

|  |  |
| --- | --- |
| **Early Years and Childcare Policy & Procedures for Safeguarding Children** | |
| July 2019 Review date July 2020 | |
| 1. | The Aims of this Policy |
| 2. | Policy Statement |
| 3. | Recruitment and Induction, Training and Supervision of Staff and Volunteers |
| 4. | Allegations and Complaints against a Member of Staff and Whistle Blowing |
| 5. | Recognising Abuse |
| 6. | Signs and Symptoms to look out for and what to do when a Safeguarding Issue Arises |
| 7. | What to do if you have concerns for a Child’s welfare and what to do when a provider reports a Safeguarding issue to a Member of the Early Years Team |
| 8. | Confidentiality and Incident/Concern Form Guidance |
| 9. | Information needed to make a Referral to Children’s Services |
| 10. | Before making a MASH enquiry and escalating the Concern |
| 11. | Child Protection Conference, Reports Guidance and Recording |
| 12. | Useful Contacts |
| 13. | References and Staff Health Warning |
|  |  |
| Appendix 1 | Safeguarding Incident Form |
| Appendix 2 | Escalating the Concern Flow Chart |
| Appendix 3 | Child Protection Conference Report Form |

|  |
| --- |
| 1. **The Aims of this Policy are:** |
| * To provide an environment in which children feel safe, secure, valued and respected, and feel confident to approach adults if they are in difficulties. * To raise the awareness of all staff members of the need to safeguard children and of their responsibilities in identifying and reporting possible cases of abuse, and escalate those concerns if necessary. * To provide a systematic means of monitoring children known or thought to be at risk of harm, and ensure we contribute to assessments of need and support plans for those children. * To develop a structured procedure that all members of staff in cases of suspected abuse will follow. * To ensure that all adults within our Early Years and Childcare Team who have access to children have been checked as to their suitability. This includes other community users of our facilities. |
| We encourage all practitioners to work in partnership with our parents and carers in an environment that promotes positive relationships that are open and honest. We appreciate that child protection can be a very sensitive subject and so we inform our parents of this procedure transparently and openly. We are honest and respectful with our practitioners and parents and we will inform them of our actions in relation to child protection unless this puts the child at further risk. |
|  |
| We recruit all staff safely and train them to the national standard in safeguarding children. All staff receive regular supervision, including safeguarding and the Early Years and Childcare Team has a ‘Designated Safeguarding Lead’. The Safeguarding Lead will support staff with assessing risk and following procedures in making referrals, record keeping and supporting families. |
|  |
| We manage buildings, resources and activities in accordance with SCC safety procedures, Ofsted regulations and EYFS Framework safeguarding and welfare requirements |
|  |
| Each commissioned service provider works to its own safeguarding procedures, which links to the Safeguarding Partnership procedures. This policy statement and procedures has been prepared for all permanent, temporary, sessional staff and volunteers working within the Early Years and Childcare Team. Policies are also readily available for Parents and Visitors on request. |

