist services are Essex Social Care or Youth Offending Service. By working together effectively with children that have additional needs and by providing coordinated multi-disciplinary/agency support and services for those with intensive needs, we seek to prevent more children and young people requiring statutory interventions and reactive specialist services.

Appendix C: Signs and symptoms of abuse

Signs of possible abuse

- **Physical** - children with frequent injuries, unexplained or unusual fractures / broken bones, unexplained bruises, or cuts; burns or scalds; or bite marks

- **Emotional** - children who are excessively withdrawn, fearful, or anxious about doing something wrong; parents / carers who withdraw attention from their child, giving the child the 'cold shoulder'; parents / carers blaming their problems on their child; parents / carers who humiliate their child (eg: name-calling / making negative comparisons)

- **Sexual** - children who display knowledge / interest in sexual acts inappropriate to their age; children who use sexual language / have sexual knowledge that you wouldn't expect them to have; children who ask others to behave sexually / play sexual games; children with physical sexual health

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problems, including soreness in the genital and anal areas, sexually transmitted infections / underage pregnancy

- **Neglect** - children living in a home that is indisputably dirty or unsafe; children who are hungry or dirty; children without adequate clothing (eg: not having a winter coat, shoes); children living in dangerous conditions (eg: around drugs, alcohol or violence); children who are often angry, aggressive or self-harm; children who fail to receive basic health care; parents / carers who fail to seek medical treatment when their children are ill or are injured

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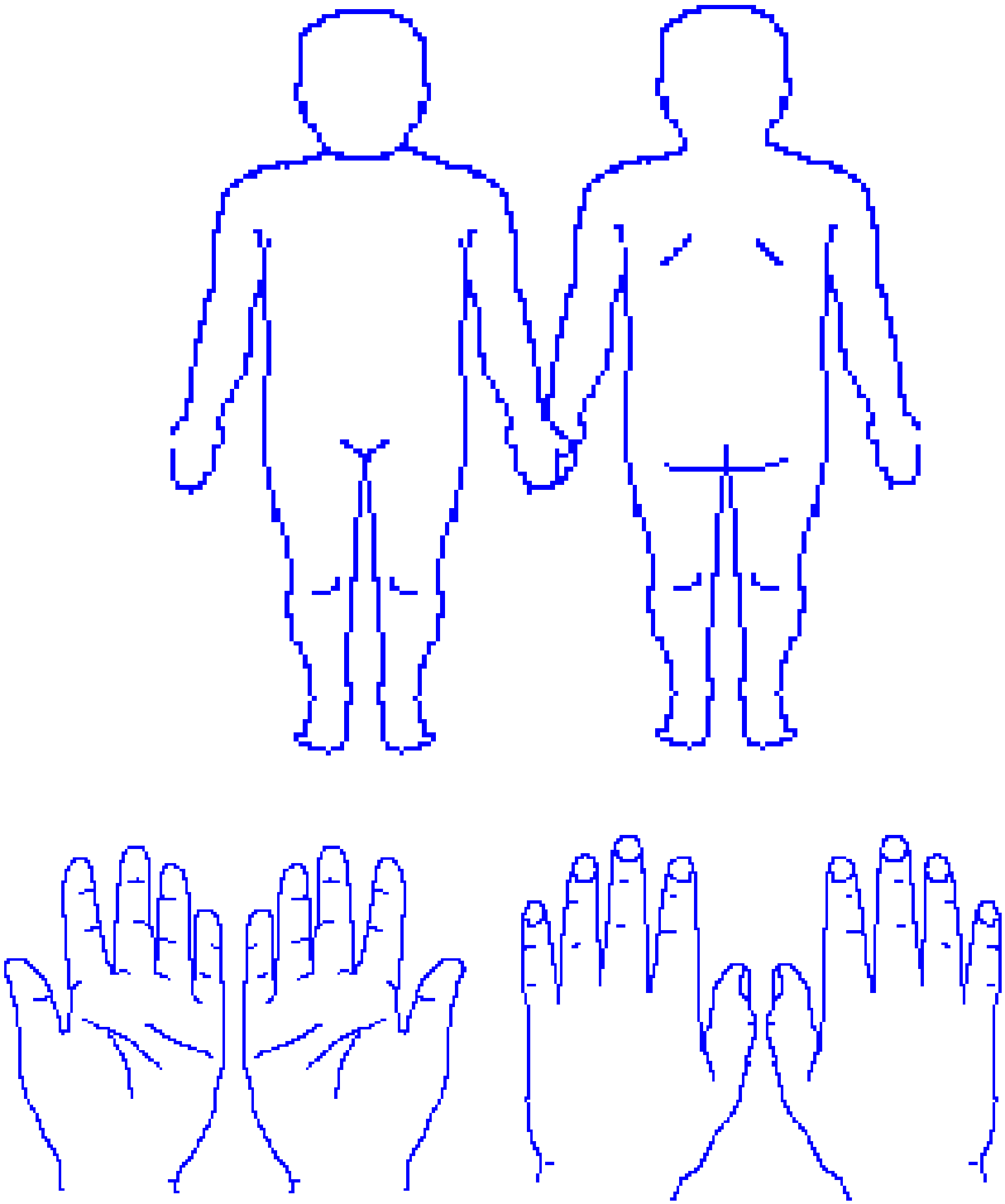
Appendix D

Body Map (to be completed with Designated Safeguarding Lead)



