

# Keeping children safe in Education:

## Level 2 training for Early Years settings 2025-2026

Essex Education Safeguarding Team  
September 2025



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# QUIZ



Which documents must all staff read on an annual basis?



What does ICPC stand for?



What is the difference between extra-familial and intra-familial harm?



You should always wait for proof before referring a safeguarding concern?



It is suitable to share safeguarding concerns in the staffroom over a cup of coffee.



You should challenge inappropriate behaviour between staff and children, however minor.



What does PLO stand for?



What does CEOP stand for?



Safeguarding is only about protecting children from abuse?



What is the purpose of the Prevent Duty?



# What is Safeguarding?

Safeguarding is a broad concept that includes all the proactive work that settings do in preventing children / young people from being harmed – it is what we do for all children (and adults).

Everything we do in the setting should be considered through a safeguarding lens.

So, with that in mind what do you think safeguarding includes in a setting – what are you doing to safeguard children?

DISCUSS



# What is child protection?

Child protection refers to activity undertaken to protect specific children identified as either suffering or at risk of suffering significant harm as a result of abuse or neglect

What specific activities do you carry out that keep children safe from harm?

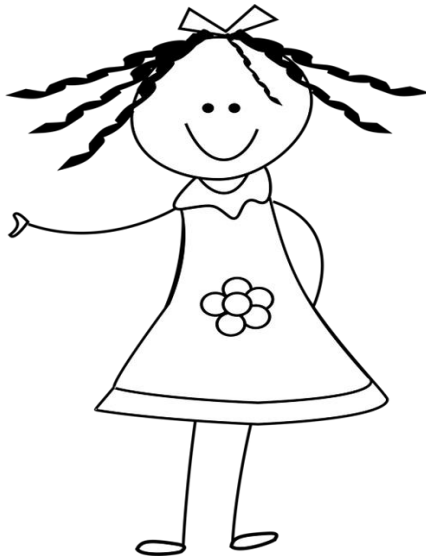
DISCUSS



# ACTIVITY

**The children are at the centre of everything we do.**

In your groups (or as a staff) using post it notes, create a safeguarding wall of everything you do to safeguard children



- providing help and support to meet the needs of children as soon as problems emerge
- protecting children from maltreatment, **whether that is within or outside the home, including online**
- preventing impairment of children's mental and physical health or development
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- **promoting the upbringing of children with their birth parents, or otherwise their family network through a kinship care arrangement, whenever possible and where this is in the best interests of the children**
- taking action to enable all children to have the best outcomes in line with the outcomes set out in the **Children's Social Care National Framework**

# Safeguarding Definition

Working together  
to safeguard  
children

2023



# Key documents for schools and other settings

- Working together to safeguard children (HMG, 2023)
- Keeping children safe in education (DfE, 2025)
- Statutory framework for the Early Years Foundation Stage (DfE, September 2025)
- SET Procedures (ESCB, 2025)
- Prevent duty guidance for England and Wales (HMG, 2015)

# Working Together to Safeguard Children (HMG 2023)

Chapter 1 - **A Shared Responsibility** - successful outcomes for children which depends on strong multi agency partnership

Chapter 2 – **Multi-agency Safeguarding Arrangements** - strengthens the multi- agency safeguarding arrangements between local statutory partners

Chapter 3 – **Providing Help, Support and Protection** - strengthens the role of education in supporting families as soon as problems emerge



- Safeguarding and promoting the welfare of children (up to age 18) is everyone's responsibility
- All practitioners should ensure approach is child-centred and consider, at all times, what is in the best interests of the child
- No single practitioner can have a full picture of a child's needs and circumstances
- If children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action

## Keeping children safe in education (DfE, 2025)

The Statutory framework says

*'childcare providers may also find it helpful to read this guidance - Keeping Children Safe In Education'*

***In Essex we consider KCSIE as best practice***

# **Statutory Frameworks Safeguarding and welfare requirements September 2025**

Early Years Foundation Stage  
Statutory Framework – for group and  
school-based providers

Early Years Foundation Stage  
Statutory Framework for Childminders

*In both documents the safeguarding and welfare  
requirements are laid out in section 3*

*Children learn best  
when they are  
healthy, safe and  
secure, when their  
individual needs are  
met, and when they  
have positive  
relationships with the  
adults caring for  
them'*



# Safeguarding and welfare requirements for settings and childminders

## They must:

- ✓ Take all steps necessary to keep children safe and well
  - ✓ Safeguard children
- ✓ Ensure that the people who have contact with children are suitable
  - ✓ Promote good health
- ✓ Support and understand behaviour
  - ✓ Maintain records, policies and procedures



## **Safeguarding and welfare requirements: Policies and procedures**

- ✓ Designated safeguarding lead (DSL) takes lead responsibility for safeguarding children and liaising with local statutory partners
- ✓ Policies should be recorded in writing and should cover EYFS requirements
- ✓ Policy must include actions to be taken when a concern is raised, in the event of an allegation against staff and how mobile phones and electronic devices will be used and procedures to check the suitability of new recruits
- ✓ Details of how safeguarding training is delivered





## **Safeguarding and welfare requirements**

### **Concerns about children's safety and welfare**

- ✓ Immediately notify relevant agencies in line with local reporting arrangements
- ✓ Providers must inform Ofsted of any allegations serious harm or abuse of anyone living, working or looking after children on the premises.

## **Safeguarding and welfare requirements**

### **Suitable people**

- ✓ Providers must ensure that people looking after children are suitable including detail about DBS, disclosures of convictions, identify checks, vetting processes, references and disqualification.



