



Leading Strings Pre-School

Safeguarding Children & Child Protection Policy

SAFEGUARDING CHILDREN AND CHILD PROTECTION
(including managing allegations of abuse against a member of staff)

"The welfare of the child is paramount" - Children Act 1989

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

We aim to provide a high quality setting which is welcoming, safe and stimulating, and where children are able to enjoy learning and grow in confidence. We will take all necessary steps to keep children safe and well and ensure suitability of adults who have contact with them. We will promote good health, and maintain records, policies and procedures.

CHILD PROTECTION

The Designated Safeguarding Lead for child protection is **Kirsty Evensen**
The Deputy Designated Safeguarding Lead for child protection is **Debbie Franklin**.

Staff will be alert to any issue for concern in the child's life at home or elsewhere.

All action will be taken in line with the following local and national legislation/guidance.

- Enfield Local Safeguarding Board: www.enfield.gov.uk/enfieldlscb
- The Statutory Framework for the Early Years Foundation Stage - Safeguarding and Welfare Requirements 2017
- The Children Act 1989 and 2004
- Help Children Achieve More 2010
- "Working Together to Safeguarding Children" 2018
- "What to Do if You're Worried a Child is Being Abused" 2015
- Keeping Children Safe in Education 2016

Our child protection policy applies to all staff/managers, the proprietor and volunteers/students working in the setting.

Other policies which should be read in conjunction with the child protection policy include:

- Health and Safety
- Accident/Emergency
- Dropping off/Collection/Non-collection of a child
- Missing child
- Administering Medicines
- Behaviour Management
- Risk Assessments
- Equal Opportunities
- Emergency Evacuations Procedures
- Concerns/Complaints
- Visitors policy
- Mobile Phone policy
- E-safety policy
- Promoting British Values policy

The DSL will take lead responsibility for safeguarding children ensuring that all policies and procedures are implemented and shared with all staff. They will liaise with local authority children's services and Single Point of Entry Team (SPOE). They will provide support, advice and guidance to other staff on an ongoing basis, and on any specific safeguarding issue as required. The DSL and DDSL will attend Advanced Child Protection training and will refresh every 2 years. They will annually update their knowledge and understanding through online training, literature and new legislation documents. All other staff will receive Basic Child Protection training every 3 years and refresh knowledge and understanding through regular INSET safeguarding training and through supervisions. Training schedules are released termly from the LEA. We use their online booking system.

Training will enable staff to identify signs of possible abuse and neglect at the earliest opportunity, and to respond in a timely and appropriate way. (See appendix 1 for definitions of abuse-Working Together 2013/2015)

Signs and symptoms of possible abuse may include

Physical Abuse

- Unexplained injuries or burns, particularly if they are recurrent
- Improbable excuses given to explained injuries
- Refusal to discuss injuries
- Untreated injuries
- Admission of punishment which appears excessive
- Fear of parent being contacted

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- Bald patches in the head
- Withdrawal from physical contact
- Arms or legs kept covered in hot weather
- Fear of returning home
- Fear of medical help
- Self destructive tendencies
- Aggression towards others

Fabricated illness

This is also a type of physical abuse. This is where a child is presented with an illness that is fabricated by the adult carer. The carer may seek out unnecessary medical treatment or investigation.

Signs and symptoms;

The signs may include;

- A carer exaggerating a real illness or symptoms
- Complete fabrication of symptoms
- Inducing physical illness, e.g. through poisoning, starvation or inappropriate diet.
- This may also be presented through false allegations of abuse, or encouraging the child to appear disabled, or ill to obtain unnecessary treatment or specialist support

Female Genital Mutilation (FGM) signs and symptoms -

The following are some signs that the girl may be at risk of FGM:

- The family belongs to a community in which FGM is practised
- The family makes preparations for the child to take a holiday, e.g., arranging vaccinations, planning an absence from pre-school
- The child talks about a 'special procedure/ceremony' that is going to take place
- An awareness by a midwife or obstetrician that the procedure has already been carried out on a mother, prompting concern for any daughters, girls or young women in the family

