

Safeguarding Policy

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Designated Safeguarding person (DSP) is **Leanne Moriarty** Brookside Preschool manager is **Michelle Hughes**

1. Introduction to Brookside Pre-school's safeguarding children policy

At Brookside pre-school our aim is to keep the needs and best interests of children at the centre of everything we do. Everyone has a responsibility to promote the welfare of all children and young people, to keep them safe and to practise in a way that protects them, all staff and volunteers are expected to share this commitment.

All children have the right to be treated with respect, helped to thrive and to be safe from any abuse in whatever form.

Our provision has a robust safeguarding culture embedded into everyday practice. We aim to give a clear message to employees and volunteers right from the recruitment stage that strong safeguarding procedures are part of everything we do.

Section 11 of the Children Act (2004) places a statutory duty on organisations providing services for children and families to work together to safeguard and promote the welfare of all children. The child Act (2004) has informed many later safeguarding Acts and legislation.

This policy has been written in compliance with the Early Years Foundation Stage (2023) and the legislation listed below. Our procedures reflect the guidance and procedures of Stockport Safeguarding Children Partnership (SSCP)

Children Act (2004/1989)
Working together to safeguard children (2023)
Safeguarding Vulnerable Groups Act (2006)
Section 29 of the Counter-Terrorism and Security Act (2015)
Female Genital Mutilation Act (2003)
Serious Crime (Act 2015)
Prevent Duty Guidance (2023)
United Nations Convention on the Rights of the Child (1992)

This safeguarding policy is not exhaustive of all safeguarding policies and procedures, further information can be read within the following policies on our website:

E-Safety	Medicine	SEND
Social Media	Healthy Living	Missing person

Safer Recruitment	Disciplinary & grievance	Behavior management
Whistle Blowing	Contingency	Sickness & Illness
Complaints	Fire Safety & Emergency evacuation	Confidentiality
Risk Assessment	GDPR	Health & Safety
Nappy Changing & Toileting	Equal Opportunities	Smoke Free Policy

2. What does Safeguarding mean?

Safeguarding is the action that is taken to promote the welfare of children and protect them from harm.

Safeguarding means:

- protecting children from abuse and maltreatment
- preventing harm to children's health or development
- ensuring children grow up with the provision of safe and effective care.
- taking action to enable all children and young people to have the best outcomes.

Child protection is part of the safeguarding process. It focuses on protecting individual children identified as suffering or likely to suffer significant harm. This includes child protection procedures which detail how to respond to concerns about a child (NSPCC 2024)

Our Designated Safeguarding Person (DSP) is **Leanne Moriarty**Brookside Preschool Manager is **Michelle Hughes**

3. As part of our commitment to Safeguarding children all staff, students and volunteers working with children must:

- Recognise, identify, and respond appropriately to signs or disclosures of abuse, neglect and other safeguarding concerns relating to children.
- Give highest priority to children's welfare.
- Follow guidance from the Designated Safeguarding Person (DSP) for the pre-school and the current Stockport Safeguarding Children Partnership (SSCP) procedures to ensure that all allegations or suspicions of abuse or significant harm to any child are reported to the children's social care team.
- Refresh their knowledge to enable them to confidently identify signs of abuse and those at risk of harm.
- Access relevant, up-to-date safeguarding and child protection training which meets the requirements and responsibilities of their role.
- Respond appropriately to allegations against staff, other adults, and against Themselves.
- Follow whistle blowing procedures to respond to concerns about potential. wrongdoing in the pre-school.
- Be aware of the importance of the role of early years services in promoting the welfare of children.