## Safeguarding and welfare requirements

### Child absences

- ✓ Settings should have an attendance policy which includes expectations for reporting child absence and actions the setting will take if a child is absent without notification or for a prolonged period
- ✓ Child absences must be followed up in a timely manner
- ✓ Attempts must be made to contact parents and carers and alternative emergency contact
- ✓ Consideration should be given to patterns and trends in absence as well as vulnerabilities of the child and their family and home life





# Safeguarding and welfare requirements continued:

Staff taking  
medication or other  
substances  
Smoking and vaping

Qualifications,  
training support and  
skills

Supervision of staff

Paediatric First Aid

Key person and staff:  
child ratios

Health including  
medicines, safer  
eating

- Providers must train staff to understand the safeguarding policy and procedures and safeguarding issues
- Training must enable staff to identify signs of possible abuse and neglect at the earliest opportunity.
- Training should ensure staff have the skills to respond in a timely manner

# Statutory Framework: signs of possible abuse and neglect

significant changes in children's behaviour

deterioration in children's general wellbeing

unexplained bruising, marks or signs of possible abuse or neglect

children's comments or behaviour which give cause for concern

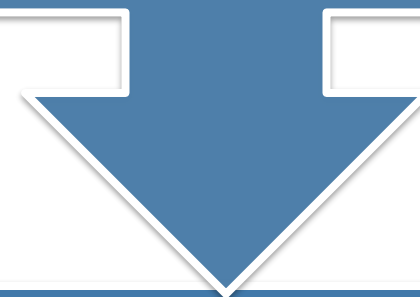
any reasons to suspect neglect or abuse outside the setting, for example in the child's home or that a girl may have been subjected to (or is at risk of) female genital mutilation

inappropriate behaviour by a staff member, or other person working with the children, e.g.: inappropriate sexual comments; excessive one-to-one attention beyond their usual role and responsibilities; or inappropriate sharing of images

- Providers must train staff to understand the safeguarding policy and procedures and safeguarding issues
- Training must enable staff to identify signs of possible abuse and neglect at the earliest opportunity.
- Training should ensure staff have the skills to respond in a timely manner



Registered providers must inform Ofsted or their childminder agency of any allegations of serious harm or abuse by any person living, working, or looking after children at the premises (whether the allegations relate to harm or abuse committed on the premises or elsewhere)



Registered providers must also notify Ofsted or their childminder agency of the action taken in respect of the allegations. These notifications must be made as soon as is reasonably practicable, but at the latest within 14 days of the allegations being made. A registered provider who, without reasonable excuse, fails to comply with this requirement, commits an offence

# The Essex Safeguarding Children Board (ESCB)

- aim is to improve outcomes for children, by co-ordinating the work of local agencies to safeguard and promote the welfare of children
- has an over-arching board of Lead Safeguarding Partners , a board of Delegated Safeguarding Partners and an Executive Board (Director for Education, Head of Education Safeguarding and Wellbeing and the Headteacher associations sit on Executive Board)
- has number of sub-committees (Head of Education Safeguarding and Wellbeing and representatives from the Education Safeguarding Team sit on these)
- Statutory Partner sub-committee brings together Health, Social Care and Police (Education now also invited to this)

The ESCB works with the Local Safeguarding Children Boards in Southend and Thurrock to produce the SET (Southend, Essex and Thurrock) procedures – ESCB, 2025





# SET Procedures (ESCB, 2025)

*The **S**outhend, **E**ssex and **T**hurrock (SET) Procedures set out how agencies and individuals should work together to safeguard and promote the welfare of children and young people*

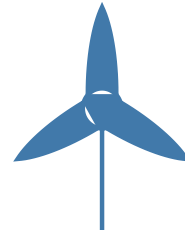
Early years providers include maintained schools, non-maintained schools, independent schools, all providers on the Early Years Register; and all providers registered with an early year's childminding agency.

Early years providers must be alert to any issues for concern in the child's life at home or elsewhere.

**Providers must: Take all necessary steps to keep children safe and well. They must:**



Take necessary steps to safeguard and promote the welfare of children



Manage children's behaviour effectively and in a manner appropriately for their stage of development and particular individual needs



Promote the good health of children, take necessary steps to prevent the spread of infection, and take appropriate action when they are ill



Ensure that adults looking after children, or having unsupervised access to them, are suitable to do so



Maintain records, policies and procedures in line with the guidance and procedures of the local Multi-Agency Safeguarding Partnership/Board.

# SET Procedures – Designated Safeguarding Lead

A professional must be designated to take lead responsibility for safeguarding children in every setting. Childminders must take the lead responsibility themselves



To provide support, advice and guidance to any other staff on an ongoing basis, and on any specific safeguarding issue as required



To attend a child protection training course that enables them to identify, understand and respond appropriately to signs of possible abuse and neglect



To ensure that all staff are trained to understand their safeguarding policy and procedures, and ensure that all staff have up to date knowledge of safeguarding issues



To ensure that children in the setting are made aware of their right to be safe from abuse and are listened to, taken seriously and responded to appropriately

## All staff should:

- be aware of systems in the setting which support safeguarding
- know what to do if a child tells them they are being abused, exploited or neglected (*involve the DSL*)
- be aware of the Early Help process, and understand their role in it (being particularly alert to children with additional vulnerability or needs)
- be aware of the process for making requests for support to Children's Social Care
- be able to reassure children they are being taken seriously and that they will be supported and kept safe
- understand that abuse can occur in or outside the home (risk in the community / contextual safeguarding)
- understand confidentiality and share information only with those who need to be involved

# What staff need to know / read

*-the Safeguarding / Child Protection Policy*

*-the Behaviour Policy*

*-the Staff Behaviour Policy / Code of conduct*

*-the role of the designated safeguarding lead and their identity including any deputies*

*-Part One of Keeping Children Safe in Education*

# What is abuse?



# What is abuse?

Abuse is... a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. A child may be abused by an adult or adults or another child or children.

