



Child Protection Policy
EYFS 3.1 - 3.2, 3.63, 3.69-3.72

Please refer to Email and Internet Policy and British Values, Radicalization and Extremism Policy, Behaviour Policy, Security Policy, Safer Recruitment policy, Whistleblowing Policy, Medication Policy, 'Keeping Children Safe in Education,' 'Working Together to Safeguard Children', 'Safer Working Practice,' Neglect Toolkit, Annex B of KCSiE, Gloucestershire's level of intervention and AMF DSL job description.

1. Aim

To ensure the protection and promoting the safety and welfare of all children in our care.

Safeguarding and promoting the welfare of children is everyone's responsibility. Everyone who comes into contact with children and their families and carers has a role to play in safeguarding children. In order to fulfil this responsibility effectively, all professionals should make sure their approach is child ~~centred~~ **centered**. This means that they should consider, at all times, what is in the best interests of the child. ~~To ensure the protection and promoting the safety and welfare of all children in our care.~~

2. Related Company Policies and Procedures

- The company will appoint and train a Designated Safeguarding Lead (DSL) for each setting. They are:
 - Barnwood Nursery Louise Howe
 Naomi Goldsmith & Hannah Clifford
 - Out of School Clubs —Beth McTaggart and Claire Williams

A DSL will always be available and contactable.

**Overall responsibility for Safeguarding issues will be referred to Louise Howe,
Barnwood Nursery Manager/Barnwood DSL.**

- All visitors to company premises must be signed in and out by a senior member of staff and must be accompanied at all times.
- Any person who does not hold an Enhanced Disclosure from the Disclosure and Barring Service will not be left unsupervised with the children.
- The company will work in partnership with parents and carers to maintain up-to-date personal information regarding each child and significant people in his/her life e.g. addresses, phone numbers, relationship with the child etc.

- All [nursery](#) children must be signed in and out by a nursery practitioner on [the Blossom app](#); ~~when if the Blossom app~~ is not working, we will keep a written record.
- All children at OOSC will be signed in and out by the Duty Manager.
- ~~If a child fails to attend a booked session~~ (Children who are absent from education), ~~a~~ [a](#) phone call is made to their parent ~~in a reasonable timescale~~ [time after the start of the session for children who are absent to check on their welfare and the reason for non-attendance](#).
- A log is kept of all absences to record ~~how many~~ [the number of](#) absences and [reasons for them](#) ~~why~~. This is reviewed monthly, and any concerns of low attendance will be dealt with accordingly. DSL's will make a judgement based on the child and their circumstances of what we would class as low attendance.

3. Staff Training

To enable all staff to recognise potential situations in which child protection measures may be needed, they will all complete Safeguarding Children Level 1 training within their first three months of employment (unless they have already attended such a course in the last two years) via the GSCP me learning platform. They will also have access to the Gloucestershire Safeguarding Children flowchart. Practitioners will update their Safeguarding Children training every 3 years. As well as the 3-yearly training, all staff are asked to complete a 'Child Protection Refresher' annually via our Educare platform in line with the Keeping Children Safe in Education annual update each academic year. This includes a questionnaire to test staff's knowledge of key areas.

Designated Safeguarding Leads (DSLs) complete Child Protection Inter Agency (CPIA level 3) training every 2 years via the GSCP me learning platform. DSL's should also complete 10 hours' continual professional development per year. This should be evidenced on the me learning platform and can include webinars, pre-reading, training etc.

Staff new to the setting will complete the online 'Prevent Duty' course ~~on completion of as part of their probationary period~~ [induction training](#). All staff complete this training annually.

All staff have access to a copy of Keeping Children Safe in Education part one and Annex B via email and in the staff room. All new staff are given a copy of part one and Annex B during their induction.

Safeguarding is always part of our agenda at staff meetings and supervisions. Staff regularly receive any updates via email ~~and~~ [in hard copies placed](#) in the staff room.