4. We aim to safeguard and promote the welfare of all children in our care by:

4.1 Providing a safe learning environment that builds their confidence and selfesteem:

- Where children's physical safety is protected
- Where children can talk and are listened to
- Where children do not experience bullying, harassment, racism or any other form of discrimination
- Where children's medical and health needs are met

4.2 Providing a positive and preventative curriculum that teaches and supports young children:

- To make good choices about healthy, safe lifestyles
- To ask for help if their health or well-being is threatened, including their emotional wellbeing

4.3 Promoting the fundamental British values of democracy, rule of law, individual liberty, mutual respect, and tolerance by:

- Encouraging children to know that their views count, to value each other's views and values and to talk about their feelings
- Providing activities that involve turn-taking, sharing and collaboration
- Supporting children to understand their own and others' behaviour and its consequences and to learn to distinguish right from wrong
- Providing activities that involve children in creating rules and codes of behaviour and developing understanding that the rules apply to everyone
- Actively promoting a culture of inclusivity and tolerance where views, faiths, cultures and races are valued, and children are engaged with the wider community
- Promoting diverse attitudes and challenging stereotypes by providing resources and activities that reflect and value the diversity of children's experiences and challenge gender, cultural and racial stereotyping

4.4 Working in partnership with mothers, fathers, and carers:

- We are committed to developing and maintaining an honest and open relationship with mothers, fathers, and carers
- We are committed to involving mothers, fathers, and carers at all stages of a child's care and learning
- Mothers, fathers, and carers understand our setting's safeguarding responsibilities and how we will implement them

4.5 Working in an inclusive way that helps every child:

- To feel accepted and included
- To develop confidence and self-esteem and fulfil their potential
- To receive an equal service regardless of their needs and circumstances

4.6 Working in an integrated way with other agencies that maximises opportunities for:

- Early identification of additional needs, early intervention, and prevention
- Speedy intervention based on multi-agency co-operation
- Common methods of sharing information and assessing need e.g. use of the Stockport Multiagency assessment of level of need, Team around the early years, Early help assessment, Information Sharing advice and the Lead Professional role

 Resolving professional disagreements with other agencies in a constructive and timely fashion

4.7 Having up-to-date safeguarding policies, procedures, and guidance:

- Based on current national statutory guidance, Stockport Safeguarding Children Partnership (SSCP) Procedures and the Early Years Foundation Stage Welfare Requirements (2023)
- Easily accessible by all staff and volunteers
- Understood and used by all staff, students, and volunteers
- Reviewed annually or whenever necessary as a result of statutory updates

4.8 Having well trained staff and management who:

- Recognise their individual responsibilities to safeguard and promote the welfare of all children in their care
- Receive training and supervision appropriate to their level of responsibility
- Are clear and confident about what is expected of them
- Ask for advice and support to act on safeguarding concerns and take appropriate action

5. What is abuse?

Child abuse happens when a person – adult or child – harms a child. It can be physical, sexual, or emotional, but can also involve a lack of love, care, and attention. Neglect can be just as damaging to a child as physical or sexual abuse.

Children may be abused by:

- family members including siblings
- friends of the family, peers.
- people working or volunteering in organisational or community settings
- people they know
- or, much less commonly, by strangers.

https://www.nspcc.org.uk/ (2024)

Staff, students and volunteers may become aware of child protection concerns in the course of their work from a number of routes raised by the child themselves, through direct activity and observation or alleged by others.

6. Step-by-step procedure for dealing with a safeguarding concern (where child has or is likely to suffer significant harm)

Step 1- Stop all other activities and focus on what you have seen or are being told. Responding to suspicion of abuse takes immediate priority. (Take action to obtain urgent medical attention for the child, if required)

Step 2- Note what you have witnessed or what the child tells you and how they behave using 'Record of concern' form. Use a body map if this is helpful, but do not take photographs. Notes should be dated and signed by the staff member completing them.

Step 3- So long as it does not put the child at increased risk, ask the mother and father / carer about what you have observed. If it is decided you are not going to discuss your concerns with

the child's parent, you must record this and the reasons why you made that judgement on a 'Record of Concern' form.