1. **Policy Statement**

|  |
| --- |
| **Safeguarding** |
|  |
|  |
| The Early Years and Childcare Service in Southampton is committed to keeping children safe before anything else. Babies and young children are at particular risk and child protection is everyone’s responsibility. It is expected that every person working in the early year’s and childcare sector should have an up-to-date knowledge of safeguarding children issues, be familiar with the definitions, signs and symptoms of child abuse and neglect and be able to implement the safeguarding children procedures properly. |
|  |
| Anyone in a position of power over a child can be an abuser and that may include an older child, parent or carer, relative or friend, agency or staff member or volunteer. We take all concerns and allegations seriously. We act on abuse, when identified, and we take all necessary steps to protect children and young people from harm. The welfare of the children is paramount. |
|  |
| Safeguarding is not just about protecting children from deliberate harm. It includes: |
| * children’s health and safety * bullying * racist abuse * harassment and discrimination * use of physical intervention * meeting the needs of children with medical conditions * providing first aid * drug and substance misuse * intimate care * internet safety * child sexual exploitation/trafficking * protection from radicalisation * witnessing or victim of Domestic abuse * female genital mutilation/breast ironing |
| All children without exception have the right to protection from abuse regardless of gender, ethnicity, disability, sexuality or beliefs. Where English is not spoken or understood, we will seek to obtain an independent interpreter to assist in discussing concerns   1. **Recruitment and Induction of Staff and Volunteers**  |  |  |  |  | | --- | --- | --- | --- | | * Before a post is offered to a candidate – (staff, sessional, temporary or voluntary) - all ‘safer recruitment’ procedures must be complied with and checks completed either by Southampton City Council HR directed identification or nominated person from the Management Team and an enhanced check from the Disclosure Barring Service (DBS) or evidence of sign-up to updating DBS system. * No member of staff or volunteer will be unsupervised with children and families until these checks are completed.      * Induction of staff & volunteers must include training on the Safeguarding Procedures.  1. **Training of Staff and Volunteers**  |  | | --- | | * All paid staff and volunteers will complete Level 1 Safeguarding training and will read the Early Years and Childcare Partnership Policy & Procedures for Safeguarding Children before induction is signed off. * All staff and volunteers must complete Safeguarding training at the required levels in the required time-frames. * Copies of certificates of attendance, or a written statement regarding staff and volunteers’ attendance should be kept on individual files. * Safeguarding training records for all staff are kept on a spreadsheet on the EY shared drive. * All staff will follow the SCC Physical Intervention Guidelines for Schools (October 2011) <http://www.youngsouthampton.org/Images/Physical%20Intervention%20Guidelines%20for%20Schools%20October%202011.doc> |  1. **Supervision of Staff and Volunteers**  |  | | --- | | All contracted staff are to have regular supervision with a Line Manager including review of any Safeguarding concerns and procedures. |  1. **Allegations and Complaints against a Member of Staff and Whistle-blowing**  |  | | --- | | * If staff or a member of the public are concerned that another member of staff poses a safeguarding risk to a child or children, they should refer to SCC procedures: <http://staffinfo.southampton.gov.uk/Images/Whistleblowing_(Duty_to_Act)_Policy_tcm67-395356.pdf>      * If appropriate, there should be a discussion with the Line Manager or Safeguarding Lead. In all cases there should be a discussion with the Local Authority Designated Officer (LADO)   [LADO@southampton.gov.uk](mailto:LADO@southampton.gov.uk) 023 80915535   * Dfe “Keeping Children Safe in Education” 2018 Page 51   <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/741314/Keeping_Children_Safe_in_Education__3_September_2018_14.09.18.pdf> | | |

