

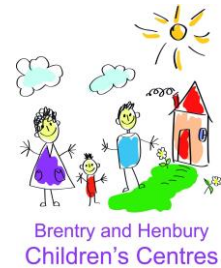
Brentry and Henbury Children’s Centre

Safeguarding and Child Protection Policy

February 2020



Brentry and Henbury
Children’s Centres



SAFEGUARDING AND CHILD PROTECTION POLICY

Brentry & Henbury Children's Centre recognises that it has an explicit duty to Safeguard and protect and promote the welfare of all children, working in a preventative approach within an integrated service.

Safeguarding the welfare of the child is the paramount consideration in every situation and all staff, trustees, volunteers and partner organisations are required to share this commitment.

Definition of Safeguarding

Brentry and Henbury Children Centre adopts the definition used in the **Children and Social Work Act 2017** and the national statutory guidance: '**Working Together to Safeguard Children**' (2018) and '**Keeping Children Safe in Education**' (2019), which focuses on safeguarding and promoting children and young people's welfare and can be summarised as:

- protecting children from maltreatment
- preventing impairment of children's health or development
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care, and
- taking action to enable all children to have the best outcomes

The Safeguarding Lead and Child Protection Officer (effectively the Designated Safeguarding Lead) for BHCC: **Kate Fairhurst** Family Support Leader

In the event of her absence: **Roxane Twining** Director

In the event of both being absent: **A member of the SLT or Early Years Managers**

Safeguarding and Child Protection Trustee: **Jane Duffy**

'Working Together to Safeguard Children' (2018) and other relevant government documents are listed at the end of this document and available in hard copy in the Family Support office. (See Appendix 2)

Contents

Section	Content	Page
	Title Page	1
	Definition. Names of Lead staff.	2
	Contents	3
	Introduction	
1.1	Aims	4
1.2	Responsibilities and Leadership	4
	Prevention	
2.1	Safer Recruitment	5
2.2	Effective Practice	6
2.3	Environment	6
2.4	Maintaining security of the buildings	6
2.5	Children's Security	7
2.6	Photos and DVD's	7
2.7	Mobile Phones	8
2.8	Home visits	8
2.9	Online safety	8
2.10	Staff Training and support	9
2.11	Partnership with Parents/carers and agencies	9
	Early Intervention	
3.1	Aims	10
3.2	Family Support	10
3.3	Disabled Children	11
3.4	Children In Need	11
3.5	Eligible 2's	11
3.6	Assessment	11
	Child Protection	
4.1	Purpose	11
4.2	Definitions	12, 13
4.3	How to recognise child abuse-Signs and Symptoms	14
4.4	Environmental factors	15
4.5	If abuse is suspected	16
4.6	Dealing with an emergency	17
4.7	What to do if abuse is disclosed	17, 18
4.8	Information gathered leading to referral	18
4.9	Recording	19
4.10	Reporting Abuse	20
4.11	Referring	21, 22
4.12	Escalation	23
4.13	Working with Social Care	23
4.14	Support to staff, students and volunteers	24
4.15	Allegations against staff, students or volunteers	24
4.16	Confidentiality and appropriate disclosure of information	25
	Appendices	
Appendix 1	Key Contacts	
Appendix 2	Useful Documents and Links	
Appendix 3	Safeguarding Statement	
Appendix 4	Policy around Family Support Work Recording	
Appendix 5	Reporting Concerns	

Introduction

1.1 Aims

At Brentry and Henbury Children's Centre the safeguarding of our children, vulnerable adults, families, volunteers and staff is paramount in everything that we do.

We are extremely aware of the importance of prevention and this document outlines procedures in place related to this and directs the reader to many other policies that form part of our working framework. Other crucial parts of prevention are effective Multi Agency working, staff training and regularly reviewing practice all of which we prioritise.

Safeguarding is the responsibility of everyone and it is vital to recognise that we all have a part to play. At BHCC our aim is to provide a safe, nurturing child- centred environment and build excellent working relationships with families and colleagues both internally and externally. This then enables Safeguarding concerns and issues to be highlighted and challenged in an appropriate, timely and professional manner.

We are committed to embedding policies and procedures that underpin this work and this Safeguarding and Child Protection Policy is one aspect of this. The Policy covers key areas such as our responsibilities, prevention, early intervention and child protection procedures and useful contacts and references. Safeguarding is integral to all our work and it is therefore crucial to refer to other specific policies and government documents listed at the end of this document that inform this agenda, for further guidance and learning.

1.2 Responsibilities and Leadership

This policy applies to trustees, staff, trainees, students, volunteers, visitors and Parents/Carers using or working at our Children's Centre. We deliver services at various venues and this policy and procedure will apply in all these contexts. We expect services delivered by partner organisations to have Safeguarding and Child Protection procedures in place.

Safeguarding is a standing agenda item at every Trustees meeting. The Trustee responsible for Safeguarding and Child Protection, Jane Duffy should be invited by the chair to give regular verbal updates concerning Safeguarding matters.

Safeguarding management meetings are held monthly with statistics and any relevant information reported to the Trustees.

Safeguarding Lead and Child Protection Officer, Kate Fairhurst to compile an Annual Safeguarding report to Trustees. This should highlight any changes to policies and procedures, training undertaken and required, the volume of incidents and associated work, and any outstanding issues with proposed actions.

The Safeguarding and Child Protection Policy will be reviewed annually. The Safeguarding Lead and Child Protection Officer and management team welcome any feedback on necessary updates or amendments. This is a vital part of our building a culture of learning and improvement.