Step 4 – Discuss with the DSP or Manager and pass on the record of concern. The DSP will make a decision on the level of concern/risk and the action to take with the help of Stockport's Multi Agency Guidance on Levels of Need http://www.safeguardingchildreninstockport.org.uk/wp-content/uploads/2017/04/Stockport-Multi-Agency-Guidance-on-Levels-of-Need.pdf

Step 5.1 - If a child is at **immediate risk of harm call the Police on 999**.

If it's our professional judgement that the MASSH require this information immediately as the child has suffered significant harm or is at risk of immediate harm the DSP or most senior member of staff should call **0161 217 6028**, select option **1**. For out-of-hours emergencies call **0161 718 2118**.

After a discussion with the MASSH or Out of Hours service you may be advised to complete an online referral form.

The DSP, their deputy, or most senior member of staff should also seek advice from the MASSH team regarding reporting the matter to the police and Ofsted.

Step 5.2- The best way to contact MASSH is through the online form accessed at https://www.stockport.gov.uk/contacting-the-massh so all the information they need can be gathered, however, you can also contact them on **0161 217 6028**.

- select **option 1** to tell them about a concern about a child's welfare.
- select option 2 to request support for a child, make a referral to Emotional Wellbeing Hub or SEND Hub, request advice about making a referral or request advice about a child you are working with.
- If after obtaining advice from MASSH it is decided that the incident does not need to be taken further, you may be asked to refer to their online form.
- It is the responsibility of Brookside Pre-school to share all relevant information with the respective statutory child protection agencies Multi Agency Safeguarding and support hub (MASSH) and/or police without delay and within agreed protocols.
- All safeguarding documents must be kept in a sealed envelope marked with confidential.

7. Types of abuse and our procedures for dealing with different safeguarding concerns

The following chart identifies some possible manifestations of child abuse; however, these lists are not exhaustive.

Physical abuse	signs and symptoms	
Physical abuse happens when a child is deliberately hurt, causing injuries such as cuts, bruises, burns and broken bones. It can involve hitting, kicking, shaking, throwing, poisoning, burning, breast ironing or suffocating. It's also	 Bruises bruises on the cheeks, ears, palms, arms, and feet bruises on the back, buttocks, tummy, hips, and backs of legs multiple bruises in clusters, usually on the upper arms or outer thighs 	

physical abuse if a parent or carer makes up or	•	bruising which looks like it has been caused by fingers, a hand, or
causes the symptoms of illness in children.		an object, like a belt or shoe.
	•	large oval-shaped bite marks.
	•	Burns or scalds.
	•	any burns which have a clear shape of an object, for example
		cigarette burns
	•	burns to the backs of hands, feet, legs, genitals, or buttocks.
	•	burns to the backs of hands, feet, legs, genitals, or buttocks.

Procedure:

- All signs of marks/injuries noticed on a child upon arrival will be recorded immediately on a pre-existing injury form and signed by parents. The incident will be discussed parent/carer at the earliest opportunity (when signing form).
- If there appears to be any queries or concerns regarding the injury or explanation, the practitioner will follow our step-by-step procedure for reporting safeguarding concerns as explained in section 6 of this policy.
- If required seek immediate medical treatment or advice.
- If a disclosure or observation indicates that a child may be at risk of immediate/significant harm, then in this instance a discussion with parents should not take place. The DSL will contact the MASSH team for advice on the action to take.

Emotional abuse	abuse signs and
	symptoms
Emotional abuse is persistent, and, over time, it severely damages a child's emotional health and development. It involves: • humiliating, putting down or constantly criticising a child • shouting at or threatening a child or calling them names • mocking a child or making them perform degrading acts • constantly blaming or scapegoating a child for things which are not their fault • not allowing them to have friends or develop socially • pushing a child too hard or not recognising their limitations • manipulating a child • exposing a child to distressing events or interactions such as drug taking, heavy drinking or domestic abuse • persistently ignoring them • being cold and emotionally unavailable during interactions with a child • never saying anything kind, positive or encouraging to a child and failing to praise their achievements and successes.	Be alert to behaviours which appear to be out of character for the individual child or are particularly unusual for their stage of development. Pre-school children who are being emotionally abused may: • be overly affectionate towards strangers or people they haven't known for very long. • not appear to have a close relationship with their parent, for example when being taken to or collected from nursery. • lack confidence or become wary or anxious. • be unable to play. • be aggressive or nasty towards other children and animals.

