Compton Pre-school: Safeguarding Policy/Procedures and Child Protection

**SDSO: Mrs Sharon Matthews DDSO: Mrs Samantha Matthews**

(Senior Designated Safeguarding Officer) (Deputy Designated Safeguarding Officer)

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At Compton Pre-school we are fully committed to supporting and enabling all children to achieve their full potential.

Compton Pre-school has a legal obligation to work with other agencies to protect children from harm. This policy has been written with due regard for the DFE statutory guidance ‘Working Together to Safeguard Children’ (September 2018, updated December 2020) and Prevent 2015. It is reviewed annually by Sharon Matthews and all staff.

We recognise our moral and statutory responsibility to safeguard all our children. We provide a safe and welcoming environment where all children are respected and valued. We are alert to the signs of abuse and neglect and follow our procedures to ensure that children receive effective support, protection and justice. The procedures contained in this policy apply to all staff whether temporary or permanent and volunteers.

Compton Pre-school will adhere to current statutory guidance when dealing with allegations of abuse. Any action taken will be with the knowledge and agreement of the LADO (Local Authority Designated Officer). If serious harm is suspected, the police and LADO will be informed from the outset. If there is suspicion of FGM (female genital mutilation) police will be the first point of contact.

**Compton Pre-school safeguarding commitments**

* To endeavour to promote the wellbeing of all children.
* To take our responsibilities seriously.
* To monitor the wellbeing of all children.
* To encourage effective information sharing protocols.
* To work within the South West Child Protection Procedures.
* To follow the H.M. Government advice ‘What to do if you’re worried a child is being abused’ 2015
* To provide a caring, positive, safe and stimulating environment.
* To employ safer recruitment practices.
* To take any allegations made about a practitioner seriously.
* To adhere to the Data Protection Act.
* To work within the Statutory Framework for Early Years (EYFS).
* The DSO and DDSO have undertaken child protection training and attend safeguarding courses regularly. All members of staff are encouraged to attend safeguarding training.
* To ensure that childrens’ safeguarding records are kept in chronological order.
* To ensure that our care takes into consideration children’s cultural, religious, ethnic and racial origins.
* In the event that neither the SDSO or DDSO are available, the deputy manager, Chloe Warren will assume the duties of safeguarding officer.
* Our policies will be available on request and at all times via our website.
* Prevent Duty: all staff have completed the online channel awareness course.
* CARA: all staff are aware of the CARA (child at risk alert) procedures.

**Meeting Ofsted requirements.**

As an Ofsted registered provider, we offer a caring, learning environment which meets the requirements of the Early Years Foundation Stage (EYFS). We meet statutory requirements, which are subject to inspection by Ofsted. Ofsted can take enforcement action if any of these requirements are not met. This includes our duty to safeguard and promote the welfare of children

**Promoting partnership with parents.**

We make parents aware of our responsibilities regarding safeguarding and have a copy of this policy available to all, both on the website and as a paper copy. We inform parents about the SDSO and DDSO and the names of these staff members are displayed on our notice board. We respect that parents/carers have the most extensive knowledge of their children and ask them to share any relevant information which may have an impact on their wellbeing. If external support is required, parents will be asked to consent to the completion an Early Help Assessment Tool (EHAT).

We recognise that information gathered may be of a sensitive nature and endeavour to observe confidentiality. We do, however, have a duty to share concerns relating to child protection with relevant agencies, including childrens’ social care and the police. In all instances the protection of the child will take precedence over any issues regarding confidentiality. We will endeavour to inform parents of any concerns, however, if we feel that this may place the child at risk of harm, we will share this information without consent.

**Adopting safer recruitment practices.**

Most of the staff at Compton Pre-school have been employed for ten years or more. The relevant people are aware of our recruitment policy and disclosure procedures and these clearly outline the steps followed and checks undertaken when employing staff or recruiting volunteers. We take appropriate steps to ensure that all practitioners continue to be suitable to work with children and place a duty on each individual to notify the setting immediately of any changes which could affect this. All practitioners are provided with a copy of the safeguarding policy, which they sign to acknowledge their agreement with the disclosure procedures contained within. New practitioners also receive this information, along with the name of the SDSO, as part of their induction. This occurs before employment begins. All staff are DBS checked.