Prevention

A crucial element in Safeguarding is that of prevention by introducing and maintaining practices that maximise safety and minimise risk.

2.1 Safer Recruitment

At BHCC we are aware that paedophiles and those that pose a threat to children may be attracted to employment that allows them access to children and young people. As part of this and other policies and procedures we will take every possible precaution to ensure that people working with our children are safe to do so.

DBS checks will always be carried out on every member of staff, volunteers and trustees prior to commencing work in the Centre. Students will not be permitted to work with the children until satisfactory checks have been obtained. Two references will be taken up for all new staff and volunteers at the point of shortlisting and a medical reference may also be required. DBS checks will be required every 3 years. Further information giving detail on this can be found in BHCC **Safer Recruitment Policy**

Following guidance from the Department of Education to ensure staff and volunteers are suitable we will ascertain whether they are disqualified from working with children. Therefore, all staff will be required to sign a disqualified person statement as per 'The Childcare (Disqualification) Regulations 2009'. It is the responsibility of staff to inform the management team at the time of recruitment or thereafter if they live with someone who may fit the disqualified persons criteria. The criteria in addition to being on the children's barred list are;

- Being cautioned for or convicted of certain violent and sexual criminal offences against children and adults;
- Grounds relating to the care of children (including where an order is made in respect of a child under the person's care);
- Having registration refused or cancelled in relation to childcare or children's homes or being disqualified from private fostering;

If a staff member informs us that they meet this criteria they will be suspended pending further investigation and Ofsted will be informed. This may lead to dismissal or a job offer being withdrawn. If staff are found to meet this criteria and have not declared this to the Centre management they will be instantly dismissed.

There is a Single Central Register held summarising all relevant information.

2.2 Effective Practice

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

The delivery of the EYFS promotes Personal, Social, Health and Development in all children an important aspect of which is ensuring children are listened to and encouraged to talk about their feelings. In accordance with the welfare and safeguarding requirements within the EYFS, this policy covers a wide range of issues such as use of phones and cameras and specific actions to be followed where there are child protection concerns.

EYFS standards and values are central to the work of the Centre.

For more information see 'Statutory Framework for the Early Years Foundation Stage 2017' Section 3

2.3 Environment

The environment should always be planned in ways which minimise the risk to children e.g. physical layout and surroundings, clear roles for everyone supervising people. We will always take concerns about children's welfare very seriously. A Safeguarding Statement (see Appendix 3) will be displayed in all areas to highlight this.

The safety of children, staff and all visitors to our sites are of paramount importance and all equipment, activities and rooms are risk assessed by staff and the health and safety officer. We encourage the children to explore risk in a safe enabling environment and staff to access training that supports them in this endeavour.

For further information see BHCC **Health and Safety, Health and Hygiene, Sleeping and Seating**.

2.4 Maintaining safety in the buildings and car parks

Within our centres we aim to provide a secure and safe environment for our families and the children in our care. The main entrance and all rooms within the Brentry site have a secure locked door which requires a staff only swipe card for access. Staff are responsible for these and any loss must be reported to the Business Manager or a member of the management team immediately. The cards are not identifiable to the Centre. At our Henbury Court site all doors are locked and require a regularly refreshed security code for entrance. The reception door at Henbury Court will be opened by a member of staff.

Visitors are asked to sign in and out of the centre in the visitor's book and a visitor's label is given to them to wear whilst in the centre. When visitors and other professionals sign in we request that mobile phones are not used in day-care rooms or outdoor classrooms. Calls on mobile phones should be used at the front of the building.

At Brentry and Henbury main site the car park is for use of school and centre staff and centre parents only. We have a strict 5 mph speed limit within the car park and any person seen speeding will be given a warning which could lead to a ban from the car park. The car park is a one way system which we encourage all staff and parents to abide by. Any parent seen parking in a way that blocks an entrance or exit will be advised to move their car. Any parent using the disabled bay when not so entitled will be asked to move their car. At our Henbury Court site the Children's Centre have five allocated spaces for staff. The car park can only be used by disabled parents where a disabled bay is marked out. Any parent/carer seen using the car park will be asked to move by either staff or the caretaker. The gates at this site will be closed at school drop off and pick up times to ensure safety for children when walking to and from school and/or the children's centre.

2.5 Children's security

We apply a password system in the Centre if a child is being collected by someone other than their main carer. In incidents where no password has been given or we were not informed of a different person collecting, the main carer will be contacted. The child will remain in our care until permission for an alternative arrangement is granted. Should a parent/carer arrive at the Centre to collect a child and the staff team assess that they are intoxicated or exhibiting anti-social behaviour, such that this poses a risk to child safety, we will refuse to allow the child to go home with them and contact another suitable person on their contact list. In some cases, Police/First Response and /or CYPS may need to be called. Further detail can be found in **BHCC Arrivals and Departures Policy, Safety and Security of Children Policy, Smoking Drugs and Alcohol Policy.**

There are specific procedures in place to maintain security in emergencies e.g.

Emergency Lockdown Policy, Fire Procedure, Fire Marshalls.