Procedure:

 The observed instances will be detailed in a confidential 'note of concern' and the practitioner and DSP will follow our step-by-step procedure for reporting safeguarding concerns as explained in section 6 of this policy.

Neglect	signs and symptoms
Neglect is persistently failing to meet a child's basic physical and/or psychological needs usually resulting in serious damage to their health and development. Neglect may involve a parent's or carer's failure to:	 children who appear hungry or try to steal food. children who appear dirty or smelly and whose clothes are unwashed or inadequate for the weather conditions. children who are left alone or unsupervised. children who fail to thrive or who have untreated injuries, health, or dental problems.

- provide adequate food, clothing, or shelter
- lack of supervision or keep them safe from harm or danger
- make sure the child receives appropriate health and/or dental care
- make sure the child receives a suitable education
- meet the child's basic emotional needs
- children with poor language, communication, or social skills for their stage of development
- children who live in an unsuitable home environment, for example the house is very dirty and unsafe, perhaps with evidence of substance misuse or violence.

Procedure:

- The observed instances will be detailed in a confidential 'note of concern' form and the practitioner and DSP will follow our step-by-step procedure for reporting safeguarding concerns as explained in section 6 of this policy.
- The DSP may discuss the concerns with the parents and document what was said before evaluating what action needs to be taken.
- For minor/isolated concerns the DSP will make a decision to either keep confidential log/chronology of the note if no further action is deemed necessary or by phoning the MASSH for advice. The MASSH may advise completing an online referral form or completing and Early Help Assessment to identify needs and available support for the family.

Sexual abuse

When a child or young person is sexually abused, they're forced or tricked into sexual activities by an adult or older child. They might not understand that what's happening is abuse or that it's wrong. And they might be afraid to tell someone. Sexual abuse can happen anywhere – and it can happen in person or online.

- sexual touching of any part of a child's body, whether they're clothed or not
- forcing a child to take part in sexual activities or act in a sexually inappropriate way
- making a child undress or touch someone else.
- Non penetrative and penetrative acts (rape)
- exposing or flashing
- Exposing children to pornographic material or exposing a child to sexual acts
- Grooming
- Sexual exploitation
- Female Genital Mutilation
- Sexual harassment
- Rital abuse

signs and symptoms

- Sexually transmitted infections
- Bruises around genital area.
- Bleeding, discharge, pains, or soreness in their genital area
- Severe or constant pain
- Difficulties urinating or incontinence.
- Excessive bleeding
- Genital tissue swelling
- Self-harm.
- Avoiding being alone with or frightened of people or a person they know.
- Inappropriate language or sexual behaviour you wouldn't expect them to know.
- May start being aggressive, withdrawn, clingy, have sleep difficulties and begin bedwetting.

Procedure:

- The observed instances will be detailed in a confidential 'note of concern' form and any
 marks/injuries recorded on a 'Record of Marks observed on a child' form and this will be
 discussed and passed on to the DSP or manager. The practitioner and DSP will follow our
 step-by-step procedure for reporting safeguarding concerns as explained in section 6 of
 this policy.
- The matter must be referred straight to the MASSH hub, firstly by phoning for advice and completing an online form.
- If a disclosure or observation indicates that a child may be at risk of immediate/significant harm, then in this instance a discussion with parents should not take place. The DSL will contact the MASSH team for advice on the action to take.

 See sections below for guidance on dealing with some more specific types of sexual abuse.