**Adopting safer working practices.**

Compton Pre-school aims to ensure that all practitioners are competent, confident and safe to work with children. We encourage practitioners to act professionally and responsibly at all times. We promote safer working practices which increase the self-awareness of all staff and encourages them to avoid situations that may leave them vulnerable to accusations being made against them or are open to misinterpretation. Examples of inappropriate behaviour would include harassment, victimisation, breaking confidentiality and other safeguarding concerns.

**Ensuring all practitioners receive appropriate safeguarding training.**

We provide all practitioners with regular training to ensure that they develop their understanding of the signs and indicators of abuse. We ensure that all staff know how to respond to a child who discloses information and can follow the appropriate procedures when sharing a concern of possible abuse, such as reporting any concerns to the SDSO or DDSO. We ensure that in all external training the access meets the requirements of the Plymouth Safeguarding Children’s Board. All practitioners update their training at least every three years.

**Signs and symptoms of abuse.**

**Recognising abuse.**

To ensure that children are protected from harm, staff must understand what types of behaviour constitute abuse and neglect. Abuse and neglect are forms of maltreatment. Somebody may abuse or neglect a child by inflicting harm, for example by hitting them, or by failing to act to prevent harm, for example by leaving a small child home alone, or leaving knives or matches within reach of an unattended toddler. While awareness of the categories of abuse is essential, staff should also be aware of other potential safeguarding concerns such as abuse of drugs, alcohol, early sexualisation, potential for sexual abuse or use of sex in a manner likely to cause harm. Loneliness is also recognised as an indication of potential harm.

**Listening to pupils and early help.**

It is recognised that these are essential elements to ensuring safeguarding issues do not escalate and are dealt with appropriately. Compton Pre-school has a listening culture and it is important that allegations must be listened to and passed on in accordance with the procedures listed below.

**Categories of abuse.**

There are four categories of abuse: physical abuse, emotional abuse, sexual abuse and neglect.

**Physical abuse.**

Physical abuse is a form of abuse that may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child. (This used to be called Munchausen’s Syndrome by Proxy, but is now more commonly referred to as fabricated or induced illness).

**Emotional abuse.**

Emotional abuse is the persistent emotional maltreatment of a child as to cause severe and persistent adverse effects on the child’s emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or ‘making fun’ of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child’s developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social situations. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

Children suffering from emotional abuse may:

* Display excessive behaviour, such as extreme aggression, passivity or become overly demanding.
* Self-harm, for instance by scratching or cutting themselves.
* Be inappropriately adult or infantile.
* Persistently (talk about) run away from home.
* Show high levels of anxiety, unhappiness or withdrawal

**Sexual abuse.**

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non- penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Sexual abuse including CSE (Child Sexual Exploitation) might result in:

* Difficulty walking or sitting.
* Pain/itching/bleeding/bruising/discharge to the genital area/anus.
* Urinary infections/sexually transmitted diseases.
* Persistent sore throats.
* Eating disorders.
* Self-mutilation.
* Refusal to participate in physical activities.
* Exhibiting an inappropriate sexual knowledge for their age.
* Exhibiting sexualised behaviour in their play or with other children.
* Lack of peer relationships, sleep disturbances, acute anxiety/fear.
* School refusal, running away from home.

A girl (or woman) who has had FGM (female genital mutilation) may:

* Have difficulty walking, sitting or standing.
* Spend longer than normal in the bathroom or toilet.
* Have unusual behaviour after an absence from school.
* Be particularly reluctant to undergo normal medical examinations
* Ask for help, but may not be explicit about the problem due to embarrassment or fear.
* NB: Staff with concerns regarding FGM have a legal responsibility to report this directly to the police via 999.

**Neglect**

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

1. Provide adequate food, clothing and shelter (including exclusion from home or abandonment).
2. Protect a child from physical and emotional harm or danger.
3. Ensure adequate supervision (including the use of inadequate care-givers).
4. Ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs.

**Children suffering from neglect may:**

* Have frequent absenteeism from school.
* Beg or steal money or food.
* Lack needed medical or dental care, immunisations or glasses.
* Lack appropriate clothing, e.g. for weather conditions, shoes are too small, ill-fitted clothes.
* Have clothes that are consistently dirty.
* Have teeth that are dirty, hair quality is poor and contains infestations.
* Have hands which are cold, red and swollen.
* Have a parent or adult caregiver who has failed to protect a child from physical harm or danger.