2.6 Photographs and DVD's

Working with children will involve staff, students and volunteers taking photographs and film which will be used for the child's individual learning diaries and displays around the Centre. When new families start they must fill out a full registration document. This includes the parents or carers giving consent for photographs to be taken of their child during activities and displayed within the Centre and for publicity purposes. Staff support parents/carers filling out these admission forms. The details of any person who doesn't give consent to having photos taken, will be shared within the team to ensure that we are complying with their wishes. Each room will have their own camera/tablet which is locked in the managers' office at the end of every day. The use of personal cameras by all staff and parents/carers is prohibited in the Centre. Parents who would like photographs from a day care room can speak with staff about using the centre camera or having a copy of any photos taken during sessions.

Staff, students or volunteers who may want to use photos of children for **study purposes** must gain permission from the parents/carers and can then download the photos from the nursery camera. At times BHCC may wish to use photos or film for publicity purposes or in-house training. On these occasions permission will be sought individually.

The centre strives to keep confidentiality when caring for **looked after children**, therefore photographs of these children will only be used for their personal learning diary and not for publicity purposes.

External agencies may want to record children for the child's personal development and for training purposes. The same procedure will be followed by external agencies with parent/carer consent being sought first.

In Family Support groups parents are able to take photos of their own children only. Posters explaining this are displayed in our community group rooms.

Further detail can be found in BHCC **online safety policy** regarding use of photos on the website and how we safeguard children and families with regard to use of the Internet.

2.7 Mobile Phones

Mobile phone possession/use is not permitted in the Day-care rooms. All staff, student and volunteer personal belongings including phones are to be kept in lockers provided. Any staff awaiting a personal call are encouraged to give the Centre phone number. Staff, students or volunteers on outings or home visits use a Centre mobile phone.

The Family Support team have allocated work mobile phones for their personal safety when carrying out home visits. All phones are pin code locked for security in case the phones are lost or stolen. Any photos taken in family support groups must be downloaded on to the 'P' drive.

2.8 Home Visits

Family Support staff may visit families who need support. When home visiting staff or students fill in a log which is kept on reception at both sites. They will inform a member of management where they are going. There is an agreed 'danger phrase' to be used by staff if they need to phone to let the centre know they are in an unsafe environment. The staff member receiving the call will then follow agreed procedures which will determine the next course of action.

Further detail can be found in **BHCC Home Visiting Procedure and Lone Working Policy**

2.9 Online safety

At BHCC we are very aware of the benefits and risks of using new technology. Our **online policy** and procedures encompass Internet technologies and electronic communications such as mobile phones, wireless technology and e-mails. These must be applied in all communication to ensure the safety and well-being of Centre users, volunteers, students, staff, trustees and colleagues in partner agencies and to inform future learning.

2.9a Tapestry

BHCC is committed to communicating with parents regarding their children's progress and learning. Tapestry is an online learning journal system which both staff and parents can contribute to in order to show children's progress. All parents are asked to sign a consent form before children are added to tapestry. The form will also outline terms and conditions to comply with data protection and the centres safeguarding policy. **See consent form for further information.**

For further information see e-safety Policy, Social Media Policy and Employee Handbook

2.10 Training and staff support

All staff will be given internal Safeguarding and Child Protection training within 6 months of starting work and retrained annually highlighting any significant changes in policy. Staff will be allocated time for training and research to support professional development.

Staff will have additional opportunities to discuss Safeguarding concerns through their supervision sessions. As described in the Early Years Statutory Framework (referenced at Appendix 2) BHCC leadership and management will ensure these sessions will provide a supportive environment in which confidential and sensitive issues can be explored and discussed. Safeguarding and concerns about other staff will be a standing agenda item for all supervision sessions.

Senior staff will undertake Multi Agency Safeguarding Training in line with current guidelines and provision via the Keeping Bristol Safe Partnership. This will be renewed every two years.

Staff will disseminate learning through team meetings and Staff Development Days.

Records of staff and trustee training will be kept in the **Centre Training Log**.

All staff personal data will be processed and stored in line with BHCC **Data Protection Policy**

Staff, students and volunteers who require medication must inform the management team so secure storage can be organised and if necessary a risk assessment carried out. Please refer to **BHCC Administration of Medicines Policy**

2.11 Partnership with Parents/Carers and outside agencies

Safeguarding children is a multi-agency concern co-ordinated by the Keeping Bristol Safe Partnership (KBSP), the local multi-agency partnership of education, health, police, and social care and associated services. As a Centre we will strive to work in partnership with all outside agencies involved in the care or safety of any child or family that uses our services.

At times we may be required to share information with outside agencies regarding the welfare of the family and child. We will always seek permission from the parent/carer to share information unless it will put the child at significant risk of harm. In our work with families we will work in partnership with them and colleagues wherever possible to devise clear plans with agreed actions.

We are committed to helping parents/carers understand their responsibility for the welfare of all children. Parents will be made aware of our commitment by the inclusion of a Safeguarding statement in their introductory pack which is also displayed at the Centre.

BHCC receives police data highlighting police call outs in relation to the families who attend the centre. These will be kept securely under the 'L' drive in which only the senior leadership team can access. The information will be recorded by the Safeguarding Lead and kept on a tracker which will also be saved under the 'L' drive. The safeguarding lead will inform the appropriate people working with the family on a need to know basis. All protocols surrounding this information will be adhered to.

See also **BHCC Confidentiality Policy**

See reference for '**Information Sharing: advice for Practitioners providing Safeguarding Services' 2018**.

Early Intervention

3.1 Aims

Brentry and Henbury Children's Centre aims to provide both universal and targeted services to meet the various individual needs of families in the locality. We are committed to working in partnership with a range of local agencies in identify emerging problems and contributing to effective family assessments. We will ensure we are in a strong position to provide appropriate and timely support to families that improves outcomes for children and has an impact on parental well-being and confidence.