Female Genital Mutilation (FGM)	signs and symptoms	
Female genital mutilation (FGM) is a procedure where the female genitals are deliberately cut, injured or changed, but there's no medical reason for this to be done. It's also known as female circumcision or cutting, and by other terms, such as Sunna, gudniin, halalays, tahur, megrez and khitan, among others. FGM is usually carried out on young girls between infancy and the age of 15, most commonly before puberty starts. It's illegal in the UK and is child abuse.	 Repeated infections Bleeding, discharge, cysts or abscesses. Severe or constant pain Difficulties urinating or incontinence, reluctance to go to the bathroom. Genital tissue swelling difficulty walking, standing or sitting. 	 Appear quiet, anxious and depressed. Flashbacks Self harming behaviour Acting differently after an absence from school or college.

Procedure:

- If concerns are raised that a child or young woman may be at risk of or have suffered Female Genital Mutilation (FGM) practitioners must complete a 'record of concern' and pass this information on to the DSL or most senior member of staff.
- In this case the DSP should follow the Stockport Female Genital Mutilation Pathway as set out by GM Policy and Procedures; 4.2 Female Genital Mutilation Multi agency (Dec 2015).
- The DSP should make a referral to Children's Social Care Customer Enquiry and Referral Management Team (CERMT) (0161 217 6028 and emergency out of office hours 0161 718 2118). Children's social care services will assess the risks to the child and take action if necessary.

Forced marriage or honour-based violence	signs and symptoms
Because forced marriage is illegal, it can happen in secret and can also be planned by parents, family or religious leaders. It may involve physical abuse, sexual abuse or emotional abuse.	 Extended periods of absence from education setting. Extended absence for overseas travel Being anxious about school holidays.
Forced marriages happen in many religions and nationalities and can affect both boys and girls.	

Procedure:

- If concerns are raised that a child or young woman may be at risk of or have suffered forced marriage or honour-based violence, practitioners must complete a 'record of concern' and pass this information on to the DSL or most senior member of staff.
- In this case the DSP should contact the **SSCB and Children's Social Care Customer Enquiry and Referral Management Team (CERMT) (0161 217 6028 and emergency out of office hours 0161 718 2118).** Children's social care services will assess the risks to the child and if necessary, call a strategy meeting as soon as feasible and in line with their procedures.
- It is very important that you do not let the child's family or social networks know about your concerns until you have taken advice from children's social care and if necessary Greater Manchester Police.

Radicalisation and extremism	signs and symptoms	

Procedure:

- If you are concerned that a child or young person is at risk of harm from radicalisation or extremism, you should complete a 'record of concern' and discuss this with the DSL who must take the following action.
- The DSP should make a referral to: Stockport Council's Prevent lead: Jon Faulkner on 0161 474 3146 or email: jon.faulkner@stockport.gov.uk Or alternatively Greater Manchester Police Stockport PEO DC Kim Parkinson on 07900 709270 or email: kim.parkinson@gmp.police.uk

Child trafficking and modern slavery	signs and symptoms
Trafficking is where children and young people tricked, forced or persuaded to leave their homes and are moved or transported and then exploited, forced to work or sold. Children are trafficked for:	 spend a lot of time doing household chores rarely leave their house or have no time for playing living apart from their family live in low-standard accommodation. not be registered with a GP practice.
Sexual exploitation	 have money or things you wouldn't expect them to not understand what's happened to them is abuse
benefit fraud	- especially if they've been groomed.
forced marriage	 believe they're in a relationship with their abuser and unaware they're being exploited.
domestic slavery like cleaning, cooking and childcare	 think they played a part in their abuse or have bro- ken the law.
forced labour in factories or agriculture.	 feel very guilty or ashamed about the abuse they've suffered.
committing crimes, like begging, theft, working on cannabis farms or moving drugs.	

8. Child in Need of Services but who is not at risk of Significant Harm

If the DSP decides that the level of concern indicates that the child or family is in need of services but is not at risk of significant harm, the pre-school should work with the family to identify the child's and family's needs in terms of extra support.

This may involve carrying out a Early Help Assessment (EHA) with the family.

An EHA might be needed when there are early indications that things are not going well. Early help engages a conversation about getting things going well again with a child, parent or family.