1. **Recognising Abuse**

|  |  |
| --- | --- |
| Abuse may take many forms, some signs are obvious others less so. Child abuse is not always intentional. Working Together to Safeguard Children 2018  <https://www.gov.uk/government/publications/working-together-to-safeguard-children--2> | |
|  | |
| Physical Abuse:  This may involve hitting, shaking, throwing, burning, suffocating or any other physical harm. Deliberately causing a child’s ill health also constitutes physical abuse. | |
| Sexual Abuse:  This involves forcing or enticing a child to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative or non-penetrative acts. Showing children pornographic materials, sexual activities, or encouraging children to behave in sexually inappropriate ways also constitutes sexual abuse. | |
|  | |
| Emotional abuse:  Varying degrees of emotional abuse are present in virtually all child protection incidents, but emotional abuse can also constitute abuse in its own right. Emotional abuse involves persistent or severe emotional ill-treatment or torture causing, or likely to cause, severe adverse effects on the emotional stability of a child. Such behaviour may involve conveying to a child that they are worthless, unloved, or inadequate, or making them feel unnecessarily frightened or vulnerable. | |
|  | |
| Neglect:  Neglect is the persistent failure to meet a child’s basic physical, emotional or psychological needs, such as is likely to have a severe impact on their health, development or emotional stability.   |  |  | | --- | --- | | **Neglect type** | **Features associated with type of neglect** | | **Educational neglect** | Where a parent/carer fails to provide a stimulating environment or show an interest in the child’s education at school. They may fail to respond to any special needs and fail to comply with state requirements about school attendance. | | **Emotional neglect** | Where a parent/carer is unresponsive to a child’s basic emotional needs. They may fail to interact or provide affection, undermining a child’s self-esteem and sense of identity. (Most experts distinguish between emotional neglect and emotional abuse by intention; emotional abuse is intentionally *inflicted*, emotional neglect is an *omission* of care.) | | **Medical neglect** | Where a parent/carer minimises or denies a child’s illness or health needs and/or fails to seek appropriate medical attention or administer medication and treatment. | | **Nutritional neglect** | Where a child does not receive adequate calories or nutritional intake for normal growth (also sometimes called ‘failure to thrive’). At its most extreme, nutritional neglect can take the form of malnutrition. | | **Physical neglect** | Where a parent/carer does not provide appropriate clothing, food, cleanliness and/or living conditions. | | **Supervisory neglect** | Where a parent/carer fails to provide an adequate level of supervision and guidance to ensure a child’s safety and protection from harm. For example, a child may be left alone or with inappropriate carers, or appropriate boundaries about behaviours (for example, under-age sex or alcohol use) may not be applied | | |
| Bullying:  Bullying is behaviour by an individual or group, repeated over time that intentionally hurts another individual or group either physically or emotionally. Bullying can take many forms, cyber-bullying, text messages or the internet and is often motivated by prejudice against particular groups for example on ground of race, religion, gender, sexual orientation or because a child is fostered/adopted or has caring responsibilities.  Radicalisation:  “Radicalisation” refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism. During that process it is possible to intervene to prevent vulnerable people being drawn into terrorist-related activity.  **M**issing / Child Sexual **E**xploitation (CSE) / **T**rafficking (MET)  A missing child is one that has not turned up at the setting, there are a pattern of days they are away or the parent/carer is not contactable or has not given a plausible explanation. More investigation is needed.  Child sexual exploitation is an illegal activity by people who have power over young people and use it to sexually abuse them. This can also include child trafficking. Abusers groom children into trusting them and then force them to partake in sexual activities. The children and young people are unaware that they are being exploited.  Female Genital Mutilation (FGM)  This is female genital cutting involving full or partial removal of a girl’s external genitals. It is also known as Female Genital Cutting or Female Circumcision.  Breast Ironing  It is a practice whereby the breasts of girls (usually aged 8-16) are pounded by various tools to delay the appearance of puberty. | |
| 1. **Signs and Symptoms to look out for:** | |
| * Unexplained injuries/bruises/marks – especially babies. See Protocol for the management of actual or suspected bruising in infants who are not independently mobile <https://www.proceduresonline.com/4lscb/shared_content_SCB_php/shared_files/bruise_protocol.pdf> * Changes in behaviour or personality (a chatty, friendly child becoming withdrawn or suddenly seeking attention). * Inappropriate displays of behaviour such as sexual behaviour/violence * Child’s appearance below standard such as inappropriate clothing for season * Decreased standards of hygiene such as unclean/soiled clothes * Frequent unexplained absences from regular childcare (Nurseries, Preschools, Childminders) * A decrease in the child’s development or delayed development * Parent’s inappropriate attitude and behaviour towards the child * Children at risk of radicalisation may display different signs or seek to hide their views. Even very young children may be vulnerable to radicalisation by others, whether in the family or outside, and display concerning behaviour. | |
|  | |

1. **What to do when a Safeguarding Issue Arises**

|  |
| --- |
| 1. Report the incident and concerns to the Designated Safeguarding Lead (DSL) immediately 2. Remain calm and observe the child. All staff must be aware that they cannot promise a child to keep secrets which might compromise the child’s safety or well-being or that of another. 3. Record confidentially any observations/incidents on a Safeguarding Incident Form (Appendix 1). 4. Designated Safeguarding Lead to check with the parent for an explanation of unexplained bruises, marks or changes in behaviour (where appropriate) and record on a Safeguarding Incident Form 5. Do not discuss the child or your suspicions with any other members of staff unless it is felt that a staff member/s could make a valuable contribution to the initial assessment. 6. Early Years Team member to feedback observations to their Line Manager as soon as possible after the incident/concern. |

1. **What to do if You have Concerns for a Child’s Welfare**

|  |
| --- |
| Where there is some concern for a child’s welfare but not necessarily suspected abuse the first course of action will be to inform the Designated Safeguarding Lead (DSL) |
| * A record of the concern should be made on an Incident/Concern Record Form. * Each time a child incident/concern is noted, the setting’s DSL has to make an assessment. Continuing low level concerns that are deemed not referable to Southampton Children’s Advice and Duty Service or Early Help Assessment (EHA) completion must be noted in an individual child’s file and are chronology compiled. These notes must be reviewed regularly by the DSL in order that ongoing assessments can be made and an EHA completed or Southampton Children’s Advice and Duty Service enquiry made when/if appropriate. * At this point the setting’s DSL could choose to complete the EHA form to support the identified needs of the child through a single agency route. * The setting’s DSL will liaise with the parents (where appropriate) before making an enquiry and gain the consent of the parents or carers, except where a child is considered to be at risk of harm and you believe that seeking parental consent may increase this risk. |
| For further information other inter-agencies may be contacted for example: |
| * Safeguarding Team * Southampton Children’s Advice and Duty Service * Health Visitor * And other agencies involved with the child |

