# Lilly Brook Childcare LTD

# Safeguarding and Child Protection Policy (0–5 Years)

Effective: September 2025 (EYFS 2025 Compliant)
Designated Safeguarding Lead (DSL): Jenna Lindow
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Directors: Janet Wilson & Timothy Wilson

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## 1. Policy Statement

At **Lilly Brook Childcare**, we hold safeguarding and child protection at the heart of everything we do. The welfare of every child is our highest priority and is paramount in all our decisions, actions, and practice.

We are fully committed to creating and maintaining a safe, nurturing, and inclusive environment where children are protected from harm, abuse, neglect, and exploitation. Their rights, dignity, and wellbeing are respected at all times.

We believe **safeguarding is everyone's responsibility**. Every member of staff, volunteer, and visitor has a duty to protect children, to remain vigilant to the signs of abuse or neglect, and to take immediate and appropriate action when concerns arise.

Our team recognises safeguarding is not a one-off event but an **ongoing, proactive, and shared responsibility**. We will:

- Empower and equip staff with the knowledge, training, and confidence to safeguard children effectively.
- Listen to and respect the voices of children and families.
- Work in close partnership with parents, carers, and safeguarding agencies.
- Ensure our policies and procedures are robust, transparent, and in line with statutory requirements.

We expect all staff, volunteers, parents, and visitors to uphold this commitment and to contribute to a culture of vigilance, openness, and accountability where children are always kept safe.
This policy acts as a practical how-to guide for staff and is reviewed annually or following significant changes.

## 2. Legal Framework

This policy is informed by:

- EYFS Statutory Framework (2025)
- Children Act 1989 & 2004
- Working Together to Safeguard Children (2018)
- Keeping Children Safe in Education (KCSIE 2025, where relevant)
- Safeguarding Vulnerable Groups Act 2006
- Protection of Freedoms Act 2012
- Children and Families Act 2014
- Prevent Duty Guidance (2015, updated 2021)
- GDPR & Data Protection Act (2018)
- London Child Protection Procedures

## 3. What is Safeguarding?

Safeguarding is the **action we take to promote the welfare of children and protect them from harm**. It is broader than just child protection.

- **Child protection** is a part of safeguarding — it refers specifically to protecting children who are suffering, or are at risk of suffering, significant harm.
- **Safeguarding** covers everything we do to keep children safe and to help them thrive.

### 3.1 Safeguarding means:

- **Protecting children from maltreatment** (abuse, neglect, exploitation, violence, and harmful practices).
- **Preventing impairment of children's health or development** (physical, emotional, social, or educational).
- **Ensuring children grow up in circumstances consistent with safe and effective care.**
- **Taking action** to enable all children to have the best possible life chances and transition successfully into adulthood.

### 3.2 In practice, safeguarding includes:

- Creating a safe environment where children can learn and develop.
- Ensuring safe recruitment of staff and volunteers.
- Having clear policies for recognising, responding to, and reporting concerns.
- Teaching children about safety (including online safety) at an age-appropriate level.
- Working in partnership with parents, carers, and safeguarding agencies.

## 4. Categories of Abuse

Staff must be alert to:

- Physical Abuse – hitting, shaking, poisoning, burning, breast ironing, fabricated injuries.
- Emotional Abuse – persistent rejection, humiliation, coercive control, exposure to domestic abuse.
- Sexual Abuse – forcing or enticing a child into sexual acts, grooming, exploitation.
- Neglect – persistent failure to meet basic needs such as food, shelter, safety, medical care.

Additional Safeguarding Concerns:

- FGM
- Radicalisation / Extremism (Prevent Duty)
- Hypochondria
- Malingering

### 4.1. Recognising Signs of Abuse

All staff must remain vigilant for signs a child may be suffering, or at risk of suffering, significant harm. Abuse can be a single incident or a pattern of behaviour over time. Children may show signs in many different ways, and no single indicator is proof of abuse — “staff must always act on any concerns”.

#### 4.1.1 Physical Abuse

*Definition:* Physical harm deliberately inflicted upon a child.

**Possible signs:**

- Unexplained bruises, burns, bites, cuts or marks in unusual places (e.g. thighs, back, behind ears).
- Injuries with inconsistent or implausible explanations.
- Regular “accidents” or frequent attendance at medical settings.
- Fear of going home or flinching when approached.
- Wearing inappropriate clothing to cover injuries (e.g. long sleeves in hot weather).
- Aggressive behaviour, withdrawal, or fearfulness around certain adults.

#### 4.1.2 Emotional Abuse

*Definition:* Persistent emotional maltreatment which damages a child’s emotional development.

**Possible signs:**

- Overly anxious, fearful, withdrawn, or excessively clingy behaviour.
- Low self-esteem or feelings of worthlessness.
- Inappropriate emotional responses (e.g. laughing when upset, lack of empathy).
- Developmental delays without medical cause.
- Being overly compliant or eager to please adults.
- Exposure to domestic abuse, coercive control, bullying or humiliation.

#### 4.1.3 Sexual Abuse

*Definition:* Forcing or enticing a child to take part in sexual activities, whether or not the child is aware of what is happening. This includes physical acts and non-contact abuse such as grooming and exploitation.

**Possible signs:**

- Sexualised behaviour, knowledge, or language inappropriate to age/stage.
- Difficulty walking or sitting, recurrent genital or urinary infections.
- Reluctance to be alone with certain adults.
- Drawing or play with sexual themes.
- Sudden withdrawal, anxiety, self-harm, or depression.
- Unexplained gifts or money (possible grooming or exploitation).

### 4.1.4 Neglect

*Definition:* Persistent failure to meet a child's basic physical or emotional needs, likely to impair health or development.

**Possible signs:**

- Constant hunger, tiredness, or poor personal hygiene.
- Inappropriate clothing for weather/conditions.
- Frequent absence or lateness.
- Untreated medical issues.
- Poor attachment to parents/carers or lack of supervision.
- Developmental delays, poor language or social skills.

### 4.1.5 Fabricated or Induced Illness (FII)

*Definition:* When a parent/carer exaggerates, fabricates, or deliberately causes symptoms of illness.

**Possible signs:**

- Frequent or prolonged medical visits with no clear diagnosis.
- Discrepancy between reports from parents and professionals.
- Child presented as ill despite appearing well in the setting.
- Excessive medical knowledge or insistence on particular treatments from a parent.
- Withdrawal of child from normal activities "because of illness".

### 4.1.6 Breast Ironing / Breast Flattening

*Definition:* A harmful cultural practice where hot objects or hard materials are pressed onto a girl's chest to delay breast development.

**Possible signs:**

- Unexplained chest pain, burns or scarring.
- Reluctance to undress or participate in physical activity.
- Anxiety or secrecy about body changes.
- Disclosure of being hurt at home for "growing too early".

### 4.1.7 Radicalisation and Extremism (Prevent Duty)

*Definition:* When children are exposed to extremist ideologies or groomed into supporting terrorism.

**Possible signs:**

- Use of extremist language or expressing support for extremist groups.
- Sudden changes in friendship groups or isolation.
- Accessing extremist material online.
- Strong rejection of other cultures/religions.
- Unexplained gifts, new associations or secretive online activity.

### 4.1.8 Hypochondria

*Definition:* Excessive anxiety about health or persistent belief they are ill when they are not. While not abuse in itself, it may signal underlying emotional harm or neglect.

**Possible signs:**

- Frequent complaints of illness without medical cause.
- Significant anxiety or fear about health.
- Child repeatedly withdrawn from activities due to supposed illness.
- Over-attentive or anxious parent feeding fears of illness.

### 4.1.9 Malingering

*Definition:* Deliberately pretending to be ill or exaggerating symptoms, often under pressure from others or as a coping strategy.

**Possible signs:**

- Frequent absence due to reported illness without medical confirmation.
- Pattern of illness linked to stressful events (e.g. visits, family conflict).
- Signs of fearfulness or anxiety when discussing health.
- Overly rehearsed accounts of illness.

**Additional signs may include:**

- Unexplained bruises, burns, or injuries.
- Frequent or unusual medical visits.
- Changes in behavior (withdrawn, anxious, aggressive).
- Inappropriate or sexualized play.
- Child comments or disclosures.
- Controlling or secretive parent/carer behavior.

### 4.1.10 Domestic Violence / Domestic Abuse

*Definition:* Domestic abuse is any incident or pattern of controlling, coercive, threatening behaviour, violence, or abuse between individuals aged 16 or over who are, or have been, intimate partners or family members. It can include psychological, physical, sexual, financial, or emotional abuse.
Children do not have to be directly physically harmed to be significantly affected by domestic abuse. Witnessing abuse, living in a household where abuse occurs, or being used to control or threaten the non-abusive parent is itself a form of **emotional abuse**.

**Possible signs in children:**

- Increased anxiety, fearfulness, or hypervigilance.
- Regression (e.g. bedwetting, thumb-sucking).
- Frequent nightmares or sleep disturbance.
- Aggression, withdrawal, or low self-esteem.
- Overprotectiveness of parent or siblings.
- Reluctance to go home, fear of a particular parent/carer.
- Signs of physical harm (if directly abused).
- Language or play that reflects violent behaviour.

**Possible signs in parents/carers:**

- Parent appears fearful, anxious, or isolated.
- Parent has frequent injuries with unlikely explanations.
- Child acts as a "carer" for parent or siblings.
- One parent is controlling, answers for the other, or restricts their movements.

**Why it matters:**

- Children living with domestic abuse are at risk of significant long-term harm, including emotional trauma, behavioural difficulties, mental health problems, and disrupted attachments.
- Staff must treat suspected domestic abuse as a safeguarding concern and follow referral procedures.

## 4.2 Factors, Situations and Actions that could lead or contribute to Abuse, Harm or Neglect

Safeguarding practitioners must be aware of the circumstances that can increase a child's vulnerability. These factors do not automatically mean a child will be abused, but they **increase risk** and require vigilance.