The following are some signs that FGM may already have taken place:

- Prolonged absence from pre-school and noticeable behaviour change on return to school
- Avoidance of going to the toilet

- Finding it difficult to sit still or looking uncomfortable when sitting
- Complaining of pain between their legs, or talking about something someone did that they are not allowed to talk about.
- (If child is in nappies) Their genital area would look noticeably different (Please see example)

Neglect

- Constant hunger
- Poor personal hygiene
- Constant tiredness
- Poor state of clothing
- Emaciation
- Frequent lateness or non-attendance
- Untreated medical problems
- Destructive tendencies
- Low self esteem
- Neurotic behaviour (E.G. rocking, hair twisting, thumb sucking).
- No social relationships
- Compulsive stealing or scavenging
- **(Failure to thrive)**
- Child's weight falling below expected centile
- Height often falling below centile
- Skin dry and pale
- Hair thin and straw like
- Lack of energy, listless
- May drink a lot of juice
- Refuses food. Vomiting and diarrhoea
- Failure to meet milestone of development
- Lack of concentration
- Behavioural problems

Emotional Abuse

- Physical, mental and developmental lags
- Admission of punishment which appears excessive
- Over-reaction to mistakes
- Sudden speech disorders
- Fear of new situations

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- Inappropriate emotional responses to painful situations
- Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)
- Self mutilation
- Fear of parents being contacted
- Compulsive stealing

Sexual Abuse

- Fearful about certain people like relatives or friends
- Not allowed to have friends round
Soreness/bleeding in the genital or anal areas or in the throat
- Finding excuses not to go home or to a particular place
- Having recurring nightmares / afraid of the dark
- Unable to concentrate, seem to be in a world of their own
- Chronic ailments such as stomach pains and headaches
- Sexually abuses or shows inappropriate sexual behaviour towards a sibling or friend
- Exhibits a sudden change in attitudes at school
- Appears withdrawn, isolated, or excessively worried
- Demonstrates outbursts of anger or irritability
- Fearful of undressing

Peer on peer abuse

We recognise that children and young people are capable of abusing their peers. Peer on peer abuse relates to situations such as sexual exploitation, gang violence, financial abuse, coercive control and exploitative relationships. We want all children to feel safe here and, as part of our commitment to keep them safe, we regularly observe children's interactions and aim to be approachable so they will speak to us if they are concerned about any aspects of their relationships with others. Parents know they can contact us at any mutually convenient time to discuss concerns children might raise at home.

Protecting children from cyber abuse/bullying and inappropriate online conduct

We understand cyber abuse/bullying is highly intrusive and the hurt it causes can be very severe. As it leaves no physical scars cyber abuse is not easy to detect by a parent or practitioner. We acknowledge cyber abuse can take place anywhere and can target children and staff. There are many types of cyber abuse such as text messages, picture/video clips, mobile phone calls, emails, chat room bullying, instant messaging and the use of websites to convey threats, intimidation and harassment. Although our children are slightly too young to be

doing this themselves; they may be exposed to it through older siblings and family members.

All reported incidents are investigated and dealt with - we will fill out an incident record form and log on the child's (who is displaying the concerning conduct) behaviour record. Parents will be informed of all events and what actions have been taken. Records will be kept of all incidents and their outcomes.

Dealing with Cyber abuse incidents - we will deal with all incidents of cyber abuse quickly and effectively; - impose sanctions as outlined in the pre-school's behaviour/exclusion policy, on any child identified as being linked to the cause of 'abusing'. We aim to educate parents/families on the importance of appropriate cyber conduct through discussions and plan to add to our Parent Welcome Booklet.

In regards to staff, we would follow our Disciplinary Policy with the abusive staff member.

Protecting children with a Special Educational Need or Disability

We recognise that children with a Special Educational Need or Disability are more vulnerable to abuse. Children with special educational needs and disabilities (SEND) can face additional safeguarding challenges. Additional 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; children with SEND and disabilities can be disproportionately impacted by things like bullying- without outwardly showing any signs; and communication barriers and difficulties in overcoming these barriers. All practitioners and volunteers/students will be made aware of this, having a responsibility to being extra vigilant to this and discussing any concerns with the DSL.