Applying a whole family Early Help approach in the assessment means that:

- all aspects of life: home, work, school/college, social/community and health and wellbeing are taken into account.
- the whole person/whole family situation and what matters most to them is understood.
- the impact of what's not working well on all family members is understood.
- a family's strengths are recognised and built on.
- a person's readiness to change is recognised so that support is offered at the right time.
- practitioners' 'expertise' judgement and advice are recognised
- the EHA can be used to coordinate support from partners as part of the agreed plan.
- one form can be used for the whole family. Stockport MBC (2024)

9. Role of the Designated Safeguarding Person (DSP)

The DSP is primarily responsible for making a judgement about whether the allegation, suspicion or concern indicates that the child or young person is suffering, or is at risk of, significant harm.

The DSP should also make a judgement about whether the allegation, suspicion or concern relates to a member of staff, student, volunteer, or carer who works with children.

- If the DSP decides that the allegation or suspicion constitutes a child or young person suffering, or is at risk of, significant harm, he/ she must make a telephone referral to the MASSH team on 0161 217 6028 (Out of Hours 0161 718 2118). Advice should be given during the initial phone call about the information and evidence required by the MASSH team.
- Following the telephone referral, the DSP must follow up the concerns in writing to using the online form at <u>Contacting the MASSH Stockport Council</u> within 24 hours.
- If the child has been the subject of a Early Help Assessment (EHA) the DSP should send a copy, together with a copy of the multi-agency action plan, with the written confirmation. If it is not possible to send a copy of the EHA, the DSP should include the contact details and the name of the Lead Professional if known, in the written confirmation.

The Designated Safeguarding Person is responsible for the following duties and the manager will oversee that these are completed to a high standard.

- Monitor and respond to notes of concern raised by staff, parents, volunteers or other agencies.
- Keep up to date with local and National Safeguarding legislation and procedures.
- Ensure that she is up to date with designated safeguarding lead training.
- Monitor staff training needs in relation to Safeguarding.
- Promote a strong safeguarding culture within the setting and ensures policy and procedure is followed.
- Ensure that information regarding safeguarding referrals, contacts and procedures are kept up to date and are communicated to all staff.
- Participate in Team around the child/family meetings and lead when necessary Early Help assessments to ensure that needs are identified, and early intervention takes place.
- Liaise closely with Start well and the Health Visiting team to discuss children and families who need support.
- Monitor children's absences and liaise with families to support their children's attendance.
- Carry out Safeguarding audits to reflect on the quality of our safeguarding practice and highlight areas for improvement.
- Ensure that information on children's medical needs are shared and understood by all staff.
- Ensure that Health & Safety is monitored on a daily basis and risk assessments are completed and followed.
- Ensure that Safer recruitment procedures are being followed.

10. Action to take if abuse is witnessed and the perpetrator is a staff member, student, volunteer within the pre-school or a professional working within Stockport.

This could take several forms, for example.

- Observing an adult using inappropriate restraint or language,
- 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 to children.
- **Step 1 -** First, do all you can to stop the abuse immediately without putting the child or young person, or yourself, at undue risk.
- **Step 2 -** Inform the perpetrator of your concerns.
- **Step 3-** Advise him/her to stop the action immediately.
- **Step 4-** Ask him/her to move to an area where there is no contact with children.
- **Step 6-** Advise him/her that you will immediately inform the DSP and manager within the setting of what you have witnessed.
- **Step 7-** If the perpetrator fails to stop; take any appropriate action you can to separate the child and perpetrator and call for assistance or call the police if necessary.
- **Step 8** –The DSP or pre-school Manager should obtain written details of the allegation, signed and dated by the person receiving the complaint, or allegation. Countersign and date the written details. The DSP or pre-school Manager should **not** investigate the matter by interviewing the accused person, the child or potential witnesses.

Step-9- Record any other information about times dates and location of incident(s) and names of any potential witnesses. Record discussions about the child and/or member of staff, any decisions made, and the reasons for those decisions.