### 4.2.1 Parental/Carer Factors

- **Substance misuse** (alcohol or drugs) – may impair judgement and supervision.
- **Parental mental ill-health** – untreated depression, anxiety, psychosis may impact parenting.
- **Domestic violence and coercive control** – create fear, instability, and emotional harm for children.
- **History of being abused** – adults who were themselves abused may lack safe parenting models.
- **Unrealistic expectations** – expecting very young children to behave like older children, leading to frustration and harsh discipline.
- **Criminal behaviour** – parental involvement in crime may expose children to unsafe environments.
- **Neglectful attitudes** – believing children should "fend for themselves" or minimising their needs.

### 4.2.2. Family and Home Situations

- **Poverty and financial stress** – may lead to neglect (lack of food, clothing, safe housing).
- **Overcrowding or unsafe housing** – may increase health risks and stress.
- **Frequent changes of carer/home** – instability can damage attachment and supervision.
- **Isolation from extended family or community** – reduces support systems and increases risk of hidden harm.
- **Parental separation or conflict** – disputes may place children in the middle of conflict or expose them to emotional harm.

### 4.2.3. Child-Related Factors

- **Disability or additional needs** – may make children more dependent on carers, increasing vulnerability to neglect or abuse.
- **Young age (0–5 years)** – children are unable to protect themselves or disclose abuse clearly.
- **Challenging behaviour** – children who are difficult to manage may be more at risk of harsh discipline.
- **Looked-after or previously looked-after children** – higher risk of emotional trauma and disrupted attachments.

### 4.2.4 Community and Environmental Factors

- **High-crime or unsafe neighbourhoods** – children may be exposed to violence, gangs, exploitation.
- **Lack of community resources** – fewer safe play areas, childcare, or family support services.
- **Cultural practices** – harmful traditional practices (e.g. breast ironing, FGM, forced marriage).
- **Radicalisation risk** – access to extremist influences online or in the community.

### 4.2.5 Actions (or Inactions) by Adults

- **Leaving children unsupervised** – especially young children who cannot keep themselves safe.
- **Using harsh or inappropriate discipline** – physical punishment, humiliation, threats.
- **Failure to meet basic needs** – not providing adequate food, sleep, hygiene, or medical care.
- **Failure to seek help** – not engaging with professionals when concerns are raised.
- **Exposure to harmful behaviours** – children witnessing drug use, sexual activity, violence, or criminal behaviour.
- **Fabricating or inducing illness** – exposing children to unnecessary medical harm.

### 4.2.6 Key Message for Practitioners

Abuse often arises where **stress factors (poverty, conflict, parental mental ill-health)** combine with **harmful adult actions (violence, neglect, substance misuse)** and the **vulnerabilities of the child (young age, disability, dependency)**.

**Staff must stay alert to these patterns, record concerns factually, and act early to protect children**.

## 4.3 How to identify signs of possible abuse, harm and neglect at the earliest opportunity.

These may include:

### 4.3.1 Significant changes in children's behaviour.

Children's behaviour naturally changes as they grow, but a **sudden, extreme, or persistent change** — especially one that seems out of character or unexplained — may indicate a child is experiencing abuse, neglect, or another safeguarding concern.

### Possible Concerning Changes

#### Emotional / Social Changes

- Withdrawal from staff or peers; becoming unusually quiet or isolated.
- Sudden clinginess or extreme separation anxiety.
- Fearfulness around certain adults or environments.
- Loss of previously strong attachments to key people.

#### Aggressive / Acting-Out Behaviour

- Sudden aggression, hitting, biting, or destructive behaviour.
- Use of language, gestures, or role play that reflects violence, abuse, or sexual knowledge beyond their years.
- Challenging authority or displaying defiance where this was not previously an issue.

#### 4.3.2 Developmental / Routine Changes

- Regression in toileting, speech, or other milestones (e.g. bedwetting after being dry).
- Sudden loss of interest in play, learning, or exploration.
- Decline in concentration or ability to participate in group activities.
- Extreme mood swings (e.g. from happy to withdrawn or angry without explanation).

#### 4.3.3 Other Red Flags

- Change in eating or sleeping patterns (overeating, loss of appetite, nightmares).
- Self-soothing behaviours (thumb-sucking, rocking, hair pulling) when previously outgrown.
- Overly sexualised behaviour or knowledge not appropriate for age.

#### 4.3.3 Why It Matters

- Behaviour is often a child's way of **communicating distress** when they cannot explain in words.
- These changes may be a response to:
    - Physical, emotional, or sexual abuse.
    - Witnessing domestic abuse.
    - Neglect, poor care, or unmet needs.
    - Sudden changes at home (e.g. separation, bereavement, instability).

#### 4.3.4 What Staff Must Do

- Record observations factually (what behaviour was seen, frequency, context).
- Compare with the child's normal baseline behaviour.
- Share concerns with the DSL/Deputy DSL — do not wait for confirmation or "proof."
- Support the child by providing consistency, reassurance, and a safe environment.

- Work with the DSL to decide whether to monitor, support, or escalate to Children's Social Care.

## 4.4 A decline in children's general well-being.

Practitioners must remain vigilant for changes in a child's overall health, mood, and development. A sustained decline in well-being may signal underlying **abuse, neglect, emotional harm, or family difficulties**.

### 4.4.1 Possible Indicators of Declining Well-Being

#### Physical Signs

- Persistent tiredness, lethargy, or lack of energy.
- Frequent, unexplained illnesses or delays in recovery.
- Poor growth, weight loss, or sudden changes in appetite.
- Repeated minor injuries or untreated medical issues.
- Deterioration in personal hygiene or appearance.

#### Emotional/Behavioural Signs

- Becoming unusually withdrawn, quiet, or anxious.
- Sudden loss of interest in play, exploration, or interaction.
- Frequent tearfulness, irritability, or emotional outbursts.
- Regression in development (e.g. returning to thumb-sucking, bedwetting, loss of speech skills).
- Low self-esteem, lack of confidence, or reluctance to engage with peers.

#### Social Signs

- Isolating themselves from other children.
- Loss of previously strong attachments to staff or peers.
- Reluctance to go home at the end of the day.
- Overdependence on staff for comfort and reassurance.

#### Developmental Signs

- Falling behind in language, physical, or social milestones without clear cause.
- Reduced concentration or ability to participate in activities.
- Loss of previously acquired skills.

### 4.4.2 Why This Matters

- A child's well-being reflects their **home environment, care, and emotional security**.
- Declines often indicate **stress, neglect, or exposure to harmful situations** such as domestic abuse, parental mental ill-health, or substance misuse.
- Early recognition and action can prevent escalation and provide vital support.

### 4.4.3 What Staff Must Do

- Record changes factually and note any patterns over time.
- Share concerns promptly with the DSL/Deputy DSL.
- Do not dismiss concerns as "just a phase" if changes are persistent or unexplained.
- Work in partnership with parents where appropriate but always prioritise the child's safety.
- Escalate concerns to Children's Social Care if well-being continues to decline or other risk factors are present.

## 4.5 Unexplained Bruising, Marks, or Signs of Possible Abuse or Neglect

Children often pick up bruises from normal play and exploration. However, some injuries, particularly when unexplained, inconsistent with the child's stage of development, or in unusual places, may be indicators of abuse. Staff must always remain alert, record observations factually, and report concerns immediately to the DSL.

### 4.5.1 Common Sites for Accidental Injuries (usually match the child's stage of mobility/play)

- Forehead, knees, shins, elbows (from falls when walking/running).
- Nose or chin (from trips and falls).
- Small scratches or bruises on hands and lower arms.
- Bruising consistent with normal toddler play (bumping into furniture, falling when learning to walk).

### 4.5.2 Uncommon / Concerning Sites for Injuries (may suggest deliberate harm or neglect)

- **Back, trunk, abdomen** – especially if large or multiple bruises.
- **Buttocks or genital area** – bruising, burns, or marks here are highly concerning.
- **Back of legs or thighs** – uncommon in accidental injury.
- **Upper arms** – especially grip marks, oval bruises, or symmetry on both arms.
- **Neck, ears, behind ears, or face (cheeks, jawline)** – particularly concerning if not explained by clear accident.
- **Soft tissues** – cheeks, under chin, chest, stomach, armpits.
- **Eyes (black eyes)** – especially bilateral or without clear accident.
- **Mouth injuries** – torn frenulum (skin under upper lip/tongue), cuts inside lips, missing/broken teeth without accident.

### 4.5.3 Patterns That Raise Concern

- **Symmetrical injuries** (e.g. both upper arms, both thighs).
- **Clustered bruises** in one area.
- **Marks in the shape of an object** (belt buckle, handprint, electrical cord).
- **Cigarette burns, bite marks, immersion burns**.
- **Bruising in babies who are not yet mobile** (any unexplained injury in a non-mobile baby is a safeguarding concern).

### 4.5.4 Neglect-Related Signs

- Untreated injuries, infected wounds, persistent nappy rash.
- Multiple old and new bruises in different stages of healing.
- Repeated accidents without appropriate medical attention.

### 4.5.5 Staff Action

- Record observations **factually**: what you saw, location, size, colour, any explanation given.
- Use a **body map** to mark injuries (never draw directly on the child).
- Do not ask leading questions but record the child's own words if they volunteer an explanation.
- Report immediately to the DSL/Deputy DSL.
- DSL will decide whether to escalate to Children's Social Care.

## 4.6 Concerning Comments or Behavior from Children (Peer-on-Peer Abuse)

Safeguarding concerns may arise when a child displays inappropriate or harmful behaviour towards another child. Staff must be alert to these behaviours, which may indicate that the child is experiencing abuse themselves, is being exposed to harmful environments, or is at risk of abusing others.

