**Safeguarding – guidance for Early Years providers for arrangements during closure**

***This is initial guidance which will be reviewed, adapted and updated to meet need and to respond to latest governmental advice***

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**Communication with parents**

Settings should, as far as possible, confirm they have accurate contact details of all parents (email and phone), including back-up emergency contact details (as is already required). Settings should communicate to parents of [vulnerable children](https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-on-vulnerable-children-and-young-people/coronavirus-covid-19-guidance-on-vulnerable-children-and-young-people)  what contact will be made, how and why (parents will need to be clear this forms part of safeguarding arrangements during closure). Where possible, staff should be provided with equipment for communication with parents. Where this is not possible, there should be written advice for staff on how to use their own equipment safely – this advice should be included in any communication to parents so there is a robust framework for these procedures, understood by staff and parents.

Settings should ensure they have accurate ‘automatic replies’ set up on email systems, with clear information about key contacts and how to access appropriate staff for safeguarding matters (bear in mind, this will need to reflect current staffing arrangements so there is a mechanism to cover potential staff sickness).

**Vulnerable children**

Settings should identify their [vulnerable children](https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-on-vulnerable-children-and-young-people) and allocate them a ‘key person’ / named member of staff.

For Children in Care, or those with a CP or CIN Plan, settings should make arrangements with other professionals involved to maintain existing networks of professional support. It would be useful to send a communication to other professionals involved, setting out temporary safeguarding arrangements and naming a key person allocated to the child as a main point of contact.

Consideration should be given to how your organisation will contribute information to / participate in key meetings (for example, Statutory Reviews, Child Protection Conferences). Other professionals should be informed who should be contacted and how to contact them for such meetings.

Settings must have have clear plans in place to identify vulnerable children and prioritise support for those children with the highest level of risk. Children should be risk assessed and plans implemented to mitigate risk and identify appropriate support. For CiC or those with a CP / CIN Plan, plans should be agreed with other relevant professionals. As far as is possible, parents should be given the opportunity to contribute to any risk assessment / plan, unless it would be inappropriate to involve them. As always, there should be a process for reviewing risk assessments and plans, to ensure they are responsive, dynamic and fit for purpose as circumstances change.

Where staff are undertaking welfare checks (by phone or home visits), any concerns identified should be shared and referred in the same way. Staff should be reminded that their usual safeguarding duties apply while the setting is closed and that any concerns must be shared in the usual way (for example, if they see something that concerns them out in the community). Staff should not assume a colleague or another professional will take action and share information that might be critical in keeping children safe.

**Child Protection files**

It is possible the Safeguarding Lead Practitioner will be unable to enter the setting to access CP files. Where there is no access to an online system, or where the setting uses a paper file system, it is advisable to prepare a summary of concerns for each case (existing file chronologies may meet this need - they could be scanned or photocopies could be taken).

All contacts with children and families (including attempted) should be recorded in the usual way. Settings should consider how any new information will be recorded and safely stored while access to the site is not possible or practical. There are model templates on the [Essex Early Years and Childcare website](file:///C%3A%5CUsers%5Cmatthew.lewis%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5CHR7WEJB3%5CEssex%20Early%20Years%20and%20Childcare%20website).

**Child well-being**

Settings should consider what level of contact is appropriate for children, increasing this for more vulnerable children. Contact may be by phone or home visit, depending on the needs of the child / family. Where there are specific concerns about the emotional well-being of a child, settings may wish to seek advice from or direct parents to the [Emotional Well-being and Mental Health Service](http://www.escb.co.uk/working-with-children/emotional-wellbeing-and-mental-health/)

The Anna Freud National Centre for Children and Families has [specific advice](https://www.annafreud.org/what-we-do/anna-freud-learning-network/coronavirus/) for families and professionals for during the closure period.

**Online safety**

It is recognised that many parents will want their children to enjoy using online resources during the period when their setting is closed. There are several useful websites available to help parents ensure that their children are safe online.

**Level 3 safeguarding cover (Safeguarding Lead Practitioner)**

As you know, there is a requirement for all Early Years providers to designate a practitioner to take lead responsibility for safeguarding children in every setting. During this period, there will still be a need for staff to access the Lead Practitioner for advice and guidance, either those settings providing continuing care for children on site, or for those supporting vulnerable children not in attendance at the setting. It is therefore essential that settings ensure there is adequate cover for this role. If settings have any difficulty with this, they should contact early.years@essex.gov.uk to seek advice.

**What to do where there is a concern about a child**

Settings must ensure all staff are aware how to report a concern about a child during closure arrangements. This should include how to record it and who to report it to.

[Essex Effective Support](https://www.essexeffectivesupport.org.uk/)  brings together in one place the Essex Directory of Services, guidance and tools to support practitioners in their work with children and families across Levels 1, 2, 3 and 4 of the Windscreen of Need.