3.1 Definitions of Abuse.

Physical - may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child (See paragraph 4.2). It is physical abuse if a child is assaulted, and it leaves a mark or causes mental cruelty. (Children Act 2004).

Neglect - 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. Failure to:

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

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

Emotional - 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 developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as over-protection 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.

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

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3.2 Indicators of abuse

Physical Abuse

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- Unexplained injuries or burns, particularly if they are recurrent
- Improbable excuses given to explain injuries
- Refusal to discuss injuries
- Untreated injuries or delay in reporting them
- Excessive physical punishment
- Arms and legs kept covered in hot weather
- Fear of returning home
- Aggression towards others

When considering the possibility of non-accidental injuries, remember that injuries may have occurred for other reasons e.g. genuine accidents or medical disorders.

Neglect

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- Constant hunger
- Poor personal hygiene

- Constant tiredness
- Poor state of clothing
- Untreated medical problems
- Low self esteem
- Poor peer relationships

To assist in the identification of neglect we will use the GSCP Child Neglect Toolkit which is designed to assess children who are at risk of neglect. It will put concerns into context and identify strengths and resources. Practitioners should follow the procedure of reporting concerns to their DSL. The DSL will then work with them, using the toolkit.

Emotional

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- Low self esteem
- Continual self-deprecation
- Sudden speech disorder
- Significant decline in concentration
- Neurotic behaviour (e.g. rocking, head banging)
- Self-mutilation
- Extremes of passivity or aggression

Sexual

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Not all children are able to tell or believed by parents. Changes in behaviour may be a signal that something has happened. It is important to remember that there may well be no physical or behavioural signs. The following indicators may show that a child is troubled, but not through sexual abuse. The child may have some of these signs or none at all. It is a combination, frequency and duration of signs that can alert you to a problem.

- Lack of trust in adults, or over familiarity with adults. Fear of a particular individual.
- Social isolation
- Low self esteem
- Display of sexual knowledge beyond their years
- Unusual interest in the genitals of adults, children or animals
- Expressing affection in an inappropriate way
- Fear of bathrooms, showers, closed doors
- Abnormal sexualized drawing
- Bruises, scratches, bite marks to the thighs or genital area
- Itch, soreness, discharge, unexplained bleeding from the rectum, vagina or penis
- Pain on passing urine or recurrent urinary infection
- Stained underwear
- Discomfort/difficulty in walking/sitting
- Soiling or wetting in children who have been trained

These indicators are not exhaustive and anyone with concerns has a duty of care to report them to the setting DSL.

4. Other forms of abuse

4.1 Breast ironing is a form of physical abuse that has been condemned by the United Nations and identified as Gender-based Violence.

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The practice of breast ironing is seen as a protection to girls by making them seem 'child-like' for longer and reduce the likelihood of pregnancy. Once girls' breasts have developed, they are at risk of sexual harassment, rape, forced marriage and kidnapping; consequently, breast ironing is more prevalent in cities.

In the vast majority of cases breast ironing is carried out by mothers or grandmothers and the men in the family are unaware. Estimates range between 25% and 50% of girls in Cameroon are affected by breast ironing, affecting up to 3.8 million women across Africa.

Concerns have been raised that breast ironing is also to be found amongst African communities in the UK, with as many as 1,000 girls at risk.

Breast ironing does not stop the breasts from growing, but development can be slowed down. Damage caused by the 'ironing' can leave women with malformed breasts, difficulty breastfeeding or producing milk, severe chest pains, infections and abscesses. In some cases, it may be related to the onset of breast cancer.

4.2 Fabricated and induced illness

The fabrication or induction of illness in children by a carer has been referred to by a number of different terms, most commonly Munchausen Syndrome by Proxy (Meadow, 1977), Factitious Illness by Proxy (Bools, 1996; Jones and Bools, 1999) or Illness Induction syndrome (Gray et al, 1995).