BHCC use a range of information and data to understand the needs of the community and recognise the importance of early intervention in keeping children and families safe.

As referred to in 'Working Together to Safeguard Children' (2018) we will seek to provide a continuum of help which includes evidence-based practice such as identified parenting courses.

3.2 Family Support

The Family Support Team provide universal groups at which parents and carers have the opportunity to engage with staff to receive guidance on particular issues which may range from safety in the home to creative play. These services will continue to be prioritised at BHCC as they form a vital part of families accessing early preventive help and contributing to safeguarding.

Specific work is delivered in groups to address the needs of families such as those affected by domestic abuse, experiencing parenting difficulties or ante/ post natal depression. The work in these groups is carried out within set guidelines and staff will refer on to other agencies where any safeguarding issues arise in line with BHCC Child Protection procedures in section 4.

Staff will where appropriate complete a SAF and act as lead professionals. Forms may be obtained via Families in Focus. Where appropriate Signs of Safety scoring will be used to aid assessment and evaluation.

Where outside agencies deliver services from BHCC there will be clear protocols agreed with regard to how any safeguarding and child protection matters will be dealt with. A signed Partnership Agreement or Service Level Agreement will be completed.

Staff that are working with Parents/Carers and or children on a 1:1 basis will review this work in supervision with their line manager to ensure any significant changes and child protection issues are identified. Any information that is shared with them which indicates any such concerns must be discussed immediately with the Safeguarding Lead or deputising manager and if appropriate referred immediately using the Child Protection procedure below in section 4.

3.3 Disabled Children

BHCC will ensure that Disabled Children and their parents/carers have access to services and support that will enable them to achieve the maximum learning and development opportunities. Staff will have training such that early assessment can lead to appropriate provision and preventive work in partnership with other agencies, Staff such as the SENDCO

or Safeguarding Lead and Child Protection Officer will where required act as an advocate for the child.

For further information see BHCC **Inclusion Policy and Special Needs Policy**

Further reference 'Safeguarding Disabled Children Practice Guidance'

3.4 Enhanced Childcare Place

Some children will attend Day-care on an Enhanced Childcare Placement through Families in Focus Team from First Response. These cases will be discussed at a locality meeting and some families may be referred to the family support team to make contact and where required offer services. Should any child protection concerns arise out of this process where appropriate a referral to First Response will be pursued as per section 4 of this policy.

3.5 Free Early Education for 2 year olds

As part of our Children's Centre responsibility we provide free early education to eligible two year olds. This is an integral part of our early intervention and preventive work and enables BHCC to reach families early and identify where there are issues to address and possible referrals to other agencies.

3.6 Initial review and review assessment process.

There is a process in place to ensure Children's needs are met and reviewed any further support is provided to the family if required.

Child Protection

4.1 Purpose

Brenty and Henbury Children's Centre considers it the duty of staff, students and volunteers to protect children and young people who they come into contact with from abuse. The Trustees will work closely with staff to ensure effective implementation of this Safeguarding and Child Protection Policy and Procedures, thus ensuring the safety of children.

4.2 Definitions

Child Protection is defined as:

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

Working Together to Safeguard Children (2018)

We recognise that we have an explicit duty to safeguard children who are in need, or who may suffer significant harm as defined in the Children and Social Work Act 2017, and the Education Act 2002.

'Working Together to Safeguard Children' (2018) identifies 4 categories of abuse:

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

These are defined as:

(i) Physical abuse

May involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child, Fabricated and Induced Illness Syndrome (FIIS). Physical abuse includes Female Genital Mutilation (FGM)

(ii) 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 (e.g. rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching of outside 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.

(iii) Emotional Abuse

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

(iv) Neglect

The persistent failure to meet a child's basic physical needs and/or psychological needs, likely to result in the serious impairment of the child's health or development. 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 and abandonment);
- Protect a child from physical and emotional harm or danger;
- Ensure adequate supervision (including the use of inadequate care-givers);or
- Ensure access to appropriate medical care or treatment.

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

4.3 How to recognise child abuse – Signs and Symptoms

Recognising abuse is the most important duty that staff undertake to ensure that they are protecting children from abuse.

As stated in Keeping Children Safe in Education (2019) “Knowing what to look for is vital to the early identification of abuse and neglect”

Staff are not responsible for diagnosing or investigating child abuse. However, we do have a clear responsibility to be aware of, and alert to signs that all is not well with a child using our services. Not all concerns about children relate to abuse; there may well be other explanations. It is important that staff at the Centre keep an open mind and consider what they know about the child and the child’s circumstances.

Set out below are some of the possible signs which may help staff, students and volunteers recognise if a child is being abused. Although these signs do not necessarily indicate that a child has been abused, they may help adults recognise that something is wrong. The possibility of abuse should be investigated if a child shows a number of these symptoms, or any of them to a marked degree. If you are worried, it is not your responsibility to investigate and decide if it is abuse. It is your responsibility to act on your concerns and do something about it.