### 4.6.1 Possible Indicators in Comments or Behaviour

- **Sexualised language or play** that is not age-appropriate (e.g. knowledge or actions beyond developmental stage).
- **Hurtful, aggressive, or violent behaviour** towards peers.
- **Bullying or intimidating behaviour** (even at a very young age).
- **Use of discriminatory language** (e.g. racist, homophobic, or other prejudiced remarks).
- **Re-enacting violence, abuse, or domestic situations** in role play or conversations.
- **Persistent name-calling or verbal abuse**.

### 4.6.2 Why This Matters in Early Years

- Such behaviours may reflect **abuse or neglect at home**, exposure to **domestic abuse**, or **online/inappropriate media content**.
- Children who show harmful behaviours are themselves in need of support and protection — they are both at risk **and** a risk to others.
- Early intervention can prevent escalation of behaviours as the child grows.

### 4.6.3 What Staff Must Do

- **Do not dismiss** concerning behaviour as "just play" or "normal curiosity" if it is persistent, aggressive, or clearly inappropriate for the child's age.
- **Record factually** what was said or done using the safeguarding concern form.
- **Report immediately** to the DSL/Deputy DSL.
- DSL will assess whether the behaviour should be:
    - Managed within the setting as part of behaviour support, or
    - Referred to Children's Social Care if the behaviour indicates wider safeguarding concerns.
- Where another child has been harmed or targeted, ensure they receive reassurance, support, and protection.

### 4.6.4 Key Principles for Peer-on-Peer Concerns

- Never assume children are “too young” for harmful behaviour to be a safeguarding issue.
- All children involved are entitled to safeguarding support — the child displaying concerning behaviour **and** the child experiencing it.
- Parents/carers must be informed where appropriate, unless doing so would put the child at further risk.

## 4.7 Concerning comments or behaviour from children.

### 4.7.1 Inappropriate Behaviour from Practitioners or Other Adults in the Setting

Inappropriate behaviour from practitioners, or any other person working with the children. This could include inappropriate sexual comments; excessive one-to-one attention beyond what is required through their role; or inappropriate sharing of images. Children can be placed at risk by staff, volunteers, students, or other adults who behave inappropriately.

It is vital all staff understand the boundaries of professional conduct and can identify behaviour that may signal risk of harm.

### 4.7.2 Examples of Inappropriate Behaviour

- **Sexualised comments, jokes, or behaviour** directed at or in front of children.
- **Excessive one-to-one attention** beyond what is required for the role (e.g. singling out a child for special treatment, spending unusual time alone).
- **Forming inappropriate relationships** with children or families, including secretive communication.
- **Sharing, showing, or producing inappropriate images** of children.
- **Ignoring safeguarding procedures** or discouraging others from reporting concerns.
- **Use of physical punishment, harsh handling, or humiliation**.
- **Failure to maintain professional boundaries** — such as social media contact with children or their families.

### 4.7.3 Warning Signs for Colleagues to Look Out For

- A practitioner frequently taking children into areas of the setting where they cannot be observed.
- A practitioner asking not to be disturbed when with a child.
- A practitioner showing favouritism to a particular child or group of children.
- A practitioner resisting supervision, monitoring, or policy checks.

### 4.7.4 What Staff Must Do if They Have Concerns

- Report all concerns **immediately to the DSL or Deputy DSL**.
- If the concern involves the DSL, report directly to the **Directors** or the **Local Authority Designated Officer (LADO)**.
- **Do not confront the person directly** or attempt to investigate yourself.
- All allegations or concerns will be handled according to the **Bromley LADO procedures**.

**Local Authority Designated Officer (LADO) Contact (Bromley)**

- Tel: **020 8461 7775**
- Email: **lado@bromley.gov.uk**

### 4.7.5 Key Principle:

- It is always better to raise a concern early. Even small or "nagging doubts" must be reported.
- Safeguarding is about **protecting children first** — staff must never fear raising concerns about colleagues.

## 4.8. Recognizing Abuse or Neglect Outside the Setting

Any reasons to suspect neglect or abuse outside the setting, for example in the child's home or a child may experience emotional abuse or physical abuse because of witnessing domestic abuse or coercive control or that a girl may have been subjected to (or is at risk of) female genital mutilation.

Children may suffer harm, neglect, or abuse at home or in the wider community. Staff must remain alert to risks beyond the nursery environment and understand how these can present in children under 5.

### 4.8.1 Abuse and Neglect in the Home

- Children may arrive **hungry, tired, or poorly cared for** because of neglect at home.
- Signs such as **dirty clothing, untreated medical conditions, or poor hygiene** may point to unmet basic needs.
- Parents/carers may display **controlling, aggressive, or dismissive behaviour** that raises concerns.

### 4.8.2 Emotional or Physical Abuse from Witnessing Domestic Abuse

- Children who **see or hear violence** at home are at risk of significant emotional harm, even if they are not directly injured.
- Witnessing domestic abuse or **coercive control** can make children anxious, withdrawn, fearful, or aggressive.
- Children may use language, gestures, or play that reflects violence in the home.
- They may be overly protective of a parent, or fearful of another.

### 4.8.3 Female Genital Mutilation (FGM)

- FGM is illegal in the UK and is recognised as **child abuse**. It involves the partial or total removal of female genitalia for non-medical reasons.
- Risk factors include:
    - Coming from a community where FGM is practiced.
    - Parents/carers discussing "special ceremonies" or "going abroad for a holiday" at a certain age.
    - Mothers or older sisters known to have undergone FGM.
- Signs a girl may have been subjected to FGM:
    - Difficulty walking, sitting, or standing.
    - Spending long periods in the toilet.
    - Unexplained absences from nursery.
    - Disclosure or indirect comment from the child.
- Staff have a **mandatory duty to report** known cases of FGM in children under 18 directly to the police (via 101 or 999 if urgent), as well as informing the DSL.

## 4.9 Wider Safeguarding Concerns Beyond the Home

Children may also be at risk of:

- **Sexual exploitation** – being groomed online or in the community.
- **Radicalisation/extremism** – exposure to extremist ideologies or materials.
- **Criminal exploitation** – children being used to carry drugs, money, or goods (county lines, though less common in under 5s, is important for siblings/families).

### 4.9.1 What Practitioners Must Do

- Stay vigilant for any **changes in behaviour, appearance, or wellbeing**.
- Record factually and immediately using the **Safeguarding Concern Form**.
- Report concerns to the **DSL/Deputy DSL** without delay.
- DSL will consider referral to **Bromley Children & Families Hub**.
- If there is immediate risk of harm, staff may contact **police (999)** or social care directly.

# 5. Roles and responsibilities of practitioners and other relevant professionals involved in safeguarding

## 5.1 Responsibilities of All Staff

- Safeguarding is everyone's duty.
- Always record factually.
- Do not promise confidentiality.
- Never investigate concerns yourself.
- Report immediately to the DSL or Deputy DSL.

Safeguarding is **everyone's responsibility**. Every adult working with or around children has a duty to protect them from harm and to act when they have concerns. Clear roles and responsibilities ensure that no concern is missed or ignored.

### 5.2 All Practitioners (Including Students, Apprentices & Volunteers)

- Safeguard children by creating a safe, nurturing environment.
- Remain alert to signs of abuse, neglect, and changes in well-being.
- Record and report all concerns immediately to the DSL/Deputy DSL.
- Maintain professional boundaries and follow the Code of Conduct.
- Undertake regular safeguarding training (minimum every 2 years; sooner if required).
- Share safeguarding information only on a "need-to-know" basis.
- Challenge poor practice and use whistleblowing procedures if concerns are ignored.

### 5.3 Designated Safeguarding Lead (DSL)

- Takes overall lead responsibility for safeguarding in the setting.
- Acts as the first point of contact for staff with concerns.
- Makes referrals to **Bromley Children & Families Hub** and liaises with social care, police, and other agencies.
- Keeps detailed, secure safeguarding records.
- Provides support, advice, and supervision to staff.
- Ensures staff receive up-to-date safeguarding training.
- Represents the setting at multi-agency meetings (e.g. case conferences).
- Promotes a safe organisational culture.

### 5.4 Deputy DSL

- Carries out the DSL role when the DSL is unavailable.
- Works closely with the DSL to ensure consistent practice.
- Receives the same level of training as the DSL.

### 5.5. Setting Directors

- Ensure statutory safeguarding duties are met in line with EYFS 2025.
- Appoint a suitably trained DSL and Deputy DSL.
- Ensure safeguarding policies are implemented, reviewed, and followed.
- Support the DSL in liaising with local safeguarding partners.
- Ensure safe recruitment practices, DBS checks, and induction training.
- Ensure staff have time and resources to fulfil safeguarding duties.

### 5.6 Local Authority Designated Officer (LADO)

- Investigates allegations against adults working with children.
- Provides advice and guidance to employers and voluntary organisations.
- Ensures allegations are dealt with fairly, consistently, and quickly.

### 5.7. Children's Social Care (Bromley Children & Families Hub)

- Receives and screens referrals.
- Undertakes statutory child protection enquiries under **Section 17 (Child in Need)** or **Section 47 (Child at Risk of Significant Harm)** of the Children Act 1989.
- Works with families and professionals to safeguard children.

### 5.8 Police

- Investigate crimes against children.
- Work alongside social care to protect children at immediate risk.
- Respond to mandatory FGM reports and immediate safeguarding concerns.

### 5.9 Health Professionals (Health Visitors, GPs, Paediatricians)

- Identify and respond to safeguarding concerns during medical care.
- Share relevant safeguarding information with social care and early years settings.
- Provide evidence for assessments or child protection plans.

### 5.10 Multi-Agency Safeguarding Partners (Bromley Safeguarding Children Partnership)

- Coordinate safeguarding work across health, police, and local authority.
- Provide training, policies, and professional learning.
- Monitor the effectiveness of safeguarding arrangements in the borough.