1. **What to do when a Provider reports a Safeguarding Issue to a Member of the Early Years and Childcare Team**

|  |
| --- |
| Sometimes a provider may telephone the Early Years and Childcare team for advice regarding a safeguarding issue. Early Years and Childcare Team member will advise providers that: |
|  |
| * In an emergency where the child is at immediate serious risk, Police and Children’s Services should be contacted without further consultation. * Settings follow their own safeguarding procedures * Settings contact the Southampton Children’s Advice and Duty Service team, LADO and OfSTED if appropriate * Early Years and Childcare Team member will record these conversations on a contact form |

1. **Confidentiality**

|  |  |
| --- | --- |
| We recognise that all matters relating to child protection are confidential. | |
|  |  |
| * The Designated Safeguarding Lead will disclose personal information about a child to others on a need-to-know basis however, members of staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children. * All staff must be aware that they cannot promise a child to keep secrets which might compromise the child’s safety or well-being or that of another. * We will always undertake to share our intention to refer a child to Social Care with parents /carers unless to do so could put the child at greater risk of harm, or impede a criminal investigation. * The Designated Safeguarding Lead will ensure the information received is clearly written, documenting their concerns regarding the risk identified and dated. The information will be kept securely in a confidential file or in a locked filing cabinet away from everyday information. | |

1. **Incident/Concern Form Guidance (Appendix 1)**

|  |
| --- |
| **Incident/Concern Form:** |
| This form should be used to log any incident regarding a child or family that has caused a concern. The child does not have to be ‘known to Children’s Services for an Incident/Concern Form to be completed. |
| When you have witnessed behaviour, interaction, appearance, presentation etc that has concerned you, factually record it on to the incident form writing down exactly what you have seen/ heard. This form will then be passed to the DSL immediately and the Safeguarding procedure will be followed. |
| In some cases this record may be used to inform Southampton Children’s Advice and Duty Service, Child Protection Conferences or Core Group Meetings of progress of a family in need or at risk. If the incident is deemed to be low risk then further action may not be required and the incident form will be logged in the child’s file. |
|  |
| **What to include when writing an Incident/Concern Record Form:** |
| * Full name of the child * Age and DOB of child * Time and date of incident/observation * Objective description of child’s behaviour/appearance without interpretation where possible * Record exact words spoken by child/parent/staff * Date, name and signature of the person writing the incident record * Signature of DSL * Incident forms must be given to the DSL within 24 hours of the incident being recorded. |
| **Note: Where sexual abuse is suspected the parents should not be approached at this stage.**   1. **Information needed to make a Referral to Children’s Services**  |  | | --- | | * Child’s name, date of birth and address. * Parent’s/carer’s name, address and phone number. * Name, address and position of person of whom abuse is suspected. * When the incident occurred. * What is said to have happened or what was seen. * Whether there is any physical evidence of abuse e.g. bruising. * Any words that the child used to describe the incident/concerns. * Who else was present? * What action was taken? * Assessment of risk. * Parent/Carer’s knowledge/ understanding about the referral. * Record the name and position of the person to whom the referral was made. * Any language issues. * Known involvement of other agencies. * Record name and role of person allegation was made to. * Describe any body language/role play etc. you may have noticed that is significant. | |
| |  | | --- | | 1. **Making a Southampton Children’s Advice and Duty Service enquiry:** | | **When to make a Southampton Children’s Advice and Duty Service referral:** | | * Enquiries should be made when your assessment has identified needs which can only be met through Enhanced Services at upper Levels * You can talk about your decision with Children and Families Service professionals based in the Southampton Children’s Advice and Duty Service and any decision reached should be clearly recorded by the agencies involved. * If there is an allocated Social Worker then they will be the best person to support the child and the case will be handed to them. If not, Southampton Children’s Advice and Duty Service Information screening officers assess the level of risk, the Southampton Children’s Advice and Duty Service Manager confirms the risk level with a BRAG rating and will decide the best response/professional to meet the child’s needs |      1. **Escalating the Concern (Appendix 2):** |
|  |
| There may be occasions in which the setting disagrees with the BRAG rating given to the concern raised, or is unhappy with the decision/s made/being made. (Appendix 3) |
|  |
| 1. If the setting disagrees with the Southampton Children’s Advice and Duty Service rating or is unhappy about the way the Southampton Children’s Advice and Duty Service team dealt with a referral about a family, ask for this disagreement to be noted on Southampton Children’s Advice and Duty Service files and the Designated Safeguarding Lead Officer make a note on the child’s file kept in the setting. 2. If a child/family is open to Social Care the setting DSL is to raise concern with the Team Manager of the named Social Worker for clarification of the decision. 3. If a child/family is **not** already open to Social Care the setting is to raise the concern with the Early Years and Childcare Team. Development Worker/Quality Adviser to raise concern with Early Years and Childcare Team DSL. 4. Early Years and Childcare Team DSL will speak with Southampton Children’s Advice and Duty Service Manager for further clarification about how the decision on the case was made. 5. If the setting is still not happy, they can complain by contacting: [complaints@southampton.gov.uk](mailto:complaints@southampton.gov.uk) or telephone 02380 833154 6. Setting to continue to collate further evidence, if any, to strengthen another referral 7. If **not** open to Social Care the setting is to make a further referral to Southampton Children’s Advice and Duty Service or use EHA as appropriate and if open to Social Care make a further referral to the named Social Worker. |
| **If, for any reason a setting cannot get through to Southampton Children’s Advice and Duty Service, Safeguarding Professionals or Family Workers linked to their concerns, contact the Early Years and Childcare Team DSLO (Debs Cook), 023 80833913, debra.cook@southampton.gov.uk for support.** |