(i) Physical Abuse

- Unexplained recurrent injuries or burns
- Bruising and/or injury to non-mobile babies
- Improbable excuses or refusal to explain injuries
- Wearing clothes to cover injuries, even in hot weather
- Refusal to undress for a change of clothes
- Bald patches
- Chronic running away
- Fear of medical help or examination
- Self-destructive tendencies
- Aggression towards others
- Fear of physical contact – shrinking back if touched
- Admitting that they are punished, but the punishment is excessive (such as a child being beaten for being un co-operative)
- Fear of suspected abuser being contacted

(ii) Sexual Abuse

- Being overly affectionate or knowledgeable in a sexual way, inappropriate to the child’s age
- Medical problems such as chronic itching, pain in the genital, venereal diseases
- Other extreme reactions, such as depression, self-mutilation, suicide attempts, running away, overdoses, anorexia
- Personality changes such as becoming insecure or clinging
- Regressing to younger behaviour patterns such as thumb sucking or bringing out discarded cuddly toys
- Sudden loss of appetite or compulsive eating
- Being isolated or withdrawn
- Inability to concentrate
- Lack of trust or fear of someone they know well, such as not wanting to be alone with a babysitter or child-minder
- Starting to wet again, day or night/nightmares
- Become worried about clothing being removed

- Suddenly drawing sexually explicit pictures
- Trying to be 'ultra-good' or perfect; overreacting to criticism

(iii) Emotional Abuse

- Physical, mental and emotional development lags
- Sudden speech disorders
- Continual self-deprecation (I'm stupid, ugly etc.)
- Overreaction to mistakes
- Extreme fear of new situations
- Inappropriate response to pain ('I deserve this')
- Neurotic behaviour (rocking, hair twisting, self-mutilation)
- Extremes of passivity or aggression

(iv) Neglect

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

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

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

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

Please refer to the Multi-Agency Guidance for injuries in non-mobile babies document (<https://bristolsafeguarding.org/media/32252/non-mobile-baby-injury-policy-update-march-2019-bristol-approved.pdf>)

In the case of any non-mobile baby showing signs of injury should be reported to the paediatrician 0117 9230000. It is important that as well as arranging for the baby to be examined by the Community Paediatrician (CP) staff should contact First Response to request checks are made on the family. This information will be made available to the community paediatrician to help in any risk assessment of the injury. This is not the same as making a referral to First Response and parents should be reassured that this is the case, but it is important to check to see if the baby is already known to Social Care.

4.4 Environmental factors

In addition to the signs above there are environmental factors to be aware of in relation to the safeguarding of children and adults some examples of which are;

- Domestic Abuse

Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate family partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to: psychological; physical; sexual; financial and emotional.

Exposure to domestic abuse and/or violence can have a serious, long lasting impact on children.

Staff may be working with children experiencing abusive relationships between the adults at home. Children experiencing this may demonstrate many of the symptoms described in para 4.3. Staff will need to treat them sensitively, record their concerns and consider a referral to First Response and specialist agencies. Designated staff should be conversant with the MARAC process and ensure the Centre contribute to information sharing when required.

See key contacts (Appendix 1)

- Parent/Carer Mental Health Issues

Staff at the Centre may become aware of families in which the main carer is experiencing mental health difficulties. It is to be expected that working with parents of young children there will be adults with Ante or Post Natal Depression. Where possible it is important to engage with the adult and encourage them to seek medical help and support from the Family Support Team. In some instances, it may become clear that the parent's capacity to care and respond to the child's needs are severely impaired such that he/she is suffering neglect and emotional abuse. It is then crucial that staff use the procedures below to refer to First Response.

For further information see;

'Protocol for joint working across mental health and children's services' and 'Joint Practice Guidance for Children's Services and Adult Substance Misuse Services' BSCB (as listed in Appendix 4)

- Female Genital Mutilation (FGM)

Female circumcision is illegal in the UK and it is an offence to take UK nationals abroad to aid, abet or carry out FGM. All agencies have a statutory responsibility to safeguard children from being abused through FGM. If you are concerned that a girl is at risk of FGM this is a child protection issue and must be documented and reported to Social Care and or the police.

Some warning signs that **MAY** indicate a girl is at risk of FGM include:

- Parents requesting an extended leave from school on top of school holidays
- If a girl comes from a country that has high prevalence of FGM
- Mother and other siblings have already undergone FGM
- Child may indicate that they are going for a special event

For more information on this topic, see the online South West Child Protection Procedures - www.swcpp.org.uk and www.bava@bristol.gov.uk

The Bristol Safeguarding Children Board has created an FGM referral risk assessment for professionals to consider risks of girls from FGM.

<https://bristolsafeguarding.org/media/27269/fgm-referral-risk-assessment-2018.pdf>

For more information see BHCC Safeguarding Documents File in Family Support office.

- Child sexual exploitation

HM Government document 'Safeguarding children and young people from sexual exploitation' definition is as follows;

'Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities. Child sexual exploitation can occur through the use of technology without the child's immediate recognition; for example, being persuaded to post sexual images on the Internet/mobile phones without immediate payment or gain. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice resulting from their social/economic and/or emotional vulnerability.'

Centre staff, students and volunteers should be alert to these issues within families and the local community and discuss any concerns with the Safeguarding Lead and Child Protection Officer and follow child protection referral procedures if required.

For more information see 'Safeguarding children and young people at risk of sexual exploitation' BSCB as referenced at Appendix 2.

- Radicalisation

The Safeguarding Lead and Child Protection Officer and senior management team must ensure that staff are aware of the responsibility the centre has to be alert to any possible risks of radicalisation amongst families, staff connected within the centre and children who may be vulnerable to radicalisation. Any situations where this is considered to be a factor should be discussed without delay to the Prevent Team on 01278 647466.