The Parent or Adult Caregiver:

* Denies existence of, or blames the child, for the child’s problems at home or in pre-school.
* Sees and describes the child as entirely worthless, burdensome or in another negative light.
* Unrealistic expectations of the child. i.e. demands a level of academic or physical performance which they are not capable of achieving.
* Offers conflicting or unconvincing explanation of any injuries to the child.
* Appears indifferent to or overtly rejects the child.
* Refuses offers of help for the child’s problems.
* Isolated physically/emotionally. Running away or going missing.

**Additional Abuse and Neglect Categories:**

Consideration should also be given to the categories of abuse for which additional government advice, information and support can be found at GOV.UK. These include: domestic violence, child sexual exploitation (CSE), fabricated or induced illness, faith abuse, gender-based violence/violence against women and girls (VAWG), honour based violence (HBV), forced marriage and susceptibility to gangs and gang violence.

**Safeguarding pupils who are vulnerable to extremism.**

Since 2010, when the government published the Prevent Strategy, there has been an awareness of the specific need to safeguard children, young people and families from violent extremism. There have been several occasions nationally in which extremist groups have attempted to radicalise vulnerable children and young people to hold extreme views including political, religious, sexist or racist violence, or to steer them into a rigid and narrow ideology that is intolerant of diversity and leaves them vulnerable to future radicalisation.

**Indicators of vulnerability to radicalisation**

* Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism.
* There is no single way to identify if a young person is at risk.
* Small changes in behaviour might indicate that there are concerns about their wellbeing.
* Even young children might show signs of radicalisation.
* Look for breaks away from family or local community.
* Using extremist narrative.

**Information on so-called ‘honour based’ violence (HBV)**

So-called ‘honour-based’ violence (HBV) encompasses crimes which have been committed to protect or defend the honour of the family and/or the community, including Female Genital Mutilation (FGM), forced marriage and practices such as breast ironing. All forms of so-called HBV are abuse (regardless of the motivation) and should be handled and escalated as such. If in any doubt, staff should speak to the designated safeguarding lead. Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a child being at risk of HBV, of already having suffered HBV.

If staff have a concern regarding a child who might be at risk of HBV they should activate local safeguarding procedures, using existing national and local protocols for multi-agency liaison with police and children’s social care. Where FGM has taken place, since 31st October 2015, there has been a mandatory reporting duty that requires a different approach.

FGM mandatory reporting duty.

FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs. It is illegal in the UK and a form of child abuse with long-lasting harmful consequences. If you have any concerns regarding this issue, please visit the ‘Southwest Grid for Learning’ website.

**All child protection concerns need to be acted on within 24 hours**

If you are concerned about a child’s welfare:

There will be occasions when staff may suspect that a pupil may be at risk, but have no ‘real’ evidence. The child’s behaviour may have changed, their play could be bizarre, inconclusive physical signs may have been noticed.

In these circumstances, staff will try to give the child the opportunity to talk. The signs they have noticed may be due to a variety of factors, for example, a parent has moved out, a pet has died, a grandparent is very ill. It is fine for staff to ask the child if they are OK or if they can help in any way.

Staff should make a written note to record these early concerns. If the child does begin to reveal that they are being harmed, staff should follow the advice below. Following an initial conversation with the child, and if the member of staff remains concerned, they should discuss their concerns with the SDSO or DDSO.

If a child discloses to you:

It takes a lot of courage for a child to disclose that they are being abused. They may feel ashamed, particularly if the abuse is sexual; their abuser may have threatened what will happen if they tell; they may have lost all trust in adults; or they may believe, or have been told, that the abuse is their own fault.

If a child tells a member of staff about any risks to their safety or wellbeing, the staff member will need to let them know that thy must pass the information on - staff are not allowed to keep secrets. The point at which they tell the child is a matter for professional judgement. If they jump in immediately the child may think that they do not want to listen, if left until the very end of the conversation, the child may feel that they have been misled into revealing more than they would have otherwise.

During the conversation with the child the staff will:

* Allow them to speak freely.
* Remain calm and not overreact – the child may stop talking if they feel they are upsetting their listener.
* Give reassuring nods or words of comfort.
* Not be afraid of silences.
* Under **no circumstances** ask investigative questions, such as how many times this has happened, whether it happens to siblings too, what do other relatives think about this. If there is a need to clarify any statements made by the child, TED questions may be used (tell me, describe, explain).
* At an appropriate time tell the child that in order to help them, the member of staff must pass the information on.
* Do not automatically offer any physical touch to comfort. It may be anything but comforting to a child who has been physically abused.
* Avoid admonishing the child for not disclosing earlier.
* Tell the child what will happen next. The child may agree to go and see the SDSO, otherwise let them know that someone will come to see them before the end of the day.
* Report verbally to the SDSO or DDSO.
* Write up their conversation as soon as possible and hand it to the SDSO/DDSO.
* Seek support if the child feels distressed.
* Seek support if they (i.e. the practitioner) feel distressed.