There are three main ways of the carer fabricating or inducing illness in a child. These are not mutually exclusive and include:

- fabrication of signs and symptoms. This may include fabrication of past medical history;
- fabrication of signs and symptoms and falsification of hospital charts and records, and specimens of bodily fluids. This may also include falsification of letters and documents;
- induction of illness by a variety of means.

The majority of cases of fabricated or induced illness in children are confirmed in a hospital setting because either medical findings or their absence provides evidence of this type of abuse.

4.3 Online Safety

Practitioners promote online safety throughout activities at all of our settings. Although children do not have access to the internet at All My Friends, we recognise that they may be able to access it at home and therefore it is important to talk to children about how to use it safely. All DSLs should understand the filter and monitoring processes of AMF. (iPads emptied regularly and children do not have access to the internet. iPads are for practitioners use only)

The breadth of issues classified within online safety is considerable but can be categorised into four areas of risk:

- content: being exposed to illegal, inappropriate or harmful content, for example: pornography, fake news, racism, misogyny, self-harm, suicide, anti-Semitism, radicalisation and extremism.

- contact: being subjected to harmful online interaction with other users; for example: peer to peer pressure, commercial advertising and adults posing as children or young adults with the intention to groom or exploit them for sexual, criminal, financial or other purposes.
- conduct: personal online behaviour that increases the likelihood of, or causes, harm; for example, making, sending and receiving explicit images (e.g., consensual and non-consensual sharing of nudes and semi-nudes and/or pornography, sharing other explicit images and online bullying; and
- commerce - risks such as online gambling, inappropriate advertising, phishing and or financial scams.

If practitioners have any concerns regarding online abuse they should report to their DSL.

5. Procedures for dealing with reported or suspected abuse

PLEASE NOTE IT IS ESSENTIAL THAT ALL WRITTEN REPORTS OF CONCERNS RELATING TO CHILD PROTECTION REGARDLESS OF THE ORIGIN OF THE CONCERN MUST BE SIGNED AND INCLUDE THE TIME AND DATE. FAILURE TO COMPLY MAY RESULT IN THE REPORT BEING INADMISSABLE IN A COURT OF LAW AND THE CHILD REMAINING UNPROTECTED AS A DIRECT RESULT. PRACTITIONERS SHOULD NOT ASSUME SOMEONE ELSE WILL REPORT THE CONCERN.

5.1 Pre-existing injuries

When a child comes to the setting with a pre-existing injury, where a parent has not given us an explanation for it or the explanation is a cause for concern, this will be documented on a body map. This is signed by the ~~DSL and~~ parent and the DSL is made aware. This is then stored in the Child Protection file.

5.2 Unexplained behavioural changes/physical marks

All staff must recognise and be aware that any changes which may occur in a child's physical or mental state/behaviour may be a cause for concern and these changes must be noted on the day in question and the DSL, Setting Manager/Managing Director informed.

The DSL will agree how ongoing observations will be carried out and documented. Any resulting report must include information known about the child's background and current circumstances as this may be relevant to the situation in question. (We must take into consideration that some symptoms will have a reasonable explanation, such as a medical condition or a change in family circumstances).

When recording something which has caused concern to a member of staff the following must be included:

- Date
- Time
- Child's details (full name, age, group)
- Location, what activity they were involved in
- Details, signs and symptoms which raised concern
- Full name of sStaff member who raised the matter
- Action to be taken
- DSL/Setting Manager/Managing Director dealing with the matter

- Signatures to be obtained from all relevant staff members together with time and date.
- The child will not be asked to sign.
- The child must not be questioned but given the opportunity to speak.

Once detailed observations have been recorded the [Setting Manager](#), in consultation with the DSL, [Manager/Managing director](#) will take a decision on further immediate action. This may include speaking to the parents.