Where a child is at **immediate risk of significant harm**, the Safeguarding Lead Practitioner should call the Children and Families Hub on **0345 603 7627** and ask for the 'Priority Line' (or call the Police on 999). There is an ‘out of hours’ service (Mon-Thurs 5pm to 9am, Friday and Bank Holidays 4:30pm to 9am): Emergency.DutyTeamOutOfHours@essex.gov.uk or 0345 606 1212. **For non-urgent matters**, [Essex Effective Support](https://www.essexeffectivesupport.org.uk/) provides access to an online Request for Support portal.

The Children and Families Hub also offers a consultation line for professionals providing advice and guidance. This can be accessed by calling 0345 603 7627 and asking for the 'Consultation Line'.

**Information from Children and Families Service**

The C&FS are prioritising support through continued face to face meetings with high risk Child Protection Cases, Children in Care who are particularly vulnerable and young people living in semi-independent accommodation. Where children and young people in care are living in stable placements, they are likely to reduce face to face visits but will maintain direct contact using other methods.

Families that are open across other parts of the service will continue to receive support but with face to face contact minimised, other forms of communication, including telephone, Skype and Facetime, will be utilised.

So front line staff can concentrate on delivering services, please use the following contacts if you need further information on the Children & Families Service in your area:

Lee Bailey, Quadrant lead for partnership delivery North lee.bailey@essex.gov.uk

James Collins, Quadrant lead for partnership delivery West James.Collins@essex.gov.uk

Nicole Conlon, Quadrant lead for partnership delivery Mid Nicole.conlon@essex.gov.uk

Liz Martlew, Quadrant lead for partnership delivery South Liz.Martlew@essex.gov.uk

**APPENDIX A – letter to parents (for children without a Care, CP or CIN Plan)**

Dear Parents,

We are working closely with the Local Authority to offer a consistent and safe response to the current crisis. The health and safety of children is everyone’s priority and I wanted to inform you about our ongoing arrangements to keep children safe during this period of closure.

To ensure we are able to continue to support you and your children, and as part of our safeguarding arrangements, we will be making regular contact with you during the closure period. This will be by phone, email and / or home visits. All children have been allocated a ‘key worker’ (*use your own title here*) and they will be your main point of contact during this time.

*(Insert your own arrangements, taking into account the guidance above)*

We understand how worrying it is for you during this time and we will do everything we can to continue to support our children and families. It is vital that you support us in arrangements going forward and we will keep you updated as processes are reviewed and adapted to meet need. Meanwhile, if you need to contact us, you can do so by *(insert your own arrangements here)*

**APPENDIX B – letter to parents / carers (for children with a Care, CP or CIN Plan)**

Dear Parents / Carers,

We are working closely with the Local Authority to offer a consistent and safe response to the current crisis. The health and safety of children is everyone’s priority and I wanted to inform you about our ongoing arrangements to keep children safe during this period of closure.

As part of our safeguarding arrangements, we will continue to work with other partners to support your child/ren. This will include making regular contact with you during the closure period. This will be by phone, email and / or home visits. All children have been allocated a ‘key worker’ (*use your own title here*) and they will be your main point of contact during this time.

*(Insert your own arrangements, taking into account the guidance above)*

We understand how worrying it is for you during this time and we will do everything we can to continue to support our children and families. It is vital that you support us in arrangements going forward and we will keep you updated as processes are reviewed and adapted to meet need. Meanwhile, if you need to contact us, you can do so by *(insert your own arrangements here)*

**APPENDIX C – Risk Assessment *(this can be adapted to meet the needs of the individual setting)***

|  |  |
| --- | --- |
| **Name of child:** |  |
| **Date of birth:** |  |
| **Assessment completed by:** |  |
| **Date:** |  |
| **Risk identification:** |  |
| What is the foreseeable risk? |  |
| Is the risk potential or actual? |  |
| Who is affected by the risk? |  |
| In which situation does the risk usually occur? |  |
| If the risk arises, who is likelyto be injured or hurt? |  |
| What kinds of injuries orharm are likely to occur? |  |
| **Risk reduction strategies:** |  |
| Proactive interventions to prevent risk |  |
| Reactive interventions to respond to risk |  |
| **Agreed Management Plan and Risk Management Strategy:** |  |
| Proactive interventions toprevent risks |  |
| Early interventions tomanage risks |  |
| Reactive interventions to respond to risk |  |

|  |  |
| --- | --- |
| **Agreed by:** |  |
| **Date:** |  |
| **Communication of Behaviour Management Plan and**Setting Risk Management Strategy: |  |
| Plans and strategies shared with  |  |
| Communication method and date  |  |
| **Staff Training:** |  |
| Identified trainingneeds |  |
| Training provided to meet needs |  |
| Date trainingcompleted |  |
| **Review:** |  |
| How effective have the strategies and interventions been? |  |
| Has the risk reduced? |  |
| Has the risk increased? |  |
| Are any additions or amendments required? |  |

|  |  |
| --- | --- |
| **Agreed by:** |  |
| **Date:** |  |