Registration and Attendance

We have a due regard to closely monitor and review all our children's attendance. At the start of each session, the children are marked as present or absent. If present, we note the time they arrive and leave.

If a child is absent and the parent/carer hasn't called/emailed to say why, we would then contact them at the earliest possible time to follow this up.

Repeated absences or unexplained/'suspicious' absences will be looked into, as this could indicate a wider safeguarding issue. If absences concern us, e.g. they are repeatedly unexplained or reasons are not viable, the manager will contact the SPOE for advice.

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Key daily safeguarding procedures for our staff include:

- ✓ Staff must let other staff members know when you need to leave the hall or go back inside (when in outside area) and where you're going. E.g. "I'm just going to wash up." - We must be vigilant that we are within our ratio and the children are always being properly cared for; E.g. Sufficient staff to watch and manage their needs.
- ✓ Before leaving the hall, look around to see what staff are present and ensure there are sufficient staff to be left. This is the procedure even if you're going in the store room to get something or to change a child (again always communicate if you're doing that)
- ✓ Communicate with the manager if you think a child may need additional measures to help them settle into the routine/setting.

Disclosures

If a child discloses abuse, it is important to respond appropriately

Listen to the child and avoid interrupting except to clarify

- Allow the child to make the disclosure at their own pace and in their own way
- Do not interrogate the child. It is alright to ask for clarification, but leading questions should not be asked. The interviewing of children must be undertaken by trained Social workers or Police Officers
- Do not make any promises to the child about not passing on the information - the child needs to know that you have to talk to someone who will be able to help them.
- Record the information as accurately as you can, including the timing, setting and those present, as well as what was said. Do not exaggerate or embellish what you have heard in any way
- Inform the DSL as soon as possible (within the same working day)
Following a disclosure of abuse, children will be fully supported in the setting. All children will be allocated a key person with whom they can develop a close relationship and can tailor opportunities to the individual needs of each child. We will work closely with other agencies in implementing the actions of a child protection plan designed to support and protect the child. We will attend all child protection conferences, core groups and strategy meetings to support the child and family as necessary.

Procedures for Referral

Any member of staff or visitor to the setting who receives a disclosure of abuse or suspects that abuse may have occurred **must** report it immediately to the DSL or, if unavailable, to the DDSL. In the absence of either of the above, the matter should be brought to the attention of the most senior member of staff. The DSL will contact the SPOE for an urgent child protection concern.

020 8379 5555 or email spoe@enfield.gov.uk

Emergency Duty Team 020 8379 1000 (out of hours, after 5pm) or email childreninneedservice@enfield.gov.uk

For non-urgent concerns, that still require a safeguarding response, complete the Purple safeguarding Early Help Form and submit to childrensMASH@enfield.gov.uk

Early Help & support For children & families that require early help and support please contact the Early Help service duty team on: 020 8379 2002 or 020 8379 2525 or complete the GREEN non-safeguarding Early Help Form (EHF) with parental consent and send to earlyhelp@enfield.gov.uk

For general safeguarding processes and policy advice you should contact: Enfield Local Safeguarding Children Board (ELSCB) Tel: 0208 379 2767 webpage: www.enfieldlscb.org

If a referral is made it will be shared with the parent/carer, and where appropriate with the child/young person, unless to do so may place the child at increased risk of significant harm, in which case advice should be sought from the referral team. If a child discloses physical or sexual abuse, where the alleged abuser is either a family member or someone resident within the household, SPOE will be consulted before informing the parents.

If the child is already subject to a Child Protection Plan the allocated Social Worker will be contacted, they will advise when, and by whom, the parents will be informed.

In line with the Safeguarding Vulnerable Groups Act 2006, which states we have 'a duty to make a referral to the Disclosure and Barring Service where a member of staff is dismissed... because they have harmed a child or put a child at risk of harm.' We will inform the DBS on any occasion where we have had to dismiss a member of staff.