**Physical**

**Emotional**

**Sexual**

**Neglect**

# Physical abuse

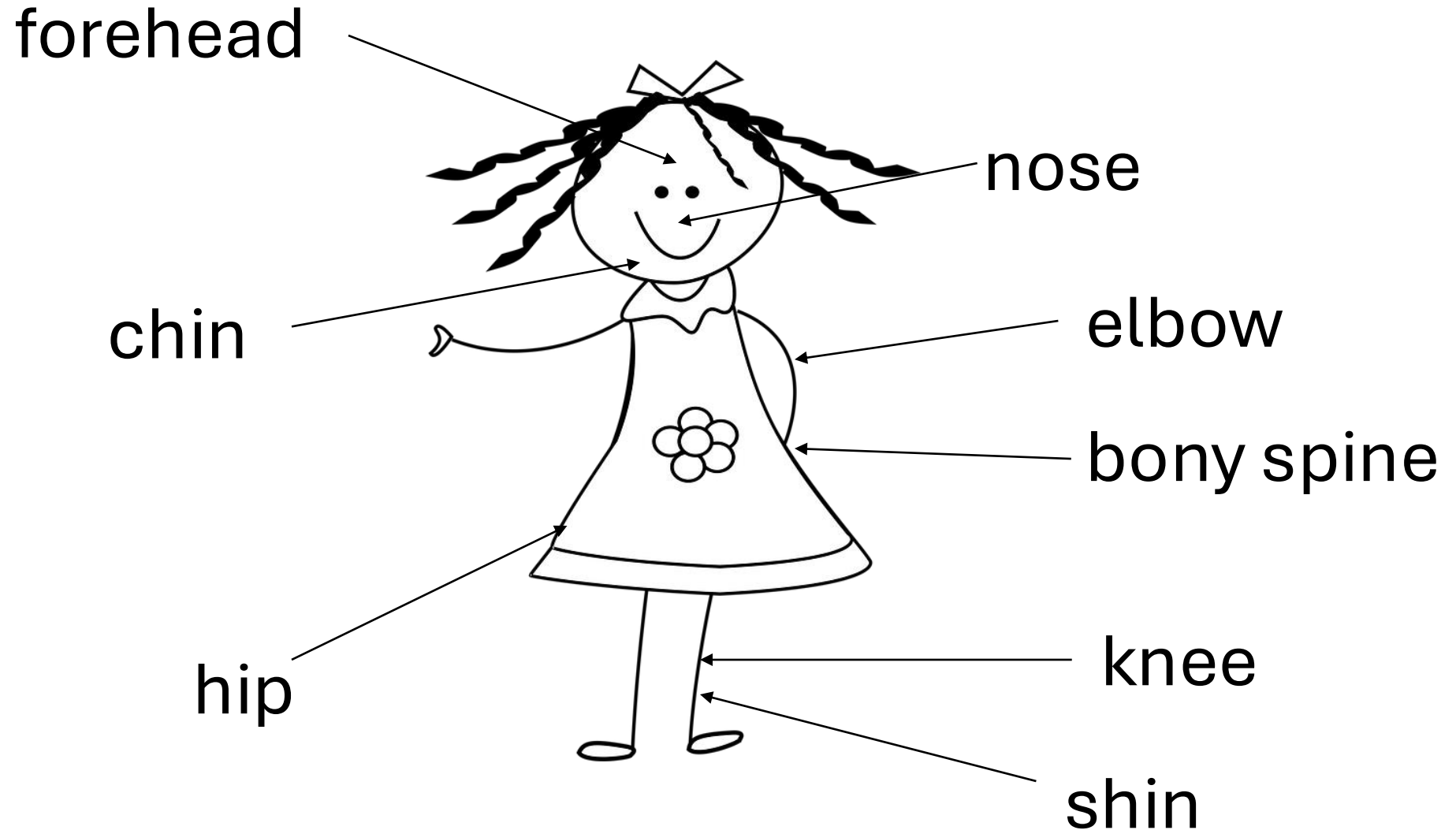
Abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child.

Physical harm may also be caused when a parent / carer fabricates the symptoms of, or deliberately induces, illness in a child.

Some of the following may be indicators of physical abuse:

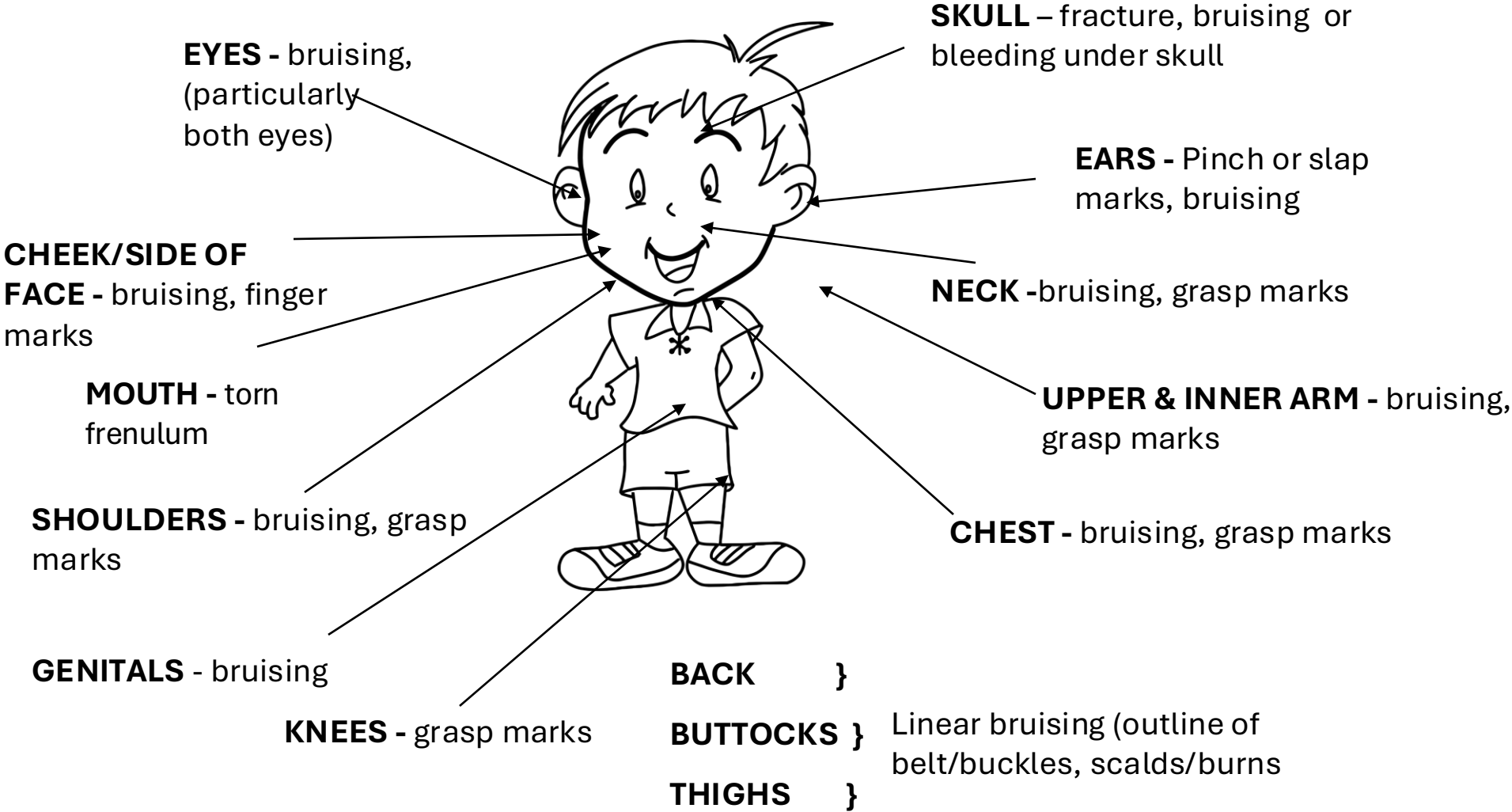
- Children with frequent injuries
- Children with unexplained or unusual fractures / broken bones
- Children with unexplained:
  - ☐ bruises or cuts;
  - ☐ burns or scalds;
  - ☐ bite marks

# Common sites for accidental injury





# Common sites for non-accidental physical injury



# Emotional Abuse

The persistent emotional maltreatment of a child such as to cause severe and 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



seeing or hearing the ill-treatment of another, serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children



not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate



age or developmentally inappropriate expectations being imposed on children

# Some of the following signs may be indicators of emotional abuse:

Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone

Children who are excessively withdrawn, fearful, or anxious about doing something wrong



Parents or carers who withdraw attention from their child, giving the child the 'cold shoulder'




Parents or carers blaming their problems on their child



Parents or carers who humiliate their child (eg: name-calling / making negative comparisons)

# 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


Some of the following signs may be indicators of sexual abuse:

- Children who display knowledge / interest in sexual acts inappropriate to their age
- Children who use sexual language / have sexual knowledge that you wouldn't expect them to have
- Children who ask others to behave sexually / play sexual games
- Children with physical sexual health problems, including soreness in the genital and anal areas, sexually transmitted infections / underage pregnancy



# Neglect

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: provide adequate food, clothing and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate care-givers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs

Some of the following signs may be indicators of neglect:

- Children living in a home that is indisputably dirty or unsafe
- Children who are hungry or dirty
- Children without adequate clothing (eg: not having a winter coat, shoes)
- Children living in dangerous conditions (eg: around drugs, alcohol or violence)
- Children who are often angry, aggressive or self-harm
- Children who fail to receive basic health care
- Parents who fail to seek medical treatment when their children are ill or are injured
- Poor attendance at school/setting

# Who are our most vulnerable children?

- ❖ Children with special educational needs and disabilities
- ❖ Those that are isolated and lonely
- ❖ Children in care / foster care or kinship arrangements
- ❖ Those who have experienced adverse childhood experiences / trauma
- ❖ Those out of setting / poor attendance

Can you think of any other groups of children?





## Discuss the risks of abuse you would report in this scenario

- Henry is 3 years old.
- His attendance has always been sporadic; parents are not always forthcoming in the reasons why
- Last week the manager spoke to Henry's Dad about recent concerns that the nursery has logged, these include, that he often smells unclean, does not wear appropriate clothing and often complains of being hungry
- Following this conversation Henry has not returned to nursery and his parents have not been in touch



# **Key safeguarding topics**

**How many  
safeguarding topics  
can you think of?**



# Parental engagement

Range of uncooperative behaviours sometimes exhibited by families towards professionals:

*Ambivalence*

*Avoidance*

*Confrontation*

*Violence*

*Disguised compliance*

Many Child Safeguarding Practice Reviews highlight difficulties in working with parents, and the impact this may have on the ability to safeguard children

Professional curiosity should be maintained when working with families, with a focus on the child's lived experience

Professionals should seek advice to gain better understanding, where there is a possibility of cultural factors making a family resistant to having professionals involved.

Other potential barriers to consider when working with families:

- ✓ mental health
- ✓ learning disability
- ✓ homelessness
- ✓ financial difficulties
- ✓ cultural differences
- ✓ family history
- ✓ substance misuse
- ✓ large sibling groups

It's important to **'think family'** when working with families

# Child on child abuse

All staff should:

- be aware children can abuse other children (inside and outside of an education setting), for example by bullying them
- be aware this can occur online
- understand that, even where abuse is not being reported, it does not mean it is not happening
- understand the importance of challenging inappropriate behaviours between peers to ensure settings are safe environments and that there is a culture of not tolerating unacceptable behaviour

# Harmful sexual behaviour

All staff must be aware that it is normal for some children to display sexualised behaviour towards other children as they develop.

Much of the behaviour displayed by small children will be developmental, however, sexualised behaviour between children that has become harmful must be addressed.

All harmful sexual behaviour / sexualised behaviour should be viewed through a professional lens regardless of personal values

# Hackett Continuum (2010)

Hackett (2010) proposed a continuum model to demonstrate the range of sexual behaviours presented by children and young people

## Normal

Developmentally expected  
Socially acceptable  
Consensual, mutual, reciprocal  
Shared decision making

## Inappropriate

Single instances  
Socially acceptable behaviour within peer group  
Context for behaviour may be inappropriate  
Generally consensual and reciprocal

## Problematic

Problematic and concerning behaviours  
Developmentally unusual and socially unexpected  
No overt elements of victimisation  
Consent unclear  
Lacking reciprocity or equal power  
May include compulsivity

## Abusive

Victimising intent or outcome  
Misuse of power  
Coercion to enforce compliance  
Intrusive  
Informed consent lacking or not able to be given  
May include elements of expressive violence

## Violent

Physically violent sexual abuse  
Highly intrusive  
Instrumental violence which is physiologically and/or sexually arousing to the perpetrator  
Sadism



## Discuss the risks of abuse you would report in this scenario

- A parent asks to speak to you after dropping off her three-year-old son at your setting
- She explains that she feels her child is being bullied by another child, in the same room as him
- She says that the other child is repeatedly hitting and kicking him, and she wants something to be done about this





# Emotional wellbeing and mental health

- All staff should be aware that emotional wellbeing problems may be an indicator that a child has suffered or is at risk of suffering abuse
- Only appropriately trained professionals should attempt diagnosis of an emotional wellbeing problem (although education staff are well placed to observe children day-to-day and identify those whose behaviour suggests that they may be experiencing an emotional wellbeing problem, or be at risk of developing one)
- It is key that staff are aware of how a child's previous experience of abuse can impact on their emotional wellbeing, behaviour and education
- Concerns should always be referred to the DSL or Deputy





## Discuss the risks of abuse you would report in this scenario

- Sally is three years old and has been attending the setting for two years. Her mum and dad have always had an active involvement with the nursery
- Sally's parents have recently split up. Mum and dad have informed you this is a mutual decision, and they will still both be involved in Sally's life and in dropping off and collecting from nursery
- This week Sally's mum advises that she no longer wants dad to collect Sally from nursery. There is no court order in place and no concerns around dad's care of Sally. Mum advises that dad has a new partner, and she does not like her
- Both parents have parental responsibility and are listed as such on the registration form



# Domestic abuse

- can encompass a wide range of behaviours
- may be a single incident or a pattern of incidents (can be, but is not limited to, psychological, physical, sexual, financial or emotional)
- The DA Act recognises that children can be victims of domestic abuse - they may see, hear, or experience the effects of abuse at home and/or suffer domestic abuse in their own intimate relationships (teenage relationship abuse)
- can have a detrimental and long-term impact on a child's health, wellbeing, development, and ability to learn
- Young people can also experience DA within their own intimate relationships (if under 16, will not be legally recognised as DA, but may constitute a child protection issue and require a response)

## DA Act 2021 DA is defined as -

**Behaviour of a person (A) towards another person (B) is 'domestic abuse' if:**

- (a) A and B are each aged 16 or over and are personally connected to each other, and**
- (b) the behaviour is abusive**

**The Act says behaviour is 'abusive' if it consists of any of the following:**

- (a) physical or sexual abuse;**
- (b) violent or threatening behaviour;**
- (c) controlling or coercive behaviour;**
- (d) economic abuse (see subsection (4));**
- (e) psychological, emotional or other abuse;**

**It does not matter whether the behaviour consists of a single incident or a course of conduct**



## Discuss risks of abuse you would report in this scenario

- James is three years old and is a happy and talkative child
- Today he shared in circle time that he had hid in his room at the weekend because Daddy was shouting and throwing things and Mummy was crying
- Mum usually drops off and picks up from Nursery as she is the nursery cook, however she has been off sick since the weekend and Dad has been dropping James off





# (So called) Honour-based abuse

## Female genital mutilation (FGM)

Partial or total removal of female genitalia

All staff should speak to the Lead Practitioner (or Deputy) with regard to any concerns about FGM

Further information is available on the [National FGM Centre](#) website

## Forced Marriage (this is not arranged marriage)

Without consent of one / both parties. Violence, threat or other form of coercion is used

Threats can be physical or emotional and psychological

Forced Marriage Unit: [fmu@fco.gov.uk](mailto:fmu@fco.gov.uk)



# Online safety

- Early years settings online safety considerations 2019
- Settings should ensure they have considered filtering and monitoring arrangements for online safety
- Technology provides a platform that facilitates harm - four main areas of risk:
  - **Content:** exposure to inappropriate / harmful material
  - **Contact:** subjected to harmful online interaction
  - **Conduct:** personal online behaviour that increases the likelihood of / causes harm
  - **Commerce:** risks such as online gambling, inappropriate advertising, phishing and / or financial scams



Point for discussion

*Younger children are more at risk on mobile devices than older children?*

# Prevent

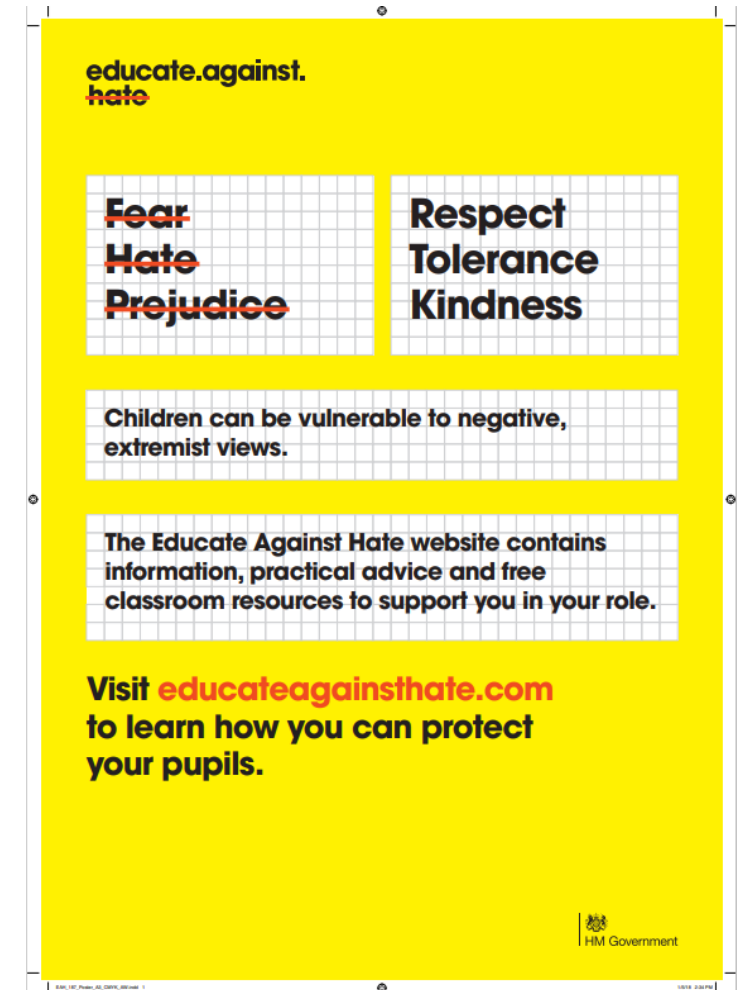
As of July 2015, the Counter-Terrorism and Security Act (HMG, 2015) placed a new duty on schools and other education providers

Under S. 26 of the Act, schools are required, in the exercise of their functions, to have “due regard to the need to prevent people from being drawn into terrorism”. This duty is known as the Prevent duty



# What is PREVENT? (video)

## What is Prevent? Home Office video




educate.against.  
hate

<del>Fear</del> <del>Hate</del> <del>Prejudice</del>	Respect Tolerance Kindness
--	----------------------------------

Children can be vulnerable to negative, extremist views.

The Educate Against Hate website contains information, practical advice and free classroom resources to support you in your role.

Visit [educateagainsthate.com](https://educateagainsthate.com) to learn how you can protect your pupils.

 HM Government

8463\_187\_Poster\_A8\_C00076\_00000001 10/18/2018



# Prevent definitions

**Extremism** - the vocal or active opposition to our fundamental values, including the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs

**Radicalisation** - refers to the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups

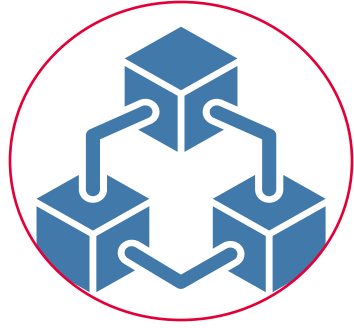
**Terrorism** - action that endangers / causes serious violence to a person/people; causes serious damage to property; or seriously interferes with / disrupts an electronic system. The use or threat must be designed to influence the government or to intimidate the public and is made for the purpose of advancing a political, religious or ideological cause



Channel is an early intervention panel designed to safeguard vulnerable individuals from being drawn into extremist or terrorist behaviour. Channel is a voluntary, confidential programme and is a multi-agency process, involving partners from the local authority, the police, education, health providers and others.



# Prevent in Essex



**Jo Barclay Head** of Education Safeguarding and Wellbeing – is the Prevent Lead for Education in Essex

**The Prevent Lead** sits on a strategic board to oversee arrangements in Essex – Essex Prevent Strategy

There is also a Prevent police team that works across the Eastern region



**The Counter Terrorism Local Profile (CTLP)** is a national document shared with Prevent Leads

Elements of the CTLP are shared with education safeguarding leads to explain national and regional data and trends

Settings should use this information to inform their **Prevent risk assessments**



Practitioners should report any concerns to their DSL or Lead Practitioner

The DSL should share concerns with an appropriate agency, and may make a Prevent referral

If there is immediate risk of significant harm call the police, contact the police Prevent team or make a Request for support to the Children and Families Hub



The Prevent lead sits on the **Channel Panel** which meets monthly to discuss cases.

This brings together all key agencies to agree a plan of support if needed

An education setting may be invited to the meeting to contribute

**What staff should  
do – reporting and  
recording**

# Let children know you're listening

NSPCC video





## What are your views on this record of concern?

Alex B. told me, 3 days ago, something bad happened at home. She said her dad was mean and hit her. I told her not to worry and that everything would be okay. I asked her a few more questions to find out what happened and who else was there. She seemed upset but I gave her a hug and said I'd sort it out. I think her dad has done this before. I'll keep an eye on her and let you know if she says anything else.



# If you have a concern:

- ❖ **ACT ON IT IMMEDIATELY** – do not assume colleagues have already done so
- ❖ **Speak with the Lead Practitioner (or Deputy)** – non-availability should not delay appropriate action being taken
- ❖ **Do not assume other professionals will share critical information** - early information sharing is vital for effective identification, assessment and allocation of appropriate service provision
- ❖ Options for a response to concerns will include:
  - managing support internally
  - an **early help** assessment
  - referral for statutory services





# What to do if a child discloses to you:

## DO

- ✓ Listen carefully
- ✓ Establish the facts
- ✓ Make accurate notes (using the child's words) - date and sign these
- ✓ Reassure the child they have done the correct thing by telling you
- ✓ INFORM THE DSL OR DEPUTY

## DO NOT

- X Promise confidentiality
- X Ask leading questions
- X Use your own words to describe something
- X Investigate
- X Make the child feel they are creating a problem or feel ashamed for reporting abuse

# Record keeping is vitally important

**All** concerns, discussions and reasons for decisions should be recorded in writing and include:

- ✓ a clear and comprehensive summary of the concern that is factual and contains no personal opinions
- ✓ details of how the concern was followed up and resolved
- ✓ a note of any action taken, decisions reached (including rationale) and the outcome
- ✓ use initials of other children involved



**‘IT COULD HAPPEN HERE’**



## What would you do if you witnessed any of the following?

- A staff member has distinct favourites giving preferential treatment to one or two children
- A child says to a staff member shouts at a child when they refuse to do as they asked.
- A member of staff touches children inappropriately giving hugs and kissing the top of their head.
- You see a staff member responding to a message on their personal phone whilst in the setting.
- You hear the setting manager joking about a child's special educational needs describing them in disparaging terms.



- ❑ All staff members should be made aware of boundaries of appropriate behaviour and conduct – set out in the ‘Staff Code of Conduct’ *(and signed for by all staff)*
- ❑ Staff should refer any concerns about another member of staff (including supply staff / volunteers) to the Headteacher / Principal
- ❑ If concern is about the Headteacher, staff should refer to the Chair of Governors or to the LADO if the Headteacher is sole proprietor
- ❑ All staff should feel able to raise concerns about poor or unsafe practice / potential failures in safeguarding arrangements – should know concerns will be taken seriously by management
- ❑ Where staff feel unable to do so to their employer, or feel issues are not being addressed, they could contact the [NSPCC whistleblowing helpline](https://www.nspcc.org.uk/what-we-do/our-services/whistleblowing-helpline/) on: 0800 028 0285 (line is available from 8:00 AM to 8:00 PM, Monday to Friday) or by email at: [help@nspcc.org.uk](mailto:help@nspcc.org.uk)

**Concerns about  
the conduct of  
member of staff**

***‘IT COULD  
HAPPEN  
HERE’***



LADO is involved where there is a concern or allegation that someone working or volunteering with children has:

- ☐ behaved in a way that has harmed a child, or may have harmed a child;
- ☐ possibly committed a criminal offence against or related to a child;
- ☐ behaved towards a child or children in a way that indicates he or she may pose a risk of harm to children; or
- ☐ behaved or may have behaved in a way that indicates they may not be suitable to work with children

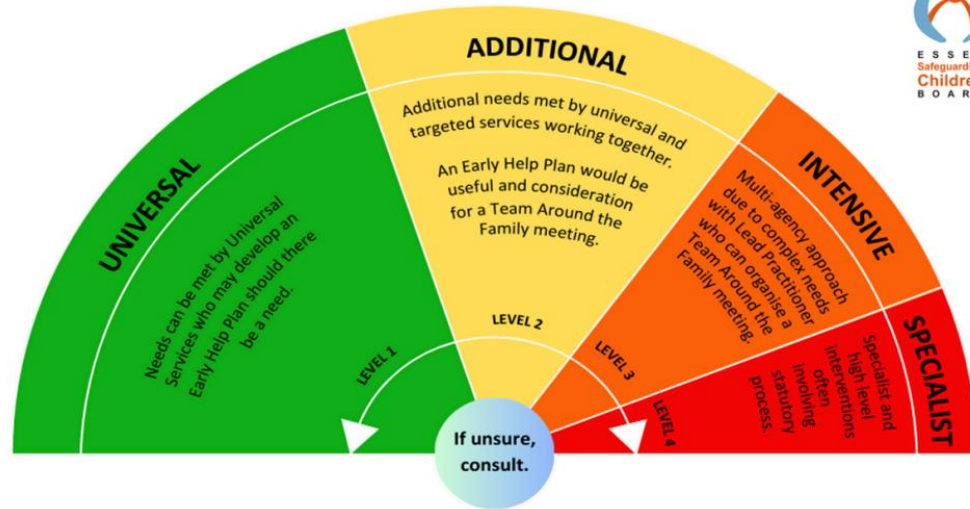
## **The role of the Local Authority Designated Officer (LADO)**

# **Essex Effective Support**

**Early help, indicators of  
need and levels of support**

# Essex Effective Support Windscreen

The Effective Support Windscreen



**The Children and Families Hub –  
the front door into children's social care**

[Video](#)

[Welcome to the Children and Families Hub](#)

## Universal Level 1

All children who live in the area have core needs such as parenting, health and education – children are supported by their family and in universal services to meet all their needs



## Additional Level 2

Children and families with additional needs who would benefit from or who require extra help to improve education, parenting and / or behaviour, or to meet specific health or emotional needs or to improve material situation



## Intensive Level 3

Vulnerable children and their families with multiple needs or whose needs are more complex, such as children and families who, have a disability resulting in complex needs exhibit anti-social or challenging behaviour suffer neglect or poor family relationships, have poor engagement with key services, are not in education or work long term



## Specialist Level 4

Children or young people who have suffered or are likely to suffer significant harm as a result of abuse or neglect  
Children with significant impairment of function / learning and / or life limiting illness  
Children whose parents and wider family are unable to care for them  
Families involved in crime / misuse of drugs at a significant level  
Families with significant mental or physical health needs

**UNIVERSAL NEEDS**  
Level 1

**ADDITIONAL NEEDS**  
Level 2

**INTENSIVE NEEDS**  
Level 3

**SPECIALIST NEEDS**  
Level 4

**DRUGS AND ALCOHOL AND SUBSTANCE USE (includes prescription medication)**

<b>Child</b>	<p>The child has no history of problematic drug or alcohol use.</p>	<p>The child may experiment with drugs/alcohol with the occasional impact on their social and mental wellbeing. Consideration should be given to the age of the child.</p> <p>If appropriate the child is willing to engage with young persons drug and alcohol team.</p>	<p>The child is known to be regularly using drugs and/ or alcohol which is affecting their mental and physical health and wellbeing. Consideration should be given to the age of the child.</p> <p>The child is engaging with young persons drug and alcohol team but inconsistently.</p>	<p>The child is a persistent and high risk substance misuser which places them physically and/or emotionally at risk of significant harm and/or exploitation.</p> <p>There is no meaningful engagement with drug and alcohol teams.</p>
<b>Parents/carers</b>	<p>Use of drugs or alcohol by those providing care for the child does not impact on the child (including during the pre-birth period).</p> <p>Any alcohol/drugs are stored appropriately in the home away from the reach of the children.</p>	<p>Use of drugs or alcohol by those providing care for the child is impacting on the child, but adequate provision is made to ensure the child's safety (including during the pre-birth period).</p> <p>Drugs and/or alcohol in the home are not stored safely. Including storage/disposal and accessibility of prescribed medication. Parents/carers are willing to accept advice.</p> <p>A good support network is available to help care for the children.</p>	<p>Drug/alcohol use detrimentally affects care of child or health of the unborn child.</p> <p>Drugs and/or alcohol in the home are not stored safely. Including storage/disposal and accessibility of prescribed medication.</p> <p>Concerns child is using or has access to use parents substances.</p> <p>Parents/carers are inconsistently accessing specialist drug or alcohol services.</p>	<p>Use of drugs or alcohol by those providing care for the child is having significant adverse impact on the child (including during the pre-birth period) and/or the parents/carers cannot carry out daily parenting. Child could be considered as a young carer.</p> <p>This could include blackouts, confusion, severe mood swings, drug paraphernalia not stored or disposed of safely, using drugs/ alcohol when their child is present, involving the child in procuring illegal substances and dangers of overdose.</p>

# Early Help

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Early help aims to give children, young people and families the right support at the right time, to reduce the chance of a problem getting worse and the need for higher-level interventions

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All staff should be prepared to identify children who may benefit from early help. Early help means providing support as soon as a problem emerges at any point in a child's life, from the foundation years through to the teenage years.

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All staff should be aware of their local early help process and understand their role in it

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Some children have vulnerabilities which may increase their need for an Early Help response

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The DSL or Lead Practitioner can agree an Early Help Plan with the family and organise a Team Around the Family (TAF) meetings where there is more than one service working alongside a family



# Statutory assessment - children in need / at risk of or subject to significant harm:

Children may be assessed under the **Children Act 1989**

- **Section 17 - Child in Need (CIN):** a child who is unlikely to achieve or maintain a reasonable level of health or development, or whose health and development is likely to be significantly or further impaired, without the provision of services; or a child who is disabled (may be placed on a CIN plan)
- **Section 47 – Child protection (CP):** Children suffering or likely to suffer significant harm. Local authorities, with the help of other organisations as appropriate, have a duty to make enquiries under section 47 of the Children Act 1989 if they have reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm (may be placed on Child Protection Plan)

Consider whether any further specialist assessments or services are required



Is it just room  
leaders that report  
concerns to the  
DSL?



Is there child  
on child abuse  
in your setting?



Who should you go to  
if you have a concern  
about the conduct of  
a member of a staff?



What is filtering and  
monitoring?

# KNOWLEGDE CHECK



Is education a  
statutory  
safeguarding  
partner?



What is early  
help?



Who is  
responsible for  
safeguarding ?



What is the name of  
the local  
multiagency  
safeguarding  
guidance you should  
be aware of?



Do you know  
these  
acronyms?  
HBA  
TAF



What is the  
most common  
form of abuse?

# Why is it so important?

It is important for children to receive the *right help at the right time* to address risks and prevent issues escalating. Research and Serious Case Reviews have repeatedly shown the dangers of failing to take effective action. Poor practice includes:

- failure to act on and refer the early signs of abuse and neglect
- poor record keeping
- failure to listen to the views of the child
- failure to re-assess concerns when situations do not improve
- sharing information too slowly
- a lack of challenge to those who appear not to be taking action



- [Working together to safeguard children 2023: summary of changes \(publishing.service.gov.uk\)](#)
- [Early Help and Team Around the Family Workshops](#)
- [ESCB - Preparing for Difficult Conversations – training](#)
- [Early Help Drop in Sessions](#)
- [Essex Directory of Services](#)
- [Refuge runs \(free of charge / 24 hour\) National Domestic Abuse Helpline: 0808 2000 247](#)
- [NSPCC - signs, symptoms and effects of domestic abuse](#)
- [Safe Lives - young people and domestic abuse](#)
- [Southend/Essex/Thurrock domestic abuse partnership](#)

## Useful links

- Keeping Children Safe in Education (DfE 2025)
- SET (Southend, Essex and Thurrock) Safeguarding and Child Protection Procedures (ESCB 2025)
- Working Together (DfE 2023)
- What to do if you're worried a child is being abused (HMG, 2015)
- Relationships, Education (RE) and Relationships and Sex Education (RSE) and Health Education (DfE, 2026)
- PREVENT Duty Guidance (HMG, 2023) - Counter-Terrorism and Security Act 2015
- Effective Support for Children and Families in Essex (ESCB 2025)
- Sharing nudes and semi-nudes: advice for education settings working with children and young people (UKCIS, 2020)
- Early years settings online safety considerations 2019
- Filtering and Monitoring Standards (DfE 2023)
- Promoting and supporting mental health and wellbeing in schools and colleges - GOV.UK (www.gov.uk)

# Key documents

Early Years Statutory Framework  
2025



- Model Child Protection Policy (for settings, and childminders)
- Level 2 training presentations (including this presentation)
- Training opportunities
- Key safeguarding information, documents and useful resources
- Information on PREVENT
- Safeguarding audit
- Templates for reporting and recording concerns
- Termly briefing presentations and newsletters
- How to make a child protection referral
- How to report a concern about a member of the workforce

# Essex Schools Infolink (ESI): Safeguarding pages

This information is issued by:  
Essex County Council

Contact us:  
[educationsafeguardingteam@essex.gov.uk](mailto:educationsafeguardingteam@essex.gov.uk)

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County Hall, Chelmsford  
Essex, CM1 1QH

 **Essex\_CC**

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The information contained in this document  
can be translated, and/or made available in  
alternative formats, on request.

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