**Notifying parents**

Compton Pre-school will normally seek to discuss any concerns about a child with their parents. This will be handled sensitively and the SDSO/DDSO will make contact with the parents in the event of a concern, suspicion or disclosure. However, if the Pre-school believes that notifying parents could increase the risk to the child or exacerbate the problem, advice will be sought from the GATEWAY.

In the case of ‘looked after children’, the manager ensures that all staff have the skills, knowledge and understanding necessary to keep these children safe. Staff should have the information they need about the child’s status, contact arrangements with parents, care arrangements and delegated authority to carers and information available to the SDSO/DDSO

**Enquiry to MASH**

The SDSO/DDSO will make an enquiry to MASH if it is believed that a child is suffering or is at risk of suffering significant harm. The child (subject to their age and understanding) and the parents will be told that a referral is being made, unless to do so would increase the risk to the child. **However, please note that MASH can be contacted by anyone who has a concern about a child, the number for MASH is 01752 668000. Out of hours the number is 01752 346984.**

**For non-urgent advice and guidance MASH can also be contacted at mash@plymouth.gov.uk**

**Confidentiality and information sharing**

All staff will understand that child protection issues warrant a high level of confidentiality, not only out of respect for the children and staff involved, but also to ensure that being released into the public domain does not compromise evidence.

Staff should only discuss concerns with the SDSO/DDSO. That person will then decide who else neds to have the information and they will disseminate it on a ‘need-to-know’ basis.

Child protection information will be stored and handled in line with the Data Protection Act 2018 principles and will be stored separately from the child’s pre-school file.

Information is:

* Processed for limited purposes.
* Adequate, relevant and not excessive.
* Accurate.
* Kept no longer than necessary.
* Secure.

Safeguarding records and other written information are stored in a locked facility in the office. All relevant paperwork e.g. record forms, body maps, chronologies etc. are kept locked away. Every effort will be made to prevent unauthorised access, and sensitive information should not be stored on laptop computers which, by the nature of their portability, could be lost or stolen.

Child protection records are normally exempt from the disclosure provisions of the GDPR/Data Protection Act, which means that children and parents do not have an automatic right to see them. If any member of staff receives a request from a child or parent to see child protection records, they will refer the request to the manager, who will seek advice from the LADO.

The GDPR/Data Protection Act does not prevent Pre-school staff from sharing information with relevant agencies, where that information may help to protect a child.

Please also refer to Compton Preschool information sharing policy.

**Record keeping**

The safeguarding/child protection file will contain the following:

A record of the child’s core data chronology: a log of day-to-day contacts with social care and other agencies, listing dates, times and conversations. Safeguarding records include:

* Date (including year) and time of the event/concern.
* The nature of the concern raised.
* The action taken and by whom.
* Outcome of any action.
* Name and position of the person making the record.
* Details of meetings with parents/carers, professionals, pre-school staff.
* Reports of meetings.
* A log of contact with parents – this is particularly important when seeking permission from a parent for a referral to take place – failure to contact a parent should not preclude contacting social care where you have concerns.

Informal notes can be requested as evidence and whatever is written may at some point be viewed by another audience. Objectivity and professionalism will always be kept in mind when recording.

In the case of disclosure, the record will include:

* As full an account as possible of what the child said.
* An account of questions put to the child.
* Time and place of disclosure.
* Who was present at the time of disclosure?
* The demeanour of the child; where the child was taken and where returned to at the end of disclosure.

**Transition**

Where children leave Compton Pre-school, we will ensure that their child protection file is sent to the new establishment as soon as possible but transferred separately from any other transfer information.

**Holiday Club**

When holiday club is provided by Compton Pre-school, safeguarding policies and procedures apply.

As an employer, Compton Pre-school (Sharon Matthews) has a duty of care to its employees. It should ensure that it provides effective support for anyone facing an allegation and provide the employee with a named contact if they are suspended. Any allegation of abuse made against a member of staff or volunteer at Compton will be dealt with very quickly, in a fair and consistent way that provides effective protection for the child and at the same time supports the person who is the subject of the allegation.