We also follow the guidance and criteria for the disqualification under the 2006 Act and 2009 Regulations criteria.

- "Disqualification will occur if a member of staff is found living in the same household where another person who is disqualified lives or is employed (disqualification 'by association') as specified in regulation 9 of the 2009 Regulations."

Record Keeping

Any member of staff receiving a disclosure of abuse, or noticing possible abuse, will make an accurate record as soon as possible, noting what was said or seen, putting the event into context, and giving the date, time and location. All records must be dated and signed and discussed with the designated person for child protection.

- All hand-written records will be retained, even if they are subsequently typed up in a more formal report
- Written records of concerns about children will be kept, even where there is no need to make a referral immediately
- Where concerns do not meet the threshold for a referral to Social Care, consideration will be given to the appropriateness of completing an Early Help Form and making a referral to the Locality Team Around the Family meeting
- All records relating to child protection concerns will be kept in a secure place and will remain confidential. This secure place will be a filing cabinet in our locked store room - which only a limited number of staff have keys to (keys will be managed in a secure and responsible manner).
- They do not form part of the pupil's educational records and must be kept separate from other records.
- A chronology will be kept at the front of each individual child protection file. It will be reviewed and updated whenever a new concern is raised or additional relevant information becomes available, noting any action taken.
- The quality of child protection records will be monitored when information becomes available, noting any action taken.
- The quality of child protection records will be monitored by the manager of the setting.
- Where a child transfers to school or moves to a new setting, copies of child protection documents must be passed within 14 days and confidentially to the receiving school/setting, CP records must be transferred separately from general records so that they reach the destination of the DSL and not a class or admin staff, with the original records retained by the setting. The DSL will contact the new school/setting and arrange a meeting to pass on child protection records. If this is not possible the DSL will have a telephone conversation with the DSL at the new setting to alert them to safeguarding concerns.

- Records will be retained in line with the Local Authorities guidance on the Transfer and Retention of Child Protection Records (LSCB website).

Parental/Carer Involvement

Leading Strings preschool is committed to helping parents/carers understand its responsibility for the welfare of all its children.

Parents/carers can access the Child Protection Policy and all other policies linked to safeguarding in the folder in the lobby, by asking for policies to be sent/mailed to them and viewing some of them on our website. Our Parent/Carer Booklet also has policies in it for new parents/carers to become familiar with our procedures. Parents will be made aware of the policies during their induction meeting and will sign a statement to say they understand the setting's policies which apply to their child's welfare.

Child protection or welfare concerns will usually be discussed with parent/carers. Where a referral to Social Care is needed, the agreement of parents/carers will be sought before making a referral, unless to do so may place the child at increased risk of significant harm.

If a child is subject to a child protection plan, then the allocated social worker will not stop a referral going ahead.

Suitable People/Safer Recruitment

We will ensure that staff working with children are suitable to fulfil the requirements of their roles. We have effective systems in place to ensure that practitioners, and any other person who is likely to have regular contact with children (including those living or working on the premises), are suitable. We request enhanced Disclosure and Barring Service checks for all staff prior to commencing work. We comply with recruitment procedures as set out in the Enfield Child Protection Procedures and Safer Recruitment Guidance.

- Interview panels will include the setting's director, who attended Safer Recruitment training and the manager.
There will be a Safeguarding statement in all job advertisements and job descriptions. Any gaps in employment history or unaccounted for periods of time will be fully investigated. References will be requested prior to interview.
- All staff are informed that they are expected to disclose any convictions, cautions, court orders, reprimands and warnings which may affect their suitability to work with children (whether received before or during their employment at the setting). We will not allow people, whose suitability has not been checked to have unsupervised contact with children being cared for.

- We will record information about staff qualifications, identity checks and vetting processes that have been completed (including the Disclosure and Barring Service reference number, the date a disclosure was obtained and details of who obtained it) in a central register.

Alleged Abuse by Staff

We follow the Enfield Child Protection plan for managing allegations against staff.