Any concerns about a child will be referred through First Response or the police. The concern then may be dealt with through usual safeguarding processes or referred to the Channel process by email channelsw@avonandsomerset.pnn.police.uk or the Counter Extremism Group at email: counter.extremism@education.gsi.gov.uk or Tel: 020 7340 7264.

Prevent Training will be held with new members of staff as part of their induction to the centre. Refreshers will be given to all staff every three years as a minimum.

See Prevent Duty Guidance 2015 HM Government

4.5 If Abuse is Suspected

Recognising abuse is one of the first steps in protecting and safeguarding children and young people.

- Where staff suspect abuse, they should discuss this with the Safeguarding Lead or deputising manager. Signed and dated records should be made of all relevant information.
- An appropriate member of staff should then discuss any signs or behavioural changes (e.g. bullying, accidents) they have seen with the child's parents/carers at the earliest opportunity. There may be a known reason for this (e.g. a change in family make-up, death of a family member/pet).

You should remember that if abuse is taking place, it is often not the parents but other family members or friends who are causing the abuse. Parents are often the last to know.

- Any member of staff, student or volunteer can contact a relevant agency (see list at Appendix 1) to discuss any concerns that they may have before reporting, they can give you guidance and support in how to deal with situations and confirm appropriate action to take.
- If you continue to be concerned about the welfare of the child, the information must be passed on to First Response as per centre procedures (see at para 4.10 and para 4.11.). It is important to remember that if you do report concerns, you are not reporting the parents or carers – you are reporting to protect the welfare of the child.
- Where possible, inform parents/carers that you are going to report your suspicions/concerns. This might not always be possible, and should not put the child or yourself at risk.

4.6 Dealing with an Emergency

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

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

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

If a child discloses an injury was carried out by an adult, First Response must be contacted straight away via telephone without discussing this with the parent. If the DSL is uncertain about concerns about a child, they should contact Families in Focus for guidance.

Having taken the necessary emergency action, any suspected abuse must be reported to the Safeguarding Lead as soon as practicable. If the abuse implicates the Centre Director or Safeguarding Lead, the concerns should be discussed with the next tier of line management – the Trustee responsible for Safeguarding and Child Protection. If necessary, report the disclosure yourself to First Response (see 'Referral' below) and OFSTED.

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

4.7 What to do if abuse is disclosed

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

- Stay calm.
- Listen to what the child / young person is actually saying.
- Reassure them that they have done the right thing by telling you.
- Do not promise the child that this can be kept secret, as subsequent disclosure could then lead to the child feeling betrayed. Explain that you are obliged to inform other people.
- Reassure the child that the people who will be informed will be sensitive to their needs and will be looking to help protect them. Inform them that it will have to be passed on to the appropriate agencies.
- Make a note of any conversations with the child, trying to make these as detailed as possible, including when and where the conversations took place. Draw a diagram, if appropriate, to show the position of any bruises or marks the child or young person shows you, trying to indicate the size, shape and colour.
- Record the same day and use the actual words used by the child. Sign and date the recording which must be countersigned by a manager.
- Keep all records factual. Be aware of not making assumptions or interpretations of what the child / young person is telling you. Store all records securely.
- Do not interrogate the child, or push for more information. Ensure that any questions asked are open, not leading closed questions. Do not ask the child / young person to repeat what they have told you, for another worker or Trustee.
- Discuss your concerns with the Safeguarding Lead or deputising manager/senior leader. If the allegations implicate the Centre Director or Safeguarding Lead, the concerns should be discussed with the next tier of line management – the named Trustee responsible for Child Protection.
- If necessary, report the disclosure yourself to First Response (see Referral below) and OFSTED.
- The person to whom the disclosure was made should ensure that the child who has disclosed the information is informed about what will happen next, so they can be reassured about what to expect.

There may be occasions when a child will disclose abuse which occurred in the past, termed historical abuse. This information needs to be treated in exactly the same way as a disclosure of current child abuse. The reason for this is that the abuser may still represent a risk to children now.

At BHCC we recognise the possibility that children could experience abuse from another child (peer on peer abuse) and are committed to investigating any instances in a sensitive, professional manner equally safeguarding both parties.

4.8 Information gathered leading to referral

In many circumstances it will not be a direct disclosure from a child that indicates abuse. Some examples of other situations include;

- Report of domestic violence.
- An adult moving into a family home whose history indicates risk to children.

- A parent/carer sharing information that indicate building stresses mean he/she can no longer care for the children.
- A parent telling Centre staff that they or someone else have harmed their child.
- A chronology of events and information gathered by Centre and/or shared by other professionals that suggests abuse.
- Concerns from a neighbour or friend.

In these situations the member of staff, student or volunteer must immediately speak to the Safeguarding Lead or deputising manager such that appropriate action may be agreed.

Use the guidelines described in paras 4.7 and the sections below to inform your practice if making a referral.

4.9 Recording

Any member of staff, student or volunteer receiving a disclosure of abuse, or noticing possible abuse, must make an accurate record the same working day or the following morning, (if out of hours working), noting what was said or seen, putting the event into context, and giving the date, time and location. All recording must be signed and dated and countersigned by a manager.

Records should be: clear, use straightforward language, concise, accurate, contemporaneous, dated, presented chronologically, written to differentiate between facts, opinion, judgments and hypothesis, written to show emphasis by underlining and with a mind that the subject of a record does have the right in law to request access to them at any stage. Judgments made, actions and decisions taken, and who agreed and who is responsible should be carefully recorded.