### 5.11 Key Principle

- Every practitioner is responsible for recognising and reporting concerns.
- The DSL takes the lead on referrals and record-keeping, but all staff must act to protect children and escalate if they believe concerns are not being taken seriously.

## 6. Reporting procedure

### 6.1 Procedure if You Suspect Abuse (Bromley)

- If the child is in immediate danger? → Call 999.
- Non-emergency - concern?
  - Report to DSL (Jenna Lindow) or Deputy DSL (Ashleigh Keel).
  - They will contact Bromley Children & Families Hub (C&F Hub)
    Tel: 020 8461 7373 / 7379 / 7026
    Email: candfhub@bromley.gov.uk
    Out of hours: 0300 303 8671
    Referrals: via C&F Hub Portal (Bromley Safeguarding Partnership).
- If DSL/Deputy unavailable → escalate to Directors.
- If still concerned/no action taken → make the referral yourself.

**Record all actions clearly and securely.**

### 6.2 Allegations Against Staff

- Report to DSL (Jenna Lindow) or Deputy DSL (Ashleigh Keel)
  Who will contact Local Authority Designated Officer (LADO) 020 8461 7775 | lado@bromley.gov.uk.
- Do not investigate or confront the staff member.
- Ensure children are safeguarded immediately.

### 6.3 Prevent Duty

If you suspect radicalisation:

ACT Early Support Line: 0800 011 3764
Anti-Terrorism Hotline: 0800 789 321
Email: Prevent@bromley.gov.uk

All Prevent concerns must be logged and reported via the DSL (Jenna Lindow).

### 6.4 Safer Recruitment

- Enhanced DBS checks (UK & overseas if applicable).
- At least two references (including most recent employer/training provider).
- No unsupervised contact until checks are complete.
- Six-month probation with supervision.

Please see separate policy

### 6.5 Whistleblowing

Staff, volunteers and students can raise safeguarding concerns internally or externally without fear of reprisal.

Ofsted: 0300 123 1231
NSPCC Whistleblowing Helpline: 0800 028 0285

### 6.6 Child Absence Monitoring Procedure

#### Principles

- Monitor unexplained or prolonged absences termly via our chronological process.
- Follow up with families promptly.
- Record and escalate persistent patterns.
- Keep at least two emergency contact numbers for each child.
- All staff must treat absence as a potential safeguarding concern and act promptly.

#### 6.6.1 Daily Register

- Take an accurate daily register of all children.
- Mark reasons for absence if known (illness, holiday, appointment).
- Record as much detail as possible.

#### 6.6.2 First-Day Absence

- If a child is absent without notice, contact the parent/carer in the first hour of expected arrival.
- If there is no response, attempt to contact all emergency contacts (minimum of 2 required).
- Document all attempts to make contact.

### 6.6.3 Ongoing Absence

If absence continues without explanation, the DSL will continue to try all emergency contacts. If no contact can be made and no notifications have been received the DSL will contact social care to advise "no contact can be made" and ask for advice.

Record all actions in the Chronological report.

### 6.6.4 Lilly Brook's process if no contact can be made or no notification has been received

In early years practice (EYFS 2025):

- **First step** is usually to escalate internally → report to your **DSL or Deputy DSL**.
- The DSL decides whether to contact **Children's Social Care** (via the local authority Children & Families Hub in Bromley).
- If **no response from social care** or if you believe the risk has escalated, you can contact the police directly.
- If you are **seriously concerned about a child's welfare** but there is **no immediate risk of harm**, you can:
    - Call the **non-emergency number 101** and request a welfare check.
    - Explain clearly you are a childcare practitioner raising a **safeguarding concern**.

### 6.6.5 What the Police Can Do

- Visit the home to check on the child's welfare.
- Ensure the child is safe and not in immediate danger.
- Work with Children's Social Care if further safeguarding action is needed.

### 6.6.6 Pattern Monitoring

- DSL/Deputy DSL will review registers termly (or more frequently if concerns exist).
- Look for repeated patterns: frequent illness, absence on particular days, prolonged unexplained absences.

### 6.6.7 Escalation

- Speak with parents/carers to discuss reasons for absence.
- If concerns remain, DSL to decide whether to continue monitoring or refer to Bromley Children & Families Hub.
- Immediate referral if the child's safety or welfare appears at risk.
- Five unauthorized absences – **Triggers a meeting with the DSL**

### 6.6.8 Record-Keeping

The Absence Monitoring Log is held in the chronological report including:

- Child's name and DOB
- Dates of absence
- Reason given (if any)
- Actions taken (calls, letters, meetings, referrals)
- Log must be reviewed termly by the DSL.

### 6.6.9 Emergency Contact Requirement

- Ensure at least two emergency contacts per child (ideally three) at enrolment.
- Check details are updated termly.
- Use all contacts if parents are unreachable.

### 6.6.10 Communication with Families

- We explain absence reporting procedures to parents at enrolment.
- Remind parents safeguarding means all unexplained absences will be followed up.

## 6.7 Intoxicated Parent/Carer procedure

### 6.7.1 Immediate Safety

- Do **not release the child** into the care of anyone you believe is unfit to safely look after them.
- Remain calm, polite, and non-confrontational.
- Always ensure the child is supervised away from the situation and never left alone with the parent if they appear aggressive or impaired.

### 6.7.2 Assess the Situation

- Look for signs of intoxication or illness: slurred speech, smell of alcohol, drowsiness, confusion, aggression.
- If you feel unsafe, have another staff member present.

### 6.7.3 Responding to the Parent/Carer

- Explain kindly but firmly you cannot release the child because you are concerned for their safety.
- Offer to call another authorised emergency contact to collect the child.
- If necessary, provide a safe space for the parent/carer to wait while arrangements are made.

### 6.7.4 Escalation

- If the parent becomes aggressive or insists on taking the child despite concerns:
    - Call **999 immediately** (police).
    - Record the incident in detail (time, what was said/done, witnesses).
- If you believe the child may be at risk at home due to parental intoxication:
    - Report to the **DSL/Deputy DSL**.
    - DSL to contact **Bromley Children & Families Hub** for advice/referral.

### 6.7.5 After the Incident

- Record the incident factually in the Chronological report (date, time, observations, actions taken).
- DSL to follow up with safeguarding partners if needed.
- Review with staff team to ensure procedures were followed.

### 6.7.6 Key Principles for Staff

- Child safety comes first — it is always acceptable to refuse to release a child if you believe they would be unsafe.
- Remain professional, calm, and avoid escalating the situation.
- Never allow yourself to be left alone with an aggressive or intoxicated adult.
- Always inform the DSL/Deputy DSL immediately.

### 6.8 What age does a collecting person need to be?

- In **England**, there is **no specific law that sets a minimum age** for someone to collect a child from nursery. However, the **EYFS statutory framework (2025)** is clear:
- Providers must ensure children are **only released into the care of individuals who are authorised by the parent/carer**.
- The provider must take **all reasonable steps to ensure children are safe**.

☑ **Best Practice (following EYFS & Ofsted guidance):**

- Lilly Brook has set a **minimum collection age of 16 years old** in this policy. Some settings allow 14–15 year-olds *only in exceptional cases* (e.g. older sibling) but this must be risk assessed and written consent obtained from the parent.
- There must be advance notice for this arrangement confirmed in an email with a picture of the proposed collecting person.
- Regardless of age, the person collecting must:
    - Be listed on the **child's authorised collection form**.
    - Know the agreed ID process.
    - Be judged by staff to be capable of safely caring for the child.

⚠ **Important Safeguarding Note**:

**If an under-16 arrives to collect a child, and you do not have parental written permission, you must not release the child.**

### 6.9 Safer Eating & Pediatric First Aid

- At least one Pediatric First Aid (PFA) trained staff member must be physically present and actively supervise during meals/snacks.
- Trainees/apprentices count in ratios only if PFA-certified and competent.

### 6.10 Toileting & Intimate Hygiene

- Staff must maintain the dignity of the child while ensuring safeguarding oversight.
- Staff must record and report any concerns sensitively.

## 7. Ways of Working

### 7.1 How to work in ways that safeguard children from abuse, harm and neglect.

Safeguarding is not just about responding to concerns — it is about building a **safe culture** and embedding protective practice into daily routines. All staff, volunteers, and students must work in ways that minimise risk and promote children's safety and wellbeing.

### 7.1.1 Building a Safe Environment

- Ensure children are always supervised, both indoors and outdoors.
- Carry out daily risk assessments of the setting, equipment, and activities.
- Maintain safe staff-to-child ratios as set out in the EYFS.
- Keep safeguarding at the forefront of planning, routines, and policies.

### 7.1.2 Developing Positive, Trusting Relationships

- Listen to children and take their voices seriously, even at a very young age.
- Encourage open communication and create a culture where children feel safe to share worries.
- Be warm, respectful, and supportive — children should know staff are safe adults they can turn to.

### 7.1.3 Professional Conduct and Boundaries

- Maintain clear professional boundaries (no inappropriate contact, gifts, or favouritism).
- Use safe touch appropriately (comforting, guiding) and explain actions in child-friendly terms.
- Avoid being alone in closed spaces with children where possible.
- Never use physical punishment, humiliation, or shaming.

### 7.1.4 Vigilance and Observation

- Remain alert to changes in behaviour, mood, or appearance that may signal harm.
- Keep clear, factual records of concerns (injuries, comments, patterns).
- Share concerns promptly with the DSL/Deputy DSL — do not wait until you are “sure”.

### 7.1.5 Working in Partnership with Families

- Build positive, respectful relationships with parents/carers.
- Share information about the child’s progress and wellbeing.
- Offer support when families are struggling, while staying alert to safeguarding concerns.
- Be clear and transparent with parents about your safeguarding duties — you cannot keep unsafe information confidential.

### 7.1.6 Following Procedures Consistently

- Know and follow the setting’s safeguarding and child protection policy.
- Report all concerns immediately to the DSL (or Deputy DSL in their absence).
- Understand local referral pathways (Bromley Children & Families Hub, LADO, Prevent Duty contacts).
- Escalate concerns if you feel they are not being acted upon — safeguarding is everyone’s responsibility.

### 7.1.7 Safe Recruitment and Staff Practice

- Only allow staff with completed vetting checks (DBS, references) to have unsupervised contact with children.
- Ensure new staff receive safeguarding induction before starting work.
- Take part in safeguarding training at least every two years (DSL annually).
- Challenge poor practice — use whistleblowing procedures if needed.

### 7.1.8 Promoting Children's Resilience and Safety Skills

- Teach children (in an age-appropriate way) about safe and unsafe behaviour.
- Help them understand their right to say "no" and to ask for help.
- Promote self-confidence, emotional literacy, and resilience.

### 7.1.9 Key Principle

Safeguarding is not just about responding to abuse when it happens — it is about **preventing harm before it occurs** through vigilance, safe practice, partnership working, and a strong culture of protection.

## 7.2 Contextual Safeguarding

### 7.2.1 Purpose

Our organisation recognises children and young people may be vulnerable to harm not only within the family environment but also through social, peer, community and online contexts. This section sets out how we will identify, assess and respond to safeguarding concerns that arise from these broader contexts (often referred to as "contextual safeguarding"). This approach is consistent with the London Borough of Bromley's guidance that children can be vulnerable to harm in their neighborhoods, schools and online.

### 7.2.2 Definition

Contextual safeguarding is the recognition that:

- Harm can occur outside of the home environment, in places such as schools, peer groups, neighborhoods, on the street, and online (social media, gaming, etc.).
- The sources of risk may be external to the young person's immediate family or home and may include exploitation, peer-on-peer abuse, gang involvement, serious youth violence, and online risks.
- Addressing these risks requires engagement with settings and contexts in which the young person moves, as well as multi-agency collaboration.

### 7.2.3 Our Commitments

#### Awareness

All staff, volunteers and relevant contractors will receive training which explicitly includes recognizing and responding to harm arising in contexts beyond the home (e.g., peer-on-peer abuse, exploitation in public places, online harm).

Staff should be alert to changes in behavior, friendships, attendance, and emotional state that may indicate a child is affected by contextual risks (for example, new associations with older individuals, unexplained new possessions, significant changes in where they spend time).

### Assessment and Response

When concerns arise, our designated safeguarding lead (or deputy) will consider not only the home/family context but also social contexts (school, neighborhood, online activities) and how they might contribute to risk.

We will record and monitor such concerns, including those that may not meet the threshold for referral to statutory services but still warrant early help and contextual intervention.

We will engage with partner agencies (e.g., policing, youth services, schools, community organizations) to understand the wider context of risk and to put in place preventative or protective measures.

### Intervention in Settings

We will seek to support the creation and maintenance of safe environments for children in the settings in which they live, learn and socialise. This may include:

- supporting safe online use and digital literacy
- We will include contextual risks in our safeguarding plans when applicable, and ensure interventions are not limited to family/home only but address setting-level vulnerabilities.

### Information Sharing and Multi-agency Working

We will act in accordance with local multi-agency protocols and guidance (including those of the Bromley Safeguarding Children Partnership) to share relevant information about contextual risks, to escalate concerns appropriately and to review whether further action is needed when risks are not reduced.

We will cooperate with other agencies to contribute to joint assessments and plans where contextual safeguarding is indicated.

### Prevention, Education and Empowerment

We will implement education and awareness-raising activities with parents, children and young people about risks outside the home—such as peer pressure, gang exploitation, online harm, and how to seek help.

We aim to empower parents/guardians , children and young people to recognize and report concerns relating to contextual risks, to access trusted adults, and to build resilience.

### Monitoring and Review

This section will be reviewed at least annually (or sooner if local guidance or statutory frameworks change) in line with policy review.

We will monitor incidents, referrals and safeguarding outcomes to identify any patterns relating to contextual risks (e.g., location, peer group, online space) and use this data to inform prevention work.

Staff development records will include contextual safeguarding training, and the impact of that training will be reviewed.

## 7.3 CAF / Early Help Assessment Process (Common Assessment Framework)

Our setting recognizes the CAF (Common Assessment Framework), now commonly referred to as an Early Help Assessment, is an important tool used to identify children and families who may need additional support at the earliest opportunity. The purpose of an early help assessment is to bring professionals together with families to assess needs, plan support, and prevent concerns from escalating into statutory safeguarding intervention.

### 7.3.1 Why Children and Families May Need an Early Help Assessment

An Early Help Assessment may be appropriate where a child or family would benefit from coordinated support, including concerns such as:

- Poor school attendance or punctuality
- Behavioral or emotional difficulties
- Parenting challenges or family conflict
- Housing or financial difficulties
- Domestic abuse within the home
- Mental health concerns affecting the child or parent
- Substance misuse in the family
- Developmental delay or unmet additional needs
- Risk of exclusion, offending or anti-social behavior
- Low-level neglect or emerging safeguarding concerns

The aim is to provide support early before problems become more serious.

### 7.3.2 Our Setting's Procedure

#### Identify Concerns

Staff who notice emerging concerns must record these factually and share them with the Designated Safeguarding Lead (DSL).
Discussion With Parents/Carers unless doing so would place the child at risk, concerns will be discussed openly with parents/carers and their consent sought for an Early Help.

#### Completion of Early Help Assessment

The DSL or appropriate lead professional may complete an Early Help Assessment with the family, identifying strengths, needs and desired outcomes.

- Team Around the Family (TAF)
- Where appropriate, a multi-agency meeting may be arranged involving relevant professionals such as school staff, health visitors, SEN teams, family support workers or social care.
- Review and Monitoring

- Progress will be reviewed regularly. Actions are recorded and support adjusted where required.

### Stepping Up Procedures

Where concerns increase, risks escalate, or the child may be suffering or likely to suffer significant harm, the case must be stepped up immediately to Children's Social Care / Bromley Children and Families Hub. Examples include:

- Evidence of abuse or neglect
- Domestic abuse creates risk to the child
- Parental mental health or substance misuse causing harm
- Persistent neglect despite support
- Child disclosures
- Immediate safety concerns

**Consent is not required if a child is at risk of harm.**

### Stepping Down Procedures

Where statutory intervention is no longer required and risks have reduced, a case may be stepped down from Children's Social Care to Early Help services. This ensures continued support for the family and helps prevent re-escalation. Our setting will continue to work with the family and professionals as part of the support plan.

### Bromley Local Guidance

Our setting follows the principles and threshold guidance of the Bromley Safeguarding Children Partnership (BSCP) and local multi-agency safeguarding procedures. Bromley uses a graduated approach to support children through universal services, Early Help, Child in Need, Child Protection and specialist intervention depending on the level of need.

### Bromley Contact Details

Bromley Children and Families Hub (for referrals / safeguarding concerns)

**Telephone**: 020 8461 7373 / 7379
**Email:** candfhub@bromley.gov.uk
**Out of Hours Emergency Duty Team:** 0300 303 8671

If a child is in immediate danger call 999.

Bromley Safeguarding Children Partnership (BSCP)

**Telephone**: 020 8461 7816
Email: BSCP@bromley.gov.uk

### 7.3.3 Confidentiality and Record Keeping

All Early Help records will be stored securely in line with GDPR and safeguarding requirements. Information will only be shared on a need-to-know basis and in the best interests of the child.

### 7.3.4 Key Principle

Early intervention can significantly improve outcomes for children. Where needs are identified, our setting will act promptly, work in partnership with families, and follow Bromley safeguarding procedures at all times.

### 7.4 Harmful Behavior Between Children / Child-on-Child Behavior

Our setting recognizes that even very young children (0–5 years) may display behaviors towards other children that are harmful, inappropriate, or cause distress. While many behaviors in early childhood are part of normal development, some behaviors may indicate unmet needs, trauma, poor boundaries, exposure to inappropriate experiences, or safeguarding concerns.

All concerns will be taken seriously, responded to promptly, and managed in a child-centered, proportionate way. Children who display harmful behavior may also need safeguarding support themselves.

#### 7.4.1 What Is Child-on-Child Harmful Behavior?

This refers to behavior by one child towards another child that causes physical harm, emotional distress, fear, humiliation, intimidation, or involves inappropriate sexualized behavior. It may be a one-off serious incident or a repeated pattern over time.

#### Examples in an Early Years Setting

- Physical Behavior
- Repeated biting targeted at the same child
- Hitting, kicking, scratching, pushing
- Pinching or hair pulling
- Using objects to hurt another child
- Blocking exits or trapping another child
- Emotional / Social Behavior
- Persistent bullying or excluding a child
- Threatening behavior
- Intimidation
- Repeated name-calling
- Deliberately upsetting another child
- Controlling games (“you can’t play unless…”)
- Isolating one child from peers
- Coercive / Controlling Behavior
- Forcing another child to give toys/items
- Making another child do things through fear
- Following a child repeatedly despite distress
- Using secrets or threats to control another child
- Sexualized Behavior Beyond Developmental Expectations

Some curiosity is normal in young children. However, concerns arise where behavior is:

- Persistent despite redirection
- Secretive
- Aggressive
- Involves force or coercion
- Causes distress to another child

- Simulates adult sexual acts
- Uses sexual language beyond age expectation
- Repeated touching of another child's private parts
- Attempting to remove clothing of others repeatedly
- Significant age/power imbalance between children
- Important Context

Behavior must always be considered alongside:

- child's age and stage of development
- communication needs
- SEND / neurodiversity
- trauma history
- family stressors
- exposure to violence or sexual content
- emotional regulation difficulties
- frequency, severity and pattern

Not all incidents are abuse — but all concerning incidents require response.

### 7.4.2 What Staff Must Do If They Notice This

#### Intervene Immediately and Calmly

- Stop the behavior safely.
- Use calm language:
- "I won't let you hurt them."
- "Hands are for helping."
- "We keep bodies safe."
- Do not shame or humiliate either child.

#### Check the Child Who Was Harmed

- Ensure immediate safety
- Comfort and reassure
- Check for injuries
- Give emotional support
- Seek first aid if needed

#### Support the Child Displaying the Behavior

- Remain calm and curious.
- Help regulate emotions
- Use age-appropriate boundaries
- Separate if needed
- Supervise closely
- Remember: behaviour is communication.

### Record the Incident Promptly

- Record factual details:
- date/time/location
- children involved
- exactly what happened
- words used
- injuries
- staff response
- witnesses
- patterns/history

Do not use labels such as “bully” or “abuser.”

### Report to DSL Immediately

The Designated Safeguarding Lead must review:

- seriousness of incident
- repetition/pattern
- developmental appropriateness
- whether either child may be at risk elsewhere
- whether referral is needed

### Inform Parents/Carers

Parents of both children should usually be informed sensitively, unless doing so would place a child at risk. Use neutral professional language.

### Put a Support Plan in Place

Depending on need:

For the harmed child:

- reassurance
- key person support
- emotional rebuilding
- supervision changes

For the child displaying behavior:

- behavior support strategies
- emotional regulation support
- closer supervision
- potential referrals and referral to the preschool nominated SENCO to review evidence and seek additional support
- targeted observations
- Early Help discussion if wider concerns exist

### When It Becomes a Safeguarding Concern

Refer to DSL immediately if behavior is:

- repeated despite support
- targeted at vulnerable children
- sexually explicit
- coercive or forceful
- causes injury
- significantly distressing
- involves threats or secrecy
- linked to possible abuse at home
- beyond developmental expectations

The DSL may seek advice from:

- Bromley Children & Families Hub
- Health Visitor
- Early years inclusion team services
- Early Help
- Police (if serious assault or immediate risk)
- Examples of Patterns That Need Immediate DSL Review Repeated Biting

### What Staff Must NOT Do

- dismiss it as “just toddlers” without review
- shame either child publicly
- force children to apologise immediately
- label children as naughty/bad
- discuss openly with other parents
- ignore repeated patterns

### 7.4.2 Key Safeguarding Principle

The child displaying harmful behavior may also be a child in need of protection or support.
**Both children matter.**

## 8 Response, Recording & Referral of Safeguarding Concerns (Bromley Protocol).

How to respond, record and effectively refer concerns or allegations related to safeguarding in a timely and appropriate way.

### 8.1 Immediate Response

- If you believe a child is in **immediate danger**, call **999** right away.
- Otherwise, **report your concern immediately** to your **Designated Safeguarding Lead (DSL)** or **Deputy DSL**—this ensures swift internal escalation.

### 8.2 Recording the Concern

- Complete a factual and accurate record using your **Safeguarding Concern/Incident Form**
    - Child's name and date of birth
    - Date, time, and location of concern
    - What was observed / said — use direct quotes where possible
    - Any injuries or emotional state — note appearance, demeanour
    - Your actions: who you reported to, when, and what occurred next
- Sign, date each entry and ensure its stored securely, separate from general records.

### 8.3 Referral Process via DSL (Bromley C&F Hub)

Once the DSL assesses the concern, they should:

- Use the **Bromley Children & Families Hub (C&F Hub) Portal** to make a referral.
- Or contact via:
    - **Phone (Mon–Fri, 8:30–17:00):** 020 8461 7373 / 7379 / 7026
    - **Email:** candfhub@bromley.gov.uk
    - **Out-of-hours (evenings/weekends/public holidays):** 0300 303 8671
- In response to a referral:
    - Bromley will screen it and make a decision within **1 working day** (urgent cases may be assessed faster) London Borough of Bromleybromleycs.trixonline.co.uk.
    - Responses range from early help advice to statutory social work assessments under Section 17 or Section 47 of the Children Act bromleycs.trixonline.co.uk.

### 8.4 Follow-Up & Feedback

- The professional team overseeing the case should inform you about action taken and outcomes, unless this could pose further risk.
- Continue supporting the child and documenting any further changes or concerns until the issue is resolved or officially closed by social services.

### 8.5 Protecting Confidentiality & Data Sharing

- Share information only on a **need-to-know basis**, and always in line with **GDPR** and *Working Together to Safeguard Children* guidance.
- Avoid unnecessary duplication—C&F Hub will gather additional details as needed.

### 8.6 Escalation If Needed

- If you feel the concern hasn't been appropriately addressed, or if the child remains at risk post-referral, escalate to:
    - DSL Deputy DSL
    - Directors of the setting
    - Bromley Safeguarding Children Partnership via their website: bromleysafeguarding.org

### 8.7 Summary Table

| Action | Description |
|---|---|
| **Recognise & Respond** | Report immediately to DSL or call 999 if there is immediate danger |
| **Record** | Use factual documentation with direct quotes and clear time stamps |
| **Refer** | DSL submits via C&F Hub portal or calls/email (see contact info) |
| **Follow-Up** | Receive feedback, continue support, track changes |
| **Escalate if necessary** | Redirect to Directors or safeguarding board if unresolved |

### 8.8 Citations & References

- Bromley referral contacts and procedures London Borough of Bromley+1bromleycs.trixonline.co.uk.
- Timescales and response expectations from Bromley's procedures manual bromleycs.trixonline.co.uk

### 8.9 The setting's safeguarding policy and procedures.

This document covers this.

### 8.10 How to manage and monitor allegations of abuse against other staff.

Children may be harmed not only by parents/carers but also by professionals and volunteers who work with them. All allegations or concerns that a staff member, student, volunteer, or contractor has:

- Behaved in a way that has harmed a child or may have harmed a child.
- Possibly committed a criminal offence against or related to a child.
- Behaved towards a child or children in a way that indicates they may pose a risk of harm.
- Behaved in a way that raises safeguarding concerns about their suitability to work with children (including in their personal life, e.g. domestic abuse).

must be treated as a safeguarding matter and dealt with immediately.

#### 8.10.1 Immediate Actions

- **Report**: Any staff member receiving an allegation must report it **immediately** to the DSL or Manager.
- **Escalation**: If the allegation is against the DSL, report directly to the Manager/Owner.
- **If the allegation is against the Manager/Owner**, report directly to the **Local Authority Designated Officer (LADO)**.
- **Do not investigate internally** at this stage — your duty is to report.

### 8.10.2 Contact the Local Authority Designated Officer (LADO)

- The DSL/Manager must contact the **Bromley LADO** the same day for advice and next steps:
    - **Tel:** 020 8461 7775
    - **Email:** lado@bromley.gov.uk

**The LADO will:**

- Decide whether the allegation meets the threshold for investigation.
- Advise whether the matter should be referred to police and/or children's social care.
- Oversee the process to ensure fair, consistent, and timely handling.

### 8.10.3 Supporting the Child

- Ensure the child(ren) involved are safe and protected from further risk.
- Provide reassurance and appropriate emotional support.
- Maintain confidentiality and dignity for the child.

### 8.10.4 Supporting the Staff Member

- Allegations can be distressing — staff have the right to fair treatment and support.
- Do not assume guilt — all allegations are treated as neutral until investigated.
- Provide access to a named contact for updates, HR support, and (if appropriate) trade union or legal support.
- Suspension is not automatic — it will be considered only if:
    - There is cause to suspect a child is at risk of significant harm, or
    - The allegation warrants investigation by police/social care, or
    - The person's presence in the workplace may impede the investigation.

### 8.10.5 Monitoring and Recording

- All allegations must be logged by the DSL/Manager, including:
    - Date and nature of allegation.
    - Action taken (including LADO consultation).
    - Decisions made by LADO, police, or children's social care.
    - Outcome (substantiated, unsubstantiated, malicious, unfounded).
- Records must be stored securely and separately from general staff files.
- If allegations are substantiated, records must be kept on file for reference in future safer recruitment checks.
- If unsubstantiated or unfounded, a clear record must still be retained to protect all parties.

### 8.10.6 Outcomes

At the conclusion of the process, the allegation will be categorised as one of:

- **Substantiated** – sufficient evidence to prove the allegation.
- **Unsubstantiated** – insufficient evidence to prove or disprove.
- **Unfounded** – evidence disproves the allegation.
- **Malicious** – deliberate act to deceive.

### 8.10.7 Learning and Review

- Following any allegation, the DSL and leadership will review safeguarding procedures to identify learning.
- Where an allegation is substantiated, referral to the **Disclosure and Barring Service (DBS)** and, if relevant, professional regulators (e.g. Ofsted, Teaching Regulation Agency) will be made.

### 8.10.8 Key Principle

Every allegation must be taken seriously, investigated promptly, and handled in a way that protects children while ensuring staff are treated fairly. Safeguarding children always comes first.

### 8.11.1 How to ensure internet safety

Children today grow up in a digital world. While the internet offers opportunities for learning and communication, it also presents risks such as **exposure to inappropriate content, online grooming, cyberbullying, radicalisation, and misuse of personal data**. Our setting is committed to keeping children safe online and modelling safe, responsible use of technology.

### 8.11.2 Safe Use of Technology in the Setting

- All devices used by staff (phones, tablets, laptops) must be password-protected and not shared with children.
- Personal mobile phones may not be used for taking photographs or recording video of children. Only setting-owned devices are permitted.
- Wi-Fi access for visitors is restricted and monitored.
- Children only access age-appropriate software, apps, and digital content.
- Smart devices (e.g. Alexa, Google Home) are not used with children due to data/privacy risks.

### 8.11.3 Staff Responsibilities

- Staff must follow the **Acceptable Use Policy (AUP)**, which sets boundaries on professional use of digital technology.
- Images/videos of children are only taken on setting devices and stored securely in line with GDPR.
- Staff must never share images of children on personal accounts or devices.
- Staff must remain alert to children discussing or demonstrating knowledge of harmful online material at home, and treat this as a safeguarding concern.

### 8.11.4 Teaching Children (0–5 years)

Even young children need early guidance on safe digital habits:

- Staff model safe use of digital resources (e.g. using educational apps together with supervision).
- Children are taught the basics of keeping safe (e.g. asking an adult before using technology, not touching staff devices).
- Play-based activities introduce concepts of privacy, respect, and kindness that underpin later online safety.

### 8.11.5 Working with Parents and Carers

- Parents receive guidance on keeping children safe at home, including parental controls, monitoring screen time, and age-appropriate apps.

- The setting shares online safety resources from **NSPCC**, **CEOP (Child Exploitation and Online Protection)**, and **UK Safer Internet Centre**.
- Concerns about harmful online exposure (e.g. access to violent or sexual content) are discussed with parents and, if necessary, escalated as safeguarding concerns.

### 8.11.6 Monitoring and Oversight

- DSL is responsible for ensuring internet safety is part of the safeguarding training and policies.
- Regular reviews of IT systems ensure filters, passwords, and controls remain effective.
- Any incidents involving unsafe internet use are recorded and reviewed as safeguarding concerns.

### 8.11.7 Prevent Duty and Online Radicalisation

- Staff remain alert to children who may show signs of exposure to extremist or radicalising content online (through comments, role play, or conversations).
- Concerns are reported immediately to the DSL, who will escalate through the Prevent Duty process if necessary.

### 8.11.8 Key Principle

Internet safety is not just about technology — it is about creating a culture of **supervision, awareness, safe modelling, and education** for children, staff, and families.

## 8.12 Recording a Disclosure

When a child discloses:

- Listen calmly, do not interrupt.
- Reassure the child but do not promise confidentiality.
- Do not ask leading questions.
- Record facts only – avoid assumptions.

Include in your record:

- Child's full name, DOB.
- Date, time, location of disclosure.
- Who was present.
- Exact words used (in quotation marks).
- Observations of behaviour or injuries.
- Actions taken (who informed, when).
- Sign and date all entries.
- Do not keep personal copies.

## 8.13 Storage:

All safeguarding records are kept separately from children's main development records on the our secure cloud storage facility under

- Their name in a chronologically recorded format
- Stored securely
- Shared only with DSL/Deputy, social care, police, Ofsted as appropriate.

### 8.14 Confidentiality

- Information shared only on a need-to-know basis.
- GDPR and Data Protection Act 2018 applied at all times. Please see information sharing policy.

### 8.15 Monitoring & Review

- Policy reviewed annually, or sooner if legislation changes.
- Staff must sign to confirm they have read and understood.

## 9 Training for the (DSL) designated safeguarding lead

### 9.1 Safeguarding Training

- All staff: training refreshed every two years.
- DSL & Deputy DSL: advanced training annually (multi-agency, escalation, internet safety).
- Induction for all new staff within first month, covering safeguarding basics.

Staff Training must include safeguarding training for all practitioners and must cover what is meant by the term safeguarding in the following areas:

Training should take account of any advice from the local safeguarding partners or local authority on appropriate training courses. In addition to the areas set out in paragraph 2, training for the DSL must cover the elements listed below:

### 9.2 How to build a safe organizational culture.

A safe culture is one where safeguarding is at the heart of everything we do — where staff, children, and families feel respected, protected, and empowered to speak up.

### 9.3 Key Features of a Safe Culture

#### 9.3.1 Clear Leadership & Accountability

- Leaders prioritise safeguarding above all other considerations.
- The DSL and Deputy DSL are visible, approachable, and empowered.
- Safeguarding responsibilities are built into every role, job description, and supervision session.
- Leaders lead by example in professional conduct and decision-making.

#### 9.3.2 Open, Transparent Communication

- Staff feel safe to raise concerns about children, colleagues, or practice.
- A whistleblowing policy protects staff who report concerns.
- Families are informed clearly about the setting's safeguarding duties.
- Children (even very young) are listened to and taken seriously when they express worries.

#### 9.3.3 Safer Recruitment and Staffing

- Robust recruitment practices ensure unsuitable adults are not employed (DBS, references, interview questions about safeguarding).
- Induction includes safeguarding responsibilities from day one.
- Ongoing training and refreshers ensure staff knowledge stays current.
- Staff ratios and deployment are managed to prevent unsafe lone working.

### 9.3.4 Professional Boundaries & Conduct

- Clear Code of Conduct sets expectations for staff behaviour.
- No tolerance for inappropriate behaviour, discrimination, or breaches of safeguarding policy.
- Staff understand safe touch, professional communication, and online boundaries.

### 9.3.5 Learning & Continuous Improvement

- Safeguarding policies are living documents — regularly reviewed, updated, and understood.
- Lessons are learned from safeguarding incidents and near-misses.
- Supervision sessions and staff meetings include safeguarding reflection.
- External audits (Ofsted, local safeguarding partners) are welcomed as opportunities to strengthen practice.

### 9.3.6 Partnership Working

- Positive relationships with parents/carers are encouraged, while safeguarding concerns are acted on without delay.
- Staff engage with Bromley Children & Families Hub, LADO, police, and health professionals.
- Information is shared lawfully but proactively where it protects children.

### 9.3.7 Child-Centred Practice

- Every decision is made in the **best interests of the child**.
- Children are treated with respect, dignity, and empathy always.
- Staff remain vigilant to the voice of the child — through words, play, behaviour, or silence.

### 9.3.8 Key Principle

A safe culture does not tolerate complacency. It is built on **trust, accountability, vigilance, and transparency**. All staff, at every level, must feel responsible for safeguarding and confident to act when needed.

### 9.4 How to ensure safe recruitment.

See separate safer recruitment policy

## 10 Legislation, national policies, codes of conduct and professional practice in relation to safeguarding.

Safeguarding in early years is grounded in a robust legal and policy framework underpinned by national statutes, statutory guidance, and professional standards which governs our practice:

### 10.1 Primary Legislation

- **Children Act 1989 & 2004** – Core legislation placing the child's welfare at the heart of all decision-making and requiring local authorities to investigate concerns. Section 11 of the 2004 Act enshrines the duty of agencies to work together to safeguard and promote children's welfare. Reddit

- **Safeguarding Vulnerable Groups Act 2006** – Introduced the legal basis for barring unsuitable individuals from working with children and mandated rigorous vetting procedures. Wikipedia
- **Education and Training (Welfare of Children) Act 2021** – Extends safeguarding duties to post-16 education and training providers. Wikipedia
- **Children and Social Work Act 2017** – Established local multi-agency co-operation through safeguarding partners (local authority, health, police) and set up Local Child Safeguarding Practice Reviews. Legislation.gov.uk+1
- **Female Genital Mutilation Act 2003 (amended)** – Makes FGM both non-medical and mandatory to report and illegal in all circumstances. Reddit
- **Counter-Terrorism and Security Act 2015 (Prevent Duty)** – Requires early years settings to prevent children from being drawn into extremist ideologies. Twinkl

### 10.2 Statutory Guidance & National Policy

- **Working Together to Safeguard Children 2023** – Statutory multi-agency safeguarding guidance setting expectations for collaborative working and new child protection practice standards. GOV.UK
- **EYFS Statutory Framework (2025)** – The Early Years Foundation Stage defines safeguarding, welfare, and learning requirements for those caring for children aged 0–5, with strengthened provisions around whistleblowing, safer recruitment, training, child absence monitoring, paediatric first aid, intimate care, and more. Legislation.gov.ukGOV.UKNSPCC Learningeden-ts.com
- **CASPAR Briefing on EYFS 2025** – Summarises the updated EYFS requirements, emphasizing safeguarding policy expectations and staff practices. NSPCC Learning

### 10.3 Codes of Professional Conduct

- **Ofsted, Early Years** – While not a statutory code, Ofsted's inspection framework assesses providers' adherence to safeguarding and professional standards.
- **UK and Local Safeguarding Standards** – All practitioners must adhere to their employer's safeguarding policy, the relevant professional bodies' ethical codes, and national Guidance for Safeguarding.

### 10.4. Other National and Emerging Legislation

- **Children's Well-Being and Schools Bill** (2025) – Proposed legislation aimed at enhancing child welfare, safeguarding, and early years regulation. Wikipedia
- **Modern Slavery Act 2015** – Addresses modern slavery and child exploitation, reinforcing protections against trafficking and forced labour. Reddit
- **United Nations Convention on the Rights of the Child (UNCRC)** – Although international, it influences national policies to uphold children's rights (to protection, education, dignity, participation). Reddit

## 10.5. Summary Table

| Domain | Key Requirements |
|---|---|
| **Primary Legislation** | Children Acts, SVGA, FGM Act, Prevent Duty, Education & Training Act |
| **Statutory Guidance** | Working Together 2023, EYFS 2025, local safeguarding arrangements |
| **Professional Standards** | Ofsted framework, employer safeguarding policies, codes of conduct |
| **Emerging/Additional** | Upcoming Schools Bill, Modern Slavery Act, UNCRC principles |

# 11 How to develop and implement safeguarding policies and procedures.

Safeguarding policies and procedures must be **robust, up-to-date, and effectively embedded in practice**. This ensures children are protected, staff are confident in their roles, and Ofsted/local safeguarding partners can see clear compliance.

## 11.1. Development of Policies and Procedures

### 11.1.1 Based on Statutory Guidance

- EYFS 2025 Statutory Framework
- *Working Together to Safeguard Children* (2023/25)
- *Keeping Children Safe in Education* (relevant parts)
- Local safeguarding arrangements (Bromley Safeguarding Children Partnership).