The following definitions should be used when determining the outcome of allegation investigations:

* **Substantiated:** there is sufficient evidence to prove the allegation;
* **Malicious:** there is sufficient evidence to disprove the allegation and there has been a deliberate act to deceive;
* **False:** there is sufficient evidence to disprove the allegation;
* **Unsubstantiated:** there is insufficient evidence to either prove or disprove the allegation. The term, therefore, does not imply guilt or innocence.

**Promoting positive behaviour management procedures.**

We ensure that all practitioners are aware of appropriate behaviour management techniques and will only use physical intervention to prevent personal injury to a child, other children, and/or adult; or in what would reasonably be considered exceptional circumstances. Where physical intervention cannot be avoided, we ensure that minimal force is used, which is applied for the shortest possible period and in such a way that the child’s safety and dignity is protected at all times. We log all incidents in the incident book, which are shared with and signed by the parents/carers on the day of occurrence. We do not use or threaten corporal punishment which could have an adverse effect on the child’s wellbeing. All staff are currently undertaking an online safer handling course (Summer 2022).

**Ensuring electronic safety and security.**

We may take photographs of children to record their learning and development and to provide a diary of the various activities we undertake. Photographs of the children in small groups together may be placed on TAPESTRY and therefore may be seen by another parent. We request the permission of parent/carers for the taking of such photographs, which are used for professional purposes only. We will safeguard the privacy, dignity, safety and wellbeing of the children at all times when taking photographs and will only take them if the children and parents/carers are happy for us to do so. Parents/carers are asked to sign the relevant parts of the registration form when children first attend pre-school. Children’s full names are never used.

We recognise that many people have mobile phones which can be used to take photos, record videos or share images of children. We DO NOT permit any practitioner to take photographs, record videos or share images of children electronically on their mobile phones, or any other personal equipment (including smart watches). Practitioners are not permitted to take photographs of children for their own personal use. Staff mobiles are to be stored in the office during working hours and any calls must be made/taken there.

We also ensure that all photographs taken are stored safely and disposed of securely. We remove all photographs from the camera memory card once they have been used and we do not allow practitioners to use the work camera for personal photos.

We encourage children to access computers within our setting and we adhere to an e-safety policy.

**Role and responsibilities of the Senior Designated Safeguarding Officer (SDOS):**

Sharon Matthews (SDSO) has undertaken the Plymouth Safeguarding Children Board ‘Understanding Child Protection’ level 2 training course and attends up-dates at least once every 3 years. Sam Matthews (DDSO) has also undertaken the relevant training and is briefed in the roles and responsibilities of the SDSO. Sam will act in the Sharon’s absence or in circumstances where an allegation is made against her.

The SDSO is a senior member of the team who is responsible for:

* Acting as a key point of contact for practitioners and parents to discuss concerns and to offer them information, advice and assistance.
* Co-ordinating and managing all responses to disclosures and other child protection issues.
* Making referrals.
* Dealing with allegations of abuse against staff members.
* Liaising with other agencies and professionals and attending relevant meetings.
* Seeking parental permission to discuss a referral about their child with other agencies unless this may itself place the child at increased risk of harm.
* Keeping and maintaining appropriate confidential, accurate, up-to-date records and ensuring effective information sharing protocols are observed, subject to confidentiality and data protection issues.
* Training and updating the safeguarding policy and disclosure procedure and sharing such information with practitioners and parents.
* Keeping their knowledge up to date to enable them to effectively fulfil their role, include attending relevant training provided by the PSCB and/or Plymouth City Council.

**Managing Allegations:**

* If a volunteer or member of staff is accused of any form of child abuse, the SDSO will notify the LADO immediately. If they are not available, the DDSO will be take charge. If the allegation is against one of the child protection officers only one child protection officer will be involved.
* The SDSO/DDSO will consider whether the allegation suggests that the individual has:

-behaved in a way that has, or may have harmed the child

-possibly committed a criminal offence against or related to the child

-behaved in a way that indicates that he/she is unsuitable to work with children

* The person accused may choose a friend or colleague to be present at the interview.
* The interview will usually be conducted by the manager, however, if the allegation is against them, another appropriate person may conduct the interview.
* If it appears that there is any possibility of a criminal offence having taken place, the police will be involved immediately.
* Suspension will be considered in all incidences where allegations have been made against a member of staff. However, suspension is not automatic, but is based on level of risk.
* Ofsted will be informed of any allegations.
* Confidential records will be kept of the allegation and all subsequent proceedings.