1. **Child Protection Conferences and Reports Guidance (Appendix 3)**

|  |
| --- |
| **Child Protection Conferences:**  Staff working with a family known to or involved with Children’s Services may be invited to give their professional input to a Child Protection Conference or Core Group Meeting. Parents/Carers will be informed of all attendees to the meetings. Staff will give factual reports and input. |
| **Child Protection Reports:**  When a member of staff is invited to a Child Protection Conference / Core Group Meeting they will be expected to complete a Child Protection Conference Report. |
| All information provided in the report must be shared with the parent before the meeting. With this in mind, consideration for the parents must be made ensuring the report is factual and accurate and not third hand information. |
| All reports must be sent to the named Social Worker at least 48 hours before the meeting. |

1. **Recording**

|  |
| --- |
| * In addition to incidents, child protection referrals and case conference reports, any observations, allegations, assessments & communications must be recorded and kept securely. This information may be requested later for review or audit purposes. * All records should mainly include factual information. Any judgment or opinion must be recorded in those terms. |

1. **Useful Contacts**

|  |  |  |
| --- | --- | --- |
| **Early Years and Childcare Team Designated Safeguarding Lead:** | Debs Cook  /Anne Downie | 023 80833913  /02380834252 |
|  |  |  |
| Southampton Children’s Advice and Duty Service | Out of Hours | 023 80832300  03000 41 91 91 |
| **MASH Public Number:** |  | 023 80833336 |
| **MASH Opening Hours:** | Monday – Thursday  Friday | 8.30am – 5pm  8.30am – 4.30pm |
| **MASH Out of Hours Emergency Duty Team:** |  | 023 80233344 |
|  |  |  |
| **Early Years and Childcare Team Manager:** | Anne Downie | 023 80834252  07917227167 |
|  |  |  |
| **LADO**  Local Authority Designated Officer: | [LADO@southampton.gov.uk](mailto:LADO@southampton.gov.uk) | 023 80915539  07789616092 |
|  |  |  |
| **CSE Hub** | [csehub@southampton.gov.uk](mailto:csehub@southampton.gov.uk) | 023 80834816 |
| **Safeguarding Partnership** | Email: [lscb@southampton.gov.uk](mailto:lscb@southampton.gov.uk)  Web: [www.southamptonlscb.co.uk](http://www.southamptonlscb.co.uk) | 023 8083 2995 |
| **Prevent**  (Radicalisation, Terrorism prevention) | [prevent.engagement@hampshire.pnn.police.uk](mailto:prevent.engagement@hampshire.pnn.police.uk) | Anti -Terrorism Hotline:  0800 789 321 |
| **Solent Healthcare Safeguarding Team:** |  | 023 80716671 |
|  |  |  |
| **Ambulance and Police Service:** |  | 999 |
|  |  |  |
| **Helplines** |  |  |
| **NSPCC** |  | 0800 800 500 |
| **Childline** |  | 0800 1111 |
| **FGM** |  | 0800 028 3550 |
| **Barnardo’s** |  | 01489 796684 |