### 11.1.2 Reflect Current Legislation and Risks

- Cover all categories of abuse (physical, emotional, sexual, neglect).
- Address specific safeguarding issues: FGM, Prevent duty, domestic abuse, fabricated/induced illness, breast ironing, online safety.
- Include whistleblowing, safer recruitment, staff behaviour/code of conduct.

### 11.1.3 Consultation

- DSL develops draft in consultation with staff, managers, and safeguarding partners.
- Seek feedback from practitioners on practicality and clarity.
- Incorporate local authority guidance and Bromley procedures.

### 11.1.4 Clarity & Accessibility

- Write policies in plain, accessible language for all staff.
- Include flowcharts, contact numbers, and step-by-step guides.
- Translate into parent-friendly summaries where appropriate.

## 11.2 Implementation of Policies and Procedures

### 11.2.1 Induction and Training

- All new staff receive safeguarding induction on day one.
- Policies are revisited in annual training and updates.
- DSL/Deputy DSLs receive advanced training recommended by Bromley LA.

### 11.2.2 Daily Practice

- Policies are accessible
- Staff follow procedures for recording and reporting concerns every time.
- DSL monitors compliance and addresses gaps.

### 11.2.3 Leadership and Monitoring

- Managers and DSL ensure regular policy reviews (minimum annually, or sooner if statutory changes occur).
- Safeguarding is a standing agenda item in staff meetings.
- Supervision sessions include safeguarding discussions.

### 11.2.4 Communication with Parents and Carers

- Policies are shared with families at enrolment.
- Safeguarding statement is displayed in the entrance area.
- Families are reassured that concerns will always be taken seriously.

## 11.3 Review and Evaluation

### 11.3.1 Regular Reviews

- Minimum annual review, signed off by DSL and proprietors.
- Immediate review after safeguarding incidents, changes in law, or updates from Bromley SCP.

### 11.3.2 Staff Feedback

- Staff are invited to share challenges in applying policies.
- Lessons learned from case reviews are incorporated.

### 11.3.3 External Input

- Take account of advice from Ofsted inspections, Bromley safeguarding audits, and LA safeguarding leads.

### 11.3.4 Key Principle

A safeguarding policy is only effective if it is **understood, applied, monitored, and regularly updated**. A "paper policy" is not enough — safeguarding must be **lived practice** across the organisation.

## 11.4 How to support and work with other practitioners to safeguard children.

**Supporting and Working with Other Practitioners to Safeguard Children (Including Shared Settings)**

Many children attend more than one childcare setting, or move between early years providers. Effective safeguarding depends on clear, timely, and respectful communication between practitioners so that concerns are recognised early and no information is lost.

### 11.4.1 Information Sharing

- We share safeguarding information with other settings involved in a child's care, always following **GDPR and 'Working Together to Safeguard Children' principles**.
- Information is shared on a **need-to-know basis**, with the child's best interests as the overriding factor.
- Where possible, parental consent will be sought before sharing, unless doing so would place the child at risk of harm.

- Examples of information to share may include:
    - Injuries, behavioural changes, or well-being concerns.
    - Absence patterns or attendance issues.
    - Support strategies in place (e.g. Early Help plans).

### 11.4.2 Joint Planning and Partnership

- Where a child attends multiple settings, we maintain regular communication to ensure a consistent approach to safeguarding and well-being.
- This may include:
    - Shared communication books.
    - Scheduled review meetings.
    - Email or phone updates between DSLs.
- All safeguarding concerns are shared with the **lead DSL** in each setting so a joined-up view can be maintained.

### 11.4.3 Working with Agencies

- We collaborate with health visitors, social workers, speech and language therapists, and other professionals supporting the child.
- The DSL (or Deputy DSL) attends multi-agency meetings such as Child Protection Conferences, Core Groups, or Early Help assessments, and contributes fully to safeguarding plans.
- Practitioners may be asked to provide written reports or observations to support assessments.

### 11.4.4 Shared Responsibility

- Every practitioner in every setting has equal responsibility to raise concerns.
- Concerns must never be dismissed because the child attends another provider.
- If a child is known to attend more than one setting, our DSL ensures concerns are shared directly with the other provider's DSL.

### 11.4.5 Resolving Disagreements

- If there are differing views between practitioners in different settings, we will use Bromley's **Escalation Policy** to resolve professional disagreements.
- At all times, the child's safety and welfare remain the primary concern.

### 11.4.6 Key Principle

When children attend multiple settings, **joined-up working** is essential. Safeguarding is only effective if practitioners communicate, share concerns, and work together to ensure children are safe, supported, and thriving.

## 12 Local child protection procedures and how to liaise with local statutory children's services agencies and with the local safeguarding partners to safeguard children.

**Local Child Protection Procedures and Liaison with Statutory Agencies**
Our setting follows the **Bromley Safeguarding Children Partnership (BSCP)** procedures for recognising, reporting, and responding to child protection

concerns. We work closely with statutory children's services, health, police, and other partners to ensure every child is protected.

### 12.1 Immediate Danger

- If a child is at **immediate risk of harm**, call the **police on 999**.
- Inform the DSL as soon as possible after making the call.

### 12.2 Contacting Bromley Children's Services (Children & Families Hub)

The **Children & Families Hub** is the single point of contact for all safeguarding referrals in Bromley.

- **Phone (Mon–Fri, 8:30am–5:00pm):** 020 8461 7373 / 7379 / 7026
- **Email:** candfhub@bromley.gov.uk
- **Secure Email:** candfhub@bromley.gov.uk.cjsm.net
- **Out of Hours (Evenings, Weekends, Bank Holidays):** 0300 303 8671
-

### 12.3 Referral Pathway:

- Concerns should be reported immediately to the DSL (or Deputy DSL if DSL is absent).
- DSL assesses and makes a referral to the Children & Families Hub the same day.
- All referrals must be followed up in writing within 24 hours using Bromley's online referral form.
- The Hub will decide within **one working day** what action to take:
    - No further action / advice given.
    - Referral to Early Help services.
    - Statutory assessment under **Section 17 (Child in Need)**.
    - Immediate protection or **Section 47 (Child Protection)** enquiry.

## 13 Liaising with Other Statutory Agencies

### 13.1 Police

- Investigate allegations of criminal offences against children.
- Work jointly with Children's Services on child protection investigations.
- Respond to mandatory reports (e.g. FGM).

### 13.2 Health Professionals (Health Visitors, GPs, Paediatricians)

- Identify injuries, health concerns, or patterns that may indicate neglect/abuse.
- Provide reports and attend multi-agency meetings.

### 13.3 Education & Early Years Professionals

- Share safeguarding information when children move between settings.
- Contribute to child protection conferences and reviews.

### 13.4 Liaising with the Bromley Safeguarding Children Partnership (BSCP)

The BSCP is responsible for coordinating safeguarding arrangements across the borough.

- DSL and setting leaders stay updated with BSCP policies, learning from Serious Case Reviews, and training.
- Staff follow the BSCP's **Thresholds of Need Guidance** to decide when to refer.
- DSL ensures the setting contributes to **multi-agency safeguarding meetings** (e.g. Child Protection Conferences, Core Groups).

### 13.5 Allegations Against Staff or Adults Working with Children

- Concerns about staff behaviour are reported directly to the DSL or Manager.
- DSL/Manager must contact the **Local Authority Designated Officer (LADO)** the same day:
  - **Tel:** 020 8461 7775
  - **Email:** lado@bromley.gov.uk
- The LADO provides advice and manages the process for investigating allegations against adults.

### 13.6 Information Sharing & Confidentiality

- We follow *Working Together 2023/25* information-sharing principles:
  - Share information on a **need-to-know basis** only.
  - Always act in the **best interests of the child**.
  - Do not promise confidentiality to children or parents when safety is at risk.
  - Keep clear, factual, dated records of all communications.

### 13.7 Key Principle

Safeguarding is most effective when **all agencies work together**. Our setting will always act promptly, share information lawfully, and escalate concerns if necessary to protect children.

***"We do not label young children. We assess behavior, risk, developmental stage, and support needs."***

**Safeguarding Concerns Form**

| | | | |
|---|---|---|---|
| Childs Name | | Date of Birth | |
| Date of concern | | Time of concern | |
| Location: | | | Page No. |

| |
|---|
| What was observed / said — use direct quotes where possible<br>Any injuries or emotional state — note appearance, demeanour |
| |

| | | | |
|---|---|---|---|
| Your actions: who you reported to, when, and what occurred next | | | |
| Name | | Date: | Time: |
| Reported to | | Date: | Time: |
| | | | |
| Sign | | Date: | |

**If the child is in immediate danger? → Call 999.**

**Non-emergency - concern**

Report to DSL (Jenna Lindow) or Deputy DSL (Ashleigh Keel).
They will contact Bromley Children & Families Hub (C&F Hub)
Tel: 020 8461 7373 / 7379 / 7026
Email: candfhub@bromley.gov.uk
Out of hours: 0300 303 8671
Referrals: via C&F Hub Portal (Bromley Safeguarding Partnership).

- If DSL/Deputy unavailable → escalate to Directors.
- If still concerned/no action taken → make the referral yourself.

**Record all actions clearly and securely.**

**Allegations Against Staff**

- Report to DSL (Jenna Lindow) or Deputy DSL (Ashleigh Keel)
  Who will contact Local Authority Designated Officer (LADO) 020 8461 7775 | lado@bromley.gov.uk.
- Do not investigate or confront the staff member.
- Ensure children are safeguarded immediately.

### 6.3 Prevent Duty

If you suspect radicalisation:

ACT Early Support Line: 0800 011 3764
Anti-Terrorism Hotline: 0800 789 321
Email: Prevent@bromley.gov.uk

All Prevent concerns must be logged and reported via the DSL (Jenna Lindow).