If there are sufficient grounds for concern for the child's welfare the situation will be logged to Multi Agency Safeguarding Hub (MASH). The manager will take into account the guidelines of the GSCP before making this decision. If there is any doubt, the DSL/Manager will always err on the side of caution and refer the situation. Regardless of the outcome, a full report of our findings and actions, as detailed above, will be compiled and kept with the child's confidential records. A chronology is completed and kept up to date with any further entries added to the file. The report will include a date for review when the [Manager and DSL](#) will decide whether to continue monitoring, inform The MASH team or to close the file if the concern is no longer valid.

5.3 Quality Care Profile

The Quality Care Profile is designed to assist us in identifying and assessing children who are at risk of neglect. It is to be used when you are concerned that the quality of care of a child you are working with suggests that their needs are being neglected. It will help us to reflect on the child's circumstances, [and will help us](#) put our concerns into context and identify strengths and resources. The Quality Care Profile can be used to inform decision-making, assessments and planning. It can also be used in one to one's with managers or in supervisions. It is a tool that can be used with families and does not replace assessments such as the Early Help Graduated Pathway or Children's Social Care assessments.

When using the Quality Care Profile, it is important to remember the 3 different types of neglect

1. Passive
2. Chaotic
3. Active

Please see Multi Agency Child Neglect Strategy for definitions and signs of these different types of neglect. A copy is kept in the staff room and attached to this policy.

When using the Quality Care Profile, it is best to use a multi-agency approach for it to be effective.

Once a Quality Care Profile is completed permission should be sought from the parents, (parents can be included in the completion of the profile). If we have permission to speak to Early Help this will cover permission to share the profile. It should then be sent via Egress to neglecttoolkit@gloucestershire.gov.uk. A Community Social Worker will then be in touch. If a child is at immediate risk, we will follow our procedures. If at any point the parent will not give consent, [we will](#) seek advice from Community Social Workers on 01452 426263.

5.4 Abuse reported to a member of staff through a child or an adult

Any child who confides in a member of staff about any problem must be listened to carefully and taken seriously. **The staff member must not at any time ask the child questions relating to the problem but must inform a DSL immediately.** The matter will then be dealt with sympathetically and in the strictest of confidence. Everything the child says must be taken seriously. The child must be taken aside and allowed to talk. It is essential that the child leads the conversation; the member of staff **must not at any time question the child.**

The child should be reassured throughout the procedure that he/she is taking the right course of action. The member of staff may need to inform the child **gently and with care** that they may need to seek the advice of others in finding the best way to deal with the situation. **Never promise that you will keep it to yourself.**

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The member of staff will write a full record of what the child said on a child's disclosure form. This record will include the following details:

- Date
- Time
- Child's details (full name, age, group)
- Where the disclosure took place, what activity where they involved in
- **Full n**Name of member of staff in whom the child confided
- Exactly what the child has said, using the child's own words
- Signature of all relevant staff members together with time and date
- The child will not be asked to sign.

This report will be passed to a DSL, who will decide on the action to be taken. This may be to monitor the situation for a specified length of time, to speak to the parents (if it does not put the child at further risk) or to contact The MASH team. The DSL will take into account the guidelines of the GSCP before making this decision. If there is any doubt, the DSL will always err on the side of caution and refer the situation. Once information has been given to The Multi Agency Safeguarding Hub (MASH) you will be asked to complete a multi-agency referral form (MARF) via the online Liquid Logics new portal **and which** can be accessed at

<https://children.gloucestershire.gov.uk/web/portal/pages/professional>

This is passed onto a social worker who will contact the referrer within 24 hours. If the child is in immediate risk of significant harm, MASH should be contacted immediately, using the telephone number below, option 3.

If you are completing a MARF form and the concern is neglect, a Quality Care Profile must also be submitted.

The DSL will fully document the situation including the member of staff's report and the agreed actions taken/to be taken. The DSL's report will also be signed and dated.

Regardless of the outcome, the report detailed above, will be compiled and kept in a separate file in a locked cupboard. It will include a date for review when the **M**anager **and DSL** will decide whether to continue monitoring, inform the Children's & Families Services or to close the file if the concern is no longer valid.