- As soon as an allegation is made the Local Authority Designated Officer (LADO) Maria Anastasi will be contacted on 020 379 2746 maria.anastasi@enfield.gov.uk and out of hours 020 8379 1000
- We will gather the information required to answer questions 1-21 in the initial form for Allegations against Staff (see appendix 2)
- The LADO contacted will advise on the appropriate action to be taken.
- Staff/volunteers will report an allegation about a member of staff immediately to the Manager, unless the Manager is the subject of the allegation. The Manager will then proceed as above.
- Where the allegation is against the manager, the member of staff/volunteer will contact one of the LADO s above.
- An allegation must not be discussed with the alleged perpetrator or other members of staff/committee, unless advise to do so by a LADO.
- In exceptional circumstances it may be necessary to protect the child, by contacting the police, before contacting the LADO.
- The setting will make a referral to the Disclosure and Barring Service if at the end of the allegation process a member of staff or volunteer is removed from their position or if they leave while under investigation for allegedly causing harm or posing a risk of harm to children.

All staff will be directed to read the "Guidance for Safer Practice for Adults who Work with Children and Young People" www.safeguardingschools.co.uk/guidancefor-safer-working-practice-foradults-who-work-with-children-and-young-people All staff will read and sign to say they have read the setting's "Whistleblowing Policy".

Staff Training, Support and Supervision

All staff will receive safeguarding training appropriate of their role.

All staff will receive induction training to help them understand their roles and responsibilities. Induction training will include, as a minimum, information about emergency evacuation procedures, Safeguarding and child protection policy and procedures, the provider's Equality policy and Health and Safety procedures/practice.

All staff will receive regular supervision and appraisals. Supervision will provide support, mentoring and training and the opportunity for discussion of sensitive issues.

All staff in ratio will hold current paediatric first aid certificates.

All staff are required to have a sufficient understanding and use of English to ensure the well-being of children in their care.

At least two members of staff will have food safety/hygiene training.

We will regularly consider the training and development needs of all staff.

The framework

We will provide a framework of learning and development that encourages children to talk and be listened to. They will be provided with opportunities to develop the skills they need to recognise and stay safe from abuse. Children will learn that their views are **valued and respected**. (Also see **British Values Policy**)

Use of Mobile Phones, Digital Photography and Social Media (also see Mobile Phone Policy)

We have a written policy for the acceptable use of mobile phones and cameras in our setting.

- The only mobile phone to be used is the work mobile and this must only be used with the permission of the manager. The work mobile will be open to scrutiny at all times.
- The work mobile will only be used in designated area for example not in the toilets, changing areas or sleeping areas.
- Staff mobiles will be kept in a designated area and will not be carried on a person when children are present. Staff mobiles may be used in a designated area at designated times e.g. a staff room during staff breaks or before and after sessions, when children are not present.
- Visitors, parents, contractors etc are made aware that phones are not to be used in designated areas and that no photographs, videos or audio recordings are permitted in the setting.
- Staff will take photographs of children using the work camera; no personal cameras will be used. The work camera will be open to scrutiny at all times.
- Photographs will not be taken in sensitive areas such as toilets or nappy changing areas.
- Written permission will be obtained from parent/carers for appropriate use of photographs/digital images to record children's progress.
- We do have a social media page; all photos for this are strictly taken of just the resources or the activity, just with children's hands or back of their head. We use photo editing to conceal children if needed. - Children cannot be identified. This is the same protocol for our website.
- Staff are expected to follow appropriate conduct through their personal use of all social media. There are not permitted to befriend/communicate with parents/families of the pre-school, while the child is still registered

with us. They should also always consider their role within the pre-school when posting photos and writing comments. Staff are also not permitted to discuss anything about the pre-school, mention names or share any information on their personal social media. New staff will sign to say they understand and adhere to this on their induction checklist.