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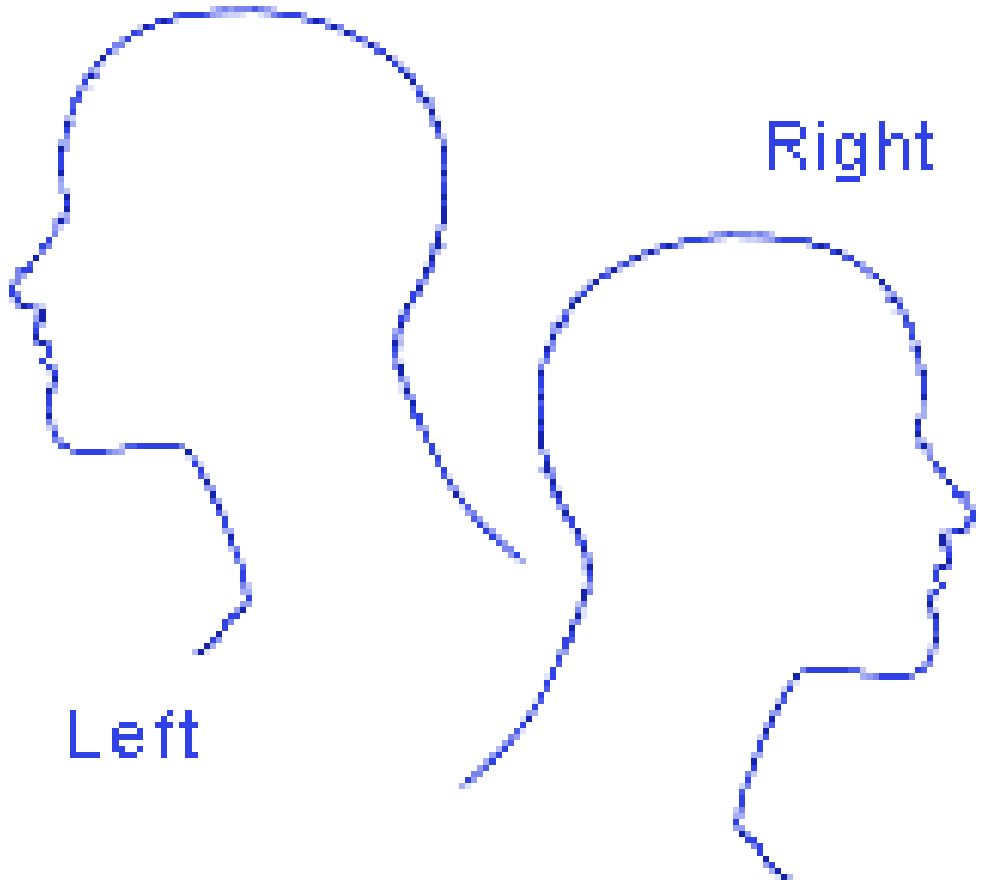
Body Map (to be completed with Designated Safeguarding Lead)



Black	Bruising
Green	Swelling and inflammation
Red	Burns
Yellow	Cuts & or grazes
Pink	Marks (anything else)
Blue	Pain

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Appendix E

Risk assessment for challenging behaviour

Name of child	
Class	
Year Group	
Assessment completed by	
Date	

Risk identification:	
What is the foreseeable risk?	
Is the risk potential or actual?	
Who is affected by the risk?	
In which situation does the risk usually occur?	
If the risk arises, who is likely to be injured or hurt?	
What kinds of injuries or harm are likely to occur?	
Risk reduction strategies:	
Proactive interventions to prevent risk	
Reactive interventions to respond to risk	
Agreed Behaviour Management Plan and School Risk Management Strategy:	
Proactive interventions to prevent risks	

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Early interventions to manage risks	
Reactive interventions to respond to risk	

Agreed by:	
Date:	

Communication of Behaviour Management Plan and **School Risk Management Strategy:**	
Plans and strategies shared with	
Communication method and date	
Staff Training:	
Identified training needs	

Review:	
How effective have the strategies and interventions been?	

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Has the risk reduced?	
Has the risk increased?	
Are any additions or amendments required?	

Agreed by:	
Date:	

Training provided to meet needs	
Date training completed	

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Appendix F

Safeguarding risk assessment

Name of child	
Class	
Year Group	
Assessment completed by	

Risk identification:	
What is the actual risk?	
What is the potential risk?	
Who is affected by the risk?	
In which situation may the risk occur?	
What kind of harm is likely to occur?	
Risk reduction strategies:	
Proactive interventions to prevent risk	
Reactive interventions to respond to risk	
Who needs to be involved to support the plan?	
Staff Training:	
Identified training needs	
Training provided to meet needs	

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Date training completed	

Agreed by:	
Date:	

Communication of risk management strategy:	
Plans and strategies shared with	
Communication method and date	

Review:	
How effective have the strategies and interventions been?	
Has the risk reduced?	
Has the risk increased?	
Are any additions or amendments required?	

Date	

Agreed by:	

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Date:	

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Appendix G

Risk Management Plan

Name	DOB	Class	Plan written by

What we want to see	Strategies to maintain
First signs that things are not going well	**Strategies to support**

Where this behaviour leads next	Strategies needed
What we are trying to avoid	**Interventions necessary**

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Potential Triggers	
Date of plan:	**Date of review:**

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