Step 10- The DSP, their manager, or most senior member of staff should contact the Local Authority Designated Officer **(LADO also known as the DO).** The LADO is the single point of contact for all professionals to report concerns, request advice and share information regarding a concern or allegation against an employee, volunteer, or professional working with children in Stockport.

Step 11- The LADO will inform us of what to do next. Referrals can be completed through the online form at www.stockport.gov.uk/start/contact-the-lado However, if in your professional judgement the LADO requires this information immediately you should call **0161 474 5657**.

Step 12- Following the telephone referral, the DSP or pre-school Manager will confirm the concerns in writing to the SSCB. If the concerns, allegation, or suspicion constitutes a child or young person suffering, or is at risk of, significant harm, or is a child in need of services, the named DSP or pre-school Manager will also make a telephone referral within one working day to **SSCB and Children's Social Care Customer Enquiry and Referral Management Team (CERMT) (0161 217 6028 and emergency out of office hours 0161 718 2118).**

Step 13- The manager will notify the Registered person the same day the concerns are raised. (If the concerns, allegations, or suspicions relate to the Registered Person, the DSP or preschool Manager will seek advice from the LADO and Ofsted).

Step 14- If the concerns, allegations, or suspicions relate to a staff member, student or volunteer working in a registered setting, the named senior manager will notify Ofsted within one working day.

11. Disciplinary process or assessment regarding suitability

The DSL should take advice from the LADO and discuss with the pre-school manager and the pre-school committee management team to agree what action is appropriate in all cases where:

- Based on initial investigations by the police or enquiries by Children's Social Care team result in a decision where no charges or further investigations will be made
- A criminal investigation and any subsequent trial is complete or an investigation is to be closed without charge or a prosecution discontinued

The discussion should consider any potential misconduct or gross misconduct on the part of the accused person and take into account:

- Information provided by the police and/or Children's Social Care team
- The result of any investigation or trial and the different standard of proof in disciplinary and criminal proceedings.
- Advice from the LADO.

The options will range from no further action to summary dismissal or not using the person's services in future. Any decisions taken by the pre-school manager and the pre-school committee management team will be done on a case-by-case basis and in line with advice from LADO, SSCB and relevant employment legislation.

12. Sharing information for disciplinary processes

If the Police or Crown Prosecution Service decide not to charge or decide to administer a caution, or the person is acquitted, the police should pass all relevant information to the preschool committee without delay.

If the person is convicted, the police should inform the employer straight away so that appropriate action is taken.

There is a legal requirement for employers to make a referral [131] to the DBS where they consider an individual has engaged in conduct that harmed (or is likely to harm) a child; or if a person otherwise poses a risk of harm to a child.

Management must ensure that any reference requests are completed correctly with any instances of poor performance, safeguarding concerns, or questions regarding suitability to work with children or vulnerable adults.

13. Action in respect of unsubstantiated and false allegations

- Where there is insufficient evidence to substantiate the allegation, the pre-school committee management team, will consider with advice from the LADO what further action if any is required.
- If an allegation is false, the employer, in consultation with the LADO, should referring the matter to children's social care to determine whether the child needs services, or might have been abused by someone else.
- If an allegation has been deliberately invented or is malicious, the police should be asked to consider whether any action might be appropriate against the person responsible.

14. Record keeping about an allegation against a staff member, student or volunteer.

- The pre-school will keep a clear and comprehensive summary of the case record on the person's confidential personnel file and give a copy to the individual (once all investigations and disciplinary processes are completed).
- The record will include details of how the allegation was followed up and resolved, the decisions reached, and the action taken.
- The record will be kept in the employee's personal file until they reach normal retirement age or for ten years if longer in line with our GDPR policy.
- The record will provide accurate information for any future reference and provide clarification if a future Disclosure and Barring Service (DBS) disclosure reveals an allegation that did not result in an allegation or conviction. This should prevent unnecessary reinvestigation if the allegation re-surfaces at a later date.