Prevent Duty

"A commencement order for the Counter Terrorism and Security Act 2015 was made on 26 March 2015. This specifies that the 'Prevent duty' (i.e. section 26) of the act comes into force on 1 July 2015." (Prevent Duty Guidance - GOV.UK)

As a provider, we will strive to identify and correctly report any concerns linked with extremist behaviour or conduct displayed by a child or their families. We have a duty as an early years provider "to have due regard to the need to prevent people from being drawn into terrorism" (the Prevent duty).

We will promote the fundamental British values of democracy, rule of law, individual liberty, mutual respect and tolerance for those with different faiths and beliefs throughout our practice, conduct and our delivery of the Early Years Foundation Stage.

All our permanent staff have had online Prevent Duty training, which we share and discuss on INSET days. **Kirsty is the Prevent Duty Office.** Training will be reviewed and updated accordingly.

Information and Records

We will maintain records and obtain and share information with parents and carers, health and other professionals working with the child, the police, social services and Ofsted as appropriate to ensure the safe and efficient management of the setting, and to help ensure the needs of all children are met. We will enable a regular two-way flow of information with parent/carers, and between providers, if a child is attending more than one setting. Confidential information and records about staff and children are held securely and only accessible and available to those who have a right or professional need to see them. We are aware of our responsibilities under Data Protection Act (DPA) 1998 and the Freedom of Information Act 2000.

All staff will read the setting's Confidentiality Policy this will cover the need to protect the privacy of the children in our care as well as the legal requirements that exist to ensure that information relating to the child is handled in a way that ensures confidentiality. Information will be shared on a strictly "need to know" basis.

Records relating to individual children will be retained for a reasonable period of time after they left the provision (2 years).

Review

This policy will be reviewed on an annual basis and updated where appropriate, however if a weakness is identified in the setting's procedures, the policy will be reviewed and revised immediately.

policy was agreed at a meeting on: Present:

Tina Eaves

Kirsty Evensen

Debbie Franklin

Reviewed by:

Appendix 1 -Definitions of Abuse "Working Together" 2015

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 includes, illness in a child.

In girls, it is the carrying out of the cultural procedure, Female Genital Mutilation (FGM)

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 the child that they are worthless, unloved or inadequate, or valued in so far 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 of the child, as well as overprotection and limitation of exploration and learning, or preventing the child 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 or serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of a child. 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 nonpenetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Neglect

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

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

Appendix 2 - Initial contact form for
Allegations against Staff/Volunteer

1. Date of notification to LA
2. Received by
3. Setting
4. Notified by, name/role
5. Telephone number(s)
6. Date of alleged incident

7. Name of child/young person (if applicable)

8. DoB

9. Address

10. Name / status of individual reporting
incident to setting

11. Name of Adult – subject of allegation

12. Role within setting

13. DoB

14. Address

15. Relevant employment history

16. Nature of allegation:

(continue on separate sheet if required)

17. Are any injuries evident? Did the child/young person need medical attention?

18. Has parent been informed/contacted police?

19. Has the setting contacted police?

20. Is Adult aware of the allegation?

21. Is there an on-going risk to children/young people?

Agreed Actions – if applicable

Action to be taken by:

Further information

Manage any on-going risk to children/young people

Discuss with LADO

LA Officer

- a) Confirm no further action by LADO
- b) Confirm strategy or allegation management meeting/discussion required
- c) Discuss further action

Contact police

LA Officer

- a) Confirm no involvement required
- b) Discuss possible police involvement

Inform parent. Explain process to be followed, confirm parent in agreement
Complete RF1
Support to child/family

Inform Adult

Advise Adult to contact union Advise
Adult of Care First support

Advise Adult to contact GP.

(School contact GP if concerned)

Following decision that no further action is required by the LADO:

- The LADO will record that no further action is to be taken in her records

- The Owner/manager/supervisor should consider how the matter should be dealt with under employers' procedures e.g. complaints or disciplinary procedure. However if in the course of dealing with this further concerns come to light, the Early Years Safeguarding Adviser should be contacted.

- If the allegation is demonstrably false or malicious, consideration should be given to any action that may need to be taken with the person who made the false allegation.