5.4 A member of staff is accused of a child protection offence

The accusation will be reported immediately to a DSL or the most senior person not implicated in the allegation.

A written statement of the accusation will be recorded to include:

- The date and time when the accusation was first made
- The [full](#) name of the person raising the accusation
- Details of the accusation together with any supporting evidence
- The [full](#) name of the member of staff to whom the allegation was first reported
- This statement will be signed, dated and timed by the person making the accusation and the person to whom the accusation was reported.
- Never ask leading questions and do not try to interview people
- Draw a diagram of any bruising or other injury

No further investigation will be taken until a referral has been made to the LADO Nigel Hatten and his advice sought. (or his team). This should be done within one working day.

The role of the LADO (Local Authority Designated Officer) is to:

- Receive reports about allegations and to be involved in the management and oversight of individual cases;
- Provide advice and guidance to employers;
- Liaise with the police and other agencies;
- Monitor the progress of cases to ensure that they are dealt with as quickly as possible consistent with a thorough and fair process;
- Provide advice and guidance to employers in relation to making referrals to the Disclosure and Barring Service (DBS) and regulatory bodies such as Ofsted, the GMC etc.

The LADO will advise us whether or not informing the parents of the child/ren involved will impede the disciplinary or investigative processes. Acting on this advice, if it is agreed that the information can be fully or partially shared, we should inform the parents/carers. In some circumstances, however, the parents/carers may need to be told straight away (e.g. if a child is injured and requires medical treatment).

The parents/carers and the child, if sufficiently mature, should be helped to understand the processes involved and be kept informed about the progress of the case and of the outcome where there is no criminal prosecution. This will include the outcome of any disciplinary process, but not the deliberations of, or the information used in, a hearing.

All My Friends will seek advice from the LADO, the police and/or Children's Social Care about how much information should be disclosed to the accused person.

Subject to restrictions on the information that can be shared, All My Friends will as soon as possible, inform the accused person about the nature of the allegation, how enquiries will be conducted and the possible outcome (e.g. disciplinary action, and dismissal or referral to the DBS or regulatory body).

OFSTED will be informed. This is a requirement of the EYFS and failure to report by the registered person within 14 days is an offence. If a serious criminal offence has been committed the police must also be informed.

The DSL will decide on the action to be taken. This may include immediate suspension of the member of staff, on full pay, to protect all involved and allow an investigation of the situation to take place*. The company's legal helpline will be informed where necessary. The company's disciplinary policy will be followed in respect of the member of staff's alleged misconduct if the LADO decides the criteria has not been met. If, after speaking with LADO it is agreed that the allegation meets the criteria the DSL is to complete the allegation management referral form via the GSCP website. This is a [Word](#) document that will then be emailed to the address on the form. [The Word document template](#) can also be found in our Child Protection Folder. The LADO will review referrals and convene an allegations management meeting. This may result in a criminal investigation, a social care investigation and or an investigation to inform whether disciplinary action is required. If it is agreed that the allegation does not meet the criteria, the LADO will record the initial discussion and send it to us for our records. Any further action will be taken within the setting as necessary with advice from our legal helpline.

If appointed to conduct the investigation by LADO, the member of staff accused of the child protection offence will be interviewed by the Designated Safeguarding Lead/Setting Manager/Managing Director. The member of staff will be made aware of the details of the allegation and which authorities have been informed (Police, Ofsted, LADO). LADO will be informed in all instances.

The member of staff will be asked to comment on the allegation.

The DSL/Manager will ensure that all stages of the investigation are recorded to include the date and time of reported incidents and all written reports will include the date and time and signature of the person recording.

Throughout the investigation, the DSL/Manager will take into account the guidelines of the GSCP and ensure that every representative of the company co-operates fully with any external agencies/professionals that may become involved, e.g. OFSTED, Social Services or Police.

The DSL/Manager will also ensure that the member of staff concerned and child's carers are kept informed of the investigation's progress and outcomes.