Records should cover these basic facts:

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

And

- Any other relevant information

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

All hand written records will be retained, even if they are subsequently typed up in a more formal report. Where necessary child protection notes made in workers notebooks should be photocopied from the notebook, signed, dated and placed in the file.

Written records of concerns about children should be kept, even when there is no need to make a referral immediately.

All records relating to Child Protection concerns will be kept in a secure place (locked cabinet) and will remain confidential. Confidentiality must be maintained and information

relating to individual children/families will be shared with staff on a strictly need to know basis.

The BHCC system of flagging files using colour coding to denote current level of concern must be used on all files and updated as required. All staff must be familiarised with this system and all recording protocols as part of their induction.

Recording should be reviewed as part of management monitoring and evaluation responsibilities.

All written additions to day-care children's files will be added to the 'safeguarding log'. This ensures the safeguarding lead and anyone working with the family can be updated on any concerns or new information.

Parents/carers must submit a written request to access their child's file/records.

4.10 Reporting Abuse

It is important to seek support from the BHCC Safeguarding Lead or deputising manager, as to how to deal with situations and confirm appropriate action to take. Any member of staff, student or volunteer receiving disclosure of abuse, or noticing possible abuse must therefore report their concerns to the Safeguarding Lead. If the abuse implicates the Centre Director or the Safeguarding Lead, the concerns should be discussed with the next tier of line management – the Trustee responsible for Safeguarding and Child Protection. If necessary, staff should report the disclosure themselves to First Response (see 'Referral' below) and OFSTED.

Staff, students or volunteers should discuss the appropriate action to be taken with the safeguarding lead or deputising manager. The discussion should explore any known reasons/factors which may have caused a change in the child's behaviour (i.e. change in the family set-up, death of a family member etc), or other factors surrounding the direct disclosure (if relevant).

The safeguarding lead may need:

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

Any observation must be objective and factual, and disclosures offered by the child listened to and recorded without verbal or physical intervention or assumptions and judgements made by staff members. Where students or volunteers are involved in a staff type role the Safeguarding leader or a staff member must deal with or actively support any onward referral or action.

Possible options for action could be:

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

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

B. Discuss with parents/carers. The child's parents/carers should be seen at the earliest opportunity to ascertain if there is a known reason for a change in behaviour. Staff should aim to ask the parents/carers for an explanation in the majority of cases.

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

If staff have concerns that either the child or the parent/carer needs more support, but concerns do not reach Child Protection thresholds, they must make arrangements to provide the parent/carers with extra support and inform them they are doing so. The staff member should contact First Response who will refer to Families in Focus if appropriate. Please refer to threshold guidance on the BSCB website, which will assist you with your decision making.

If, after discussion with the parents/carers, staff feel that the child is in need of Child Protection, the following options can be pursued.

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

Telling the parent/carer that you are going to report your concern (or, in an emergency, that you have reported your concern) to the First Response Team (or Social Care if they already have a social worker) can be difficult, especially if staff have a close relationship with the child's parent/carer. Staff may feel unsure, uncertain about reporting the matter, nervous about how the parent will react or worried whether what they have seen is really child abuse or not. Nevertheless, staff should aim to tell the parents/carers that they are concerned. It is good practice to explain that injuries to children, particularly small children, must be investigated. It is important to make the parents/carers understand that there is a Safeguarding and Child Protection Policy in place which must be followed. Tell the parent/carer that the Safeguarding and Child Protection Policy is designed to provide protection for children and help for parents.

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

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

Contact the Emergency Services

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

Whatever the course of action decided upon on reporting a concern, staff must record the details of the meeting and any action agreed. Recording must be signed and dated and countersigned by a manager.

4.11 Referring

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

Inform parents/carers that you are going to report your concerns (see above 4.10 reporting). This might not always be possible and should not put the child or yourself at risk. When you report an incident, agencies will ask you if the parent/carer has been informed. If they haven't, they will want to know the reasons why.

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

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

If the child is placed for adoption, all enquiries or new information should be directed to the child's allocated Social Worker and, in their absence, if the matter is urgent, to the Duty Social Worker for their team.

The First Response Team should be telephoned on the same day staff have the concern on 0117 9036444 if it is an emergency and use the first response online form if the disclosure is not as urgent. Staff should have the following details to hand and where possible should note them on a Request for Help Form, (later placed in file) to structure the phone call:

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

- What staff think could be happening to the child.
- What action has been taken already, and why it hasn't worked.
- Any other information.
- Staff should make a note of who they spoke to, and date and time.

First Response should use the answers to help them fill in a 'Request for Help' form. They should formally acknowledge the referral within 1 working day and let you know what they have decided to do as a result. If you have not heard anything after 3 working days, take the referral to a higher authority within the First Response Team and tell the First Response worker what you are doing.

Out of hours referrals should be made to the Emergency Duty Team on 01454 615165.

It may be appropriate to contact the Police directly.

4.12 Escalation

Where the referral to First Response has not been allocated for appropriate action and the worker has concerns that this may be leaving a child at risk the Safeguarding Lead should where appropriate take action in accordance with the Escalation process.

For further information see SWCPP and BSCB contact details (Appendix 1 and 2)

4.13 Working with Social Care

BHCC are extremely aware of the importance of excellent partnership working with Social Care and Health in order to maintain the safety and well-being of families.

Staff and students will maintain frequent contact with social workers and health visitors of families that have a child protection plan and/or are subject to court proceedings. We will work to agreed plans and in partnership with parents and will update colleagues fully on both emerging concerns and progress. We will work with social workers and parents to compile relevant information regarding child development, progress and parenting capacity.