**If we have immediate concerns and are not sure what to do about an individual working with children, we will seek URGENT advice from one of the following:**

MASH 01752 668000

Police 101 (non emergency) or 999

Ofsted 03001231231

NSPCC Helpline/Child Protection 08088005000

Police Local Safeguarding team 01752 487590

Plymouth out of hours service 01752 346984

Please also see the document ‘Dealing With Allegations Against Adults That Work With Children’.

**Process for professional resolution and escalation of concerns**

The process for resolution and escalation is outlined below in three stages. Although the process can take up to 6 steps, it is expected that the majority of disagreements will be resolved prior to initiating step 4.

**Stage 1: Professional resolution**

**Step 1: Identifying the concern**

The first step of the resolution process is to identify the concern or reason for disagreement. This will include recognition that there is a disagreement over a significant issue which impacts on the safety and welfare of a child and identification of the problem and what needs to be achieved to resolve it.

**Step 2: Initial discussion of the concern.**

Staff should raise the matter with their fellow professional, either verbally or in writing. Time should be taken to resolve the problem unless the child is at immediate risk of harm, in which case discussion will take place to ensure that action is taken to immediately protect the child. It should be recognised that differences in professional status and/or experience may affect the confidence of some workers to pursue this without support. It is likely that the practitioner will have sought advice from their manager but attempts to resolve the disagreement have yet to be made by the manager.

**Stage 2: Professional Escalation**

**Step 3: Raising the concern with management**

If unresolved, the concern/disagreement should be referred to the manager or SDSO/DDSO, who will discuss the matter with their equivalent manager in another agency. Records of this should be kept by all agencies. If the problem remains unresolved, the manager will refer to a more senior manager within Plymouth Early Years. Disagreements between professionals should be recorded on the child’s file.

**Step 4: Seeking advice from the Safeguarding and Review Unit and/or Designated Safeguarding Professionals**

During efforts to resolve the matter of concern it may be appropriate to seek advice from the above organisation/individuals. In some circumstances, it may be appropriate for a relevant professional to attempt to mediate in the matter.

**Stage 3: Professional Mediation**

**Step 5: Referring the concern to the Head of Safeguarding**

If the matter cannot be resolved at stage 2 contact must be made with the Head of Safeguarding & Review or the Quality & Performance Manager, who will attempt to resolve the situation. In situations where the dispute relates to whether or not to convene an Initial Child Protection Conference, the conflict resolution procedure contained within section 17, Child Protection Conferences will be initiated. An Escalation Notice MUST be completed at this point by the SDSO.

**Step 6: Referring the disagreement to the Chair of DSCB**

If the matter is still unresolved, consideration will be given to referring the matter to the Chair of DSCB, who will consider whether the matter can be resolved through mediation or should be considered by a DSCB Resolution Panel. Mediation will be offered as soon as possible, taking into account the potential impact on the child or young person. The decision reached in mediation is final and binding on the agencies concerned, taking into account any limitations imposed on the Chair by legislation and statutory guidance. In more complex cases, a DSCB Resolution Panel will meet. The panel must consist of representatives of at least three agencies who are members of DSCB, to include those agencies involved in the dispute. The panel will receive representation from those involved in the dispute and make a decision as to the next course of action.

If staff feel unhappy about decisions made by the SDSO/DDSO, they are able to contact GATEWAY directly for advice.

If you are concerned that a member of staff or adult in a position of trust poses a danger to a child or young person or that they might be abusing a child or young person you should report your concerns to the SDSD. Where those concerns relate to the SDSO however, the GATEWAY should be contacted.

The designated LADO, must be contacted before a member of staff is notified of an allegation.

Contacting the Local Authority Designated Officer

The Plymouth Lead LADO Jane Parmenter can be contacted in Children’s Social Care on Plymouth 01752 304769 or email [**LADO@plymouth.gov.uk**](mailto:LADO@plymouth.gov.uk)**.**

LADO enquiries and/or concerns can also be managed by colleagues in the Safeguarding & Quality Assurance Team  within Children’s Social Care (01752 306340). For advice and guidance ‘out of normal office hours’ (9am to 5pm Monday to Friday) please contact the Plymouth Out of Hours Service on 01752 346984

Date: 112.5.23

Review date: May ‘24

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (SDSO)

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STAFF

Name Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date