* Suspension is a neutral act, and it should not be automatic. It should be considered in any case where:

- There is cause to suspect a child is at risk of harm; or
- The allegation warrants investigation by the police; or
- The allegation is so serious that it might be grounds for dismissal.

The possible risk of harm to children should be evaluated and managed in respect of the child/ren involved and any other children in the accused member of staff's home, work or community life.

If a strategy meeting / discussion is to be held or if Children's Social Care or the police are to make enquiries, the LADO should canvass their views on suspension and inform us. Only the employer, however, has the power to suspend an accused employee and they cannot be required to do so by a local authority or police.

If a suspended person is to return to work, we will consider what help and support might be appropriate (e.g. a phased return to work and/or provision of a mentor), and also how best to manage the member of staff's contact with the child concerned, if still in the setting.

Visit the Gloucestershire Safeguarding Children Partnership website for more information.
<https://www.gscb.org.uk/lado-allegations/> or
https://www.proceduresonline.com/swcpp/gloucestershire/p_alleg_against_staff.html?zoom_highlight=LADO

Low Level Concerns

The term Low-level concern is any concern- no matter how small- that an adult working in or on behalf of the setting may have acted in a way that-

- Is inconsistent with the All My Friends Staff Behaviour Policy, including inappropriate conduct outside of work, and
- Does not meet the harm threshold or is otherwise not considered serious enough to consider a referral to LADO

Examples of such behaviour could include, but are not limited to:

- being over friendly with children
- having favourites
- taking photographs of children on their mobile phone, contrary to All My Friends policy
- engaging with a child on a one-to-one basis in a secluded area or behind a closed door, or
- humiliating children

If we are unsure whether the concern does meet the threshold, we will seek advice from GSCP.

All My Friends recognises the importance of creating a culture of openness, trust and transparency to encourage all staff to share low-level concerns so that they can be addressed appropriately.

It is crucial that all low-level concerns are shared responsibly with the DSL and recorded and dealt with appropriately. Ensuring they are dealt with effectively will also protect those working on behalf All My Friends from becoming the subject of potential false low-level concerns or misunderstandings.

Low-level concerns will be documented and kept on staff personnel files.

6.Early Help - working in partnership to support families across Gloucestershire. Providing the right support as soon as a problem emerges, before issues get worse. Support is available from the following organizations:

Families **F**irst team, SEN **C**ease **W**ork team, SEND Early Years' Service, Education Performance Inclusion (EPI), Educational Psychology Service (EPS), Advisory Teaching Service (ATS), Inclusion and Enablement coordinators, Family Information Service (FIS), SEN Monitoring team, Social Care.

They
They can be contacted on 01452 328076, email earlyhelp@gloucestershire.gov.uk

Any child may benefit from [Early Help](#), but all staff should be particularly alert to the potential need for [Early Help](#) for a child who: is disabled or has certain health conditions and has specific additional needs, has special educational needs (whether or not they have an EHCP), has a mental health need, is a young carer, is showing signs of being drawn in to anti-social or criminal behaviour, including gang involvement and association with organised crime groups or county lines, is frequently missing/goes missing from care or from home, is at risk of modern slavery, trafficking, sexual or criminal exploitation, is at risk of being radicalised or exploited, has a family member in prison, or is affected by parental offending, is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse, is misusing drugs or alcohol themselves, has returned home to their family from care, is at risk of 'honour'-based abuse such as Female Genital Mutilation or Forced Marriage, is a privately fostered child or is persistently absent from education, including persistent absences for part of the school day.

Refer to the 'Level of Intervention' windscreen which shows the continuum of need.

7. Teaching Children

In all All My Friends settings children are taught important messages about keeping them safe. The NSPCC PANTS campaign is used throughout the settings to encourage children that privates are private. Conversations are age appropriate, and parents and carers are informed of this. More information can be found on the NSPCC website.

8. Resolving professional Difference (escalation policy)

Remember to use the 'resolution of professional difficulties (escalation) procedures if you are left feeling that the response from social care has not addressed your concerns for the child. Advice about procedural issues including using the resolving professional differences procedures can be obtained through the Safeguarding Children Service on 01452 58 3629 For out of hours social work advice please contact the Emergency Duty Team on 01452 614 194

9. Passing Records On

When a child moves settings e.g., [moves](#) onto school, if the child has previous or ongoing safeguarding concerns the DSL will contact the DSL at the child's next setting. They will arrange a meeting to pass on documentation. Original copies will be given, and a copy will be kept at All My Friends alongside their contract which is kept and archived for seven years, after which it will be shredded. When passing on documentation we will ask for a signature upon receipt of the documents.

10. Private Fostering

A private fostering arrangement is essentially:

- one that is made privately (without the involvement of a local authority) for the care of a child under the age of 16 (under 18, if disabled)
- by someone other than a parent or close relative
- With the intention that it should last for 28 days or more.

Private foster carers may be from the extended family, such as a cousin or great aunt. However, a person who is a relative under the Children Act 1989 i.e. a grandparent, brother, sister, uncle or aunt (whether of the full or half blood or by marriage) or step-parent will not be a private foster carer. A [cohabitee](#) of the mother or father would not qualify as a relative.

A private foster carer may be a friend of the family, the parent of a friend of the child, or someone previously unknown to the child's family who is willing to privately foster a child. -If you think a child in the educational setting is being privately fostered, the Designated-DSL person should make a referral to the Children and Families Helpdesk - 01452 426565. Social care will undertake an assessment of the private fostering arrangement which will include safeguard checks on the carers and contacting the child's parents. A worker will be allocated until the child is 16 and the arrangement will be monitored and reviewed, and the young person visited on a regular basis.

11. Annex B

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Please refer to Annex B of Keeping Children Safe in Education for definitions of the different types of abuse. If staff have any concerns about a child's welfare regarding any of these, they should follow the steps above.

12. Contact Details

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Multi Agency Safeguarding Hub (MASH)

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| If you are worried or concerned about anyone under 18 who you think is being abused or neglected, or that a child and their family need help and support, please contact MASH Opening hours: 9am - 5pm | 01452 42 6565 Option 3 - Urgent Concerns 01452 42 6565 Option 1 - Children's Practitioner Advice Line or childrenshelpdesk@gloucestershire.gov.uk |
| Community Social Worker Team | 01452 426263 call for advice for Levels of intervention 2/3 |
| Early Help Service | 01452 426565 option 2 call for advice on levels of intervention 3/4 |

Out of office hours

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| Outside of office hours, you should contact the Emergency Duty Team (EDT) or, if you have concerns about the immediate safety of the child or you believe a serious criminal offence has been committed please contact the Police at any time on 101 . | 01452 61 4194 or 101 |
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To report a concern about a professional working with children (Allegations Management)

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| Nigel Hatten, LADO (Local Authority Designated Officer) nigel.hatten@gloucestershire.gov.uk | 01452 42 6994 Nigel Hatten (Full time) |
| Allegations Management Co-Ordinator | amadmin@gloucestershire.gov.uk inbox monitored 9.30-4pm Mon-Fri |

Safeguarding Training

For questions about Multi-agency & single-agency training courses contact the Adult Education Team

gscetraining@gloucestershire.gov.uk

More information

To understand the procedures involved once a concern has been raised please read our Child Protection Procedures

[Gloucestershire Child Protection Procedures \(PDF, 318.2 KB\)](#)

Operation Encompass Queries - Lisa Woodward 01452 328953

Lisa.woodward@gloucstershire.police.uk

Operation Encompass Helpline 02045139990 (Open 8-1pm offering advice)

www.operationencompass.org

Internal use only

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|---|------------|
| This policy was adopted on: | 19.01.22 |
| Signed on behalf of the setting: | |
| Date disseminated to staff: | |
| Next review date: | 04/09/2024 |

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