Staff must report to the Safeguarding Lead or deputising manager if children with a Child Protection Plan do not attend without a satisfactory explanation from their parent/carer. Staff will agree with social workers individualised reporting mechanisms related to Action Plans to ensure effective communication.

The Safeguarding Lead will ensure that Case Conferences and Strategy meetings are attended by suitably experienced staff. A written report, as shared with the parent/carer beforehand will be submitted to the conference.

BHCC staff and students will where required participate in core groups.

Where children are designated as Child in Need staff from the Centre will with the knowledge of the parent/carer maintain contact with the allocated social worker and share information as necessary always working to ensure the safety and well-being of the child is paramount.

The Safeguarding Lead keeps a record of all Child Protection, Child In Need, LAC and Families in Focus cases such that the organisation has a clear picture of current responsibilities and commitments.

The Safeguarding Lead will use information received from CYPS to ensure wherever possible the Centre are in contact with and providing services to the most vulnerable children in the reach area.

The Safeguarding Lead will ensure good practice such as the hosting of Network events and update meetings that enhance the building of good relations, particularly with social care and health, are continued to ensure effective communication.

BHCC will co-operate fully in any Serious Case Reviews related to families accessing the Centre. The Safeguarding and Child Protection Lead will ensure that learning from Serious Case Reviews is disseminated to staff and used to inform and improve practice and procedures.

4.14 Support to Staff, volunteers or students

As a result of dealing with disclosure or reporting your concerns, you may feel angry or upset. It is important that you are able to work this through in supervision. The Trustees fully support all members of staff in following this procedure and if you wish, you should talk to the Trustee responsible for Safeguarding and Child Protection. In addition, any of the appropriate agencies listed (Appendix 1) will be able to provide support.

4.15 Allegations against a member of staff, volunteer or student

Staff, volunteers or students may also be subject to allegations of abusing children. While support will be offered, the staff and Trustees will ensure that the investigating officer concerned is given all assistance in pursuing any investigation. The BHCC Disciplinary Procedure may be implemented.

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

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

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

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

At the earliest opportunity, the Safeguarding Lead should contact the Centre Director and Trustee responsible for Safeguarding and Child Protection. The Safeguarding Lead, Trustee or Centre Director should contact the Local Authority Designated Officer within BCC.

The Safeguarding Lead will ask the LADO for advice on how to proceed given the nature of the concerns. The Centre should then follow the Local Authority Designated Officer's advice on how to deal with allegations against staff.

The Safeguarding Lead should make a signed and dated written record of their concerns, observations and the information they have received.

They must maintain confidentiality and guard against publicity while an allegation is being considered or investigated and follow local information sharing protocols.

The Safeguarding Lead, Trustee for Safeguarding or Centre Director will contact the Designated Senior Officer within the Early Years and Childcare service to inform them about the situation and proposed actions.

OFSTED should be informed of any allegations of abuse against a member of staff, Trustees, or volunteer, or any abuse that is alleged to have taken place on the premises or during a visit or outing. While support should be offered to those involved, the staff and Trustees, will ensure that the agencies concerned are given all assistance in pursuing any investigation.

If it appears that the Centre Director, Safeguarding Lead or the Trustee responsible for Safeguarding and Child Protection, has behaved in a way that has harmed a child, or may have harmed a child; or possibly committed a criminal offence against or related to a child; or behaved in an inappropriate way towards a child which may indicate that he or she is unsuitable to work with children, then staff should contact the Local Authority Designated Officer (LADO) and Designated Senior Officer for Early Years directly.

If appropriate, Social Services and/or the Police will be informed by the LADO. Relevant evidence and information will be given by the Centre if required. Proven allegations may be deemed as gross professional misconduct and in line with the BHCC Employment Handbook and Disciplinary Procedures could lead to immediate termination of employment.

Should a member of staff, student or volunteer leave BHCC employment following a proven allegation in respect of Safeguarding, OFSTED and the DBS will be informed.

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

Designated Senior Officer for Early Years:

Tel: 0117 9224895

Local Authority Designated Officer (LADO) for Bristol:

0117 9037795

4.16 Confidentiality and appropriate disclosure of information

Confidentiality is crucial to all our relationships, but the welfare of the child is paramount. The law does not allow anyone to keep concerns relating to abuse to themselves. Therefore, confidentiality may not be maintained if the withholding of information will prejudice the welfare of the child.

All information that has been collected on any child will be kept locked and secure and confidential between those concerned. Access will be limited to the appropriate staff, management and relevant agencies. In the event of an investigation it is essential that no information on Child Protection concerns relating to a child are disclosed inappropriately. Any such leaks could have serious consequences for both the child concerned and any investigation.

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

BHCC understands the importance of transferring family files to schools/daycare providers in order to ensure safeguarding information has been passed on. This transferring of documents is carried out by following the KBSP guidelines.

Staff, volunteers and students must maintain professional boundaries within their work in terms of confidentiality and managing working relationships with families at all times. This may prove a particular challenge for staff who live locally. Any connections with families that result in a conflict of interest or any other difficulty must be discussed immediately with a member of the Leadership and Management Team.

For further information refer to **BHCC Confidentiality Policy and the Employee Handbook**

Date of Policy: February 2020

Accepted By: Kate Fairhurst

Manager: Roxane Twining

Trustee: Jane Duffy

Date for review: January 2021