1. **References**

|  |
| --- |
| These procedures refer to the following documents; |
| * Working Together to Safeguard Children 2018   <https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>   * Southampton Local Safeguarding Children Board Safeguarding Children Procedures 2017, which can be accessed at <http://4lscb.proceduresonline.com/> * Dfe “Keeping Children Safe in Education” September 2018   <https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>   * Physical Intervention Guidelines for Schools (October 2011)   <https://www.google.com/search?q=scc+physical+intervention+guidelines+for+schools&sourceid=ie7&rls=com.microsoft:en-GB:IE-Address&ie=&oe=&safe=active&gws_rd=ssl>   * The Prevent Duty   <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/439598/prevent-duty-departmental-advice-v6.pdf>   * Link to the Government Prevent guidance:   <https://www.gov.uk/government/publications/prevent-duty-guidance>   * Link to the Government over arching Counter Terrorism strategy   <https://www.gov.uk/government/publications/counter-terrorism-strategy-contest>   * Link to the Department of Education Prevent guidance   [https://www.gov.uk/government/uploads/system/uploads/attachment\_data/file/439598/prevent-duty-departmental-advice-v6.pd](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/439598/prevent-duty-departmental-advice-v6.pdf) |
|  |

1. **Staff Health Warning**

|  |
| --- |
| Health Warning – Safeguarding children can be emotionally demanding.  Staff should discuss any concerns with their Line Manager and make use of other support in your agency (SCC Confidential Employee Assistance Programme 0800 243458).  This policy is part of the pack of Startpoint Sholing Policies and Procedures which include Domestic Violence, Whistle Blowing, Mobile Phones, Cameras, Complaints and Compliments procedures. |

**Appendix 1 Safeguarding Incident Form**

**STRICTLY PRIVATE AND CONFIDENTIAL**

|  |
| --- |
| Child’s Name: |
| Child’s Date of Birth: |
| Name of Parents/Carers: |
| Date: Time: |
| Description of incident including account of allegation made, verbal and non-verbal communication: |

Name/role:…………………………………….....Date ……….

Signature…………………………………………Date……….

Name ………………………………………….Date……….

Signature………………………………………...Date……….

(Line Manager or Safeguarding Lead)

**Appendix 2**

Incident/Concern reported to Southampton Children’s Advice and Duty Service

023 80832300

Out of Hours 03000 51 91 91

es

023 80832300

BRAG rated on Urgency

Setting disagrees with rating or is unhappy about the way team dealt with the referral or a decision in a Child protection Case Conference

DSL in setting makes a note on Child’s file and raises concern with EY&CC Team –

Dev Worker/Quality Advisor

Dev Worker/Quality Advisor raises concern with EY&CC Team DSL

EY&CC DSL speaks to Southampton Children’s Advice and Duty Service Manager for further clarification about the decision that was made

Setting still not happy? Use SCC complaints Procedures – [complaints@southampton.gov.uk](mailto:complaints@southampton.gov.uk) Tel: 023 80833154

Setting continues to collate further evidence to strengthen another Referral

Setting to make further referral to Southampton Children’s Advice and Duty Service

**Early Years and Childcare Safeguarding Children**

**Setting/Childminder – ‘Escalating the Concern’**

If a Child/Family is **not** already open to Social Care

If a Child/Family is open to Social Care

Incident/Concern reported to named Social Worker

DSL speaks to the Team Manager of the named Social Worker for further clarification about the decision that was made

Setting to make further referral to named Social Worker

**Appendix 3 Child Protection Conference Report Form**

|  |
| --- |
| **Child’s Full Name** |
| **Age & Date of Birth** |
| **Address** |
|  |
| **Report author: Date:** |
|  |
| **Brief family history/background** |
|  |
|  |
|  |
| **Involvement of Early Years** |
|  |
|  |
|  |
|  |
|  |
| **Any safeguarding concerns** |
|  |
|  |
|  |
|  |
| **Families view of highlighted concerns** |
|  |
|  |
|  |
|  |
| **Future Early Years involvement (to address concerns/offer support/as part of a CIN or CP Plan)** |
|  |
|  |
|  |
| **Any other information** |
|  |
|  |

**Professionals Signature**

**Date**

**Parents Signature**

**Date**

Reviewed by Early Years and Childcare Team: July 2019

Approved by: Anne Downie

Early Years and Childcare Manager

Date: