



SAFEGUARDING & CHILD PROTECTION POLICY

Address: 262 Fulham Road, London SW10 9EL

Email: reception@ohanacentre.co.uk

Telephone: 020 8150 8180

Ofsted URN: 2717662

TABLE OF CONTENTS

1. Introduction
2. Legal Framework
3. Designated Safeguarding Lead (DSL)
4. Deputy DSL
5. Responsibilities of All Staff
6. Safer Working Practice
7. Recognising Abuse and Neglect
8. Types of Abuse
9. Physical Abuse
10. Emotional Abuse
11. Sexual Abuse
12. Neglect
13. Additional Vulnerabilities in SEND
14. Early Help
15. Thresholds of Need
16. Managing Disclosures
17. Recording Concerns
18. Reporting to DSL
19. Escalation
20. Information Sharing
21. Confidentiality
22. Allegations Against Staff
23. Low-Level Concerns
24. LADO Referral Process
25. Staff Conduct & Code of Conduct
26. Whistleblowing

27. Safer Recruitment
28. Induction & Training
29. Staff Suitability & Disqualification
30. Volunteers, Students & Visitors
31. Physical Environment & Premises Security
32. Physical Contact & Safe Touch (summary)
33. Positive Handling
34. Behaviour as Communication
35. Peer-on-Peer Abuse
36. Harmful Sexual Behaviour
37. Prevent Duty
38. FGM
39. Child Criminal & Sexual Exploitation
40. Domestic Abuse
41. Online Safety (summary)
42. Use of Mobile Phones & Cameras
43. Photography & Digital Images
44. Intimate Care (summary)
45. Medication & Health Needs (summary)
46. Accidents, Injuries & First Aid
47. Missing Child
48. Absconding
49. Outings & Transport (summary)
50. Arrival, Collection & Non-Collection
51. Record Keeping
52. Chronologies
53. Multi-Agency Working
54. Managing Medicines & Health Needs
55. Behaviour Support & Emotional Regulation
56. Missing Child & Absconding (full)
57. Outings, Community Visits & Transport
58. Intimate Care & Toileting
59. Safe Touch & Professional Boundaries
60. Anti-Bullying & Peer-on-Peer Abuse
61. Online Safety & Digital Safeguarding
62. Collection, Non-Collection & Unauthorised Adults

63. Visitors, Volunteers & Contractors
64. Sleep & Rest-Time Safety
65. Accidents, Injuries & First Aid
66. Premises Security & Environment Safety
67. Whistleblowing & Culture of Safety
68. Local Authority Safeguarding Contact Directory

This policy and associated procedures set out Ohana Centre's commitment to ensuring the safety and welfare of children.

The setting follows the Ofsted Early Years Inspection Framework (2025), which places strong emphasis on leadership oversight, professional curiosity, effective supervision and child-centred safeguarding responses.

This policy must be read in conjunction with the Local Safeguarding Children Partnership Multi Agency Safeguarding Children Arrangements-

For Ohana Centre in RBKC- the document can be found here, and is also saved in the policy files:

<https://www.londonsafeguardingchildrenprocedures.co.uk/>

Key contacts in RBKC & Other Nearby Local Authorities:

ROYAL BOROUGH OF KENSINGTON & CHELSEA (RBKC)	
MASH	Tel: 020 7361 3013
Out of Hours	Tel: 020 7361 3013
Duty Line	Tel: 020 7361 3013
LADO – Duty Line	Tel: 020 7361 2120 Email: KCLADO.Enquiries@rbkc.gov.uk
LADO Officer – Aqualma Daniel	Tel: 07870 481 712 Email: Aqualma.Daniel@rbkc.gov.uk
Tri-borough MASH Support – Karen Duncan	Tel: 020 7641 3991 Email: kduncan1@westminster.gov.uk
Tri-borough MASH Support – Dhruva Vashee	Tel: 07866 077169 Email: dvashee@westminster.gov.uk
Specialist Public Health Nurse – Menna Emmanuel	Tel: 020 7641 5498 Email: menna.emmanuel@nhs.net
Specialist Health Practitioner – Debra Cox	Tel: 020 7641 3485 Email: Debra.Cox@nhs.net
Duty Child Protection Adviser	Tel: 020 7361 3013
Family Support Adviser – Sharon Aggor	Mobile: 07929 822 2840 Email: sharon.aggor@rbkc.gov.uk
Family Support Adviser – Anna Richards	Mobile: 07974 613 180 Email: anna.richards@rbkc.gov.uk
Child Exploitation Lead – Sarah Stalker	Tel: 020 7598 4640 Mobile: 07971 322 482 Email: sarah.stalker@rbkc.gov.uk
Interim Service Manager – Sarah Mangold	Mobile: 07984 016 841 Email: sarah.mangold@rbkc.gov.uk
Head of Safeguarding – Angela Flahive	Tel: 020 7361 3467 Mobile: 07971 320 888 Email: angela.flahive@rbkc.gov.uk
Safeguarding Lead for Schools – Elaine Campbell	Tel: 020 7361 3000 Mobile: 07712 236 508 Email: elaine.campbell@rbkc.gov.uk
Education & Attendance – Wendy Anthony	Tel: 020 7745 6440 Email: wendy.anthony@rbkc.gov.uk
Prevent Team	Tel: 020 8753 5727 Email: prevent@lbhf.gov.uk
Early Help	Tel: 020 7361 4129 / 3013
HAMMERSMITH & FULHAM (LBHF)	
MASH / Front Door	Tel: 020 8753 6600 Email: familyservices@lbhf.gov.uk
Out of Hours	Tel: 020 8748 8588

LADO – Duty Line	Tel: 020 8753 5125 Email: lado@lbhf.gov.uk
LADO Business Support	Email: FCPBusinessSupport@lbhf.gov.uk
Early Help	Tel: 020 8753 6070 Email: earlyhelp@lbhf.gov.uk
Prevent	Tel: 020 8753 5727 Email: prevent@lbhf.gov.uk
WESTMINSTER CITY COUNCIL	
MASH	Tel: 020 7641 4000 Email: AccessstoChildrenandFamilyServices@westminster.gov.uk
Out of Hours	Tel: 020 7641 6000
LADO (Tri-Borough)	Tel: 020 7361 2120 Email: KCLADO.Enquiries@rbkc.gov.uk
Early Help	Tel: 020 7641 4000
Prevent	Tel: 020 8753 5727 Email: prevent@lbhf.gov.uk
BRENT COUNCIL	
Family Front Door / MASH	Tel: 020 8937 4300 Email: family.frontdoor@brent.gov.uk
Out of Hours	Tel: 020 8863 5250
LADO – Brent	Tel: 020 8937 5367 Email: LADO@brent.gov.uk
Principal LADO – Scott Pountney	Email: scott.pountney@brent.gov.uk
Early Help	Tel: 020 8937 2700 Email: earlyhelp@brent.gov.uk
Prevent / Channel	Tel: 020 8937 4286 Email: Channel@brent.gov.uk
WANDSWORTH COUNCIL	
MASH	Tel: 020 8871 6622 Email: mash@wandsworth.gov.uk
Out of Hours	Tel: 020 8871 6000
LADO – Duty Line	Tel: 020 8871 6622 Email: LADO@richmondandwandsworth.gov.uk
Lead LADO – Mike Creeden	Email: mike.creeden@richmondandwandsworth.gov.uk
Early Help	Tel: 020 8871 7899 Email: earlyhelp@wandsworth.gov.uk
Prevent	Tel: 020 8871 7401 Email: prevent@wandsworth.gov.uk
HACKNEY	
MASH	Tel: 020 8356 5500 Email: MASH@hackney.gov.uk
Out of Hours	Tel: 020 8356 2710
LADO – Hackney	Tel: 020 8356 4569 Email: LADO@hackney.gov.uk
Lead LADO – Janice Green	Email: janice.green@hackney.gov.uk
Early Help	Tel: 020 8356 5570 Email: earlyhelp@hackney.gov.uk
Prevent	Tel: 020 8356 8285 Email: Prevent@hackney.gov.uk
HEALTH & NHS CONTACTS	
Designated Nurse – Emelia Bulley	Mobile: 07867 185726 Email: ebulley@nhs.net
Named GP – Dr Neera Dholakia	Mobile: 07917 001950 Email: neeradholakia@nhs.net
Designated Nurse LAC – Corina Christos	Mobile: 07824 300 619 Email: corina.christos@nhs.net
School Nursing (CNWL)	Tel: 020 3317 4460 Email: cnw-tr.kandcshs.cnwl@nhs.net
Health Visiting (CLCH)	Tel: 020 8200 2500 (Option 2) Email: CLCHT.ChildHealthInformationHubkcfw@nhs.net
Named Nurse – Catherine Hunter	Mobile: 07876 313 939 Email: catherinehunter4@nhs.net
CHILD DEATH REVIEW (CDR)	
NWL Child Death Review Team	Email: nwlccts.cdr@nhs.net
Specialist Nurse – Duduzile Hlatshwayo	Tel: 07824 548 6330
Interim Specialist Nurse – Audrey Warren	(No number provided)
CHELSEA & WESTMINSTER HOSPITAL TRUST	

Named Nurse – Faye Mitchison	Tel: 020 3315 2751 Mobile: 07388 998 373 Email: Faye.Mitchison@chelwest.nhs.uk
Named Doctor – Paul Hargreaves	Tel: 020 3315 3112 Email: Paul.Hargreaves@nhs.uk
Named Midwife – Wendy Allen	Tel: 020 3315 8000 Mobile: 07769 648 642 Email: wendy.allen1@nhs.net
IMPERIAL HOSPITAL TRUST	
Safeguarding (Children)	Email: Imperial.safeguarding.children@nhs.net
Safeguarding (Maternity)	Email: Imperial.safeguarding.maternity@nhs.net
Head of Safeguarding – Nicci Wotton	Tel: 020 3312 5173 Mobile: 07917 374 795 Email: nicci.wotton@nhs.net
Named Doctor – Dr Kati Malbon	Email: k.malbon@nhs.net
Named Midwife – Anna Robinson	Tel: 020 3313 5294 Email: anna.robinson9@nhs.net

SECTION 1 — INTRODUCTION

Ohana Centre is committed to safeguarding and promoting the welfare of all children. We recognise our legal and moral duty to safeguard and promote the welfare of children in our care, to work in partnership with parents and other agencies, and to ensure that every child feels safe, secure, valued and respected.

Where there is a safeguarding concern, data protection and confidentiality must never delay information sharing.

This policy outlines how we meet our statutory responsibilities under:

- The Early Years Foundation Stage (EYFS) 2024 and EYFS 2025 updates, including new requirements relating to digital safety, supervision, SEND safeguarding and staff training
- Keeping Children Safe in Education (KCSIE) 2024 (relevant sections applied as best practice)
- Working Together to Safeguard Children 2023
- Local Safeguarding Partnership procedures
- The Children Act 1989 & 2004
- The Safeguarding Vulnerable Groups Act 2006
- The Prevent Duty (Counter-Terrorism and Security Act 2015)
- Information Sharing Advice for Safeguarding Practitioners (DfE 2024)
- Ofsted Early Years Inspection Handbook (2025) and Early Years Inspection Framework (2025)

Legal Framework

This policy is based on:

- Children Act 1989 & 2004
- Education Act 2002
- Childcare Act 2006
- EYFS Statutory Framework 2024/2025
- Working Together to Safeguard Children (2023)
- KCSIE (2024) guidance adapted for early years
- Prevent Duty (2015)

- GDPR and Data Protection Act 2018
- Multi-Agency Child Protection Standards (2025, once fully implemented)

Safeguarding and promoting the welfare of children includes:

- Protecting children from maltreatment
- Preventing impairment of children's mental and physical health or development
- Ensuring children grow up in circumstances consistent with safe and effective care
- Taking action to enable all children to have the best outcomes

We recognise that:

- Children with SEND, communication difficulties and developmental delay require enhanced safeguarding vigilance
- Staff must demonstrate professional curiosity and always adopt the mindset: "*it could happen here*"
- Safeguarding is everyone's responsibility

This policy works alongside:

- Safer Recruitment Policy
- Behaviour Policy
- Whistleblowing Policy
- Allegations Management Policy
- Code of Conduct
- Mobile Phone and Digital Device Policy
- Online Safety Policy
- Complaints Policy
- Supervision Policy (reflecting EYFS 2025 safeguarding supervision requirements)

This policy applies to:

- All permanent, temporary, and agency staff
- Students and volunteers
- Directors and proprietors
- External professionals and contractors working onsite
- Any individual who may come into contact with children within the setting

1.1 Designated Safeguarding Lead (DSL)

In line with EYFS and statutory guidance:

- Designated Safeguarding Lead (DSL): Alba Arenas Martín
- Deputy DSL: Amerie Appiah-Badu

The DSL and Deputy DSL are responsible for:

- Managing safeguarding concerns and child protection referrals
- Liaising with the Local Authority Designated Officer (LADO) when concerns relate to staff
- Overseeing online safety, filtering and monitoring systems
- Ensuring staff receive safeguarding updates at least termly
- Ensuring safeguarding is routinely discussed in supervision
- Maintaining accurate, secure safeguarding records
- Coordinating multi-agency working
- Ensuring parents are informed where appropriate
- Ensuring safer recruitment practices are followed
- Ensuring staff understand the additional vulnerabilities of children with SEND
- Notifying Ofsted of any statutory notifiable incidents

A trained DSL or Deputy DSL is available on site or contactable at all times children are present.

1.2 Related Legislation and Guidance

This policy reflects the following guidance and statutory duties:

- EYFS 2024/2025 statutory requirements
 - Working Together to Safeguard Children (2023)
 - Keeping Children Safe in Education (2024)
 - Channel Duty Guidance (2023)
 - Ofsted Early Years Inspection Handbook and Framework (2025)
 - Information Sharing Advice (2024)
 - Prevent Duty Guidance
 - Children Missing Education Guidance
 - Sexual Violence and Sexual Harassment Guidance (where relevant to early years)
 - Data Protection and GDPR obligations
-

1.3 Safeguarding Vision at Ohana

As a specialist SEND early-intervention setting, safeguarding at Ohana requires:

- Enhanced vigilance due to children's communication differences
- Recognition that behaviour is a primary communication method for many children
- Trauma-informed and neuro-affirming approaches
- Adjustments to ensure children can express concerns through non-verbal or supported means

- Close collaboration with parents, SALTs, OTs, EPs and other professionals
- Detailed monitoring of behaviour patterns, distress indicators and chronology of concerns
- Embedding safeguarding within the curriculum through co-regulation, emotional literacy and communication support

We are committed to ensuring that all children at Ohana are protected, listened to, and supported to achieve their best outcomes within a safe, nurturing and secure environment.

SECTION 2 — SAFEGUARDING ROLES AND RESPONSIBILITIES

Safeguarding is everyone's responsibility. All adults working at Ohana Centre share a collective duty to protect children, to identify concerns early, to respond promptly, and to act in the best interests of the child at all times. All staff must adopt the mindset "*it could happen here*" and demonstrate professional curiosity.

The following roles ensure safeguarding is embedded throughout the setting.

2.1 Designated Safeguarding Lead (DSL)

- The Designated Safeguarding Lead (DSL) for Ohana Centre is Alba Arenas Martín.
- The Deputy DSL is Amerie Appiah-Badu.

The DSL has overall responsibility for safeguarding, including child protection, online safety, safer recruitment and multi-agency coordination. The DSL ensures that safeguarding is prioritised in the setting and that all statutory duties are met.

- The SENCO role is distinct from the Designated Safeguarding Lead role unless explicitly stated.

The DSL is responsible for:

- Receiving, assessing and responding to safeguarding concerns
- Making referrals to MASH and liaising with social care
- Contacting the LADO when concerns relate to staff or adults working in the setting
- Ensuring accurate, secure and up-to-date safeguarding records
- Ensuring parents are informed where appropriate and safe
- Coordinating multi-agency work and attending meetings
- Providing advice and support to staff
- Overseeing filtering and monitoring systems used for online safety
- Delivering safeguarding updates to staff at least termly
- Ensuring safeguarding discussions form part of staff supervision (EYFS 2025)
- Ensuring safer recruitment procedures are followed
- Ensuring staff understand the additional vulnerabilities of children with SEND
- Ensuring Ofsted is notified of any notifiable incidents or concerns

A trained DSL or Deputy DSL is available on site or contactable at all times when children are present.

2.2 Deputy DSL

The Deputy DSL supports the DSL with case management and takes responsibility in the DSL's absence.

The Deputy DSL receives the same level of training and is included in oversight of online safety, filtering and monitoring processes.

2.3 Responsibilities of All Staff

All staff must:

- Understand and follow this Safeguarding and Child Protection Policy
- Complete safeguarding induction before working with children
- Be familiar with signs of abuse, neglect and indicators of harm, including non-verbal cues
- Recognise the additional safeguarding needs of children with SEND
- Record and report concerns immediately to the DSL or Deputy DSL
- Act immediately if a child is at risk of harm
- Maintain professional boundaries at all times
- Use only approved communication channels
- Follow the Online Safety and Digital Devices Policy
- Demonstrate professional curiosity and challenge decisions where necessary
- Escalate concerns if they believe a child remains at risk
- Report low-level concerns or any concerns about staff conduct
- Attend required safeguarding training and receive regular updates
- Understand and follow safer working practices when working 1:1 with children

No member of staff should ever assume someone else will take action.

2.4 Responsibilities of Directors and Management

Directors and management have overall strategic responsibility for safeguarding. They must ensure that:

- Policies are compliant, accessible, understood and consistently applied
- Safeguarding oversight is robust and evidenced
- A positive safeguarding culture is embedded throughout the setting
- Safer recruitment practices are followed and monitored
- Staff receive training appropriate to their roles
- Regular safeguarding supervision takes place
- The DSL has sufficient time, authority and resources to fulfil their duties
- Allegations against staff are managed appropriately and in line with LADO procedures
- Concerns are escalated appropriately when multi-agency responses are delayed or ineffective
- Ofsted and local authorities receive notifications within statutory timeframes

- Risk assessments are clear, regularly reviewed and linked to safeguarding practice
- The Single Central Record (SCR) is accurate and up to date

Leadership must be able to demonstrate safeguarding impact, not just the existence of safeguarding processes.

2.5 Responsibilities of Students, Volunteers and Agency Staff

All students, volunteers and agency staff must:

- Receive safeguarding induction before beginning work
- Know who the DSL and Deputy DSL are
- Understand how to report concerns
- Comply with all policies, including mobile phone and digital device restrictions
- Work under supervision at all times until fully vetted
- Never be left alone with children until all required checks are confirmed

Agency staff must have written verification of DBS and vetting checks before working with children.

2.6 Multi-Agency Partnership

Ohana Centre works closely with:

- RBKC, LBHF and Westminster MASH teams
- Local SEND services
- Speech and Language Therapists (SALTs)
- Occupational Therapists
- Educational Psychologists
- Health visitors and school nursing teams
- GPs, paediatricians and relevant NHS services
- Local Safeguarding Partnerships

Staff fully cooperate with investigations, share relevant information promptly and attend multi-agency meetings where required.

The DSL ensures that:

- Chronologies, behaviour logs and SEND assessments are integrated into safeguarding decision-making
- Early Help referrals are made where appropriate
- Concerns are escalated according to the Local Safeguarding Partnership escalation policy if responses are delayed or insufficient

SECTION 3 — RECOGNISING ABUSE AND INDICATORS OF HARM

All staff must be able to recognise signs of abuse, neglect and harm. Children at Ohana may communicate concerns verbally, non-verbally or through changes in behaviour, emotional presentation or sensory responses. Staff must demonstrate professional curiosity, observe patterns over time and report any concern to the DSL without delay.

3.1 What Is Abuse?

Abuse is a form of maltreatment of a child. It may involve inflicting harm or failing to act to prevent harm. Abuse may occur within the family or in institutional or community settings. Children may be abused by adults or other children.

The four categories of abuse are:

1. Physical Abuse
2. Emotional Abuse
3. Sexual Abuse
4. Neglect

For many children with SEND:

- Behaviour is a primary form of communication
 - Injuries may be unnoticed or unexplained due to communication differences
 - Distress may be shown through regression, shutdown, avoidance, sensory changes or emotional dysregulation
 - Explanations from adults may not match the child's developmental level
-

3.2 Physical Abuse — Indicators

Physical abuse includes hitting, shaking, throwing, poisoning, burning, scalding, drowning, suffocating or otherwise causing physical harm. It also includes fabricated or induced illness (FII).

Indicators may include:

- Bruising, injuries or marks in unusual places
- Finger marks, burns or grip marks
- Frequent injuries with inconsistent explanations
- Delay in seeking medical attention
- Flinching or fear of adults
- Wearing inappropriate clothing to cover marks

SEND-specific indicators:

- Child unable to describe what happened due to communication needs
 - Sudden changes in movement or tolerance of touch
 - Regression in physical or emotional presentation
 - Explanations from carers that do not align with observed needs
-

3.3 Emotional Abuse — Indicators

Emotional abuse involves persistent emotional maltreatment affecting a child's emotional development.

Indicators may include:

- Excessive fear, withdrawal or anxiety

- Extreme behaviours (aggressive, defiant, overly compliant)
- Low confidence or self-esteem
- Developmental delay without medical explanation
- Attachment difficulties or ambivalence toward adults

SEND-specific indicators:

- Distressed behaviours with no sensory or environmental trigger
 - Shutdown responses or abrupt withdrawal
 - Repetitive apologising
 - Abrupt changes in communication or interaction
-

3.4 Sexual Abuse — Indicators

Sexual abuse involves forcing or enticing a child to take part in sexual activities, including grooming, exploitation or exposure to inappropriate sexual content.

Indicators may include:

- Sexualised behaviour not appropriate to age or development
- Knowledge beyond expected levels
- Pain, bleeding, discharge or discomfort
- Sudden fear of particular people
- Online attempts to access inappropriate or sexualised content

SEND-specific indicators:

- Repetitive or self-stimulating behaviours linked to distress
 - Regression in toileting or self-care
 - Avoidance of an adult with no clear explanation
-

3.5 Neglect — Indicators

Neglect is the persistent failure to meet a child's basic physical or emotional needs.

Indicators may include:

- Poor hygiene, dirty or ill-fitting clothing
- Inadequate supervision
- Hunger or hoarding food
- Frequent or persistent illness due to lack of care
- Faltering growth

SEND-specific indicators:

- Missed therapy and medical appointments

- Failure to follow agreed therapeutic recommendations
 - Equipment not provided, used incorrectly or poorly maintained
 - Lack of support for communication or sensory needs
-

3.6 Domestic Abuse — Indicators

Children are recognised in law as victims if they see, hear or experience domestic abuse.

Indicators may include:

- Hypervigilance, fearfulness or startle responses
- Regression (e.g., toileting, feeding, sleep disruption)
- Emotional dysregulation
- Avoidance of conflict or loud sounds

SEND-specific indicators:

- Increases in self-injurious behaviour
 - Shutdowns or escalated sensory behaviours
 - Distress after time spent at home or with specific caregivers
-

3.7 Child Sexual Exploitation (CSE) & Child Criminal Exploitation (CCE)

Exploitation involves manipulation, coercion or force used to involve a child in sexual or criminal activity.

General indicators:

- Unexplained money or gifts
- Secretive or withdrawn behaviour
- Going missing or leaving home unexpectedly
- Association with older peers

SEND children are at higher risk due to:

- Communication challenges
 - Higher dependency on adults
 - Desire for social acceptance
 - Difficulty recognising unsafe relationships
-

3.8 Grooming — Indicators

Grooming may occur online or in person.

Indicators include:

- Excessive attention from an adult or older peer
- Gift-giving or special treatment

- Attempts to isolate the child
- Encouragement to keep secrets
- Gradual exposure to inappropriate material

For SEND children, grooming may be harder to recognise because interactions may be framed as "support" or "special interest."

3.9 Fabricated or Induced Illness (FII)

Indicators include:

- Symptoms reported only by the parent/carer
- Child presenting well despite described symptoms
- Multiple medical opinions sought
- Professionals expressing concern about inconsistencies

SEND-specific concerns:

- Over-reporting of developmental symptoms for personal or financial gain
 - Exaggerated reports of behaviours not seen in the setting
-

3.10 Bullying, Including Cyberbullying

Indicators may include:

- Withdrawal or distress
- Changes in behaviour or mood
- Avoidance of certain peers
- Sleep issues

SEND children may be more vulnerable due to communication difficulties or challenges interpreting social cues.

3.11 Radicalisation — Indicators

Under the Prevent Duty, indicators may include:

- Isolation from peers
- Interest in extremist narratives
- Use of extremist language or symbols
- Sudden changes in behaviour or ideology

Even young children may be influenced indirectly by family beliefs or exposure.

3.12 Additional Vulnerabilities of Children With SEND

EYFS 2025 requires explicit recognition of SEND vulnerabilities.

Children with SEND may:

- Have limited awareness of danger
- Rely heavily on adults for care
- Be more compliant or eager to please
- Be unable to verbalise distress
- Express fear through behaviour rather than words

Staff must:

- Observe carefully for patterns over time
- Use communication aids, visuals and modelling to support disclosures
- Document behaviour changes and discuss them in supervision
- Treat all behavioural concerns as potentially significant until assessed

SECTION 4 — PROCEDURES FOR REPORTING CONCERNs

All staff have a statutory duty to act immediately if they believe a child may be at risk of harm. Concerns must be reported to the DSL without delay. Staff must never assume that someone else will act.

Safeguarding concerns include (but are not limited to):

- Disclosures (verbal or non-verbal)
- Observed injuries or unexplained marks
- Concerning behaviours or emotional changes
- Distressed sensory responses without a clear trigger
- Concerns raised by parents, carers or professionals
- Patterns of multiple low-level concerns
- Worrying interactions between adults and children
- Online safety concerns
- Domestic abuse indicators
- Concerns about staff conduct

For SEND children, concerns may present subtly and through behaviour rather than words. Any behavioural, emotional or physical change must be reported.

4.1 Immediate Actions When a Concern Arises

If a child is in immediate danger or requires urgent medical help, staff must:

1. Call emergency services (999)
2. Inform the DSL or Deputy DSL immediately
3. Take reasonable steps to keep the child safe

4. Reassure the child (if verbal) without asking leading questions
5. Record facts as soon as possible, using the child's words, gestures or behaviour

Staff must never:

- Investigate
 - Ask leading or probing questions
 - Make assumptions
 - Promise confidentiality
-

4.2 Disclosures From Children

Children at Ohana may disclose in many ways, including:

- Gestures
- Visual communication
- AAC devices
- Changes in behaviour, play, body language or vocalisations
- Sudden fear, withdrawal or shutdown

When a child communicates something concerning, staff must:

- Stay calm and listen
 - Acknowledge the child's feelings
 - Avoid interrupting
 - Never promise to keep secrets
 - Explain sensitively that you must share the concern to keep them safe
 - Report immediately to the DSL
 - Record the disclosure clearly, including gestures or behaviours
-

4.3 Reporting to the DSL

Staff must report all concerns immediately to the DSL or Deputy DSL.

Reports must be:

- Clear, factual and objective
- Written as soon as possible
- Free from assumptions or personal opinion
- Accurate with times, dates and observations

If both DSL and Deputy DSL are unavailable and the concern is urgent, staff must contact MASH directly.

No staff member may delay a referral.

4.4 When the DSL Makes a Referral

The DSL will:

1. Gather relevant information from staff and professionals
2. Assess risk using statutory thresholds
3. Make a referral to MASH where the threshold is met
4. Seek Early Help where appropriate
5. Contact the LADO if an allegation relates to staff
6. Notify Ofsted for any notifiable incident
7. Record all actions, decisions and the rationale

Parents are informed unless doing so places the child at greater risk.

4.5 Early Help

Early Help provides support to families at an emerging level of need.

The DSL may initiate Early Help when:

- There are concerns about parenting capacity
- SEND-related stress is impacting the child's welfare
- Therapeutic recommendations are not followed
- Attendance is inconsistent
- Families are socially isolated or overwhelmed
- There are early signs of domestic abuse
- Parents request help

Early Help is voluntary and requires parental consent unless risk prohibits this.

4.6 When Staff Must Make a Direct Referral

Staff must make a direct referral to MASH if:

- The DSL or Deputy DSL is unavailable
- The child is at immediate risk
- They disagree with the DSL's decision and believe the child remains at risk
- They believe abuse is ongoing or escalating

This requirement is stated in Working Together 2023 and KCSIE 2024.

Staff must notify the DSL as soon as possible after contacting MASH.

4.7 What Happens After a Referral

After a referral, MASH may:

- Offer advice

- Take no further action
- Initiate Early Help
- Begin a Child and Family Assessment
- Carry out Section 47 enquiries (child protection)
- Involve additional agencies

The DSL will:

- Cooperate fully with social workers
 - Provide relevant information promptly
 - Attend meetings and case conferences
 - Continue supporting and monitoring the child
 - Maintain accurate records
-

4.8 Recording Concerns

All safeguarding records must:

- Be completed as soon as possible
- Be factual, accurate and objective
- Include dates, names, times and observations
- Use body maps where needed
- Record exact words, behaviour or gestures used during disclosure
- Detail actions taken and decisions made
- Be signed and dated

Records are stored securely and separately from general child files.

Parents may access records unless doing so creates risk.

4.9 Reporting Concerns About Staff or Adults Working in the Setting

Staff must report concerns about:

- Employees
- Agency workers
- Students
- Volunteers
- Contractors
- Visitors

Examples include:

- Boundary violations

- Rough handling or inappropriate restraint
- Sexualised comments
- Unprofessional communication
- Use of personal phones or cameras
- Being alone in a secluded area with a child
- Failure to report concerns

The DSL will:

- Follow allegations procedures
- Contact the LADO
- Record the concern

Staff may also use whistleblowing procedures.

4.10 Reporting Low-Level Concerns

Low-level concerns are behaviours that do not meet LADO threshold but are inconsistent with professional expectations.

Examples:

- Over-familiarity
- Inappropriate humour or comments
- Poor supervision
- Unnecessary physical contact
- Favouritism
- Breach of mobile phone rules
- Being alone with a child in an unobservable space

The DSL records all low-level concerns and monitors for patterns.

4.11 If a Child Is Missing or Not Collected

If a child is missing or not collected, staff must:

- Attempt to contact parents/carers
- Escalate to emergency contacts
- Contact the police and/or social care if the child cannot be located
- Record all actions and timings

For SEND children, uncollected or missing episodes may be an indicator of neglect and must be escalated accordingly.

SECTION 5 — MOBILE PHONES, CAMERAS AND DIGITAL DEVICES

Ohana Centre is committed to ensuring the safe and appropriate use of all digital devices, including mobile phones, tablets, cameras, smart watches and any equipment capable of recording, storing or transmitting images or audio. Misuse of devices poses significant safeguarding risks such as:

- Recording children without consent
- Sharing images inappropriately
- Online grooming or exploitation
- Breaches of confidentiality
- Loss of personal or sensitive data

This section sets out clear expectations for staff, parents, visitors, contractors and external professionals.

The misuse of any device on site will be treated as a safeguarding concern and may also trigger LADO referral, police involvement or disciplinary action.

5.1 Staff Mobile Phones

To protect children:

- Staff must not use personal mobile phones in any childcare area.
- Phones must be stored in lockers or the designated staff storage area.
- Phones may only be used during breaks and only in staff rooms.
- Staff must never use personal phones to:
 - take photos or videos
 - contact parents
 - contact children
 - access social media involving children
 - make or receive calls around children
- Phones must never be taken into bathrooms, changing areas or sensory rooms where intimate care occurs.
- Smart watches may be worn but messaging, recording or calling features must be disabled while working.

Any breach is logged as either:

- a Low-Level Concern, or
 - an Allegation if safeguarding thresholds are met.
-

5.2 Use of Nursery-Owned Digital Devices

Only Ohana-owned devices may be used to photograph or record children.

All setting devices must:

- be password-protected
- be used only for work purposes
- never leave the premises without management authorisation
- be stored securely when not in use
- have appropriate filtering and monitoring installed
- be regularly checked for unauthorised apps or content

Images or videos must be uploaded to secure storage and deleted from the device promptly.

5.3 Photographs and Video Recording

To protect children:

- Photographs may only be taken using Centre-owned devices.
- No images may be stored on personal devices.
- Images may only be used where parental consent is in place.
- No photos are taken in bathrooms, toilet areas or intimate care spaces.
- Children must be appropriately dressed in all images.
- Images must never be shared on personal social media or personal WhatsApp.
- Staff must challenge and report any inappropriate use of devices immediately.

Images are stored securely and deleted when no longer required.

5.4 Parent Use of Mobile Phones On Site

Parents must not:

- use mobile phones in any childcare areas
- record or photograph children without authorisation
- post photos of other children on social media

Staff must politely challenge any breach and inform the DSL if concerns persist.

5.5 WhatsApp, Messaging Apps and Communication Rules

To maintain professional boundaries and protect children:

- Staff must not use personal WhatsApp or messaging apps to communicate with parents.
- All communication must take place through approved Ohana channels only.
- Staff WhatsApp groups must never include:
 - children's names

- images
- confidential or sensitive information

Sharing child information via personal apps is a safeguarding and GDPR breach.

5.6 Online Safety for Staff and Children

Online safety is part of safeguarding.

The DSL ensures:

- secure filtering and monitoring systems
- online safety rules are integrated into staff training
- children's digital use (where applicable) is supervised
- only approved apps and websites are used
- external professionals do not access Wi-Fi in childcare areas without permission
- AI tools and smart toys with cameras/microphones are risk-assessed or prohibited

Online safety concerns follow the same reporting process as any safeguarding concern.

5.7 Prohibited Personal Recording Devices

The following may not be used in childcare areas:

- personal cameras
- personal tablets
- smart watches used for recording
- personal audio recording devices
- any device that can store or transmit images/audio

Only authorised nursery devices may be used for professional recording.

5.8 Visitors, External Professionals and Contractors

All visitors must:

- store mobile phones securely or keep them out of sight
- never use phones in childcare areas
- sign a declaration acknowledging digital safety rules

Contractors working near children must switch off and secure devices.

External therapists using their own devices for clinical notes must follow data-protection rules and never record children without explicit written consent.

5.9 Reporting Misuse of Devices

Any misuse of a device is a safeguarding incident.

Staff must:

1. Report immediately to the DSL
2. Record the concern
3. Support the DSL in gathering information

The DSL will:

- investigate the incident
- take proportionate action
- refer to LADO or police where thresholds are met
- notify Ofsted if criteria apply
- record outcomes on the safeguarding system

Misuse by parents, visitors or contractors may result in restricted access or removal from the premises.

SECTION 6 — ONLINE SAFETY

Online safety is an essential part of safeguarding. All children must be protected from harmful online content, contact, conduct and commercial risks. Although most children at Ohana may not access technology independently, the setting remains responsible for ensuring that every device used on-site is safe, secure and appropriately monitored.

Online safety applies to:

- Internet-connected devices
- Apps, software and digital tools
- Tablets, smart toys and screens
- AI-enabled tools
- Cameras and recording devices
- Wi-Fi and network access

Online safety concerns follow the same reporting process as any safeguarding concern.

6.1 DSL Leadership of Online Safety

The Designated Safeguarding Lead (DSL) has strategic responsibility for online safety and ensures that:

- Effective filtering and monitoring systems are in place and reviewed regularly
- Online safety risks are understood by all staff
- Staff training includes digital safeguarding and case studies relevant to SEND
- Only authorised apps/software are used with children
- Device security, password protection and data protection rules are followed
- Online safety incidents are logged, monitored and escalated when required
- Online safety is included in staff supervision and safeguarding meetings

Online safety is treated as part of whole-setting safeguarding culture.

6.2 Filtering and Monitoring

Ohana ensures:

- All Centre-owned devices have secure filtering systems that block harmful content
- Browsers and apps restrict access to inappropriate websites or media
- Monitoring systems alert leadership to concerning searches or activity
- Staff must not bypass filtering using personal hotspots or unmonitored networks
- Guests and external professionals cannot access childcare-area Wi-Fi without permission
- Devices are checked regularly for:
 - unauthorised apps
 - external communication tools
 - stored images or recordings
 - signs of tampering or bypass attempts

The DSL reviews filtering and monitoring periodically and after any incident.

6.3 Use of Digital Devices with Children

Any digital tool used with children must be:

- Purposeful, developmental and age-appropriate
- Pre-screened by staff for content, adverts or sudden pop-ups
- Supervised at all times
- Free from external links or contact opportunities
- Used in short, structured intervals to avoid dysregulation
- Consistent with children's SEND profiles (e.g., sensory needs)

Children must never have unsupervised access to devices.

Devices may not be used to access:

- YouTube or video-sharing platforms unless the video has been screened fully
 - Apps requiring login credentials
 - Games containing adverts, timers, chat features or in-app purchases
-

6.4 KCSIE Online Risk Categories (2024)

Staff must understand the four statutory categories:

1. Content — what children see

Children may be exposed to harmful material such as:

- Violence
 - Sexual content
 - Misleading information
 - Extremist or radicalising content
 - Scary images or loud sensory content that distress SEND learners
-

2. Contact — who children interact with

Risks include:

- Grooming
- Exploitation
- Persuasion to share information
- Adults posing as children
- Attempts to communicate through games/apps

SEND children may be more trusting or less able to recognise danger.

3. Conduct — how children behave online

Risks include:

- Sharing personal information unintentionally
- Copying inappropriate behaviour seen online
- Acting out harmful content
- Upsetting or being upset by online interactions

SEND children may model behaviour literally or impulsively.

4. Commerce — money and data exploitation

Risks include:

- In-app purchases
- Advertising
- Scams targeted at parents via children's apps
- Data misuse

Parents may require support in managing these risks at home.

6.5 Staff Responsibilities for Online Safety

All staff must:

- Use only nursery-owned devices for work purposes

- Never discuss children or internal matters on personal apps
- Pre-screen all apps and websites before use
- Report any online safety concern immediately to the DSL
- Model safe and responsible digital behaviour
- Log out of devices and keep passwords confidential
- Ensure internet access is disabled on AAC devices unless needed for therapy
- Never use AI tools with children unless authorised and risk-assessed

Staff must maintain professional curiosity and challenge unsafe practice immediately.

6.6 Online Safety and SEND Vulnerability

Children with SEND may be at increased risk because of:

- Limited awareness of danger
- Challenges with understanding social rules
- Higher compliance — more likely to follow unsafe instructions
- Sensory-seeking behaviours
- Restricted interests that may be exploited online
- Limited ability to report concerns

Staff must be vigilant for:

- Behaviour changes after exposure to digital content
- Repetitive imitation of online characters or actions
- Attempts to touch or explore devices excessively
- Sudden fear or avoidance related to screens or certain images

Where AAC devices are used:

- Internet access remains disabled unless required
 - Apps must be locked into communication mode
 - No browser or external communication features may be enabled
-

6.7 Recording & Managing Online Safety Concerns

Examples of online safety incidents include:

- Children exposed to harmful videos or images
- Unauthorised photography or recording
- Attempted online contact with a child
- Discovery of unsafe apps on a nursery device

- Bypassing filtering or internet restrictions
- Staff misuse of digital devices
- Social media posts involving children or the setting

All incidents must be:

1. Reported immediately to the DSL
 2. Logged on the safeguarding system
 3. Investigated promptly
 4. Escalated to external agencies if needed (MASH, LADO, Police, Prevent)
 5. Reported to Ofsted where criteria apply
-

6.8 Working with Parents on Online Safety

Ohana supports parents by offering:

- Guidance on safe device use at home
- Advice on harmful apps, YouTube content and unmonitored AI tools
- Support with privacy controls and appropriate screen time
- Conversations when behaviour suggests concerning online exposure

Where necessary, the DSL may signpost families to:

- Early Help
 - Local digital safety workshops
 - SEND-specific family support services
-

6.9 AI, Smart Toys and Emerging Technologies

In line with current safeguarding and data protection expectations:

- AI tools may not be used with children unless risk-assessed and approved
- Smart toys with Wi-Fi, microphones or cameras are prohibited
- Devices capable of geolocation must have location services disabled
- Digital assistants (Alexa, Google Home, Siri) may not be used with children
- The DSL regularly reviews risks associated with new technologies and updates staff

SECTION 7 — SAFEGUARDING CHILDREN WITH SEND

Children with Special Educational Needs and Disabilities (SEND) are significantly more vulnerable to abuse, neglect and harm. Many barriers—such as limited communication, dependency on adults, difficulty recognising unsafe situations, or reliance on behaviour to express distress—mean that staff must apply enhanced vigilance at all times.

Safeguarding children with SEND is the responsibility of every practitioner at Ohana Centre.

7.1 Increased Vulnerability of SEND Children

Children with SEND may experience additional vulnerabilities because they may:

- Have limited verbal communication or rely on non-verbal methods
- Depend on adults for intimate care, regulation, or safety
- Struggle to understand risks, danger cues or unsafe behaviours
- Be socially naïve, trusting or compliant
- Experience behaviours that mask distress (e.g. stimming, shutdown)
- Have difficulty reporting concerns or describing events accurately
- Present behaviours that are easily misinterpreted
- Be at risk of exploitation due to dependence on routine or adults

Staff must never assume that a child with SEND:

- Would tell us if something is wrong
- Understands when a situation is unsafe
- Can differentiate between safe and unsafe adults
- Is “just having a behaviour day” without exploring why

Professional curiosity is essential.

7.2 Behaviour as Communication

For many Ohana children, behaviour is their primary communication tool.

Staff must recognise that behaviour changes may signal:

- Anxiety or fear
- Emotional distress
- Confusion or sensory overload
- Attempts to avoid a person or situation
- Pain, discomfort or injury
- An unsafe experience

Indicators may include:

- Escalating or new distressed behaviours
- Shutdown, withdrawal or avoidance
- Regression in toileting, feeding or communication
- Self-injurious behaviour
- Startle responses, hypervigilance or flinching
- Sudden clinginess or fear of separation
- Avoidance of particular staff or peers
- Loss of skills or developmental plateau

Any behavioural change that gives cause for concern must be reported to the DSL.

7.3 Non-Verbal and Pre-Verbal Disclosure

Children at Ohana may disclose harm through:

- Gestures or pointing
- Body language or avoidance
- Distress when approached by a particular person
- Repetitive statements or scripting
- Sensory overload or emotional dysregulation
- Withdrawal or silence
- Attempts to hide or escape

Staff must:

- Observe carefully and non-judgmentally
- Document exactly what was seen, heard or communicated
- Report immediately
- Treat non-verbal disclosures as seriously as verbal disclosures

Non-verbal communication must never be dismissed or minimised.

7.4 Safeguarding in Intimate Care

Children who require intimate care (e.g., toileting, dressing, feeding or personal hygiene) are at increased safeguarding risk because of necessary physical contact.

To ensure safe practice:

- Intimate care must follow the centre's Intimate Care Policy
- Staff must never be alone behind a closed door
- Gloves and hygiene procedures must be used

- Unexpected reactions (fear, flinching, freezing, crying) must be recorded
- Any marks or injuries seen must be reported to the DSL immediately
- Staff must not conduct care tasks not included in a child's plan
- No mobile phones or personal devices may be present

Intimate care plans must be reviewed regularly, especially when needs change.

7.5 Partnership with Therapists and Health Professionals

As an early-intervention SEND setting, Ohana works closely with:

- Speech & Language Therapists
- Occupational Therapists
- Educational Psychologists
- Paediatricians
- Health Visitors and School Nurses
- Portage workers
- Social care teams

These professionals may identify safeguarding indicators through:

- Regression in skills
- Missed appointments or cancelled therapy
- Inconsistent home implementation of strategies
- Developmental concerns
- Medical neglect or unaddressed health needs

Any concerns raised by therapists or health professionals must be shared with the DSL.

7.6 Avoiding Misinterpretation of SEND Behaviours

Staff must never:

- Attribute distress solely to autism, sensory processing or developmental delay
- Assume bruising or injuries are due to "clumsiness" without exploring alternative explanations
- Normalise extreme behaviours as "part of the child's condition"
- Accept parental or professional explanations without professional curiosity
- Ignore or minimise concerns because the child "cannot tell us"

Safeguarding explanations and SEND explanations must always both be explored.

7.7 Early Help and SEND Families

Many SEND families experience:

- High stress levels
- Sleep deprivation
- Social isolation
- Financial strain
- Difficulty managing multiple appointments
- Parental mental health challenges
- Relationship pressures or domestic conflict

The DSL should consider Early Help where:

- Parents appear overwhelmed
- Therapy or medical recommendations are not followed due to capacity issues
- There are concerns about emotional neglect
- Children show repeated dysregulated behaviours linked to home stress
- Family circumstances indicate need for support

Early Help often prevents escalation to statutory intervention.

7.8 Safe Working Practices with SEND Children

Staff must ensure:

- All 1:1 work remains visible and appropriately supervised
- Physical interventions follow agreed behaviour plans
- Any unplanned physical intervention is recorded and reported
- Physical contact is appropriate, necessary and child-led
- Staff maintain professional boundaries
- No staff member is alone in a secluded area with a child
- Co-regulation and sensory support prioritise safety
- Any deviations from normal practice are logged

Safe working practice protects children and staff.

7.9 SEND and Exploitation Risk

Children with SEND are statistically more vulnerable to long-term risks of:

- Grooming
- Sexual exploitation
- Criminal exploitation

- Online exploitation
- Manipulation or coercion

Early indicators (even in early years) include:

- Over-attachment to adults or strangers
- Seeking excessive physical affection
- Difficulty understanding safe/unsafe touch
- Compliance beyond developmental expectations
- Obsessive interest in older children or adults

These signs must be reported immediately.

7.10 Monitoring and Review

The DSL ensures that SEND safeguarding is:

- Reviewed regularly, including patterns of concern
- Discussed in staff supervision and team meetings
- Informed by therapist reports and multi-agency assessments
- Monitored through observation, learning walks and staff feedback
- Adapted as children's needs change or risks emerge

Safeguarding children with SEND remains a standing agenda item in the setting's practice oversight

SECTION 8 — SAFER RECRUITMENT

Ohana Centre is committed to safeguarding children by ensuring that all adults working with or near children are suitable, appropriately vetted, and consistently uphold the highest standards of professional behaviour.

Our safer recruitment procedures reduce the risk of unsuitable individuals gaining access to children, and apply to:

- Permanent staff
- Temporary and agency staff
- Students and volunteers
- Contractors who may come into contact with children
- External professionals working onsite

Safeguarding is central at every stage of recruitment.

8.1 Principles of Safer Recruitment

Our approach ensures:

- The welfare of children is prioritised at every point

- All applicants are scrutinised thoroughly
- No unvetted person is left alone with children
- Identity and suitability checks are completed before work begins
- Staff understand their ongoing responsibility to remain suitable

This aligns with EYFS 2025 expectations for:

- recruitment
 - supervision
 - role-specific safeguarding competence
 - Clear suitability monitoring throughout employment
-

8.2 Advertising and Job Descriptions

All job adverts must include:

- A clear statement of Ohana's commitment to safeguarding
- A requirement for an enhanced DBS with children's barred list check
- A note that references, identity verification and employment history checks are mandatory
- Clarification that safeguarding concerns will be passed to relevant authorities

Job descriptions must:

- Detail safeguarding responsibilities
 - Outline expectations for safe practice, online safety and professional boundaries
-

8.3 Application and Shortlisting

Applicants must complete the official Ohana application process — CVs alone are not accepted, as per safer recruitment guidance.

During shortlisting:

- Gaps in employment are identified and explored
- Inconsistencies or unclear information are queried
- Disclosures or red flags trigger additional checks
- Safeguarding concerns result in removal from the shortlist

Shortlisting decisions are recorded to ensure transparency.

8.4 Interviews

Interviews must include:

- At least one panel member with Safer Recruitment Training
- Safeguarding-focused questions exploring values and practical understanding

- Scenarios assessing boundaries, safe practice and judgement
- Clarification of any employment gaps or inconsistencies
- Exploration of the applicant's experience working with SEND children

Interviews assess both competence and suitability.

8.5 Pre-Employment Checks (EYFS & KCSIE Requirements)

Before a person starts work, the following checks must be completed:

1. Identity Check

Original documents must be presented in person.

2. Enhanced DBS with Children's Barred List

- Must be in place before any unsupervised contact.
- A risk assessment is required if waiting for clearance.

3. Right to Work in the UK

In line with Home Office requirements.

4. References

- Two references, including the most recent employer.
- Verified directly with the referee.
- Must address suitability to work with children.

5. Employment History Review

Includes examination of:

- Career gaps
- Frequent job changes
- Roles involving children

6. Health Declaration

Confirms the applicant is fit and safe to perform their role.

7. Overseas Checks

Required if the applicant lived or worked abroad.

8. Disqualification and Suitability Checks

Although "disqualification by association" no longer applies, EYFS requires:

- Staff to confirm they are not disqualified from childcare
 - Annual suitability declarations
 - Immediate reporting of changes in circumstances
-

8.6 Agency Staff and Contractors

Agencies must provide written confirmation of:

- Enhanced DBS
- Identity and right-to-work checks
- References verified
- Qualifications checked

Agency staff must:

- Receive safeguarding induction before starting
- Be clearly identifiable to permanent staff
- Never be left alone with children until full verification is confirmed

Contractors working in childcare areas:

- Must not use mobile phones
 - Must be supervised if unvetted
 - Must follow onsite safeguarding rules
-

8.7 Volunteers and Students

Volunteers and students:

- Must undergo relevant vetting checks appropriate to their role
 - Must never be left alone with children
 - Must receive safeguarding and safe-working induction before placement
 - Must follow all policies, including digital safety and professional conduct
-

8.8 Probation and Ongoing Suitability

All new staff complete a probation period where:

- Conduct and practice are regularly monitored
- Safeguarding competence is reviewed
- Professional boundaries are assessed
- Attendance, punctuality and teamwork are evaluated

During employment, staff must report immediately if:

- They are involved in police investigations
- They receive cautions or convictions
- There are changes in personal circumstances affecting suitability
- Anyone in their household becomes a safeguarding risk

Annual suitability declarations are mandatory.

8.9 Single Central Record (SCR)

Ohana maintains a detailed SCR that includes:

- Identity verification
- DBS details (number, date, outcome)
- Barred list check
- Right-to-work confirmation
- Qualifications
- Overseas checks (if applicable)
- References
- Date checks were completed
- Person responsible for completing checks

The SCR is reviewed regularly for accuracy and compliance.

8.10 Induction

Before working with children, all new staff complete safeguarding induction that includes:

- Safeguarding and child protection policy
- DSL introduction and reporting pathways
- Mobile phone and digital device rules
- Online safety
- Prevent Duty awareness
- Whistleblowing
- Allegations management (including LADO process)
- Professional conduct and boundaries
- SEND awareness and communication approaches
- Health and safety procedures

No staff member may work in ratio until induction is fully completed.

SECTION 9 — LOW-LEVEL CONCERNS & ALLEGATIONS AGAINST STAFF

Ohana Centre is committed to creating a culture where adults behave safely, professionally and transparently at all times. Any concern about the conduct of a staff member—whether minor or serious—must be taken seriously, reported immediately and recorded.

This section applies to:

- All staff
 - Agency workers
 - Students and volunteers
 - Contractors
 - Visitors
 - Proprietors/directors
-

9.1 Culture of Professional Curiosity, Openness and Accountability

To safeguard children, Ohana promotes:

- A culture of vigilance
- Safe working practices
- Clear professional boundaries
- Confidence to report concerns early
- A no-blame approach to raising low-level concerns
- Transparency in behaviour and decision-making

All adults must act in ways that can withstand professional scrutiny.

Concerns must never be dismissed as minor, accidental, or insignificant.

9.2 What Is a Low-Level Concern? (KCSIE 2024 Definition)

A low-level concern is any behaviour by an adult that:

- Is inconsistent with the Staff Code of Conduct
- Does not meet the threshold for LADO referral
- Creates a sense of unease or “nagging doubt”
- Has the potential, over time, to become a safeguarding risk

Examples include:

- Being over-friendly with a child or family
- Using inappropriate jokes or language
- Poor supervision or inattentiveness

- Being alone with a child in an unobservable space
- Unnecessary or unclear physical contact
- Boundary-blurring behaviours
- Using personal phones in childcare spaces
- Communicating with parents on personal messaging apps
- Favouritism or “special” relationships
- Repeated small breaches which form a concerning pattern

Low-level concerns help prevent more serious harm.

9.3 Reporting Low-Level Concerns

Any staff member may report a low-level concern directly to:

- The DSL
- The Deputy DSL
- A senior leader (if the DSL is unavailable)

Reports can be verbal, but must be followed by a written account.

The DSL will:

1. Review the concern
2. Check for previous concerns about the same adult
3. Assess whether it meets LADO threshold
4. Record it in the Low-Level Concerns Log
5. Identify whether patterns exist
6. Take proportionate action
7. Provide feedback to the person who raised it

A single low-level concern may be harmless, but patterns are not.

9.4 When Does a Concern Become a LADO Referral?

A concern must be referred to the Local Authority Designated Officer (LADO) if an adult has:

1. Behaved in a way that has harmed a child or may have harmed a child
2. Possibly committed a criminal offence against or involving a child
3. Behaved towards a child in a way that indicates they may pose a risk of harm
4. Behaved in a way that may indicate unsuitability to work with children
(this includes conduct inside or outside the setting)

Examples include:

- Rough handling
- Unsafe restraint

- Sexualised comments or behaviour
- Contact with children on personal devices
- Viewing, sharing or discussing inappropriate images
- Intimate care concerns
- Breaching digital safety rules
- Persistent poor supervision
- Failing to follow policies
- Dishonesty about safeguarding issues

Any allegation that meets these criteria must be reported to LADO on the same day.

9.5 Managing Allegations Against Staff

When a concern meets the LADO threshold, the DSL will:

1. Contact the LADO immediately
2. Follow LADO instructions regarding suspension, risk assessment or strategy meetings
3. Record all decisions and rationale
4. Ensure children's safety is prioritised
5. Ensure staff involved receive appropriate support
6. Maintain confidentiality throughout

The staff member must not be informed until the DSL has consulted LADO, unless immediate safety measures are required.

9.6 Interim Safety Measures Pending LADO Advice

While awaiting LADO direction, the DSL may implement:

- Removal from direct childcare areas
- Increased supervision
- Adjusted duties
- Prohibition from intimate care
- Restricted access to digital platforms

Actions must be proportionate to the concern and documented.

9.7 Malicious or Unfounded Allegations

If an allegation is found to be:

- False
- Unsubstantiated
- Malicious

The DSL will:

- Record the outcome clearly
- Support the staff member
- Consider whether additional support is needed for the child or adult who made the allegation
- Review whether the concern indicates misunderstandings, poor practice or training needs

Malicious allegations may trigger disciplinary processes.

9.8 Allegations About Agency Staff, Students, Volunteers or Contractors

If the concern relates to:

- Agency workers
- Students
- Volunteers
- Contractors

The DSL must:

- Follow the same LADO referral process
- Remove the adult from duties immediately
- Inform the agency/employer
- Ensure no return to the setting without written clearance

Agencies must cooperate fully with investigations.

9.9 Allegations Against the DSL or Senior Leadership

If a concern relates to the DSL or a senior leader, staff must:

- Report directly to the Deputy DSL or another senior manager
- Contact the LADO directly if necessary
- Use whistleblowing procedures if internal reporting is unsafe
- Contact Ofsted if they believe the concern is not being handled appropriately

Leadership is not exempt from safeguarding scrutiny.

9.10 Record Keeping

The DSL must keep:

- Detailed chronological records
- Notes of discussions, decisions and actions
- LADO correspondence and outcomes
- Low-level concerns log

- Pattern-tracking notes

Records must be:

- Stored securely
- Kept separately from personnel files
- Retained according to statutory timescales

Patterns of concern must be reviewed regularly.

9.11 Safe Working Practice Expectations

All adults working at Ohana must:

- Maintain clear professional boundaries
- Use only nursery communication channels
- Adhere strictly to mobile phone and digital device rules
- Ensure visibility when working 1:1
- Avoid secluded areas
- Follow intimate care plans
- Use only age-appropriate behaviour strategies
- Challenge unsafe practice immediately

Any deviation from safe working practice must be reported.

9.12 Duty to Self-Report

Staff must inform the DSL immediately if:

- They are involved in police investigations
- They receive cautions or convictions
- Their behaviour outside work could impact their suitability
- A household member becomes a safeguarding risk
- They experience circumstances that could affect their ability to work safely

Failure to self-report is a safeguarding concern.

9.13 Whistleblowing

If staff feel unable to raise concerns internally, they may contact:

- LADO
- MASH
- Ofsted

- Police
- NSPCC Whistleblowing Helpline

Whistleblowers will be protected from detriment when raising concerns in good faith.

SECTION 10 — PREVENT DUTY

(Updated to 2023–2024 Prevent guidance; SEND-adapted version)

Under the Counter-Terrorism and Security Act 2015, all early-years providers must have due regard to the need to prevent people from being drawn into terrorism. This is known as the Prevent Duty.

The Prevent Duty is part of safeguarding at Ohana and applies to all staff, visitors, volunteers, agency workers and contractors.

This section reflects the updated Prevent Duty Guidance for England and Wales (in force from 31 December 2023) and the DfE briefing for schools and early-years providers.

Although our children are very young, we must:

- **Identify early indicators of vulnerability in families**
 - **Prevent exposure to extremist narratives**
 - **Respond to concerns appropriately**
 - **Ensure safeguarding arrangements include Prevent**
-

10.1 Key Principles of Prevent in Early Years

At Ohana, the Prevent Duty means:

- **Staff remain alert to signs of radicalisation in parents, carers, older siblings, visitors or other adults**
- **Staff challenge inappropriate, discriminatory or extremist language**
- **Staff ensure children are not exposed to extremist material online or offline**
- **Policies, procedures and training reinforce British values**
- **Staff understand how to make Prevent referrals**
- **The DSL leads on Prevent concerns**

Children of this age are not expected to show ideological alignment; however, risk may arise from adults around them.

10.2 British Values (EYFS Requirement)

We actively promote British values:

- **Democracy (children make choices, have a voice)**
- **Rule of Law (clear boundaries and guidance)**
- **Individual Liberty (freedom to choose within safe limits)**

- **Mutual Respect & Tolerance (inclusive practice and celebration of difference)**

This helps build resilience against extremist ideologies later in life.

10.3 Indicators of Radicalisation or Extremist Influence

Schools and nurseries are expected to recognise early signs that adults connected to a child may be vulnerable to extremist influence.

Indicators include:

Behavioural Changes in Adults:

- **Expressions of extremist views**
- **Advocacy for violence or extremist causes**
- **Sudden change in religious or political beliefs**
- **Fixation on conspiracy narratives**
- **Attempts to influence staff with extremist ideas**

Family/Environmental Concerns:

- **Sudden isolation or withdrawal from community**
- **Children talking about frightening things heard at home**
- **Adults showing hostility to diversity or inclusion**
- **Display of extremist symbols or logos**

Online Safety Concerns:

- **Extremist content accessed on personal or family devices**
- **Radicalising materials shared with staff or parents**
- **Adults discussing extremist imagery or content**

Staff must report any Prevent-related concern to the DSL immediately.

10.4 Additional Vulnerability for SEND Families

Prevent guidance recognises that individuals with SEND may be:

- **More susceptible to coercion**
- **More trusting or compliant**
- **More socially isolated**
- **Seeking belonging or acceptance**
- **Less able to recognise manipulation**

Although this applies mainly to older children and adults, we must be alert when working with families.

Indicators may include:

- **Parents being targeted by radicalising individuals online**
- **Vulnerable family members manipulated by extremist groups**

- Families experiencing isolation or lack of support

The DSL will consider whether Early Help or Channel referral is appropriate.

10.5 Reporting a Prevent Concern

Staff must report concerns immediately to the DSL.

The DSL will, in line with the statutory Prevent Duty guidance and Channel guidance:

1. Assess the concern
2. Seek advice from the Prevent team where needed
3. Make a referral to Channel if required
4. Record actions and the rationale
5. Work with MASH if safeguarding thresholds are met

Prevent concerns may form part of wider safeguarding concerns.

10.6 The Channel Programme

Channel is a multi-agency programme designed to support individuals at risk of radicalisation. It is:

- Preventative, not criminal
- Voluntary
- Tailored to individual needs

The DSL may contact:

- Local Prevent officers
- MASH
- Police Prevent teams

if concerns suggest vulnerability to extremist influence.

10.7 Staff Training in Prevent Duty

All staff receive:

- Prevent Duty awareness training as part of induction
- Refresher training at least annually
- Updates from the DSL on local risks
- Training on extremist online content

Staff must understand:

- What radicalisation is
- How to identify vulnerability
- How to respond

- How to record and report concerns
-

10.8 Online Safety and Prevent

Children must not be exposed to extremist content online. Therefore:

- All nursery-owned devices have restricted access
- Staff must pre-check any online content used with children
- Staff must not use non-approved apps or browsers
- The DSL oversees filtering and monitoring

Any extremist content (accidental or deliberate) must be reported immediately.

10.9 Partnership with Local Prevent Teams

Ohana works with:

- RBKC Prevent
- LBHF Prevent
- Westminster Prevent

The DSL will:

- Seek advice when unsure
- Liaise with Prevent officers
- Escalate concerns appropriately

Contact details are included in the Local Authority section of this policy.

10.10 Notifying Ofsted

If a Prevent-related incident or behaviour meets the threshold for Ofsted notification, the DSL will follow statutory reporting requirements (see Section 13).

SECTION 11 — WHISTLEBLOWING

(Statutory section — clear, compliant and tailored for early-years SEND settings)

Whistleblowing is an essential part of safeguarding. Staff must feel confident to raise concerns about the behaviour, conduct or practices of colleagues, volunteers, agency workers, visitors or leaders — including the DSL or any senior staff — without fear of detriment.

All adults working at Ohana have a duty to speak up if they believe:

- A child is being harmed or placed at risk
- Safeguarding procedures are not being followed
- Staff behaviour is inappropriate or unsafe
- Concerns about staff conduct have not been responded to appropriately

- The culture is unsafe or allows safeguarding breaches
 - There is malpractice or professional misconduct
-

11.1 Culture of Openness

Ohana promotes a culture where:

- Concerns are welcomed, not discouraged
- Staff know they will be supported when raising concerns
- It is safe to challenge poor or unsafe practice
- There is full transparency and accountability
- No concern is too small to report

Raising concerns early protects children and prevents escalation.

11.2 When to Use the Whistleblowing Procedure

Staff should use whistleblowing when:

- They believe a child is at risk and normal reporting routes have not resolved the issue
- They believe a safeguarding concern has been mishandled
- They have concerns about the behaviour of the DSL or senior staff
- They witness a pattern of unsafe practice that is not being addressed
- They observe breaches of policies, especially safeguarding or conduct
- They believe staff behaviour does not meet professional expectations

Possible whistleblowing concerns include:

- Neglecting supervision of children
 - Inappropriate handling or responses to behaviour
 - Boundary violations
 - Breaches of mobile phone or device policies
 - Failure to follow child protection procedures
 - Suppression of safeguarding information
 - Dishonesty during investigations
 - Covering up or minimising concerns
-

11.3 How to Raise a Whistleblowing Concern Internally

Staff may raise concerns with:

- The DSL

- The Deputy DSL
- A senior member of management
- The proprietor (if needed, without naming individuals in written policy)

Concerns may be raised:

- Verbally
- In writing
- Anonymously

All whistleblowing concerns must be:

- Taken seriously
- Recorded appropriately
- Investigated promptly
- Acted on proportionately
- Followed up with clear feedback to the person raising the concern wherever possible

The staff member raising the concern will be kept informed of progress wherever possible.

11.4 If the Concern Involves the DSL or Senior Staff

If staff believe:

- The DSL is involved in unsafe practice
- A senior leader is acting inappropriately
- Concerns raised with leadership have not been responded to properly

They must escalate directly to:

Local Authority Designated Officer (LADO)
(Details provided in the Local Authority Contacts section)

Staff may also contact:

- MASH/Children's Social Care
- Police (if immediate risk)

Staff are not required to report concerns through internal management if they believe doing so would place a child at further risk.

11.5 External Whistleblowing Routes

If staff cannot raise concerns internally or feel their concerns are not being handled appropriately, they may contact:

Ofsted Whistleblowing Hotline

 0300 123 3155

 whistleblowing@ofsted.gov.uk

NSPCC Whistleblowing Helpline

 0800 028 0285

 help@nspcc.org.uk

Police (if a crime may have been committed)

 **999 (emergency)**

 **101 (non-emergency)**

Staff will not be penalised for raising concerns in good faith.

11.6 Protection for Whistleblowers

Under the Public Interest Disclosure Act 1998:

- **Staff are protected from victimisation**
- **Staff cannot be dismissed or disciplined for raising a concern in good faith**
- **Confidentiality will be respected as far as possible**
- **Retaliation against whistleblowers is a disciplinary matter**

The welfare of the child always comes first.

11.7 Recording Whistleblowing Concerns

The DSL (or senior manager handling the concern) will:

- **Record the concern in a secure whistleblowing log**
- **Record actions taken and rationale**
- **Follow up concerns that indicate patterns of behaviour or unsafe culture**
- **Report systemic issues to leadership/proprietors**
- **Escalate to LADO or external agencies if required**

11.8 Learning from Whistleblowing

Whistleblowing concerns — whether upheld or unsubstantiated — are used to:

- **Improve practice**
- **Identify training needs**
- **Strengthen safeguarding culture**
- **Review systems or policies**
- **Address staff supervision requirements**

Annual safeguarding audits reflect learning from whistleblowing.

SECTION 12 — INFORMATION SHARING & RECORD KEEPING

(Statutory section — enhanced for SEND early-years provisions)

Effective information sharing is essential to safeguarding children. When a child is at risk of harm, staff must never allow concerns about data protection to stand in the way of acting quickly and sharing information with the DSL or relevant agencies.

Ohana Centre follows the guidance in Working Together to Safeguard Children 2023 and the Information Sharing Advice for Practitioners 2024.

12.1 Principles of Information Sharing

We share information:

- **Lawfully**
- **Safely**
- **Proportionately**
- **On a need-to-know basis**
- **Promptly**
- **In the best interests of the child**

We follow the national “seven golden rules of information sharing” when deciding what to share, with whom and why.

We do not need parental consent to share information if:

- **A child is at risk of harm**
 - **A crime may have been committed**
 - **Seeking consent could increase risk**
 - **The child would not be adequately safeguarded by delaying**
-

12.2 The Lawful Basis for Information Sharing

Under UK GDPR and the Data Protection Act 2018, safeguarding information is shared under:

- **Article 6(1)(e) – Public task**
- **Article 6(1)(d) – Vital interests**
- **Article 9(2)(g) – Substantial public interest**
- **Article 9(2)(b) – Social protection and safeguarding**

This allows us to:

- **Share information without consent where risk of harm exists**
- **Share information efficiently with other professionals**
- **Retain appropriate records to protect children**

Data protection never prevents safeguarding.

12.3 Internal Information Sharing

Staff must share concerns immediately with the DSL.

Staff must record and communicate:

- **What they saw**
- **What they heard**
- **What the child communicated (verbally or non-verbally)**

- The context
- Any patterns they have observed
- Anyone involved

Staff must not keep safeguarding information to themselves or wait until the end of the day.

12.4 Sharing Information with External Agencies

The DSL may share information with:

- MASH / Children's Social Care
- Police
- Health visitors, GPs, paediatricians
- SALTs, OTs and other therapists
- School nursing teams
- Early Help services
- LADO (for staff concerns)
- Prevent / Channel

Information will be shared in line with the seven golden rules of information sharing, including recording:

- What was shared
 - With whom
 - Why it was shared
 - Outcome of the discussion
-

12.5 Working Together 2023 – Strengthened Duties

Working Together 2023 places a stronger emphasis on:

- Swift sharing of safeguarding information
- Multi-agency coordination
- Timely assessments
- Clear escalation routes

The DSL ensures all statutory expectations are met.

12.6 Record Keeping Expectations

High-quality recording protects children and staff.

All safeguarding records must be:

- Written as soon as possible

- **Clear, concise and factual**
- **Objective, not speculative**
- **In chronological order**
- **Dated, signed and include the time of recording**
- **Stored securely in a separate safeguarding file**
- **Accessible only to the DSL team**
- **Not included in general classroom or learning files**

Records must document:

- **The concern**
 - **What was observed**
 - **What was said (including child's exact words if verbal)**
 - **Behavioural or non-verbal indicators**
 - **Actions taken**
 - **Decisions made**
 - **Clear rationale for all safeguarding decisions made by the DSL or Deputy DSL**
 - **Advice sought from outside agencies**
 - **Outcomes or next steps**
-

12.7 Digital Record Keeping

Safeguarding records may be digital (depending on system):

- **Access is restricted to DSL and Deputy DSL**
- **Files are password protected**
- **Audit logs track access**
- **Records cannot be edited without trace**
- **Backup procedures ensure retention**

Digital photos or videos taken for assessment must be:

- **Stored securely**
 - **Deleted from devices promptly**
 - **Never saved on personal devices**
-

12.8 Transfer of Safeguarding Records

When a child moves to another early-years setting, school or provision:

- **Safeguarding files are transferred securely**

- Transfer is made directly to the new DSL
- A receipt of transfer is obtained
- No files are sent with parents
- Copies are not made unless legally necessary

If MASH/Children's Social Care requests copies, these are provided promptly.

12.9 Retention of Safeguarding Records

Records are kept in line with statutory retention periods:

- Safeguarding files: until the child's 25th birthday
- Allegations against adults: 10 years from date of allegation (or longer if required)
- Low-level concerns: retained in line with safer recruitment guidance

Records may be shared with regulatory authorities (e.g., Ofsted) as required.

12.10 SEND-Specific Record Keeping Considerations

Children with SEND may communicate differently. Safeguarding records must reflect:

- Behavioural indicators
- Changes in sensory presentation
- Professional observations (e.g., SALT, OT)
- Multi-agency discussions
- Protective factors and vulnerabilities

Non-verbal communication must be recorded exactly as observed (e.g., gestures, avoidance, crying, flinching, withdrawal, scripts, repetitive behaviours).

It is essential that staff:

- Do not make assumptions
 - Avoid interpreting behaviours solely through a SEND lens
 - Record concerns factually and in context
-

12.11 Escalation if Agencies Do Not Respond

If staff or the DSL believe that:

- A child remains at risk
- An agency has not acted appropriately or quickly enough

They must escalate the concern through:

- Local authority escalation policies
- Senior management

- Ofsted (if necessary)

Failure to act due to professional disagreement is unacceptable.

SECTION 13 — OFSTED NOTIFICATION REQUIREMENTS

(Statutory section – clear, compliant and essential for inspection)

As a registered early-years provider, Ohana Centre must notify Ofsted of certain incidents, events and safeguarding concerns within the statutory timescales. Failure to notify Ofsted can result in enforcement action.

The DSL and senior leadership share responsibility for ensuring notifications are submitted promptly and accurately.

Notifications are made through the Ofsted Online Portal or by contacting Ofsted directly if the portal is unavailable.

13.1 General Principles

We must inform Ofsted of any:

- Serious injury, illness or accident
- Safeguarding incident involving a child
- Allegation of harm or abuse involving a member of staff
- Police involvement
- Circumstances that affect the safe running of the setting
- Significant events that impact suitability of staff

Notifications must:

- Be made as soon as reasonably practicable, and in any event within 14 days of becoming aware of the incident
 - Be factual, clear and accurate
 - Include actions taken and follow-up arrangements
 - Be logged and retained for inspection
-

13.2 Notifiable Incidents Involving Children

We must notify Ofsted of:

Serious injury or accident

Including (but not limited to):

- Loss of consciousness
- Fractures
- Concussion
- Head injuries requiring medical attention
- Burns or scalds
- Serious cuts requiring stitches
- Hospital admission (including observation)

- Any injury requiring emergency medical treatment

Serious illness

Such as:

- Seizure episodes
- Severe allergic reactions
- Breathing difficulties
- Any illness requiring hospital treatment

Death of a child

This must be reported to:

- Police
- Local safeguarding partners
- Child Death Review Team
- Ofsted
immediately

Any incident that occurs on or off site while the child is in our care

Examples:

- Missing children (even briefly)
- Children leaving the premises without authorisation
- Transport incidents
- Serious behaviour incidents that place others at risk

13.3 Allegations About Staff — Mandatory Ofsted Notification

We must inform Ofsted within 14 days of ANY allegation made against:

- Staff
- Agency workers
- Students or volunteers
- Contractors
- Any adult living or working on the premises

This includes allegations that the individual:

1. Harmed a child
2. May have harmed a child
3. Committed or may have committed a criminal offence
4. Behaved in a way that indicates they may pose a risk
5. Behaved in a way that questions their suitability to work with children

We must also:

- **Contact LADO immediately**
- **Record all actions and decisions**
- **Follow LADO guidance before taking internal action**

Failure to notify Ofsted about allegations is considered a serious breach.

13.4 Police Involvement

We must notify Ofsted when:

- **Police are called to the premises**
- **Police investigate any incident involving a child at the setting**
- **A member of staff is arrested, questioned or charged**
- **A safeguarding concern leads to police action**

This includes staff conduct outside of work if it raises questions about suitability.

13.5 Significant Events Affecting the Setting

Ofsted must be notified when there are significant events that affect the suitability of any person, or the safe and effective running of the setting, including:

- **Staff suitability**
- **Leadership capacity**
- **Safety of premises**
- **Governance changes**
- **Serious complaints about safeguarding practice**
- **Environmental risks (fire, flood, infestation, structural damage)**
- **Loss of utilities (water, electricity, heating)**
- **Change of premises or alterations affecting safety**

Examples:

- **A DSL suddenly leaving**
 - **A safeguarding failure requiring external agency involvement**
 - **An incident showing unsafe supervision or systems**
-

13.6 Changes to Staff Suitability

We must notify Ofsted if:

- **A staff member becomes disqualified**
- **A staff member moves into a household with someone disqualified**
- **Staff disclose police involvement that affects suitability**

- There is information indicating risk to children

Notifications must be made promptly, including actions taken to safeguard children.

13.7 How Notifications Are Made

Notifications are submitted:

- Through the Ofsted Online Portal, or
- By calling Ofsted on 0300 123 1231 if the portal is unavailable

Each notification includes:

- What happened
- Who was involved (initials only)
- Actions taken immediately
- Advice sought (LADO, MASH, Police, Prevent)
- Risk assessment and safety measures
- Next steps

The DSL ensures accurate record keeping.

13.8 Recording and Retention

All Ofsted notifications must:

- Be logged in a secure record
- Include dates, times and all correspondence
- Be retained for inspection
- Be reviewed in safeguarding audits

Patterns of repeated notifiable incidents are analysed to strengthen practice.

13.9 Supporting Children and Families After a Notifiable Incident

Depending on the incident, the DSL may:

- Offer Early Help
- Arrange multi-agency support
- Adjust care plans
- Put supervision measures in place
- Provide emotional support or pastoral care

The child's welfare remains the priority.

(Mandatory EYFS section — strengthened for safeguarding and SEND practice)

Ohana Centre has strict controls on mobile phones, cameras and digital devices to protect children's safety, privacy and dignity. These rules apply to:

- Staff
- Students
- Volunteers
- Agency workers
- Contractors
- Visitors
- Parents inside controlled areas

Children must never be put at risk through the use of personal devices or unapproved digital activity.

14.1 General Principles

At Ohana:

- Personal mobiles and smart devices must never be used in childcare areas
- No photographs, videos or audio recordings of children may be taken on personal devices
- Images of children are taken only on setting-owned devices and for legitimate educational purposes
- Personal devices must not be visible or accessible to children
- Staff must adhere to safe storage of images and follow deletion protocols
- Staff must not communicate with parents via personal devices or apps

Any breach of these requirements is a safeguarding concern and may trigger LADO referral.

This section should be read together with Section 5 (Mobile phones, cameras and digital devices) and Section 15 (Online safety), which set out further detail.

14.2 Staff Mobile Phones & Smart Watches

Staff must:

- Keep personal phones in a designated secure area (staff room / lockers)
- Not carry personal phones in pockets, aprons or on their person in care rooms
- Not check phones during working hours except during breaks and in staff-only areas
- Not use phones for messaging, photography or calls in the presence of children
- Avoid wearing smart watches with messaging or camera functions (unless set to "work mode" or disabled and approved by management)

The use of personal mobile devices in children's areas is strictly prohibited.

14.3 Visitors and Contractors

Visitors, including health professionals and contractors, must:

- Store phones in the staff area or keep them out of sight
- Not take photos or recordings of children
- Be supervised if using devices for work purposes
- Receive clear verbal guidance on digital safety rules upon entry

Contractors working in play areas must not use phones at all.

14.4 Parents and Carers

Parents may:

- Use phones in reception but not in childcare rooms
- Take photos of their own child only during designated events
- Never photograph other children

Staff must challenge any unsafe use politely and immediately.

14.5 Setting-Owned Devices

Only nursery-owned devices may be used for:

- Photographs
- Videos
- Digital observations
- Therapy documentation
- Recording children's learning
- Formal assessment

These devices must be:

- Password-protected
- Kept securely when not in use
- Used only for professional purposes
- Monitored and audited regularly

Images must never:

- Be stored on personal iCloud or Google accounts
 - Be transferred via WhatsApp or personal devices
 - Leave the building unless through secure approved systems
-

14.6 Taking, Storing and Deleting Images of Children

Images must be:

- Taken only where necessary and with parental consent
- Appropriate, respectful and not intrusive
- Linked to learning, assessment or safeguarding
- Transferred to secure storage promptly
- Deleted from devices once uploaded

Images must never show:

- Children unclothed
- Children during toileting
- Children receiving intimate care
- Distressed or vulnerable states unless required for safeguarding (then DSL approval required)

If images are taken for safeguarding evidence, this must be recorded and authorised by the DSL.

For children with SEND, staff must take extra care to protect dignity and avoid images that highlight personal care needs or distress unless required for safeguarding and authorised by the DSL.

14.7 Remote Learning, Therapy & Digital Communication (if applicable)

If remote therapy or support is used for SEND children:

- Sessions must be supervised by staff
 - Personal devices must never be used
 - Recording is prohibited unless legally required and authorised
 - Parents must not contact staff through personal messaging apps
-

14.8 CCTV and Audio Systems

Where CCTV is used for safety or security (not classroom monitoring):

- Cameras must not be installed in intimate care areas or staff break rooms
- Images must be stored securely and accessed only by authorised persons
- CCTV is not used for staff surveillance but may be reviewed during safeguarding investigations

Parents and staff must be informed of CCTV use through signage and policy.

14.9 Online Safety for Children

Even though our children are young, online safety still applies.

Staff must ensure:

- Children do not access the internet unsupervised
- Only age-appropriate, pre-checked content is shown
- No adverts or pop-ups are visible on screens

- **No searches are done with children present**
- **YouTube or streaming apps are used in restricted mode only**
- **Children do not appear in live streams or external communications**

During therapy sessions, digital tools must be risk assessed.

14.10 Online Safety for Staff

Staff must:

- **Use only nursery-approved communication channels**
- **Not share personal social media profiles with parents**
- **Ensure privacy settings on personal accounts are secure**
- **Report cyber concerns immediately**
- **Never post images or information about the setting or children online**
- **Not discuss work matters on social media**

Breaches may lead to disciplinary action.

14.11 Digital Record Keeping and GDPR

All images and digital recordings are processed in line with:

- **UK GDPR**
- **Data Protection Act 2018**
- **EYFS Statutory Framework**

The lawful basis is:

- **Public Task (Article 6(1)(e))**
- **Vital Interests (Article 6(1)(d)) for safeguarding**
- **Substantial Public Interest (Article 9(2)(g))**

Parents may request access to images of their child only.

14.12 Responding to Misuse of Digital Devices

Any of the following will trigger immediate DSL action:

- **Staff using phones in childcare areas**
- **Staff taking photos on personal devices**
- **Recording or photographing children without consent**
- **Sharing images improperly**
- **Using social media inappropriately**

- **Messaging parents on personal phones**

Depending on severity, this may result in:

- **Low-level concern logging**
- **Formal disciplinary action**
- **LADO referral**
- **Employment termination**

Protecting children's dignity and privacy is our priority.

SECTION 15 — ONLINE SAFETY

(Required EYFS section — strengthened for SEND early-years settings)

Online safety is an integral part of safeguarding at Ohana. Although our children are very young, the risks associated with digital technology affect:

- **Children**
- **Staff**
- **Families**
- **The wider community**

We must ensure that children are not exposed to inappropriate, unsafe or extremist content and that staff use digital tools safely, lawfully and professionally.

15.1 Principles of Online Safety at Ohana

We ensure that:

- **Children do not have unsupervised online access**
 - **All digital content shown to children is pre-checked and age-appropriate**
 - **The setting uses filtering and monitoring systems where applicable**
 - **Staff follow strict rules for device use**
 - **Parents receive support and guidance on online safety**
 - **Online safety risks are embedded within safeguarding practice**
-

15.2 Risks in the Early Years and SEND Context

SEND children may be more vulnerable because they may:

- **Not understand online risks**
- **Be attracted to sensory content that links to commercial or unsafe sites**
- **Click pop-ups or adverts unintentionally**
- **Repeat content without understanding meaning**

- **Mimic unsafe behaviour**
- **Be targeted by online grooming later in life**

Staff must be alert to these vulnerabilities.

15.3 Access to Online Content

Children must never:

- **Use tablets or computers independently**
- **Browse the internet**
- **Use YouTube without strict supervision**
- **Use apps that allow communication or live streaming**
- **Be exposed to adverts, comments or pop-ups**

Any digital activity must:

- **Be planned**
 - **Be supervised**
 - **Be risk assessed**
 - **Use pre-screened content only**
-

15.4 Nursery Devices (iPads, Laptops, Cameras)

All Ohana-owned devices:

- **Are password protected**
- **Are limited to work-related use only**
- **Have restricted access to online platforms**
- **Use parental control settings or safe browsing modes**
- **Are regularly reviewed by leadership for compliance**

Staff must:

- **Never download apps without permission**
 - **Never log into personal accounts**
 - **Never store images on device memory**
 - **Ensure devices are returned to secure storage**
-

15.5 Filtering and Monitoring

Ohana uses safe internet filtering to block:

- **Inappropriate content**

- Violence
- Sexual material
- Extremist or radicalising sites
- Social media platforms
- Unregulated streaming sites

Monitoring systems/checks ensure:

- Browsing history is reviewed
- Unusual access attempts are flagged
- Staff understand what children or adults can see

The DSL and leadership team are responsible for regularly reviewing the effectiveness of filtering and monitoring arrangements and responding swiftly to any weaknesses.

The DSL oversees online safety monitoring.

15.6 Use of YouTube, Videos and Online Resources

If YouTube or online videos are used:

- Content must be downloaded or pre-screened
- Auto-play must be disabled
- Advertisements must be removed or blocked
- Only approved playlists or links may be used
- No live content or comments section may be visible

Children must never view:

- User-generated content without review
- Videos with swearing, violence, fear triggers or inappropriate themes
- Videos recommended by algorithms

15.7 Online Safety and the Prevent Duty

Staff must be alert to:

- Exposure to extremist imagery or symbols
- Adults accessing extremist content on-site
- Videos, narratives or links shared by parents
- Radicalising material accessed at home that children repeat

Any Prevent concern must be referred to the DSL immediately.

15.8 Staff Expectations for Online Behaviour

Staff must:

- Use digital devices only for work purposes
- Never use personal social media or messaging apps during working hours
- Maintain professional boundaries online
- Not discuss work on personal social media
- Not “friend” or follow parents on personal accounts
- Avoid posting identifiable information about the nursery

Any unsafe online behaviour is treated as a safeguarding concern.

15.9 Communication with Parents

Staff must communicate with parents only through:

- Nursery email
- The nursery phone
- Approved communication platforms

Staff must not:

- Use WhatsApp
- Use personal phones
- Send images via personal devices
- Communicate on social media or personal messaging apps

Boundaries must remain clear and professional.

15.10 Online Safety Teaching for Children (Early Years)

Although children are young, we introduce simple themes:

- Recognising trusted adults
- Understanding “stop” and “no” in digital contexts
- Supporting turn-taking and supervised use of digital tools
- Being aware of emotions around videos
- Teaching that some things online are “not for children”

Content is age-appropriate, sensory-aware and matched to developmental level.

15.11 Supporting Parents with Online Safety

Many incidents arise from at-home digital use. We support parents with:

- Advice on safe YouTube settings
- Understanding online risks for SEND children

- Managing children's screen time
- Setting parental controls
- Recognising unsafe content
- Prevent Duty awareness

Workshops and links are provided as required.

15.12 Responding to Online Safety Incidents

Staff must immediately report:

- Exposure to inappropriate content
- Children repeating concerning phrases seen online
- Access to extremist or violent material
- Digital device misuse
- Staff breaches of online safety rules

The DSL will:

- Record the incident
 - Assess risk
 - Inform parents where appropriate
 - Notify external agencies (including Prevent or MASH) if needed
 - Implement additional safety measures
-

SECTION 16 — STAFF CONDUCT, SAFE PRACTICE & PROFESSIONAL BOUNDARIES

(A core safeguarding section — clear, practical and compliant)

All adults working at Ohana must act professionally at all times and maintain clear boundaries with children, families, colleagues and the community. Safe practice protects children from harm and protects staff from allegations.

This section applies to:

- Staff
 - Students
 - Volunteers
 - Agency workers
 - Contractors working near children
-

16.1 Principles of Safe Working Practice

Staff must:

- Put children's welfare above all else

- Maintain appropriate professional boundaries
- Use safe, respectful and empowering language
- Follow all safeguarding procedures
- Act immediately on concerns
- Uphold privacy and dignity during intimate care
- Avoid behaviour that could be misinterpreted
- Model safe, inclusive and positive behaviour

Staff must not do anything that could compromise their suitability to work with children.

Our expectations for professional behaviour and safe working practice are consistent with national guidance on safer working practice for adults who work with children.

16.2 Physical Contact & Safe Touch

In a SEND environment, physical contact is often necessary for:

- Emotional regulation
- Support with transitions
- Physical guidance
- Safety
- Sensory needs
- Therapy interventions
- Intimate care routines

However, physical contact must always be:

- Child-led where possible
- Necessary and proportionate
- Age and developmentally appropriate
- Explained to the child
- Protective, not restrictive
- Recorded if unusual or controversial

Staff must never:

- Hug children in a way that could be misinterpreted
- Encourage or routinely allow children to sit on their laps, except where this is part of an agreed and documented individual plan (e.g. for safety or sensory regulation)
- Pick up children unnecessarily
- Hold children in a way that restricts movement unless part of a risk-assessed plan

Children must always be treated with dignity and respect.

16.3 Intimate Care

Intimate care includes toileting, dressing, feeding and hygiene assistance.

Staff must:

- Follow the Intimate Care Policy at all times
- Ensure the environment is safe and visible to colleagues
- Respect the child's privacy but ensure safeguarding visibility
- Wear gloves and follow hygiene rules
- Avoid unnecessary exposure of a child's body
- Respond to signs of discomfort immediately
- Record any marks, injuries or unusual reactions
- Report concerns to the DSL immediately

Staff must never take images during intimate care.

16.4 Behaviour Management & De-escalation

Ohana uses positive behaviour support.

Staff must:

- Use co-regulation, modelling and calm interactions
- Avoid shouting or raised voices
- Focus on the behaviour, not the child
- Never use physical punishment
- Never use humiliation or shaming
- Use physical intervention only when necessary to prevent harm, and in line with training

Any physical intervention must be:

- Proportionate
- Recorded
- Reported to the DSL

SEND children may express distress through behaviour. Staff must interpret behaviour with curiosity and sensitivity.

16.5 Professional Language & Communication

Staff must use:

- Warm, respectful language
- Clear communication adapted to the child's needs
- Makaton, visual supports or AAC where needed

- Non-judgmental language with parents

Staff must not:

- Use sarcasm
 - Use language that shames or belittles
 - Discuss children negatively in front of them
 - Make personal comments about families or colleagues
-

16.6 Staff Relationships with Families

To maintain professional boundaries, staff must not:

- Exchange personal phone numbers
- Use WhatsApp or personal messaging apps
- Add parents on social media
- Socialise with parents outside professional settings
- Provide childcare outside of nursery unless formally agreed
- Transport children in personal vehicles

Staff must only communicate with families using official nursery channels.

16.7 Staff Personal Conduct

Staff must:

- Arrive fit for work
- Not attend work under the influence of drugs, alcohol or substances
- Be physically and emotionally able to carry out duties
- Present themselves professionally
- Follow dress-code expectations
- Act as positive role models

Staff must disclose immediately if:

- They are involved in police investigations
- There are changes to their personal circumstances affecting suitability
- They experience mental health or wellbeing difficulties affecting safe practice

Disclosure allows the nursery to provide support and safeguard children.

16.8 Dress Code & Appearance

Staff must dress:

- **Appropriately for working with children**
- **In clothing that supports safe movement and play**
- **In clothing that maintains modesty and professionalism**

Staff must avoid:

- **Low-cut tops**
- **Short skirts or shorts**
- **Clothing with offensive imagery**
- **Jewellery that poses a safety risk**
- **Long acrylic nails that can injure children**

Shoes must be suitable for active work (no stilettos, unsafe footwear, etc).

16.9 Use of Social Media

Staff must:

- **Keep personal accounts private**
- **Not post anything that references the nursery**
- **Not share identifiable photos of children**
- **Not engage in online discussions about work**
- **Avoid social media interactions with families**

Any online behaviour that risks the reputation of the setting is a safeguarding concern.

16.10 Gifts, Favouritism & Conflict of Interest

Staff must:

- **Avoid giving or receiving personal gifts from families**
- **Not show favouritism toward particular children or families**
- **Declare conflicts of interest (e.g., personal relationships with applicants or contractors)**

All children must be treated equally and fairly.

16.11 Lone Working & Visibility

Lone working with children is avoided wherever possible. When it cannot be avoided (e.g., toileting, 1:1 regulation):

- **Doors remain open or visibility panels remain unobstructed**
- **Staff ensure another adult knows where they are**
- **Interactions remain predictable and professional**
- **Any unexpected distress or behaviour is recorded**

Staff must not be out of sight in secluded areas with a child.

16.12 Prohibited Conduct

The following are strictly forbidden:

- **Shouting aggressively at children**
- **Using physical punishment or intimidation**
- **Being alone with a child in a non-visible area**
- **Using mobile phones in childcare rooms**
- **Taking photos on personal devices**
- **Discussing children inappropriately**
- **Making personal disclosures to parents**
- **Meeting families socially**
- **Engaging in personal relationships with parents**
- **Allowing personal beliefs to influence practice**

Any breach may result in disciplinary action or LADO referral.

16.13 Duty to Report Concerns About Staff Conduct

Staff must report:

- **Any inappropriate or unsafe practice**
- **Any breach of this policy**
- **Any behaviour that creates a safeguarding concern**

Reports may be made through:

- **DSL or Deputy DSL**
- **Senior leadership**
- **Whistleblowing channels**

Failure to report concerns is a safeguarding breach.

SECTION 17 — COMPLAINTS, ESCALATION & PROFESSIONAL CHALLENGE

(Required for safeguarding and Ofsted readiness)

Ohana Centre is committed to handling all complaints and concerns promptly, fairly and transparently. Safeguarding-related complaints are treated with the highest priority and must be escalated immediately to the DSL.

This section covers:

- **Complaints from parents**
- **Complaints from staff**
- **Professional disagreement (escalation)**

- Multi-agency escalation
 - Ofsted notifications
-

17.1 Safeguarding Complaints from Parents or Carers

Parents may raise safeguarding concerns relating to:

- Staff conduct
- Behaviour management
- Intimate care practices
- Supervision and ratios
- Injuries or unexplained marks
- Concerns about another child
- Concerns about physical intervention
- Allegations about staff behaviour
- Any situation where they believe a child is unsafe

All safeguarding complaints must be:

- Reported immediately to the DSL
- Recorded clearly and factually
- Investigated promptly
- Escalated to LADO or MASH where required
- Followed up with the parent within agreed timescales

Parents are informed of outcomes as appropriate while maintaining confidentiality for all parties.

17.2 Complaints from Staff

Staff may report concerns relating to:

- Safeguarding practice
- Unsafe behaviour by colleagues
- Breaches of policies
- Poor supervision
- Unsafe environment or equipment
- Inappropriate use of physical contact
- Cultural concerns (e.g. normalisation of unsafe behaviour)

Staff can raise concerns through:

- DSL

- Deputy DSL
- Senior leadership
- Whistleblowing routes (see Section 11)

No member of staff will suffer detriment for reporting concerns.

17.3 Handling Non-Safeguarding Complaints

Operational complaints follow the setting's Complaints Policy and may relate to:

- Communication
- Teaching and learning
- Environment
- Administration
- Staffing issues
- Fees and funding

However, if any element touches on child safety, it is treated as a safeguarding complaint and follows the procedures in this policy.

Our full Complaints Policy is available to parents on request and in reception / via our website (as applicable).

17.4 Timescales for Responding to Complaints

- Acknowledgement within 24 hours (or next working day)
- Initial review and risk assessment immediately
- Investigation within 5–10 working days
- Written or verbal outcome shared as appropriate

Safeguarding concerns require same-day action.

17.5 Escalation and Professional Challenge

Working Together 2023 requires all agencies, including early-years providers, to challenge decisions if they believe a child remains at risk.

Staff must escalate concerns if:

- They disagree with a DSL decision
- They believe a referral should have been made
- They believe risk is not being responded to adequately
- They feel their concerns have not been taken seriously

Step 1 — Raise concern with the DSL

If unresolved:

Step 2 — Escalate to senior leadership

If unresolved:

Step 3 — Contact MASH / Children's Social Care directly

Staff have a legal right to refer directly if needed.

If the concern involves staff suitability:

Step 4 — Contact LADO directly

If concerns remain:

Step 5 — Contact Ofsted

17.6 Multi-Agency Escalation (External Professionals)

If Ohana disagrees with decisions made by external agencies (e.g., MASH, health, police):

- The DSL will follow the local multi-agency escalation procedure
- Disagreements will be documented clearly
- Cases will be escalated until resolution is reached

Professional challenge must always remain respectful and child-focused.

17.7 When Complaints Must Be Reported to Ofsted

Ohana must notify Ofsted within 14 days of complaints relating to:

- Safeguarding
- Allegations about staff
- Serious injuries or incidents
- Concerns that indicate unsafe practice
- Police involvement
- Any incident affecting the safe operation of the setting

Notifications must include:

- The nature of the complaint
- Actions taken
- Outcomes
- Steps implemented to prevent recurrence

Failure to notify Ofsted is a breach of statutory requirements.

17.8 Record Keeping for Complaints

All complaints are:

- Logged accurately
- Kept securely
- Reviewed regularly
- Analysed for patterns or themes

Safeguarding complaints are stored separately from routine operational complaints.

17.9 Learning from Complaints

Findings from complaints inform:

- Staff training
- Safeguarding updates
- Policy and procedure revisions
- Environmental or operational changes
- Supervision discussions

Complaints are used as opportunities to strengthen practice and ensure continuous improvement.

SECTION 18 — SAFE ENVIRONMENT, PREMISES & RISK ASSESSMENT

(Statutory EYFS section — strengthened for SEND provision)

Ohana Centre is committed to providing a safe, secure, well-maintained and inclusive environment where all children can learn, play and receive therapeutic support. Ensuring environmental safety is fundamental to safeguarding.

The premises, equipment, resources and routines must be risk assessed, supervised and monitored at all times.

18.1 General Safety Principles

The environment must:

- Support the developmental needs of children with SEND
- Reduce or remove known hazards
- Promote independence while keeping children safe
- Offer predictable, structured spaces to reduce anxiety
- Accommodate therapy equipment safely
- Ensure staff can maintain clear sightlines
- Prevent children from leaving the premises unsupervised

Staff must:

- Complete daily room checks
- Maintain safe ratios at all times
- Ensure equipment is safe, clean and appropriate
- Report hazards immediately
- Never leave children unattended

18.2 Daily Safety Checks

Before opening each day, staff complete Daily Environment Checklists including:

- **Doors, gates and locks**
- **Fire exits and evacuation routes**
- **Heating systems**
- **Lighting and ventilation**
- **Cleanliness and hygiene**
- **Outdoor areas**
- **Therapeutic equipment**
- **Toilets and changing facilities**
- **Electrical items (visual checks)**
- **Hazardous substances storage**
- **First aid kits and medication storage**
- **Garden safety and security**

Any issues must be reported and resolved promptly, and the area made inaccessible if unsafe.

18.3 Risk Assessments

Risk assessments must be:

- **Completed for the overall premises**
- **Completed for individual rooms and play areas**
- **Completed for outings**
- **Reviewed annually or sooner if needed**
- **Updated after incidents or environmental changes**
- **Adapted for individual children with SEND needs**

Risk assessments are written, implemented in practice and reviewed regularly, in line with the EYFS Statutory Framework.

Types of risk assessments include:

Premises-level risks

- **Entrances and exits**
- **Outdoor areas**
- **Climbing or physical equipment**
- **Water play**
- **Sensory rooms**

Activity risks

- **Cooking**
- **Messy play**

- **Outdoor play**
- **Trampolines (if applicable)**
- **Therapy activities involving equipment**

Individual risk assessments (SEND-specific)

For children with additional vulnerabilities, including:

- **Sensory differences**
- **Flight risk (absconding)**
- **Physical or mobility needs**
- **Behavioural risks**
- **Medical needs**
- **Eating or swallowing risks**
- **Seizures or medical episodes**

These are reviewed with therapists, parents and staff.

18.4 Supervision Expectations

Children must be supervised:

- **At all times**
- **In line with EYFS ratios or higher if needed for SEND**
- **Using sight and sound supervision**
- **Appropriately during toileting, transitions and outdoor play**

Staff must:

- **Never turn their back in high-risk areas**
- **Position themselves strategically (zoning)**
- **Maintain awareness of all children, not only those nearest**
- **Communicate clearly with colleagues during transitions**

Unsupervised children represent a serious safeguarding risk.

18.5 Control of Entry & Exit (Security)

To prevent unauthorised access or absconding:

- **All external doors remain secured**
- **Entry is controlled through access systems**
- **Parents and visitors sign in**
- **Staff challenge unknown individuals**
- **Children cannot open exit doors**

- **Gates and fences are checked daily**

Any security breach is recorded and investigated.

18.6 Safe Use of Therapy & Specialist Equipment

As a SEND setting, special equipment may include:

- **Sensory swings**
- **Trampolines**
- **Weighted products**
- **Climbing frames**
- **Balance boards**
- **Therapy benches**
- **Communication devices**
- **Occupational therapy equipment**

Staff must ensure:

- **Equipment is used only under supervision**
- **Equipment is inspected regularly**
- **Activities are risk assessed**
- **Equipment is appropriate for the child's needs**
- **Children are taught safe use gradually**
- **Unsafe equipment is removed from use immediately**

Therapists must advise on use to reduce injury.

18.7 Play Equipment & Resources

Equipment must be:

- **Age and developmentally appropriate**
- **In good repair with no sharp edges**
- **Cleaned regularly**
- **Stored safely**
- **Stable and low-risk for falls**

Staff must check for:

- **Loose screws**
- **Broken parts**
- **Trip hazards**

- Choking risks
 - Materials unsuitable for sensory needs (e.g., fragile items)
-

18.8 Outdoor Environment

Outdoor areas must include:

- Safe, enclosed boundaries
- Level surfaces with reduced slip risk
- Clean, well-maintained equipment
- Shaded areas in hot weather
- Hazard-free zones
- Supervision positions that allow line of sight

Staff must monitor:

- Weather hazards
 - Wet surfaces
 - Unsecured items
 - Access to storage areas
 - Water features
-

18.9 Trips, Outings & Community Visits

Outings must include:

- Written risk assessments
- Higher ratios if required
- First aid kits
- Clear role allocation for staff
- Emergency contact details
- Medication for relevant children
- Safe transport procedures

SEND children may require:

- Visual supports
- Transition preparation
- Sensory planning
- One-to-one supervision

A final dynamic risk assessment must be completed on the day.

18.10 Health & Hygiene Requirements

Staff must:

- **Wash hands frequently**
- **Follow infection control procedures**
- **Use gloves/aprons for toileting or cleaning bodily fluids**
- **Maintain high standards of cleanliness**
- **Ensure safe food handling**
- **Prevent cross-contamination**

Sick children must not attend until symptoms have cleared according to the setting's illness policy.

18.11 Emergency Procedures & Evacuation

Emergency procedures cover:

- **Fire**
- **Lockdown**
- **Terror threat**
- **Gas leak**
- **Medical emergencies**
- **Missing child**

Staff must:

- **Know evacuation routes**
 - **Complete regular fire drills**
 - **Use visual supports for SEND children**
 - **Support children with mobility or sensory needs**
 - **Report any issues that would affect safe evacuation**
-

18.12 Safe Storage of Hazardous Materials

Hazardous items must be stored:

- **Locked away**
- **Out of children's reach**
- **Clearly labelled**
- **In line with COSHH guidance**

This includes:

- Cleaning products
 - Medicines
 - Sharp objects
 - Tools
 - Hot appliances
-

18.13 Responding to Environmental Hazards

If hazards arise (e.g., broken glass, loose flooring, faulty equipment):

- Area must be made immediately inaccessible
 - Hazard must be reported to leadership
 - Repairs arranged promptly
 - Incident recorded
 - Risk assessment updated if needed
-

18.14 Oversight & Monitoring

Leaders monitor environmental safety through:

- Daily checks
- Weekly audits
- Monthly deep inspections
- Accident/incident trend analysis
- Supervision reviews
- Annual safeguarding audit

Consistent monitoring ensures continuous improvement.

SECTION 19 — ARRIVAL, DEPARTURE & COLLECTION PROCEDURES

(Statutory safeguarding section — essential for Ofsted)

Safe drop-off and collection procedures protect children from harm, prevent unauthorised access and ensure clear accountability. Because many children at Ohana have SEND and require structured transitions, routines must be consistent, calm and predictable.

These procedures apply to all staff, parents, carers, students, volunteers and visitors.

19.1 Arrival Procedures

At arrival:

- Children are welcomed by staff at the designated entrance.
- Parents sign their child in (paper or digital system).

- Staff confirm the identity of the collecting adult for later that day.
- Staff check for:
 - **injuries**
 - **medical needs**
 - **changes in routine**
 - **significant updates from home**
- Any injury or concern is recorded in the "Existing Injuries" log.
- Medication must be handed directly to staff; it must never be left in bags.
- Children must not be left unattended before handover.

We keep a daily record of the names of children being cared for on the premises, their hours of attendance and (where applicable) the name of their key person, in line with EYFS requirements.

Transitions support SEND children by ensuring:

- A calm, predictable welcome
- Visual supports where needed
- Extra time for separation if required

19.2 Security at the Entrance

To prevent unauthorised access:

- Entrance doors are locked or access-controlled during sessions.
- Staff challenge unknown individuals immediately.
- Visitors must sign in and wear badges.
- Parents must not hold doors open for others ("no tailgating").

The entrance area is monitored by staff at all key transition times.

19.3 Departure & Collection Procedures

Children may only be collected by:

- Their parent/carer
- An authorised adult recorded on the child's file
- Someone with the daily password (if used)
- Anyone additional only if confirmed directly by the parent

Staff must:

- Check identity of the collecting adult
- Never release a child to an unknown or unauthorised person
- Challenge politely if unsure

- Record any concerns or unusual patterns

SEND transitions may need:

- Visual timetables
 - Earlier preparation
 - Handover notes for families
 - Co-regulation before leaving
-

19.4 Password System

A password system is used for:

- Unexpected changes to the collecting adult
- Emergency situations
- New adults collecting for the first time

Parents must provide:

- The full name of the adult collecting
- The password for that day

Staff must verify both before releasing the child.

19.5 Late Collection Procedures

If parents/carers are late:

1. The child remains supervised by staff.
2. Attempts are made to contact parents.
3. Emergency contacts are called if parents cannot be reached.
4. The incident is recorded.
5. If no one can be reached and the delay is significant, safeguarding procedures may be followed.

Persistent late collection is monitored by the DSL and may be treated as a safeguarding concern if it indicates neglect, capacity issues or other risks for the child.

19.6 Uncollected Child Procedure

If a child has not been collected within a reasonable timeframe and no contact has been made:

- The DSL is informed immediately
- Emergency contacts are attempted
- Strategies are used to keep the child fed, warm and emotionally regulated
- After a set time, if contact cannot be made, Children's Social Care may be contacted
- The incident is fully recorded

At no point is a child allowed to leave the premises with an unauthorised person.

19.7 Collecting Adults Under the Influence

If a collecting adult appears:

- **under the influence of alcohol**
- **under the influence of drugs**
- **unsafe to care for the child**

Staff must:

- **Not release the child**
- **Contact another authorised adult**
- **Contact the DSL**
- **Consider whether immediate safeguarding referral is needed**

Such incidents are recorded and may require escalation.

19.8 Prohibited Adults (Court Orders / Relationship Risks)

Where the setting holds:

- **Court orders**
- **Restraining orders**
- **Non-molestation orders**
- **Information about high-risk family members**

Staff must ensure:

- **The prohibited individual is never allowed to collect**
- **If they attempt to attend, staff call police immediately**
- **The DSL contacts MASH if needed**
- **A full log is kept**
- **Staff are briefed on photos and identity details confidentially**

Staff must maintain professional discretion at all times.

19.9 Early Collection / Unexpected Changes

If collection arrangements change:

- **Parents must inform the nursery directly (not through friends or siblings).**
- **Staff verify new collecting adults.**
- **A password is used if the person is unknown.**

Staff must never release a child based on:

- **A verbal message from another parent**

- Social media messages
 - A child's verbal request
-

19.10 Children Leaving for Appointments

When children leave during the day:

- The child must be signed out
 - Staff confirm identity of the adult collecting
 - Any medication or equipment is handed over safely
 - Staff record reason for early departure
-

19.11 Managing Emotional Transitions for SEND Children

Many children at Ohana require structured support at arrival and departure. Staff may:

- Use visual cues
- Provide social stories
- Prepare children gradually
- Offer sensory regulation
- Support attachments and separation

Parents may be encouraged to:

- Keep routines consistent
 - Use shared language with staff
 - Communicate changes early
-

19.12 Recording & Monitoring

All arrival, departure and collection incidents are recorded, including:

- Late collections
- Adults arriving under the influence
- Password issues
- Concerns or unusual patterns
- High-conflict handovers

Patterns are monitored by the DSL and may lead to Early Help or safeguarding referrals.

SECTION 20 — MISSING CHILD PROCEDURES

(Critical safeguarding section — immediate actions, escalation & SEND considerations)

Ohana Centre takes all incidents involving a missing child extremely seriously. A missing child presents an immediate risk of harm and requires urgent, coordinated action. Our procedures focus on prevention, rapid response and thorough review to ensure such incidents are extremely unlikely to occur.

This section applies to children missing:

- From the premises
- During outdoor play
- During transitions
- During outings or community visits
- During arrival or collection

The DSL has overall responsibility for oversight, recording, post-incident review and any referrals to external agencies (MASH, Police, Ofsted and safeguarding partners).

20.1 Prevention Measures

To prevent children from going missing, staff must:

- Ensure all external doors remain secured during sessions
- Monitor entry and exit points during transitions
- Maintain sight and sound supervision at all times
- Check garden gates and fences daily
- Implement individual risk assessments for high-risk children (e.g. SEND vulnerabilities, flight risk)
- Follow agreed zoning systems during outdoor play
- Take registers at set times and when moving between areas
- Count children at every transition point
- Communicate clearly during handovers

For children with SEND, prevention measures are tailored and informed by individual risk assessments, therapy plans and parent input.

20.2 If a Child Is Not in the Expected Area (Immediate Response)

The moment staff notice a child is missing, they must:

Step 1 — Alert Staff Immediately

A staff member calls “Missing child” to alert the team.

Step 2 — One Staff Member Takes Lead

The room lead or senior on site assumes coordination.

Step 3 — Secure the Area

- Close and secure all exits
- Ensure no other children leave
- Stop all non-essential activity

Step 4 — Conduct an Immediate Sweep of the Room and Adjacent Areas

Including:

- Toilets
- Sensory rooms
- Storage rooms
- Soft-play areas
- Quiet spaces
- Under tables, behind furniture

Step 5 — Outdoor & Premises Check

If not found inside, staff search:

- Garden area
- Corridors
- Reception
- Accessible external areas

This initial search should take no longer than 2–3 minutes.

20.3 Escalation if Child Not Found Within 3 Minutes

If the child is not located within 2–3 minutes:

Step 6 — Call Senior Leadership / DSL Immediately

Step 7 — Contact Emergency Services (Police)

Dial 999 and state:

- “A child is missing from a nursery setting.”
- Name and age of the child
- Description and SEND needs
- Last known location
- Time missing

Step 8 — Contact Parents

Inform parents/carers that the child is missing and that emergency procedures and police involvement have been activated.

Step 9 — Conduct a Full Premises Search

Staff search the entire site, including:

- All rooms
- Storage areas
- External boundaries
- Car park (if applicable)
- Neighbouring premises (where appropriate and safe)

One staff member must remain with the rest of the children at all times.

The DSL (or senior leader in their absence) coordinates with emergency services and records key times and actions.

20.4 Additional SEND Considerations

Some children with SEND are at greater risk of going missing due to:

- **Sensory seeking**
- **Curiosity and impulsivity**
- **Attraction to specific objects, sounds or spaces**
- **Limited awareness of danger**
- **Limited communication**
- **Flight risk / absconding behaviour**

Therefore:

- **Known flight-risk children have one-to-one or increased supervision**
- **Staff must understand each child's triggers and patterns**
- **Individual safety plans are developed with parents and therapists**
- **Visual boundaries and transition cues are used consistently**

This personalised knowledge must inform any search and post-incident review.

20.5 If a Child Goes Missing on an Outing

If a child goes missing during an outing, staff must:

Immediately:

- **Alert all staff in the group**
- **Gather remaining children in a safe area**
- **Count children and check the register**
- **Conduct a 1–2 minute local search**

Then:

- **Contact police (999)**
- **Contact the nursery to activate internal support**
- **Contact parents**
- **Remain at the location until emergency services arrive**

Outings require higher ratios, and staff must carry:

- **First aid**
- **Emergency contacts**
- **Medication (where required)**

- Hi-vis jackets (if appropriate)
-

20.6 After the Child Is Found

Once the child is located, staff must:

- Provide immediate reassurance and care
- Check for injuries or distress
- Notify police and parents immediately
- Record the incident in detail
- Avoid questioning the child excessively — note any spontaneous comments

Depending on circumstances, the DSL may refer to:

- MASH / Children's Social Care
 - Early Help
 - Prevent (if suspicious circumstances)
 - Police safeguarding teams
-

20.7 Recording the Incident

A full written report must include:

- Date, time and location
- Staff on duty
- Ratios in place at the time
- Events leading up to the incident
- Exactly where the child went missing
- How long they were missing
- Actions taken and times
- External agencies contacted
- Conversations with parents
- Outcomes
- Any triggers or causes identified
- Staff reflections

This report is completed the same day and signed by the DSL and leadership.

20.8 Investigation & Review

The DSL leads an internal investigation that examines:

- Staffing and supervision at the time
- Environmental factors
- Doors, gates, locks and security
- Staff communication
- Adherence to risk assessments and procedures
- Whether ratios were maintained
- Any SEND-specific vulnerabilities
- Use of zoning or supervision planning

The investigation may involve:

- Staff written statements
 - CCTV (if available)
 - External professional input
-

20.9 Follow-Up Actions

Possible follow-up actions include:

- Updating risk assessments
- Additional staff training
- Adjusting supervision plans and zoning
- Repairing or upgrading security features
- Revising room layouts
- Implementing team briefings and reminders
- Disciplinary procedures if required

Where appropriate, findings are shared with:

- MASH / Children's Social Care
 - Therapist teams
 - Local safeguarding partners
-

20.10 Ofsted Notification

Missing child incidents must be reported to Ofsted within 14 days where they meet statutory notification thresholds (see Section 13).

Notifications include:

- Description of the incident
- Actions taken
- Outcomes

- **Changes implemented to prevent recurrence**
-

20.11 Working with Parents After an Incident

Leadership must:

- **Communicate openly and sensitively**
 - **Provide updates as appropriate**
 - **Share learning and improvements (within confidentiality limits)**
 - **Offer support if the child is distressed**
 - **Reassure parents about strengthened safety measures**
-

20.12 Continuous Improvement

Patterns or near-misses trigger:

- **Review of premises safety**
- **Review of staffing and zoning**
- **Enhanced DSL monitoring**
- **Updated individual risk assessments**
- **Increased environmental controls**

The setting commits to learning from incidents to ensure they do not recur.

SECTION 21 — CHILD-ON-CHILD ABUSE (PEER-ON-PEER ABUSE)

(Statutory safeguarding section — adapted for early-years and SEND contexts)

Child-on-child abuse refers to any situation where a child harms another child physically, emotionally, sexually or through coercion or exploitation. Although very young children may not intend harm, their behaviour can still present risk and must be responded to promptly and proportionately.

Child-on-child abuse can occur:

- **Between any children, regardless of age or developmental level**
- **In play**
- **During dysregulated episodes**
- **In quiet or less supervised moments**
- **In SEND contexts where communication barriers exist**

Ohana takes a proactive approach to identifying, responding to and preventing child-on-child harm, in line with KCSIE and Working Together 2023.

21.1 Forms of Child-on-Child Abuse

Even in early years, children may display behaviours that fall into these categories:

Physical Harm

- **Hitting**
- **Kicking**
- **Biting**
- **Pinching**
- **Scratching**
- **Pushing or knocking over**

These behaviours may indicate unmet needs, dysregulation or distress and require safeguarding consideration.

Emotional Harm

- **Intimidation**
- **Exclusion**
- **Repeated targeting of another child**
- **Controlling behaviour**
- **Destroying another child's work or belongings**

Sexual Behaviours & Harmful Sexual Behaviour (HSB)

Although sexual intent is unlikely in this age group, children may show:

- **Inappropriate touching of others**
- **Pulling down clothing**
- **Sexualised play beyond developmental norms**
- **Repeated focus on private areas**
- **Behaviour that causes another child distress**

Any concerning or persistent behaviour must be reviewed with the DSL immediately.

Bullying or Targeted Behaviour

Persistent behaviour that causes upset, even without intent, must be addressed.

Online Abuse

In early years, this may include:

- **Showing inappropriate content to another child**
- **Repeating unsafe language viewed online**
- **Accessing unsuitable content on shared devices**

21.2 SEND-Specific Considerations

Children with SEND may:

- **Struggle with impulse control**

- Have limited awareness of personal space
- Have sensory-seeking behaviours that involve touch
- Communicate distress through physical actions
- Not understand the impact of their behaviour
- Be at higher risk of being harmed or harming others unintentionally

Staff must:

- Interpret behaviour through a safeguarding and developmental lens
 - Address underlying needs, not just the behaviour
 - Put support strategies in place promptly
 - Maintain heightened supervision for high-risk children
-

21.3 Staff Responsibilities

Staff must:

- Stop harmful behaviour immediately
- Comfort and support the child who was harmed
- Provide calm co-regulation to the child who caused harm
- Inform the DSL the same day
- Record the incident factually
- Monitor patterns or repeated behaviours
- Inform parents where appropriate

Staff must not:

- Dismiss behaviour as “just play”
- Assume a SEND diagnosis explains all behaviour
- Use punishment or shaming
- Minimise harm or emotional impact

Every incident is an opportunity to safeguard and understand the child’s needs.

21.4 When Child-on-Child Behaviour Becomes a Safeguarding Concern

A safeguarding referral may be required when:

- There is repeated harm
- One child shows a pattern of dominance or targeting
- A child is afraid of another child
- There are signs of sexualised behaviour beyond typical curiosity

- **Physical injury has occurred**
- **A child is extremely distressed by an incident**
- **There is a significant developmental difference between children involved**

The DSL assesses each incident carefully, considering thresholds for MASH referral and/or Early Help.

21.5 Supporting the Child Who Has Been Harmed

Staff must:

- **Comfort the child and ensure immediate safety**
- **Treat injuries and record as appropriate**
- **Provide emotional reassurance and co-regulation**
- **Use visuals or Makaton where needed**
- **Observe for ongoing distress and behaviour changes**
- **Inform the DSL**
- **Inform parents sensitively and appropriately**

Follow-up support might include:

- **Additional supervision in shared spaces**
 - **Adjusted activities or grouping**
 - **Behaviour support plans or emotional regulation strategies**
-

21.6 Supporting the Child Who Has Caused Harm

This child is also safeguarded.

Staff must:

- **Provide calm co-regulation**
- **Explore triggers and reduce sources of stress**
- **Observe for unmet needs (e.g. sensory, communication, emotional)**
- **Implement behaviour support strategies**
- **Refer to therapists (SALT, OT, EP) where appropriate**
- **Increase supervision if risk is high**
- **Share plans with parents**

Children should never be shamed or excluded without planned, documented reasons that are proportionate and in the child's best interests.

21.7 Recording & Monitoring

All incidents must be recorded and include:

- **What happened**
- **Who was present**
- **Immediate actions taken**
- **Injuries or emotional impact**
- **What staff said/did**
- **How each child was supported**
- **Whether parents were informed**
- **Whether the DSL took further action**

The DSL monitors:

- **Patterns of behaviour**
 - **Patterns of injury**
 - **Location and time “hotspots”**
 - **Environmental or staffing factors**
 - **Opportunities for intervention and support**
-

21.8 When to Involve External Agencies

The DSL may contact:

MASH / Children’s Social Care where behaviour:

- **Shows signs of abuse at home**
- **Is persistent and causing harm**
- **Suggests sexualised behaviour outside expected norms**
- **Poses risk to other children**

Therapists (SALT, OT, EP)

To understand underlying developmental or sensory causes and to adjust plans.

Police

In rare but serious cases (e.g. severe injury, coercion, criminal behaviour).

Health professionals

If emotional or physical harm is concerning.

21.9 Multi-Agency Response (SEND Context)

Many child-on-child incidents in SEND settings require coordinated support.

Multi-agency responses may include:

- **Behaviour Support Plans**
- **Individual Risk Assessments**
- **OT involvement for sensory needs**

- **SALT involvement for communication deficits**
- **Early Help for family support**
- **Adjustments to environment or routines**

A holistic, multi-agency approach helps reduce risk and improve outcomes.

21.10 Parental Communication

Parents of both children must be:

- **Informed sensitively**
- **Provided factual information only**
- **Not given details about other children's SEND needs or histories**
- **Reassured about actions taken**
- **Involved in follow-up plans**

Staff must avoid:

- **Blame**
 - **Emotional or judgemental language**
 - **Speculation**
 - **Sharing confidential details**
-

21.11 Preventing Child-on-Child Harm in the Environment

To reduce risks, staff must:

- **Maintain high-quality supervision**
- **Use zoning in rooms and outdoors**
- **Provide structured play opportunities**
- **Reduce overcrowding in areas**
- **Anticipate triggers during transitions**
- **Use visual boundaries and clear routines**
- **Model gentle behaviour and emotional regulation**

Early and consistent intervention prevents escalation.

21.12 Continuous Review

The DSL reviews:

- **Frequency and type of incidents**
- **Time-of-day patterns**

- **Location hotspots**
- **Staff deployment and ratios**
- **Environmental triggers**

Changes are made promptly to support safer play and interaction.

SECTION 22 — PREVENTING SEXUALISED BEHAVIOUR & RESPONDING TO HARMFUL SEXUAL BEHAVIOUR (HSB)

(Mandatory safeguarding section — adapted for early-years & SEND)

Sexualised behaviour in young children ranges from typical developmental curiosity to behaviour that is inappropriate, concerning or harmful. Staff must be able to distinguish between normal developmental exploration and behaviours that require safeguarding intervention.

Because children at Ohana may have SEND, including limited communication, sensory differences or emotional regulation needs, some behaviours may appear sexualised but stem from developmental or sensory causes. Staff must approach all concerns with professional curiosity and caution, and always through a safeguarding lens.

22.1 Understanding Sexualised Behaviour in Young Children

Typical / Age-Expected Behaviour:

- **Exploring own body**
- **Looking at others out of curiosity**
- **Using developmentally appropriate language**
- **Brief, light experimentation without distress**

Concerning Behaviour (Requires DSL Review):

- **Persistent touching of others**
- **Attempting to remove another child's clothing**
- **Sexualised language beyond developmental stage**
- **Re-enactment of explicit acts**
- **Coercive or aggressive behaviour**
- **Distress to self or others**

Harmful Sexual Behaviour (HSB):

Behaviours that:

- **Are harmful to another child**
- **Show knowledge unlikely for the child's age**
- **Are repeated despite intervention**
- **Are planned or secretive**
- **Cause distress, fear or injury**
- **Suggest exposure to harmful material or experiences**

Any HSB requires an immediate safeguarding response.

22.2 SEND-Specific Considerations

Children with SEND may:

- **Have limited social understanding**
- **Seek sensory stimulation near genital areas**
- **Misread social cues**
- **Struggle with impulse control**
- **Repeat actions without understanding meaning**
- **Copy behaviours seen at home or online**
- **Not understand privacy boundaries**

Therefore:

- **Behaviour must be reviewed in context**
- **Sexual intent may not be present**
- **Patterns and persistence are key indicators**
- **Staff must not dismiss concerning behaviour as “just sensory” or “just autism”**

Each incident must be evaluated with both a SEND lens and a safeguarding lens.

22.3 Immediate Response to Sexualised Behaviour

Staff must:

1. **Stop the behaviour immediately but calmly**
2. **Provide comfort and safety to any child affected**
3. **Redirect the behaviour sensitively without shame**
4. **Record the incident factually**
5. **Inform the DSL the same day**

Staff must never:

- **Scold, shame or punish**
- **Assume intent**
- **Ignore or downplay behaviour**
- **Discuss behaviour in front of children**

22.4 What Staff Must Record

Records must include:

- **Exactly what was seen or heard (using clear, neutral language)**

- **Names of children involved**
 - **Location and time**
 - **Behaviour patterns leading up to the incident**
 - **Child's emotional response**
 - **Any injuries or distress**
 - **Staff actions and words**
 - **Parent communication**
 - **Any factors that might indicate risk (e.g. repeated behaviour, developmental differences)**
-

22.5 DSL Decision-Making & Thresholds

The DSL will consider:

- **Developmental appropriateness**
- **Frequency and persistence**
- **Power imbalance (age, communication ability, size, SEND differences)**
- **Distress caused**
- **Whether coercion was involved**
- **Possible exposure to harm at home or online**
- **Any other safeguarding indicators**

Based on assessment, the DSL may:

- **Monitor the situation internally**
 - **Implement enhanced supervision**
 - **Put in place individual behaviour or safety plans**
 - **Consult with therapists (SALT, OT, EP)**
 - **Contact parents and agree support strategies**
 - **Make an Early Help referral**
 - **Refer to MASH for safeguarding assessment**
 - **Contact Police if required (rare in early years but possible)**
-

22.6 When Sexualised Behaviour Indicates Safeguarding Concern

A referral to MASH must be made when:

- **The behaviour is repeated and escalating**
- **Another child has been harmed or significantly distressed**
- **Knowledge or behaviour appears sexualised beyond developmental expectations**

- Behaviour suggests exposure to harmful online or offline content
 - Adults in the child's environment may be unsafe
 - There is a clear power imbalance
 - The behaviour appears planned, aggressive or secretive
-

22.7 Supporting the Child Who Has Been Harmed

Support includes:

- Immediate emotional reassurance and co-regulation
- Ensuring the child feels safe and believed
- Monitoring for signs of ongoing distress
- Adapting play environments where necessary
- Speaking with parents sensitively
- Recording injuries or emotional changes

Staff must avoid:

- Blaming the child
 - Giving details about the other child involved
 - Minimising the child's experience
-

22.8 Supporting the Child Who Displayed the Behaviour

This child is also safeguarded and supported.

Staff must:

- Provide calm co-regulation
- Explore triggers and unmet needs
- Implement strategies recommended by therapists
- Increase supervision if needed
- Reinforce personal boundaries using visual supports and social stories
- Work closely with parents to understand home context

This is not a disciplinary matter for young children.

22.9 Multi-Agency Assessment of HSB

If behaviour meets threshold:

- MASH may complete child-in-need or child-protection assessments
- Therapists (SALT, OT, EP) may assess communication, sensory or developmental needs

- Police may be involved for serious incidents
- Early Help may support parenting, supervision or home routines

Responses must be trauma-informed and age-appropriate.

22.10 Working with Parents

Staff must:

- Communicate concerns sensitively and clearly
- Use factual, non-emotive language
- Focus on safety and wellbeing
- Avoid blaming or judging
- Offer guidance on supporting boundaries at home
- Provide Early Help referral where appropriate

Parents of both children must not be given identifying information about the other child.

22.11 Environmental Adjustments

To prevent recurrence, the DSL and team may:

- Increase supervision in certain areas
- Adjust room layout
- Separate high-risk pairings
- Introduce more structured activities
- Provide alternative sensory input
- Add visual boundaries and privacy cues

Learning from incidents helps prevent escalation.

22.12 Where Incidents Must Be Recorded

All incidents of sexualised behaviour — even minor ones — are recorded in:

- Behaviour logs
- Safeguarding files (if concerning)
- Incident/accident systems
- Individual risk assessments and support plans (where appropriate)

Patterns are tracked over time and inform multi-agency work.

22.13 Ofsted Notification Criteria

Ohana must notify Ofsted within 14 days if:

- A child has been significantly harmed by another child
 - Behaviour indicates a failure in supervision or systems
 - External agencies (MASH, Police) become involved in serious HSB
 - Staff conduct is implicated
-

22.14 Training & Staff Confidence

All staff receive training on:

- Developmentally normal vs. concerning behaviour
- Signs of HSB
- SEND-related behaviours that may look sexualised
- Documentation and reporting
- Supporting safe play and personal boundaries

The DSL receives enhanced training and ensures staff feel confident to intervene early, prevent escalation and involve external agencies where necessary.

SECTION 23 — FEMALE GENITAL MUTILATION (FGM) & HONOUR-BASED ABUSE

(Statutory safeguarding section — early-years & SEND-appropriate)

FGM and honour-based abuse (HBA) are forms of child abuse and violence against women and girls. Both are illegal in the UK. While children in early years are below the direct risk age for FGM, we must remain alert to families, older siblings, cultural pressures and early warning signs.

Staff at Ohana have a duty to report concerns about FGM or HBA immediately to the DSL, and in some circumstances directly to the Police.

23.1 What Is FGM?

FGM refers to any procedure involving partial or total removal of external female genitalia, or injury to female genital organs, for non-medical reasons.

FGM is illegal under:

- The Female Genital Mutilation Act 2003
- The Serious Crime Act 2015

FGM is considered physical abuse and may result in long-term physical and psychological harm.

23.2 FGM Mandatory Reporting Duty

The Mandatory Reporting Duty applies to regulated professionals (including early-years practitioners) when:

- A girl under 18
- Discloses FGM, OR
- Staff observe physical signs that FGM has been carried out

Although our children are very young, staff may still:

- Hear statements from parents or older siblings
- Learn something during intimate care
- Become aware of family plans to travel for FGM
- Notice concerning signs in older siblings brought into the setting

If mandatory reporting criteria are met, staff must:

- Contact the Police on 101 (or 999 in an emergency)
- Inform the DSL immediately

Police must be contacted directly; informing the DSL does not replace the legal reporting duty.

23.3 Honour-Based Abuse (HBA)

Honour-based abuse refers to harmful behaviours that are carried out to protect perceived family or community “honour”.

It may include:

- Emotional abuse
- Physical abuse
- Coercion and control
- Restrictions on behaviour
- Forced marriage
- FGM
- Threats and intimidation
- Violence from extended family

Honour-based abuse often involves multiple perpetrators and is closely linked to rigid cultural expectations.

23.4 Indicators of FGM or Honour-Based Abuse

Although direct physical signs may not be visible in babies or toddlers, indicators may appear through:

Parental Behaviour or Language

- References to “special procedures” or “becoming a woman”
- Plans to take a child abroad for a “holiday” to countries where FGM is common
- Reluctance to allow female children to attend medical appointments
- Talking about older siblings undergoing a “tradition”
- Mother or female family members having undergone FGM themselves

Family or Sibling Indicators

- Older sibling with signs or disclosure of FGM

- Older sibling absent after travelling abroad
- Family under pressure from community networks

Behavioural Indicators in Parents

- Stress or anxiety related to upcoming travel
- Parents refusing help from healthcare professionals
- Avoidance of safeguarding conversations

Contextual Indicators

- Community or cultural context where FGM/HBA is known to occur
- Extended family involvement or pressure

Staff must record any concerning comments or observations.

23.5 What Staff Must Do If They Suspect FGM Risk (Early Years Context)

Staff must:

1. Inform the DSL immediately
2. Record the concern factually
3. Include verbatim comments where possible
4. Consider Early Help or referral to MASH if risk indicators exist (via the DSL)
5. Not question parents directly or confront them

Staff must never:

- Attempt to examine a child
 - Ask the child about FGM
 - Promise secrecy
-

23.6 How the DSL Responds to FGM Concerns

The DSL will:

- Assess the level of risk
- Consider multi-agency information
- Contact MASH if any risk is identified
- Make a mandatory police report if required
- Document all actions, decisions and rationales
- Consider referrals for older siblings
- Offer Early Help to families to reduce vulnerability

A referral to MASH is required if:

- Family plans travel to high-risk countries

- There is known pressure from extended family
 - Older female children in the household may be at risk
 - A mother or relative has undergone FGM and there are cultural expectations
 - There is any sign or disclosure of HBA
-

23.7 Supporting Families

Support is:

- Non-judgmental
- Culturally sensitive
- Safety-focused
- Rooted in education, not accusation

Support options include:

- Early Help
 - GP referrals
 - Specialist FGM/HBA support services
 - Parenting guidance
 - Signposting to community support
-

23.8 Children with SEND – Additional Considerations

Families of SEND children may experience:

- Increased stress
- Social isolation
- Cultural pressure
- Reduced access to mainstream information

This may increase risk for older siblings or extended family members.

Understanding context helps the DSL make informed, proportionate decisions.

23.9 Recording and Monitoring

All FGM/HBA concerns must be:

- Recorded in the child's safeguarding file
- Dated and signed
- Stored securely
- Monitored for patterns over time

- Reviewed in DSL supervision

Even minor concerns or single comments can be significant when viewed cumulatively.

23.10 Multi-Agency Working

The DSL will work with:

- MASH / Children's Social Care
- Police
- Health professionals
- Specialist FGM/HBA services
- Early Help
- School nurses or midwives

FGM and HBA require fast, coordinated, multi-agency responses.

23.11 Ofsted Notification

If FGM or HBA concerns result in:

- Police involvement
- Multi-agency safeguarding strategy meetings
- A serious safeguarding incident

Ofsted must be notified within 14 days, in accordance with Section 13.

SECTION 24 — DOMESTIC ABUSE & VIOLENCE IN THE HOME

(Statutory safeguarding section — early-years & SEND focused)

Domestic abuse refers to controlling, coercive, threatening, violent or abusive behaviour between people aged 16 or over who are personally connected. Children who see, hear or experience domestic abuse are recognised in law as victims.

Domestic abuse can involve:

- Physical violence
- Emotional or psychological abuse
- Verbal aggression
- Coercion or controlling behaviour
- Gaslighting
- Sexual abuse
- Financial abuse
- Isolation from family or support
- Threats or intimidation

- **Forced marriage or honour-based abuse**

Ohana Centre recognises that domestic abuse presents significant risk to children's physical safety, emotional development, behaviour and long-term wellbeing.

24.1 Impact of Domestic Abuse on Young Children

Even when very young, children may show:

- Increased anxiety or clinginess
- Regression in toileting, sleep or communication
- Emotional outbursts or dysregulation
- Withdrawn or fearful behaviour
- Aggressive behaviour towards others
- Sensory dysregulation
- Delayed social development
- Difficulty separating from parent
- Over-alertness or hypervigilance

For SEND children, these signs may be harder to identify, as behaviour may overlap with existing needs. Staff must approach concerns with professional curiosity.

24.2 Signs and Indicators in Parents

Staff may observe:

- A parent who appears frightened, anxious or withdrawn
- A parent who is overly monitored or controlled by a partner
- Visible injuries or attempts to cover injuries
- Inconsistencies in explanations regarding injuries
- A dominating partner who speaks for the parent
- Reluctance to attend meetings without the partner
- Restrictions around finances or travel
- Frequent arguments during drop-off or collection
- A partner who refuses to allow staff to speak to the parent alone

Patterns over time may indicate risk.

24.3 Risk Factors in SEND Families

Domestic abuse risk may be higher where:

- There is family stress caring for a SEND child

- One parent is socially isolated due to care responsibilities
- Parents struggle with sleep, behaviours or medical needs
- There are financial pressures
- Professionals visit less frequently or inconsistently

This must not lead to assumptions, but staff should remain alert to vulnerability.

24.4 Operation Encompass (If Applicable Locally)

Operation Encompass is a national system where police inform schools and nurseries before 9am if a child has been exposed to domestic abuse the night before.

If operating in our borough:

- DSL receives confidential notifications
- Information is treated with strict confidentiality
- Staff adjust support for the child that day
- No details of the police incident are shared with staff unnecessarily

If not in operation locally, the DSL still liaises with police and social care as required.

24.5 What Staff Must Do If They Suspect Domestic Abuse

Staff must:

1. Inform the DSL immediately
2. Record factual concerns (no speculation)
3. Note any injuries observed
4. Note patterns over time
5. Avoid questioning the parent directly about the abuse
6. Ensure the child is supported emotionally

Staff must never:

- Confront a parent or alleged perpetrator
- Put the victim at increased risk by discussing concerns publicly
- Promise confidentiality

24.6 DSL Response and Thresholds

The DSL will:

- Gather information from staff
- Assess risk to child and non-abusing parent
- Check if concerns appear isolated or part of a pattern
- Consider a referral to MASH

- Consider Early Help where appropriate
- Record concerns in the safeguarding file

A referral to MASH must be made when:

- A child witnesses or hears domestic abuse
 - Physical violence is disclosed or suspected
 - A parent expresses fear of a partner
 - A parent appears controlled or coerced
 - Emotional harm to the child is evident
 - The alleged perpetrator presents risk to children
-

24.7 Supporting the Child

Staff should:

- Provide safety, comfort and co-regulation
- Maintain predictable routines
- Offer consistent key-person relationships
- Avoid discussing the abuse directly with the child
- Observe for delayed emotional reactions
- Provide sensory tools or calming activities if needed

Staff must take care not to retraumatise the child.

24.8 Supporting the Parent Experiencing Abuse

Support is sensitive, discreet and non-judgmental.

This may include:

- Offering a quiet space to talk
- Speaking when the parent is alone (never in front of partner)
- Providing information about support services
- Encouraging Early Help where safe
- Liaising with health visitors or community services

Safety must always come first.

If a parent asks staff not to tell anyone:

- Staff must explain they cannot keep information secret if a child is at risk
 - The DSL must still be informed
-

24.9 Recording and Confidentiality

Domestic abuse concerns must be:

- Recorded accurately
- Logged chronologically
- Stored in the child's safeguarding file
- Marked as confidential
- Accessible only to DSL, Deputy DSL and authorised leaders

Records must include:

- Observations
 - Injuries
 - Direct statements
 - Staff actions
 - DSL decisions
 - Rationale for referrals or non-referrals
-

24.10 Multi-Agency Working

The DSL may liaise with:

- MASH / Social Care
- Health visitors / HV teams
- Midwives
- Police safeguarding teams
- Early Help
- Domestic Abuse services
- Housing teams

Domestic abuse requires coordinated, multi-agency support.

24.11 Children at Continuing Risk

If a child continues to be exposed to domestic abuse:

- The DSL escalates with MASH
- Strategy meetings may be required
- Child protection plans may be initiated
- Staff may be asked to contribute observations or attend meetings
- Risk assessments for drop-off/collection may be implemented

The welfare of the child always comes first.

24.12 Ofsted Notification

Ofsted must be notified within 14 days if:

- A child suffers significant harm due to domestic abuse
 - Police or social care respond to serious safeguarding concerns relating to domestic abuse
 - There is an incident that affects the safety of children on the premises
-

24.13 Preventing Domestic Abuse Risks During Drop-Off & Collection

Staff remain alert to:

- Parents who argue on site
- Distressed children at handover
- Tense or controlling behaviour
- Patterns of conflict
- Indicators of substance misuse

Staff intervene by:

- Safely interrupting escalating conflict
 - Offering to separate adults during collection if needed
 - Calling the DSL or leadership for immediate support
-

24.14 Continuous Review

The DSL regularly reviews:

- Patterns in child behaviour
- Patterns in parental presentation
- Operation Encompass alerts (if used)
- Attendance patterns
- Injuries or unexplained distress
- Staff reporting levels

Learning informs ongoing safeguarding improvements.

SECTION 25 — ONLINE SAFETY, DIGITAL IMAGES & USE OF TECHNOLOGY

(Statutory EYFS section — strengthened for SEND environments)

Online safety in early years is primarily about:

- Safe use of devices by staff

- Keeping children's images secure
- Preventing unauthorised sharing
- Protecting families' privacy
- Preventing exposure to harmful online content

Children at Ohana do not independently use online platforms, but the setting must still ensure robust online safety systems and policies, particularly due to the vulnerability of SEND children.

This section should be read alongside Section 14 (Mobile Phones, Cameras, Images & Digital Devices) and Section 15 (Online Safety).

25.1 Principles of Online Safety at Ohana

We ensure:

- Children are never left unsupervised with internet-capable devices
- Staff use devices in line with strict protocols
- Images and videos are stored securely
- Personal devices are not used around children
- Communications with families remain professional
- Internet access is filtered and monitored
- Social media risks are managed
- Parents understand how their child's images may be used (or not used)

25.2 Use of Nursery Devices

Only nursery-owned devices may be used for:

- Observations and learning journals
- Incident reports
- Photographs for displays and assessment
- SALT/OT documentation
- Emergency communication via approved systems

These devices are:

- Password protected
- Restricted with child-safe settings
- Enrolled into secure management systems
- Stored safely when not in use

Staff must:

- Log out when finished
- Never leave devices unattended around children

- Report damage or technical issues immediately
-

25.3 Personal Mobile Phones and Smart Devices

To protect children:

- Staff phones must be kept in lockers or staff areas
- Staff may not use personal devices in rooms, changing areas or gardens
- Smart watches with cameras/messaging must be disabled or removed during sessions unless specific risk-assessed permission is given
- Phones may only be used during breaks in staff-only areas
- Parents may not take photos of other children during drop-off and collection

Visitors may be asked to hand phones to reception or store them safely if required.

This is a statutory expectation under EYFS and reinforced by Ofsted.

25.4 Taking Photographs and Videos of Children

Images/video may only be taken:

- On nursery devices
- With parent consent
- For educational purposes
- For therapy support
- For assessment or monitoring
- For internal record keeping

Images must never:

- Be taken on staff personal phones
- Be shared via WhatsApp, text or personal email
- Include children who do not have consent
- Show children partially clothed (e.g. nappy changing, intimate care)

Ofsted views inappropriate image handling as a serious safeguarding breach.

25.5 Storage, Retention & Deletion of Images

Images and videos:

- Are stored securely on encrypted systems
- Are not saved on device memory long term
- Are deleted once uploaded to secure systems
- Are retained in line with GDPR retention schedules

- Must not be transferred to personal accounts or cloud storage

USBs, personal laptops or unencrypted devices must never be used.

25.6 Parental Consent for Images

Consent must cover:

- Observations / learning journals
- Displays inside the nursery
- Social media or website (if used)
- Therapy reporting
- Multi-agency meetings
- Internal training videos

Parents can:

- Decline all images
- Decline external sharing only
- Withdraw consent at any time

Staff must check consent before taking or using images.

25.7 Sharing Images with Parents

Images shared with parents must:

- Never include any other children
- Be shared via secure platforms or approved systems
- Never be sent via staff personal devices
- Never be shared informally on WhatsApp or similar apps

Sharing must always protect the privacy of other families.

25.8 Online Safety for SEND Children

Children with SEND are more vulnerable because they may:

- Not understand risks
- Imitate unsafe behaviour seen on screens
- Be highly drawn to devices
- Struggle with boundaries and rules

Staff therefore:

- Use visual supports for boundaries
- Supervise all device activities

- Limit screen time to planned therapy or learning
 - Report any accidental exposure to inappropriate content to the DSL
-

25.9 Filtering & Monitoring Requirements (EYFS 2024/2025)

Ohana must have:

Filtering to block:

- Violent content
- Sexual content
- Self-harm information
- Extremism
- Gambling
- Social-media sites (unless specifically approved)

Monitoring to:

- Track unusual access attempts
- Flag concerning patterns
- Detect malware
- Identify staff misuse

This is a statutory requirement introduced in EYFS 2024/2025.

The DSL must understand:

- What filtering is in place
 - How monitoring works
 - What triggers alerts
 - How to review and respond to usage reports
-

25.10 Use of Apps, Software & Online Platforms

Any platform used must:

- Be GDPR compliant
- Have a data-processing agreement
- Require secure login
- Be approved by leadership
- Not allow unencrypted image transfer

This includes systems for:

- Learning journals

- **SALT/OT observations**
- **Parent communication**
- **Email and messaging**

Unknown apps or platforms must never be installed on nursery devices.

25.11 Staff Communication Protocols

Staff must not:

- **Use personal WhatsApp for parent communication**
- **Add parents on social media**
- **Share images via personal messaging apps**
- **Discuss children or staff in online forums**
- **Comment on nursery matters on personal accounts**

Professional boundaries apply online just as in person.

WhatsApp may be used internally only for:

- **Staff communication**
- **Emergencies**
- **Operational updates**

No child information may be shared in a WhatsApp group unless:

- **It is encrypted**
 - **It is anonymised**
 - **It does not include images or names**
-

25.12 Parents and Carers – Online Safety Expectations

Parents must:

- **Not post images of other children online**
- **Not record staff or children without permission**
- **Follow policies on social media**
- **Not share nursery information on community WhatsApp groups in a way that identifies other children or staff**
- **Not use staff personal numbers**

Clear communication ensures mutual protection.

25.13 Responding to Online Safety Incidents

If an incident occurs:

- **Staff must alert the DSL immediately**

- Devices may be isolated for IT review
- Child exposure must be recorded and monitored
- Parents must be informed when appropriate
- Referrals may be made to MASH if the risk is significant
- Ofsted must be notified if the safety of children has been compromised

Incidents might include:

- Accidental exposure to inappropriate content
 - A parent posting images of other children online
 - Staff misuse of devices or social media
 - A breach of GDPR
 - Hacking or compromised accounts
-

25.14 Training & Awareness

All staff receive online safety training on:

- Safe device use
- Managing images and recordings
- GDPR and data protection
- Cybersecurity basics
- Responding to incidents
- SEND-specific online risks
- EYFS filtering & monitoring requirements

The DSL receives advanced training annually.

25.15 Continuous Review

Leadership regularly reviews:

- Device audits
- Internet filtering and monitoring reports
- Image-handling compliance
- Emerging risks in online safety

Updates are shared with staff promptly and policies are amended where required.

SECTION 26 — SAFER RECRUITMENT

(Statutory EYFS safeguarding section — applies to all staff, agency, students & volunteers)

Ohana Centre is committed to creating a safe environment by ensuring all adults working with children are suitable, fully vetted and appropriately supervised. Safer recruitment prevents unsuitable individuals from gaining access to children and helps maintain a strong safeguarding culture.

These procedures apply to:

- All staff (permanent, temporary and casual)
 - Agency workers
 - Volunteers
 - Students
 - Contractors with access to children
 - External therapists or professionals working onsite
-

26.1 Principles of Safer Recruitment

We ensure:

- Robust, transparent recruitment processes
- Safeguarding is central to all stages
- Suitability checks meet statutory requirements
- No adult works with children unsupervised until checks are complete
- Recruitment decisions always prioritise child safety

All recruitment follows safer recruitment guidance in KCSIE 2024 and EYFS.

26.2 Recruitment Advertising

All advertisements for roles working with children must:

- State the organisation's commitment to safeguarding
 - State that all roles require enhanced DBS checks
 - Refer to reference checks and vetting expectations
 - Highlight responsibility for child protection
 - Include the right to verify information at any point
-

26.3 Application and Shortlisting

Applicants must complete a full application form including:

- Employment history with no unexplained gaps
- Reasons for leaving each role
- Details of qualifications
- Confirmation of identity

- Disclosure of criminal history (self-declaration)
- Contact details for professional references

Applications are checked for:

- Gaps in employment
- Inconsistencies
- Frequent role changes
- Concerning patterns

Any gaps or concerns are explored during interview and documented.

26.4 Interview Process

Interviews must include:

- Safeguarding-focused questions
- Scenarios involving child safety
- Questions about professional boundaries
- Questions testing attitudes towards SEND children

Examples:

- “Tell us about a time you safeguarded a child.”
- “How do you maintain professional boundaries with families?”
- “What would you do if a colleague behaved inappropriately?”

At least one member of the panel must be Safer Recruitment trained.

26.5 Pre-Employment Checks (Statutory)

No appointment is confirmed until all checks have been completed:

1. Enhanced DBS with Barred List Check
Mandatory for those working in regulated activity.
2. Identity Check
Verified with official documents.
3. Right to Work in the UK
4. Two References
 - One must be the most recent employer
 - Must be verified independently
 - Must ask about conduct, safeguarding concerns and suitability
5. Employment History Review
Gaps explored and documented.
6. Qualifications Check
Where the role requires specific credentials (e.g. Level 3, SLT, OT).

7. **Health Check**
To ensure the person is fit for the role.
 8. **Disqualification Under the Childcare Act Declaration**
Required for those working with under 8s.
 - Covers relevant disqualification criteria and household risks.
 9. **Prohibition from Teaching Check**
Where applicable.
 10. **Overseas Checks**
If the applicant has lived abroad for 6+ months.
 11. **Online Search ("Digital DBS")**
Required under KCSIE to identify any publicly-available suitability concerns.
-

26.6 Conditional Offers of Employment

Offers are conditional upon:

- Completion of all checks
- Satisfactory references
- Confirmation of suitability
- Signing the safeguarding declaration and code of conduct

Unfavourable or concerning information results in:

- Withdrawal of offer
 - DSL involvement
 - Possible referral to the LADO or other agencies
-

26.7 The Single Central Record (SCR)

Ohana maintains a fully compliant Single Central Record, including:

- Staff identity
- DBS checks and dates
- Barred list checks
- Right to work evidence
- Qualifications
- References verified
- Disqualification declarations
- Key training dates (safeguarding, first aid)
- Risk assessments for unchecked staff (if any)

The SCR is:

- Regularly reviewed by senior leadership

- **Audited by the DSL**
 - **Available for inspection by Ofsted**
-

26.8 Agency Staff, Contractors & Visiting Professionals

Agency Staff

The agency must provide:

- **Enhanced DBS confirmation**
- **Identity verification**
- **Confirmation of vetting checks**
- **Relevant training information**
- **Written assurance of suitability**

Ohana still checks:

- **Photographic ID**
- **Conduct and professionalism**
- **Fit with safeguarding culture**

Contractors

Contractors are:

- **Supervised at all times if not DBS-checked**
- **Never given unsupervised access to children**

Therapists / External Professionals

Must provide:

- **Verification of qualifications**
 - **DBS checks**
 - **Professional identification**
 - **Confirmation of professional registration (e.g. HCPC, RCSLT)**
-

26.9 Volunteers & Students

Volunteers and students must:

- **Complete an application and interview**
- **Undergo DBS checks (enhanced if unsupervised)**
- **Receive safeguarding induction**
- **Be supervised at all times unless fully vetted**
- **Never be left alone with children if checks are incomplete**

Higher-risk volunteers require written risk assessments.

26.10 Staff Induction (Mandatory Content)

Before working with children unsupervised, all staff receive training on:

- **Safeguarding policy**
- **Child protection procedures**
- **Behaviour management**
- **SEND needs**
- **DSL and Deputy DSL contact details**
- **Whistleblowing (see Sections 11 and 29)**
- **Code of conduct**
- **Prevent duty**
- **Physical intervention policy**
- **Health & safety**
- **Online safety and data protection**
- **Medication procedures**

Induction must be completed and logged.

26.11 Probation & Ongoing Monitoring

All new staff undergo:

- **A formal probation period**
- **Regular supervision meetings**
- **Safeguarding evaluation at around 3 months**
- **Performance review at around 6 months**

Concerns are addressed immediately and recorded.

26.12 Rehabilitation of Offenders & Positive Disclosure Process

If an applicant or staff member discloses:

- **Past convictions**
- **Cautions**
- **Court orders**
- **Domestic incidents**
- **Family court involvement**

The DSL conducts a risk assessment considering:

- **Nature and seriousness of the offence**

- Time passed
- Pattern or repetition
- Relevance to safeguarding and role

The safety of children always takes priority. Decisions are recorded with clear rationale.

26.13 Allegations During Recruitment

If concerns arise during recruitment:

- LADO is consulted where appropriate
- Offer may be withdrawn
- Information may be shared with appropriate agencies in line with guidance

Transparency prevents unsuitable individuals entering the workforce.

26.14 Safeguarding Culture in Recruitment

Beyond checks, Ohana strengthens safety by:

- Having high behavioural and values-based expectations
- Using scenario-based questions at interview
- Assessing attitude and emotional maturity
- Prioritising professionalism and reflective practice
- Rejecting candidates who minimise safeguarding responsibilities

Safeguarding is everyone's responsibility.

26.15 Ofsted Notification Requirements

Ofsted must be notified within 14 days if:

- A staff member is dismissed for safeguarding reasons
 - A staff member resigns during a safeguarding investigation
 - There are concerns about the suitability of staff to work with children
 - Allegations involve potential harm to a child
-

26.16 Continuous Review of Safer Recruitment

Leadership regularly reviews:

- Vetting processes
- SCR accuracy
- Discipline, conduct and capability concerns
- Training coverage and refresh intervals

- Staff behaviour trends
- Suitability of all adults on premises

This ensures ongoing compliance and safety.

SECTION 27 — ALLEGATIONS AGAINST STAFF, STUDENTS OR VOLUNTEERS (INCLUDING LADO PROCESS)

(Critical safeguarding section — statutory duty)

Ohana Centre is committed to creating an environment where all concerns about staff conduct are taken seriously, responded to promptly and handled with transparency and fairness.

An allegation may relate to any adult working in the setting:

- Staff (permanent, temporary, part-time, full-time)
- Agency workers
- Volunteers
- Students
- Contractors
- External therapists

Allegations may concern behaviour on or off the premises, including online behaviour.

27.1 What Counts as an Allegation?

An allegation is when a person working with children may have:

1. Behaved in a way that has harmed a child or may have harmed a child
2. Possibly committed a criminal offence against or related to a child
3. Behaved in a way that indicates they may pose a risk to children
4. Behaved in a way that calls into question their suitability to work with children
5. Behaved in a way that may transfer risk to children (e.g. domestic abuse, harmful behaviour in private life)

This includes:

- Physical harm
- Rough handling
- Neglectful supervision
- Sexual comments or behaviour
- Grooming or boundary violations
- Inappropriate online activity
- Excessive or inappropriate physical restraint
- Using demeaning or aggressive language
- Failure to follow safety procedures

- **Being under the influence of alcohol or drugs**
- **Allegations from parents or other staff**
- **Concerns arising outside the workplace**

Staff must not attempt to investigate allegations themselves.

27.2 Immediate Response When an Allegation Is Made

If an allegation is made or a concern arises, the staff member receiving the information must:

1. **Report it to the DSL immediately**
2. **If the allegation concerns the DSL, report to the Director/Owner or another senior leader**
3. **If it concerns both the DSL and Director, contact the LADO directly**
4. **Make a written, factual record of what was said or observed**
5. **Not question the child or adult involved in detail**
6. **Not confront the person the allegation is about**
7. **Preserve any evidence (e.g. CCTV, records)**

Children must be protected from harm while the allegation is investigated.

27.3 The DSL's Immediate Actions

The DSL will:

- **Take the allegation seriously**
- **Ensure immediate safety of children**
- **Gather initial information (without investigating)**
- **Contact the LADO within 24 hours**
- **Follow advice from LADO about next steps**
- **Consider suspension or redeployment to protect children (LADO-guided)**
- **Record all decisions and rationales**

Failure to contact LADO in relevant cases is a safeguarding breach.

27.4 Role of the Local Authority Designated Officer (LADO)

LADO oversees allegations about individuals in positions of trust.

LADO will:

- **Advise on whether the allegation meets the threshold**
- **Guide disciplinary, safeguarding and police processes**
- **Decide if strategy meetings are required**
- **Coordinate multi-agency action**

- **Support the setting in managing risk**
- **Ensure a fair and thorough process**

All LADO advice must be documented and followed.

27.5 Types of Outcomes (ADO Framework)

After review, allegations may be:

- **Substantiated** – evidence shows allegation is true
- **Unsubstantiated** – not enough evidence to prove or disprove
- **Unfounded** – evidence shows incident did not happen
- **Malicious** – clear evidence it was intentionally false
- **False** – no evidence to support, but not malicious

Decisions are recorded and shared as appropriate.

27.6 Suspension

Suspension is not automatic but must be considered if:

- **A child may be at risk**
- **The allegation is so serious it may be gross misconduct**
- **The presence of the adult may hinder investigation**

ADO will guide decisions.

If suspended:

- **Written confirmation must be provided**
 - **Staff welfare support must be offered**
 - **Staff must have a named contact during suspension**
-

27.7 Low-Level Concerns (Separate but Related)

Low-level concerns relate to behaviour below the LADO threshold but still concerning (e.g. crossing boundaries, unprofessional conduct).

Examples:

- **Inappropriate joking**
- **Comments that make children or staff uncomfortable**
- **Not following supervision rules**
- **Over-familiar behaviour**
- **Poor boundaries on social media**
- **Rough handling during care routines**

Low-level concerns are:

- Recorded
 - Reviewed by the DSL or senior leader
 - Addressed through supervision, training or HR action
 - Escalated if patterns appear
-

27.8 Police or Social Care Involvement

If the allegation may be criminal or indicate child protection risk:

- LADO may involve police and/or MASH
- Strategy meetings may be held
- The setting must cooperate fully
- No internal investigation begins until LADO/police allow

Staff must not discuss the case internally except with authorised personnel.

27.9 Communication With Parents

The DSL or Manager will:

- Inform parents of the allegation (unless police/LADO advise otherwise)
- Ensure confidentiality for all parties as far as possible
- Provide updates where appropriate
- Maintain professionalism and sensitivity

Parents must not be told details about other families or staff beyond what is legally permitted.

27.10 Supporting the Adult Facing Allegation

The setting has a duty of care to support staff, including:

- Providing a named contact
- Offering welfare support and signposting
- Maintaining confidentiality as far as possible
- Avoiding premature judgement
- Ensuring staff understand the process

However, children's safety always takes priority.

27.11 Record-Keeping

Records must include:

- What was reported

- Who made the allegation
- Dates, times and details
- Actions taken
- LADO advice
- Outcomes
- Decisions and rationales

Records are:

- Stored confidentially
 - Kept in personnel files for prescribed periods
 - Shared with future employers where required (if allegation substantiated)
-

27.12 Learning Lessons

After the process concludes, leadership must:

- Review what happened
- Identify training or supervision needs
- Make environmental changes
- Update procedures where necessary
- Improve recruitment filters if gaps were found

This ensures continuous improvement.

27.13 Referral to the DBS (Legal Requirement)

Ohana must refer staff to the Disclosure and Barring Service if:

- They are dismissed due to safeguarding concerns
- They resign during a safeguarding investigation
- They may pose a risk to children
- Their behaviour meets DBS barring thresholds

Failure to make a DBS referral is a criminal offence.

27.14 Ofsted Notification

Ofsted must be notified within 14 days if:

- A staff member is dismissed for safeguarding concerns
- A staff member is suspended due to alleged harm to a child
- Police or social care begin a significant investigation

- Any incident affects the safety of children on premises
-

27.15 Behaviour That Must Be Reported Immediately

Examples include:

- Using a mobile phone in restricted areas
- Inappropriate physical contact
- Shouting aggressively at children
- Humiliating or punishing a child
- Being under the influence of alcohol/drugs at work
- Sending inappropriate messages to parents or staff
- Neglecting supervision
- Leaving children unattended
- Falsifying records
- Breaches of confidentiality

Any staff member who witnesses unsafe behaviour must report it without delay.

27.16 Whistleblowing

If staff feel unable to report concerns internally, they must use:

- Whistleblowing policy (see Section 29)
- Local Authority Safeguarding Team
- Ofsted whistleblowing hotline: 0300 123 3155

Staff are protected by law against retaliation when reporting genuine concerns.

SECTION 28 — PHYSICAL INTERVENTION, POSITIVE HANDLING & RESTRICTIVE PRACTICES

(Statutory section — essential for SEND settings)

Ohana Centre uses a positive, relational approach that focuses on preventing situations where physical intervention might be considered. Physical intervention is used only as a last resort, and only when necessary to prevent immediate harm.

All staff must understand:

- When physical intervention is lawful
- When it must not be used
- How to support highly dysregulated children safely
- How to record and report any incident

Physical intervention must never be used as punishment.

28.1 Principles of Positive Handling

We prioritise:

- **Emotional regulation**
- **Trauma-informed practice**
- **Anticipation of triggers**
- **De-escalation strategies**
- **Sensory regulation**
- **Communication supports**
- **Consistency and predictability**

Staff seek to support children proactively so that restrictive practices are avoided.

28.2 When Physical Intervention May Be Used (Legal Threshold)

Physical intervention may be used only when:

1. A child is at immediate risk of harming themselves, e.g.:
 - **Running towards a road**
 - **Attempting to climb unsafe furniture**
 - **Biting themselves severely**
 - **Head-banging with force**
2. A child is at immediate risk of harming another child, e.g.:
 - **Striking another child**
 - **Attempting to bite or scratch**
 - **Throwing objects with force**
3. There is risk of serious damage to property, where this is closely linked to risk of injury.

Physical intervention must always be:

- **Proportionate**
 - **Necessary**
 - **In the best interests of the child**
 - **The least restrictive option**
 - **Used for the shortest time possible**
-

28.3 When Physical Intervention Must NOT Be Used

Physical intervention is never permitted:

- **As a form of discipline**
- **To force compliance**

- To move a child from one activity to another when not at risk
- Because staff feel frustrated
- As part of routine transitions
- To enforce behaviour expectations
- To manage minor dysregulation
- In response to verbal refusal

These would constitute safeguarding concerns.

28.4 Types of Acceptable Physical Intervention

Acceptable examples include:

- Guiding a child by the hand or arm away from danger
- Holding both hands to stop hitting
- Blocking a child's movement to protect another child
- Picking up a child to prevent serious injury (e.g. running into the road)
- Holding a child from behind in a supportive, non-restrictive way when they are at risk of self-injury (only by trained staff and as per Behaviour Support Plan)

Intervention must always prioritise:

- Child comfort
 - Breathing and airway safety
 - Joint safety
 - Emotional reassurance
-

28.5 Prohibited Restrictive Practices

Prohibited actions include:

- Holding a child face-down
- Holding a child on the floor
- Pinning against a wall
- Putting pressure on joints
- Restricting breathing in any way
- Using force to make a child comply
- Using furniture or equipment to block movement
- Physical restraint used routinely
- Any intervention that causes pain or humiliation

Any use of prohibited practices is a serious safeguarding incident and will be reported to LADO and Ofsted where appropriate.

28.6 Supporting Dysregulated Children (Early Intervention)

Before physical intervention is considered, staff must use:

1. De-escalation strategies

- **Soft, calm voice**
- **Gentle redirection**
- **Space-giving**
- **Reducing sensory overload**
- **Providing calming activities**
- **Co-regulation with a familiar adult**

2. Sensory regulation

- **Deep pressure tools**
- **Chewies**
- **Weighted lap pads**
- **Movement breaks**
- **Quiet corner or sensory space**

3. Communication supports

- **Visuals**
- **Makaton**
- **First–Then boards**
- **Social stories**

4. Environmental adjustments

- **Reducing triggers**
- **Changing activity**
- **Adjusting adult proximity**

This reduces the likelihood of crisis behaviour and keeps children safe.

28.7 Individual Risk Assessment & Behaviour Support Plans

For children who may occasionally require intervention, the setting creates:

- **An Individual Risk Assessment**
- **A Behaviour Support Plan (BSP)**

These include:

- **Triggers**
- **Early signs of dysregulation**
- **Strategies to prevent escalation**

- De-escalation tools
- Acceptable physical interventions (if any)
- Staff training requirements
- Parent/therapist input

These plans are shared with relevant staff and reviewed regularly.

28.8 After Physical Intervention: Immediate Response

Staff must:

1. Stop intervention as soon as the child is safe
 2. Provide reassurance and support co-regulation
 3. Check for injury (child and staff)
 4. Move the child to a calm, safe environment
 5. Inform the DSL immediately
 6. Record the incident in full the same day
-

28.9 Recording Physical Intervention

A physical intervention form must include:

- Child's name
 - Date, time and location
 - Who was present
 - Trigger/event leading to intervention
 - What de-escalation strategies were used first
 - Type of physical intervention used
 - Duration of intervention
 - Child response (physical and emotional)
 - Injuries (if any)
 - How the incident ended
 - Staff reflections
 - DSL review and planned actions
 - Parent communication and response
-

28.10 Informing Parents

Parents are informed:

- On the same day (or as soon as practicable)

- In a sensitive, factual and non-emotive way
- With an opportunity to discuss support strategies

Parents must not:

- Be given identifying information about other children
 - Receive blame-focused language
 - Be told speculation
-

28.11 DSL Review and Safeguarding Consideration

The DSL must review every physical intervention to determine:

- Whether it was necessary and proportionate
- Whether correct procedures were followed
- Whether staff require additional training or supervision
- Whether the child needs updated risk assessments or BSP
- Whether environmental changes are needed
- Whether a safeguarding referral is required
- Whether Ofsted must be notified

Patterns of repeated intervention must trigger a multi-agency review.

28.12 Staff Training

Only staff trained in positive handling may use physical intervention.

Training must include:

- Understanding behaviour as communication
- Trauma-informed practice
- SEND-related dysregulation
- Safe, approved techniques
- De-escalation strategies
- Recording and reporting processes
- Emotional support after crisis

Training is refreshed annually or sooner if needed.

28.13 Ofsted Notification Requirements

Ofsted must be notified within 14 days if:

- A child is injured due to restraint

- A staff member uses inappropriate or excessive force
- There is a safeguarding allegation related to restraint
- Police or social care become involved in relation to physical intervention

Failure to notify Ofsted is a compliance breach.

28.14 The Child's Voice

Where possible, staff reflect:

- How the child appeared before the incident
- How the child communicated distress
- Any verbal or non-verbal feedback afterwards

Family and therapist insights are also incorporated into future planning.

28.15 Reducing the Need for Restraint

The setting continually works to:

- Identify high-risk times of day
- Improve room layout
- Increase staff awareness and presence in key areas
- Implement sensory programmes
- Adapt teaching and therapy approaches
- Support emotional literacy and regulation
- Strengthen parent partnerships

The goal is always to prevent restraint.

28.16 Continuous Monitoring and Improvement

Leadership reviews:

- Frequency of restraint
- Staff involved
- Children involved
- Time-of-day patterns
- Location hotspots
- Environmental triggers

Findings inform training, staffing, environment planning and multi-agency work.

SECTION 29 — WHISTLEBLOWING

(Statutory safeguarding section — protects children, staff and organisational integrity)

Ohana Centre encourages a culture where staff feel confident, supported and protected when raising concerns. Whistleblowing helps identify unsafe practice early and prevents harm to children, staff or the organisation.

Whistleblowing applies when:

- A staff member has a concern about another adult's behaviour, OR
- A staff member feels unable to report concerns through normal management routes

This includes staff, students, volunteers, agency workers, contractors and external professionals.

This section should be read alongside Section 11 (Whistleblowing).

29.1 What Is Whistleblowing?

Whistleblowing is reporting concerns about:

- Unsafe childcare practice
- Behaviour that puts children at risk
- Cover-ups or dishonesty
- Misconduct or unprofessional behaviour
- Failure to follow safeguarding procedures
- Poor management of allegations
- Staff working under the influence of drugs or alcohol
- Serious breaches of the Code of Conduct
- Fraud or misuse of funds
- Bullying or harassment
- GDPR or data breaches
- People working without proper checks (DBS, references, etc.)

Whistleblowing protects children and protects staff from complicity.

29.2 Staff Responsibilities

All staff must:

- Report concerns immediately
- Not wait for proof
- Not investigate themselves
- Act in good faith
- Follow the whistleblowing procedure

Failure to report a safeguarding concern may be treated as a disciplinary matter.

29.3 How to Report a Concern Internally

Staff should:

1. **Report concerns to the DSL**
2. **If not appropriate, report to the Deputy DSL**
3. **If concern is about a manager or DSL, report to the Owner/Director**

Concerns must be factual and recorded in writing.

Staff may request anonymity when raising concerns, though this cannot always be guaranteed.

29.4 When Internal Reporting Is Not Safe

If a staff member believes:

- **Leadership is involved in the concern**
- **Leadership is failing to take appropriate action**
- **A serious safeguarding incident is being ignored**
- **There is a risk of retaliation**
- **They need independent advice**

They must escalate externally. Staff are protected by law when doing so.

29.5 How to Report Concerns Externally

Local Authority Designated Officer (LADO)

For allegations against staff or adults working with children.

RBKC LADO Duty Line: 020 7361 2120

Email: KCLADO.Enquiries@rbkc.gov.uk

Children's Social Care (MASH)

If a child is at immediate risk.

Ofsted Whistleblowing Hotline

Telephone: 0300 123 3155

Email: whistleblowing@ofsted.gov.uk

Police

999 in an emergency / 101 for concerns

NSPCC Whistleblowing Advice Line

Telephone: 0800 028 0285

Email: help@nspcc.org.uk

29.6 Protection for Whistleblowers

Under the Public Interest Disclosure Act (PIDA) 1998, staff are legally protected from:

- **Dismissal**
- **Disciplinary action**
- **Bullying or harassment**
- **Victimisation**

Staff will not suffer negative consequences when raising genuine concerns, even if mistaken.
Whistleblowers may remain anonymous if they choose, although anonymity can sometimes limit follow-up.

29.7 What Staff Should Do If They Witness Immediate Risk

If a staff member witnesses:

- A child being harmed
- A staff member behaving dangerously
- A serious breach of safeguarding

They must:

1. Act to protect the child immediately
2. Call for help from another staff member
3. Inform the DSL as soon as safe
4. Record the incident factually
5. If necessary, call Police or LADO directly

Child safety takes priority above all else.

29.8 Examples of Poor Practice That MUST Be Whistleblown

- Rough handling or inappropriate restraint
- Leaving children unsupervised
- Failure to follow ratios
- Using mobile phones in restricted areas
- Humiliating or shouting at children
- Falsifying records (accident forms, registers, sleep checks)
- Staff asleep on duty
- Substance misuse at work
- Unreported injuries
- Bullying or harassment of staff
- Unsafe use of equipment
- Ignoring safeguarding concerns
- Mishandling of intimate care

No concern is too small if it affects child safety.

29.9 What Happens After a Concern Is Raised

The DSL or leadership will:

- Acknowledge the concern
- Investigate or escalate appropriately
- Keep the whistleblower informed where possible
- Protect confidentiality as far as possible
- Record all actions and outcomes

If the concern meets threshold, LADO or Social Care will lead the process.

29.10 Confidentiality & Record Keeping

Records are:

- Kept securely
- Shared only with those who need to know
- Protected under GDPR
- Retained in line with safeguarding retention schedules

Whistleblowing reports are stored separately from staff files unless part of a formal investigation.

29.11 Culture of Transparency & Accountability

Ohana promotes:

- Openness
- Professional curiosity
- Learning from concerns
- Staff empowerment
- Accountability at all levels

Whistleblowing is seen as a positive safeguarding action, not a betrayal.

29.12 If Staff Are Unsure Whether Something Is a Whistleblowing Issue

They should:

- Speak confidentially to the DSL
- Use supervision to explore concerns
- Request advice from NSPCC or Ofsted
- Document what they have seen or heard

It is always safer to raise the concern than to remain silent.

29.13 Zero Tolerance for Retaliation

Any retaliation against a whistleblower:

- **Is investigated immediately**
- **May result in disciplinary action**
- **Will be escalated if repeated**

Staff must feel safe to speak out.

SECTION 30 — CODE OF CONDUCT FOR STAFF

(Statutory safeguarding section — defines safe, professional behaviour expectations)

The Code of Conduct ensures that all adults in the setting act in ways that protect children, themselves and the organisation. Staff must maintain high standards of professionalism, confidentiality, and safeguarding practice at all times.

This Code applies to:

- All employees
- Students
- Volunteers
- Agency workers
- Contractors working near children

Breaches of this Code may lead to disciplinary action, LADO involvement, referral to DBS, or dismissal.

30.1 Professional Behaviour & Integrity

Staff must:

- Act in a kind, calm and patient manner
- Model positive behaviour
- Build safe, supportive relationships with children
- Respect children's dignity at all times
- Follow all safeguarding procedures without exception
- Communicate effectively with colleagues and families
- Take responsibility for their actions
- Report mistakes, near misses and concerns immediately

Staff must not:

- Shout aggressively
- Use sarcasm or humiliation
- Use threatening language
- Withhold comfort or emotional support
- Use punishment or shaming

30.2 Boundaries With Children

Staff must:

- Maintain clear professional boundaries
- Avoid favouritism
- Avoid inappropriate familiarity
- Never be alone with a child behind a closed door
- Ensure visibility when working 1:1
- Maintain safe touch (appropriate, necessary, non-intrusive)
- Avoid behaviour that could be misinterpreted

Prohibited behaviours include:

- Tickling for adult amusement
 - Sitting children on laps without a clear need
 - Allowing children to sit between legs or straddle adults
 - Carrying older children unnecessarily
 - Any touch that could be seen as sexualised
-

30.3 Use of Mobile Phones & Smart Devices

To protect children:

- Personal phones must be stored in lockers/staff areas
- Phones must not be used in any childcare space
- Cameras on smart watches must be disabled or watch removed
- No calls, texts, photos or recordings in childcare areas
- Staff may use personal devices only during breaks

Visitors must adhere to the same rules.

30.4 Appropriate Use of Social Media

Staff must not:

- Discuss work on social media
- Post images or information about children
- Accept or add parents on social platforms
- Use personal WhatsApp for parent communication
- Post content that could bring the setting into disrepute

Staff must:

- Maintain professional boundaries online
 - Set strong privacy controls
 - Report accidental breaches immediately
-

30.5 Appearance & Dress Code

Staff must:

- Dress modestly and professionally
- Wear clothing that allows safe movement
- Avoid low-cut tops, short skirts, or exposed midriffs
- Wear closed-toe shoes for safety
- Avoid jewellery that poses a risk
- Maintain good hygiene

Dress must be appropriate for working with children with SEND, where lifting, floor work, or sensory engagement may occur.

30.6 Communication With Parents & Carers

Staff must:

- Speak respectfully and professionally
- Use approved communication channels only
- Avoid giving personal phone numbers or social media details
- Record significant conversations with parents where relevant
- Avoid making promises they cannot keep

Staff must not:

- Gossip about children or families
 - Share information about other children
 - Express personal views about family situations
-

30.7 Confidentiality & Data Protection

Staff must:

- Keep information secure and confidential
- Follow GDPR rules
- Use encrypted systems for storing images
- Never email child data to personal accounts

- Dispose of documents securely

Staff must not:

- Discuss children in public or shared spaces
 - Take documents home without permission
 - Leave files accessible to unauthorised individuals
-

30.8 Intimate Care & Personal Dignity

Staff providing toileting, changing or personal care must:

- Follow the intimate care policy
- Ensure another adult is nearby (not necessarily present but within earshot)
- Explain what they are doing
- Maintain child dignity and privacy
- Record any concerns or unusual marks
- Report any distress or behavioural change

Staff must never:

- Undertake intimate care without gloves
 - Touch children in a way that is intrusive or unnecessary
 - Ignore signs of discomfort
-

30.9 Safe Touch

Appropriate touch includes:

- Comforting a distressed child with a side hug
- Holding hands during transitions
- Helping with balance or safety
- Assisting with medical or therapy needs

Inappropriate touch includes:

- Kissing children
 - Lap sitting for comfort
 - Stroking thighs or torso
 - Touching any area covered by underwear except when necessary for intimate care
 - Tickling children for fun
-

30.10 Physical Intervention

Physical intervention:

- Must only be used to prevent immediate harm
- Must be proportionate and minimal
- Must be recorded and reported to the DSL
- Must follow the setting's positive handling guidance (Section 28)

Rough handling or unnecessary force is prohibited and treated as a safeguarding concern.

30.11 Professional Relationships With Colleagues

Staff must:

- Treat colleagues with respect
- Avoid gossip or negativity
- Communicate professionally
- Report concerns about unsafe practice
- Support a positive safeguarding culture

Bullying, harassment or hostility is not tolerated.

30.12 Drugs, Alcohol & Fitness for Work

Staff must:

- Not be under the influence of alcohol or drugs while working
- Not consume alcohol on site
- Report prescription medication that may affect ability to carry out duties
- Be physically and mentally fit to perform their role

Arriving unfit for duty is a disciplinary and safeguarding matter.

30.13 Use of Equipment & Resources

Staff must:

- Follow health and safety procedures
- Use equipment safely
- Check equipment before use
- Report defects immediately
- Ensure resources are appropriate for age and development

Staff must not:

- Leave hazardous materials accessible
- Use equipment in ways that place children at risk

30.14 Professional Conduct Off-Site

Behaviour outside work may be a safeguarding concern if it:

- Brings the organisation into disrepute
- Indicates risk to children
- Involves violence, drug use or criminal behaviour
- Suggests unsafe boundaries
- Involves inappropriate online activity

The DSL may consult LADO if necessary.

30.15 Staff Self-Care & Wellbeing

Staff are encouraged to:

- Request support when overwhelmed
- Report stress that may affect performance
- Engage in supervision
- Use mental health support services

Well-supported staff provide safer care.

30.16 Reporting Concerns About Staff Conduct

All staff must:

- Report concerns to the DSL immediately
- Use whistleblowing procedures if needed
- Understand that failure to report is a safeguarding breach

Concerns are taken seriously and investigated.

30.17 Disciplinary Action for Breaches

Breaches of the Code of Conduct may lead to:

- Additional training
- Formal supervision
- Written warnings
- Suspension
- Referral to LADO
- Dismissal
- Referral to DBS

- Ofsted notification

Child safety is always paramount.

30.18 Staff Declaration

All staff must:

- Read the Code of Conduct
- Sign to confirm understanding
- Review updates annually
- Agree to follow all policies and procedures

SECTION 31 — STAFF BEHAVIOUR EXPECTATIONS & LOW-LEVEL CONCERNs FRAMEWORK

(Statutory safeguarding section — required for Ofsted)

At Ohana, we expect all staff to demonstrate exemplary professional conduct, uphold safeguarding principles at all times and model safe, respectful behaviour with children, families and colleagues.

We recognise that early reporting of low-level concerns helps identify patterns, prevents escalation and protects both children and staff.

31.1 What Are Low-Level Concerns?

A **low-level concern** is any behaviour by a staff member that:

- Is not an allegation (does not meet LADO threshold)
- Is inconsistent with the Code of Conduct
- Causes a sense of unease or “nagging doubt”
- Has potential to become unsafe if repeated
- Reflects poor judgement, poor boundaries or misunderstanding of expectations

Low-level concerns are NOT “minor” — they are early warning signs that help keep children safe.

31.2 Examples of Low-Level Concerns

Low-level concerns include (but are not limited to):

Concerning Interaction With Children

- Using a raised or frustrated tone
- Being overly familiar or “best friends” with a child
- Sitting a child on their lap without a clear need
- Touch that feels unnecessary or ambiguous
- Delayed response to a child in distress
- Neglecting supervision duties (short periods)

Boundary Issues

- Discussing personal life with parents or children
- Texting parents from personal numbers
- Accepting gifts of high value
- Using social media unprofessionally
- Gossiping about children or colleagues

Professional Conduct Concerns

- Minor breaches in the use of phones or devices
- Being frequently late or leaving early
- Wearing inappropriate clothing
- Repeatedly failing to follow instructions
- Overreacting or appearing visibly irritated around children

Attitudinal Concerns

- Comments dismissing safeguarding importance
- Resistance to following safe procedures
- Minimising unsafe behaviour from colleagues

If any behaviour makes another member of staff “pause,” it must be logged.

31.3 What Is NOT a Low-Level Concern? (LADO Threshold)

A concern becomes an **allegation** (Section 27) when the adult:

- May have harmed a child
- May have committed a crime against a child
- Behaved in a way that indicates risk to children
- Behaved in a way that questions suitability to work with children
- Has behaviour outside of work that transfers risk

These concerns **must** go directly to LADO within 24 hours.

31.4 Why Low-Level Concerns Matter

- They prevent harm
- They identify training needs
- They stop patterns of inappropriate behaviour
- They protect children from grooming behaviours
- They protect staff from false allegations
- They promote a culture of accountability

Ignoring low-level concerns is a safeguarding failure.

31.5 Staff Responsibility to Report Low-Level Concerns

All staff **must** report low-level concerns to:

- **The DSL** (or Deputy DSL)
- If DSL is involved, report to leadership
- If unsafe to report internally, use whistleblowing (Section 29)

Staff must:

- Report immediately
 - Document concerns factually
 - Not wait for repeated behaviour
 - Not attempt to handle it informally
-

31.6 How Low-Level Concerns Are Recorded

The DSL maintains a **Low-Level Concerns Log**, which includes:

- Name of staff member causing concern
- Date and details of the incident
- Names of any witnesses
- Child impact (if any)
- DSL analysis
- Outcome and actions taken
- Whether pattern or escalation is observed

This log is confidential and monitored regularly.

31.7 DSL Response to a Low-Level Concern

The DSL will:

1. Review the concern
2. Decide the severity
3. Speak to the staff member (supportively, not punitively)
4. Provide guidance or training
5. Record actions and rationale
6. Monitor for repeated behaviour
7. Escalate to LADO if a pattern emerges or behaviour worsens

Responses may include:

- Reflective supervision
 - Additional training
 - Practice observation
 - Clarification of expectations
 - Written reminders
 - Risk management plan (if required)
-

31.8 Patterns or Repeated Low-Level Concerns

Patterns indicate increasing risk.

If repeated low-level concerns occur:

- The DSL escalates the issue
- A formal investigation may begin
- HR may become involved
- The concern may now meet LADO threshold
- A support plan may be created
- Practice may be restricted or monitored

Patterns often reveal early grooming or unsafe boundary behaviour.

31.9 Staff Self-Reporting

Staff may self-report when they recognise:

- They reacted poorly
- They made an error
- They used inappropriate tone
- They crossed a boundary unintentionally
- They handled a situation badly

Self-reporting:

- Shows integrity
- Allows for immediate support
- Prevents misunderstanding
- Reduces the likelihood of escalation

The DSL treats self-reporting constructively.

31.10 Supporting Staff Through the Process

Low-level concerns are:

- Not disciplinary by default
- Aimed at improvement, not punishment
- Treated confidentially
- Managed with empathy
- Used to strengthen safeguarding culture

Staff should feel safe to discuss mistakes openly.

31.11 Safe Working Practice Reinforcement

The DSL uses supervision to reinforce:

- Safe touch guidelines
- Professional boundaries
- Communication expectations
- Behaviour management standards
- Online safety
- Intimate care procedures
- Role clarity
- Stress management

Low-level concerns help identify where refresher training is needed.

31.12 Examples of Actions Following a Low-Level Concern

The DSL may implement:

- Targeted safeguarding training
- Coaching or mentoring
- Increased supervision in high-risk areas
- Practice observations
- Clarifying written guidance
- Recorded reflective conversation

Actions must be proportionate and supportive.

31.13 When a Low-Level Concern Becomes an Allegation

Escalation happens when:

- Behaviour repeats

- Behaviour escalates
- Behaviour involves physical or emotional harm
- Boundaries are repeatedly ignored
- Concerns show developing patterns
- Behaviour indicates possible grooming

At this point, the DSL must:

1. Stop low-level process
 2. Begin allegation procedures
 3. Contact LADO within 24 hours
-

31.14 Confidentiality & GDPR

Low-level concerns are:

- Stored securely
- Accessible only to DSL & leadership
- Not included in staff references (unless pattern indicates risk)
- Retained under safeguarding retention schedules

Information is handled sensitively to protect all staff.

31.15 Ofsted Expectations

During inspection, Ofsted may ask:

- “How do you manage low-level concerns?”
- “How do you know staff behave safely?”
- “How are boundary issues addressed?”

Inspectors expect:

- Staff awareness
- A clear log
- Patterns monitored
- DSL oversight
- Prompt action

This framework demonstrates a strong safeguarding culture.

31.16 Promoting an Open, Reflective Culture

Ohana promotes:

- Transparency

- Professional curiosity
- Mutual accountability
- Reflection after incidents
- Peer support
- Safe challenge

Staff are encouraged to speak up early, without fear.

SECTION 32 — STAFF SUPERVISION, PERFORMANCE & SAFEGUARDING OVERSIGHT

(EYFS-required section — ensures safe, reflective and consistent practice)

High-quality supervision supports:

- Safe and consistent safeguarding practice
- Staff wellbeing
- Professional development
- Quality of teaching and care
- Early identification of concerns

At Ohana, supervision is formal, planned and reflective. It forms part of our whole-setting safeguarding culture and leadership oversight.

32.1 Purpose of Supervision

Supervision exists to:

- Ensure children's safety
- Embed safeguarding practice
- Develop staff skills
- Support professional conduct
- Support staff in managing stress and emotional load
- Identify training needs
- Review care planning for individual children
- Improve consistency across the team

Supervision helps staff feel confident, supported and aligned with organisational expectations.

32.2 Types of Supervision

We use a combination of:

1. Formal Supervision

Held **at least every 6–8 weeks**, more frequently for:

- New staff
- Trainees

- Staff supporting high-needs SEND children
- Staff involved in recent safeguarding incidents

2. Informal Supervision

Ongoing conversations after incidents, during planning, or when support is needed.

3. Safeguarding Supervision

Focused on:

- Child protection concerns
- Early Help cases
- Low-level concerns
- Staff conduct issues
- Patterns in physical intervention
- DSL escalation decisions

4. Performance & Conduct Supervision

Covers:

- Code of Conduct
- Professional boundaries
- Workload
- Attendance
- Teamwork

32.3 Structure of a Formal Supervision Session

A supervision meeting includes:

1. **Safeguarding discussion**
2. Review of any recent concerns or incidents
3. Reflection on practice and behaviour with children
4. Key children updates (SEND, behaviour, progress)
5. Training and development review
6. Emotional wellbeing check
7. Targets and next steps
8. Agreement of actions with timescales

Supervision is **recorded, signed and stored securely**.

32.4 Safeguarding Oversight in Supervision

Supervision provides a protected space to discuss:

- Low-level concerns
- Boundary issues
- Physical intervention incidents
- Patterns of dysregulation in children
- Team communication
- Intimate care concerns
- Any behaviour from staff or parents causing discomfort
- Children who may be vulnerable due to family issues

The DSL uses this information to strengthen practice and ensure oversight.

32.5 DSL & Leadership Oversight

The DSL:

- Reviews safeguarding logs weekly
- Oversees all supervision notes
- Ensures actions are followed up
- Monitors patterns (children and staff)
- Audits safeguarding files each term
- Ensures staff receive training in identified areas
- Brings concerns to leadership immediately

Leadership ensures:

- Supervision is regular
 - Quality and consistency are maintained
 - Staff needs are identified and supported
-

32.6 Performance Management & Conduct Monitoring

Performance management is ongoing and includes:

- Observations of practice
- Feedback from colleagues and parents
- Reliability and attendance
- Adherence to policies
- Quality of interactions with children
- Professional boundaries
- Team relationships

Concerns identified are addressed through:

- Additional training
 - Targeted supervision
 - Support plans
 - Written expectations
 - HR involvement where necessary
-

32.7 Supporting Staff Wellbeing

Working in SEND early years can be emotionally demanding. Supervision supports wellbeing by allowing staff to:

- Express concerns safely
- Reflect on emotional impact
- Request support
- Share challenges with behaviour or care needs
- Plan for workload
- Discuss stress or burnout signs

Staff mental wellbeing connects directly to safeguarding quality.

32.8 Identifying & Responding to Concerns About Staff Competence

Supervision helps identify when staff may be struggling with:

- Safe practice
- Behaviour management
- Boundaries
- Following routines
- Understanding SEND needs

Responses may include:

- Mentoring
- Additional shadowing
- Coaching
- Increased supervision frequency
- Formal capability procedures (if needed)

Children's safety is always prioritised.

32.9 Supervision for Staff Involved in Incidents

Any staff member involved in:

- Physical intervention
- Safeguarding concerns
- Behaviour-related incidents
- Accidents
- Allegations
- Complaints

Receives additional reflective supervision focused on:

- Reviewing the event
 - Understanding triggers
 - Identifying improvements
 - Ensuring emotional support
 - Planning training
-

32.10 Documentation & Confidentiality

Supervision records include:

- Date, time, and duration
- Discussion points
- Summary of safeguarding conversations
- Actions agreed
- Timescales
- Signatures

Records are:

- Stored securely
 - Not shared with unauthorised individuals
 - Audited by leadership
 - Retained in line with safeguarding retention schedules
-

32.11 Leadership Monitoring of Safeguarding Culture

Leadership regularly evaluates:

- Quality of supervision
- Staff understanding of safeguarding
- Effectiveness of communication

- Morale and workload
- Incident trends
- Concerns about staff conduct
- Overall culture

Changes are made as required.

32.12 Ofsted Expectations

Ofsted will expect staff to confidently explain:

- The purpose of supervision
- The frequency of supervision
- That supervision includes safeguarding
- How supervision supports their role
- How they can raise concerns about practice

Inspectors will also check supervision records and DSL oversight.

32.13 Continuous Professional Development (CPD)

Supervision informs annual CPD planning and ensures staff receive training in:

- Safeguarding updates
- Positive handling
- SEND strategies
- Communication and behaviour
- Health and safety
- Makaton or visual communication
- Trauma-informed practice

CPD is recorded and reviewed.

32.14 Escalation Through Supervision

If concerns identified in supervision escalate, the DSL or leadership may take further steps:

- Enhanced monitoring
- HR involvement
- Formal warnings
- Referral to LADO (if threshold met)
- Removal from duties if required for safety

Supervision is a safeguard, not just a formality.

32.15 Staff Responsibility Within Supervision

Staff must:

- Attend supervision reliably
- Engage honestly
- Reflect on feedback
- Raise concerns early
- Follow through on agreed actions

Supervision is a shared responsibility.

32.16 Promoting Reflective, Safe & Consistent Practice

Supervision strengthens:

- Consistency across staff
- Safe decision-making
- Emotional resilience
- Professional judgement
- Child-centred practice
- Team cohesion

It is central to maintaining a strong safeguarding culture.

SECTION 33 — STAFF CONDUCT OUTSIDE OF WORK & SUITABILITY TO WORK WITH CHILDREN

(Statutory requirement — applies to all staff, students, volunteers, agency workers and contractors)

Staff must remain suitable to work with children at all times. Suitability extends beyond the workplace and includes personal conduct, lifestyle, relationships and behaviour outside working hours.

Ohana must act if any information suggests a member of staff may pose a risk to children, even if:

- The concern is outside work
 - No child at Ohana is directly involved
 - The matter is not a criminal offence
-

33.1 Ongoing Suitability Requirements

Staff must:

- Remain fit to work with children
- Disclose any changes that may affect suitability
- Maintain appropriate behaviour in personal life

- Avoid situations that could compromise safeguarding
- Comply with safer working practice at all times

Failure to disclose relevant information is a safeguarding concern.

33.2 Situations That MUST Be Reported by Staff Immediately

Staff must inform the DSL/leadership **without delay** if they:

Criminal, Legal or Police Matters

- Are arrested
- Are cautioned, questioned or charged
- Are under police investigation
- Receive a court order or injunction
- Are involved in domestic abuse incidents
- Are issued with a restraining order
- Are linked to individuals under criminal investigation

Behaviour Outside Work

- Behave in a way that raises concern about suitability
- Use drugs or misuse alcohol
- Are involved in violence or aggression
- Are involved in behaviour that is discriminatory or abusive
- Display concerning behaviour online or in social media

Household or Close Association Risks

(Required under EYFS & Childcare Disqualification Regulations)

Staff must report if they live with or are closely associated with someone who:

- Is barred from working with children
- Has committed certain offences
- Is under investigation for child-related harm
- Has lost custody of their child
- Has been involved in domestic abuse incidents
- Has a restraining order related to child safety

This is known as “disqualification by association.”

33.3 Why Behaviour Outside Work Matters

A staff member’s conduct outside work may:

- Indicate unsafe character traits
- Suggest poor judgement
- Imply risk-taking behaviour
- Reveal vulnerability to coercion or abuse
- Show attitudes incompatible with child protection
- Threaten the reputation of the setting

Ofsted expects all early-years providers to demonstrate **ongoing suitability** checks.

33.4 Social Media, Online Behaviour & Digital Footprint

Staff must ensure their online behaviour:

- Is appropriate
- Does not contradict safeguarding values
- Does not include offensive, discriminatory or sexualised content
- Cannot be misinterpreted as unsafe
- Does not reference the workplace negatively
- Is kept fully private where possible

Staff must not:

- Communicate with parents on personal accounts
- Post images of the setting or children
- Engage in online disputes or hate speech
- Post material that causes reputational risk

Any concerning online behaviour will be reviewed under safeguarding procedures.

33.5 Relationships & Friendships Outside of Work

Staff must disclose if they:

- Enter a relationship with a parent at the setting
- Live with or form a close relationship with someone who is a known risk
- Have personal friendships that may blur boundaries with work families

These disclosures are not punitive — they allow leadership to assess risk.

33.6 Substance Misuse Outside Work

Concerns include:

- Drug use

- Alcohol misuse
- Prescription misuse
- Episodes of intoxication
- Lifestyle patterns that affect fitness to work

Leadership may:

- Request occupational health assessment
 - Put support measures in place
 - Restrict duties while assessing risk
 - Initiate disciplinary processes if needed
-

33.7 “Transferable Risk”

A concern is classed as **transferable risk** when:

- A staff member behaves in a way outside work that suggests risk to children
- An incident reveals attitudes incompatible with safeguarding
- A staff member’s home environment presents risk
- Their personal behaviour raises concern about judgement

Examples:

- Domestic abuse involvement
- Violence
- Sexualised behaviour
- Being the subject of police welfare visits
- Child neglect investigations involving their own children

The DSL must assess and escalate transferable risk appropriately.

33.8 What Staff Should Do If They Are Unsure What to Report

They should:

- Speak to the DSL in confidence
- Ask for safeguarding supervision
- Use the whistleblowing route if necessary

It is always safer to report.

33.9 How Concerns Are Managed by Leadership

Leadership will:

1. Record the disclosure

2. Assess level of risk
3. Seek advice from LADO if threshold is uncertain
4. Consider HR processes
5. Implement risk assessments if appropriate
6. Support staff wellbeing
7. Make referrals to LADO, Social Care or Police if required

All decisions are documented.

33.10 LADO Threshold (Outside-of-Work Concerns)

LADO must be contacted if:

- A staff member may have harmed a child
- Behaviour outside work indicates risk
- There is evidence of violent or abusive conduct
- Criminal behaviour suggests risk to children
- A pattern of concerning behaviour emerges
- Staff fail to disclose relevant information

LADO must be contacted within **24 hours** of learning of a concern.

33.11 Staff Suspension or Adjustment of Duties

Leadership may temporarily:

- Remove staff from direct work with children
- Adjust duties
- Increase supervision
- Request risk assessments
- Ask staff not to attend work during investigation

These actions are protective, not punitive.

33.12 Confidentiality & Respectful Handling

All disclosures are:

- Treated sensitively
- Kept confidential
- Handled without judgment
- Recorded and stored securely

Support is offered to staff throughout.

33.13 Consequences of Not Reporting

Failure to disclose relevant information may lead to:

- Disciplinary action
- LADO referral
- Barred list referral
- Dismissal
- Ofsted notification

Ofsted considers non-disclosure a serious breach of safeguarding culture.

33.14 Staff Declaration

Staff must:

- Sign annual suitability forms
 - Confirm they will report changes immediately
 - Acknowledge understanding of disqualification rules
 - Agree to ongoing DBS update checks if required
-

33.15 Creating a Culture of Safety & Trust

Ohana promotes:

- Transparency
- Openness
- Staff wellbeing
- Accountability
- Reflective practice
- Professional curiosity

A strong safeguarding culture relies on staff being honest, reflective and willing to report concerns early.

SECTION 34 — STAFF MENTAL HEALTH, STRESS, FATIGUE & FITNESS TO WORK

(Statutory requirement — supports safe practice, protects children and ensures staff are fit for duty)

Staff wellbeing directly affects the quality of care children receive. Ohana ensures that all staff remain physically and mentally fit to work safely with children.

This includes monitoring:

- mental health
- emotional wellbeing
- stress and overwhelm

- fatigue and exhaustion
- burnout risks
- personal circumstances affecting capacity
- overall fitness for duty

Staff must be supported, not judged.

34.1 Why Staff Wellbeing Matters for Safeguarding

Children rely on emotionally regulated adults.

A member of staff who is:

- overwhelmed
- extremely stressed
- exhausted
- experiencing mental health difficulties
- distracted by personal circumstances

may unintentionally:

- respond less patiently
- overlook safeguarding cues
- make unsafe decisions
- struggle with behaviour management
- miss visual supervision
- become withdrawn or inconsistent

Ofsted expects leaders to recognise and support staff who may be struggling.

34.2 Staff Responsibilities

Staff must:

- Attend work only when fit for duty
- Inform leadership if their wellbeing is impacting work
- Seek support early
- Use supervision to discuss emotional load
- Report if they feel too fatigued to safely supervise children
- Disclose changes in mental health that may affect suitability
- Follow recommendations from GP or occupational health

There is no penalty for asking for help.

34.3 Leaders' Responsibilities

Leadership must:

- Regularly check on staff wellbeing
- Identify signs of stress or fatigue early
- Provide safe staffing levels
- Adjust duties when risks are identified
- Ensure breaks are taken
- Offer supervision and reflective space
- Provide reasonable adjustments if needed
- Record concerns and support plans sensitively
- Seek external advice (GP/occupational health) when necessary

Children are safest when staff are well supported.

34.4 Recognising Signs of Stress, Burnout & Fatigue

Indicators may include:

Emotional Signs

- Irritability or frustration
- Tearfulness
- Low mood
- Withdrawal from colleagues
- Feeling overwhelmed

Behavioural Signs

- Reduced patience with children
- Decreased concentration
- Mistakes or forgetfulness
- Becoming quieter or detached
- Avoiding certain tasks

Physical Signs

- Exhaustion
- Frequent headaches
- Tension
- Poor sleep

- Change in appetite

Work Performance Signs

- Increased lateness
- More absences
- Difficulty managing workload
- Struggling with basic routines

These signs must be addressed supportively, never punitively.

34.5 What Staff Should Do If They Are Struggling

Staff are encouraged to:

- Speak to the DSL, manager or supervisor
- Use reflective supervision
- Request temporary adjustments
- Ask for support with workload
- Visit their GP
- Use mental health support services

It is better to speak early than wait until difficulties escalate.

34.6 Support Offered by the Setting

Support may include:

- Adjusted duties
- Extra supervision
- Reduced ratios temporarily
- Time out of the room to reset
- Mental health first aid support
- Regular wellbeing check-ins
- Referral to occupational health
- Encouragement to seek external professional help

Support is individualised and confidential.

34.7 Fitness to Work Decisions

Leadership must consider:

- Can the staff member safely supervise children?

- Does fatigue impair judgement?
- Is the staff member emotionally regulated enough for high-needs SEND children?
- Is the staff member at risk of making unsafe decisions?
- Are children at risk if they remain on duty?

If not safe, the staff member may be:

- Moved out of ratio temporarily
- Given alternative duties
- Sent home with agreement
- Asked to obtain a medical note
- Referred to occupational health

These decisions protect staff **and** children.

34.8 Managing High-Need Situations in SEND Settings

SEND environments often include:

- Dysregulated children
- High sensory needs
- Physical behaviours (biting, hitting, throwing)
- Frequent intimate care
- Loud/noisy environments

This can create additional emotional load.

Staff may need:

- Extra breaks
 - Rotations out of high-stress spaces
 - Additional co-regulation support
 - Team debriefs after incidents
 - Therapeutic supervision
-

34.9 Staff Returning After Absence

After extended sickness (physical or mental health), leadership may:

- Request a return-to-work meeting
- Create a temporary adjustment plan
- Limit certain duties initially
- Offer increased supervision

- Seek advice from medical professionals

The goal is safe and gradual reintegration.

34.10 Mental Health and Suitability

Certain mental health conditions **do not** make someone unsuitable.

However, the setting must assess:

- Whether symptoms impact safe supervision
- Whether medication affects alertness
- Whether stress affects emotional responses
- Whether behaviour indicates reduced capacity

If suitability is questioned, the DSL may:

- Seek LADO advice
- Consult HR
- Implement risk assessments
- Offer supportive adjustments

Suitability decisions are made carefully and compassionately.

34.11 Confidentiality & Respect

All wellbeing information:

- Is shared only with those who need to know
- Is treated sensitively
- Is not used punitively
- Remains confidential unless safeguarding requires escalation

Staff dignity is always prioritised.

34.12 Staff Wellbeing Culture

Ohana promotes a culture where:

- Staff check in on each other
- Leaders model healthy work habits
- Breaks are protected
- Staff can say when they feel overwhelmed
- Early support is encouraged
- Mistakes are used for learning
- Emotional load is recognised, not minimised

This aligns with Ofsted expectations for SEND and early-years settings.

34.13 When External Support Is Needed

Leadership may recommend:

- GP consultation
- Counselling or therapy
- NHS mental health support
- Occupational health referral
- Wellbeing services

This is supportive, not disciplinary.

34.14 If Staff Become Unsafe to Work

If staff behaviour suggests significant risk:

- The staff member may be removed from ratio immediately
- HR and safeguarding procedures may apply
- LADO may be contacted if threshold is met
- Staff will be supported through the process

The priority remains child safety.

34.15 Monitoring Wellbeing Across the Setting

Leadership reviews:

- Absence patterns
- High-stress times of the year
- Incident logs
- Physical intervention frequency
- Staff turnover
- Feedback from supervision

This helps anticipate stress points and plan support.

34.16 Promoting Long-Term Staff Health

The setting encourages:

- Work-life balance
- Healthy coping strategies
- Good sleep routines

- Physical activity
- Use of EAP/mental health resources
- Positive team culture
- Safe working environments

Healthy staff create a safer nursery.

SECTION 35 — SAFE ENVIRONMENT, ROOM ORGANISATION, RISK ASSESSMENT & DAILY SAFETY CHECKS

The physical environment at Ohana must minimise risk, promote independence, and support the safety and wellbeing of all children, particularly those with SEND who may have reduced awareness of danger, sensory needs or impulsive behaviours.

Safety is achieved through:

- Strong environmental planning
 - Clear room organisation
 - Ongoing risk assessment
 - Daily checks and documentation
 - Staff vigilance and dynamic decision-making
-

35.1 Principles of a Safe & Enabling Environment

A safe environment is:

- Predictable and structured
- Free from avoidable hazards
- Organised to promote visual supervision
- Adapted to SEND profiles and sensory needs
- Calm and uncluttered
- Maintained to high cleanliness and safety standards
- Designed to support physical, emotional and developmental safety

Children with SEND require careful consideration around:

- Escape risks
 - Climbing dangers
 - Sensory triggers
 - Overstimulation
 - Object throwing
 - Difficulties transitioning
 - Self-regulation spaces
-

35.2 Room Organisation Expectations

Each room must:

Support Clear Supervision

- No blind spots
- Furniture positioned to maintain sight lines
- Adults strategically placed

Minimise Hazards

- Choking risks removed or supervised
- Stable furniture only
- Heavy items stored low
- No trailing wires
- Secure storage of cleaning products

Promote Calm Regulation

- Defined learning areas
- Clear pathways for movement
- Access to sensory/calming resources
- Predictable routines

Support SEND Needs

- Low-arousal spaces
 - Visual supports (timers, first-then boards, schedules)
 - Easy access to communication tools
 - Seating adapted for sensory/physical needs
-

35.3 Indoor Environment Safety Requirements

Staff must ensure:

- Safety gates are secured
- Windows are locked or restricted
- Electrical sockets have integrated covers
- Heaters are guarded
- Water temperatures meet safety requirements
- Floors are kept dry and clear
- All equipment meets BS/EN safety standards

Broken equipment must be removed immediately and reported.

35.4 Outdoor Environment Safety Requirements

The outdoor space must:

- Be risk assessed daily
- Have secure perimeter fencing and gates
- Have locks checked before use
- Be checked for hazards (glass, rubbish, dog waste)
- Ensure climbing equipment is age-appropriate
- Ensure wet surfaces are controlled (slip risk)
- Ensure ratios are maintained at all times

SEND considerations include:

- Bolt-checking
 - Exit awareness for flight risks
 - Additional staff positioned near gates
 - Close monitoring around swings/trampolines
-

35.5 Daily Safety Checks (Morning & Afternoon)

Staff complete daily checklists covering:

Premises & Environment

- Fire exits clear
- Doors/gates secure
- No broken furniture
- No loose fixtures
- Radiators safe
- Clean, hazard-free floors

Resources & Equipment

- Age/safety check of toys
- No choking hazards accessible to younger children
- Sensory items intact
- Outdoor equipment stable

Bathrooms / Intimate Care Areas

- Clean and stocked
- PPE available
- Nappy disposal functional

- No hazards on counters

Kitchen / Food Prep Areas

- Clean surfaces
- No accessible knives or cleaning chemicals
- Food stored correctly

Trampoline / Gym / Movement Spaces

- Mats in correct positions
- Safety nets secure
- Equipment checked before use

Completed checklists are stored as compliance evidence for Ofsted.

35.6 Dynamic Risk Assessment (Real-Time Decision Making)

Dynamic risk assessment means staff:

- Continuously assess the environment
- Adapt quickly to children's behaviour
- Remove hazards immediately
- Change activities if needed
- Increase adult support when behaviours escalate
- Move children to safer spaces when required

Example triggers:

- A dysregulated child begins throwing objects
- A child climbs furniture
- A child runs towards an exit
- A child becomes overstimulated

Staff must act instantly.

35.7 Individual Child Risk Assessments (SEND Requirement)

Children with higher needs (dysregulation, sensory needs, medical needs, flight risk) must have:

- Individual Risk Assessments
- Behaviour Support Plans
- Trigger profiles
- Positive handling guidelines (if applicable)
- Medical care plans (where relevant)

These must be:

- Shared with all staff
 - Reviewed regularly
 - Updated after any incident
 - Integrated across all routines
-

35.8 Risk Assessment for Activities, Outings & Special Events

Risk assessments must be completed for:

- Outings
- Sensory messy play
- Water play
- Cooking
- Movement and climbing activities
- Trampolines and gym
- Seasonal changes (ice, heat, storms)
- Visitors or new equipment

All assessments use the standard Ohana template.

Leadership must sign off high-risk activities.

35.9 Storage, Cleanliness & Infection Control

To meet EYFS and Public Health guidance:

- Cleaning products locked away
- Medicines stored securely
- PPE available for personal care
- Waste removed daily
- Nappy bins secured
- Handwashing supervised
- Cloth items laundered regularly
- Soft toys washed weekly
- Sensory resources disinfected frequently

SEND children with mouthing behaviours require enhanced cleaning protocols.

35.10 Fire Safety & Evacuation Readiness

EYFS (Section 3.55 onward) requires:

- Clear evacuation procedures
- Regular fire drills
- Visual supports for evac routines
- Staff trained in assisting SEND children
- Evac chairs or equipment where needed
- Registers and emergency bags accessible instantly

The DSL ensures all staff can describe how to evacuate safely with children who:

- Are non-mobile
 - Are autistic and frightened by alarms
 - Are dysregulated by noise
-

35.11 Security & Safe Access

Security measures include:

- CCTV
- Controlled door access
- Visitor ID checks
- Staff signing-in system
- Parent access restricted to drop-off/pick-up
- Monitoring unknown persons near premises

Staff must challenge any unfamiliar adult.

All contractors supervised at all times.

35.12 Environmental Modifications for SEND Needs

Examples include:

- Soft play corners
- Low-arousal lighting
- Noise-reduction resources
- Visual boundaries
- Weighted sensory equipment
- Padded corners on sharp edges
- Enclosed play areas for flight-risk children

These modifications are reviewed termly.

35.13 Monitoring & Auditing of Environment Safety

Leadership conducts:

- Weekly room walk-throughs
- Monthly Health & Safety audits
- Termly environment review meetings
- Annual external safety audit
- Equipment lifespan monitoring

Findings lead to:

- Repairs
 - Removal of unsafe equipment
 - Room reorganisation
 - Staff training updates
-

35.14 Staff Responsibilities in Maintaining a Safe Environment

Staff must:

- Complete all safety checks
- Maintain tidy, hazard-free rooms
- Address risks immediately
- Report maintenance issues the same day
- Supervise children with full attention
- Position themselves strategically
- Manage noise and sensory triggers
- Follow safe equipment procedures

Failure to follow safety expectations is a safeguarding concern.

35.15 Ofsted Expectations

Inspectors expect staff to confidently explain:

- How daily safety checks are completed
- How risks are identified and managed
- How the environment is adapted for SEND
- How supervision is maintained at all times
- How individual child risks are assessed

- How dynamic risk assessment works moment-to-moment

They will also check the physical premises directly.

35.16 Continuous Improvement of the Environment

Ohana commits to:

- Updating resources
- Replacing worn equipment
- Modernising learning spaces
- Improving accessibility
- Enhancing sensory experiences
- Reviewing layout to reduce dysregulation triggers
- Using feedback from parents, therapists and staff

Safety and learning environments evolve together.

SECTION 36 — ACCIDENTS, INJURIES, FIRST AID & REPORTING PROCEDURES

Ohana ensures that all accidents and injuries are responded to immediately, recorded accurately and monitored to prevent recurrence. Staff must follow first aid procedures confidently and consistently.

Children with SEND may have:

- Higher safety risks
- Reduced awareness of danger
- Communication challenges
- Increased dysregulation
- Sensory processing differences

This requires enhanced vigilance and documentation.

36.1 First Aid Provision

Paediatric First Aiders

EYFS requires that:

- At least one Paediatric First Aider is **always on site**
- A Paediatric First Aider is present in **every room** and on all outings

First Aid Kits

- Stocked according to EYFS requirements
- Checked weekly
- Stored safely but accessible to staff
- Separate kits for outings

First Aid Responsibilities

First Aiders must:

- Respond quickly and calmly
 - Use protective equipment (gloves, aprons)
 - Record treatment accurately
 - Inform the DSL if injury raises safeguarding concerns
-

36.2 Responding to Injuries

When a child is injured:

1. **Check for danger**
2. **Provide first aid**
3. Comfort the child emotionally
4. Document the injury and treatment
5. Inform the parent
6. Monitor the child throughout the day
7. Record in the Accident Log before the child leaves

If head injury occurs:

- Apply cold compress
 - Monitor for symptoms
 - Inform parents immediately
 - Provide written head injury advice
-

36.3 Accident Recording Requirements

Every accident must be recorded, including:

- Child's name
- Date and time
- Location
- Staff present
- What happened (factual only)
- Type of injury
- Body map completed
- First aid given
- Follow-up actions
- Parent signature

- Staff signature
- Manager/DSL review

Accident forms must be:

- Clear
 - Factual
 - Completed the same day
 - Stored securely
-

36.4 Body Maps

Body maps must be used when an injury involves:

- Bruising
- Red marks
- Scratches
- Cuts
- Swelling

Staff must:

- Mark location carefully
- Use correct symbols
- Avoid guessing causes
- Add factual notes only
- Never imply blame

Body maps are essential in spotting patterns of injuries.

36.5 Types of Injuries

Minor Injuries

- Small cuts or grazes
- Light bumps
- Superficial bruises
- Minor scratches

Treatment:

- Clean wound
- Apply cold compress
- Comfort child

- Record and inform parent
-

Moderate Injuries

- Deeper cuts
- Large bruises
- Nosebleeds
- Significant swelling

Actions:

- First aid
 - Inform leadership
 - Monitor child
 - Decide if medical assessment is needed
-

Major Injuries

- Head injury with concerning symptoms
- Loss of consciousness
- Broken bones
- Deep wounds
- Eye injuries
- Seizures

Actions:

- Call emergency services immediately
 - Notify parents
 - DSL to consider Ofsted notification
-

36.6 Injuries Requiring Emergency Action

Call **999** if the child:

- Has difficulty breathing
- Has a seizure unrelated to diagnosed epilepsy
- Becomes unresponsive
- Has heavy bleeding
- Sustains a serious head injury
- Has a suspected fracture

- Shows signs of shock

A senior leader must meet emergency services at the entrance.

36.7 Parent Notification

Parents must be informed:

- As soon as possible for head injuries
- Immediately for moderate/major injuries
- At collection time for minor injuries
- In writing for all accidents

Information must be factual and non-blaming.

36.8 Monitoring Accident Patterns

The DSL and leadership must audit accident logs **weekly** to identify:

- Accident hotspots
- Patterns involving particular children
- Patterns involving particular staff
- Environmental risks
- Unsafe equipment
- Behaviour-related causes

Action plans may include:

- Room reorganisation
 - Additional supervision
 - Environmental modifications
 - Staff training
-

36.9 Accident Forms as Safeguarding Documents

Accident records are used to:

- Monitor emerging concerns
- Identify repeated injuries
- Compare injuries with explanations
- Support referrals to MASH if patterns raise concern

Any unexplained injury must be immediately escalated to the DSL.

36.10 RIDDOR Requirements

Certain accidents must be reported to the **Health & Safety Executive (HSE)** under RIDDOR.

Must be reported if:

- A child is taken directly to hospital due to injury
- A staff member is incapacitated for **7+ days**
- Serious dangerous occurrences happen (e.g., structural collapse, fire causing evacuation)

Reports must be made by the Registered Person.

36.11 Ofsted Notification Requirements

The DSL or Registered Person must notify Ofsted **within 14 days** if:

- A child is seriously injured
- A child receives medical treatment beyond first aid
- A child is taken to hospital
- A safeguarding incident occurs
- A complaint relates to the safety of children
- There is a significant event affecting the suitability of the setting

Failure to notify is considered a **compliance breach**.

36.12 SEND Considerations in Accidents and First Aid

SEND children may:

- Have reduced pain sensitivity
- Be unable to communicate discomfort
- Display behaviour that masks injury
- Injure themselves through dysregulation
- Require adapted first aid responses

Staff must:

- Observe closely for non-verbal cues
- Use parent input to understand typical behaviour
- Monitor sensory-seeking behaviours that pose risk
- Use caution during physical intervention

Documentation must reflect SEND-specific needs.

36.13 Accidents During Outings

Staff must:

- Carry first aid kits

- Have emergency contact information
- Risk assess locations
- Maintain high ratios
- Have designated first aiders
- Record all accidents on return

Major incidents must be reported immediately via phone to the DSL/manager.

36.14 Staff Accidents

Staff accidents must also be recorded, including:

- What happened
- Injuries
- First aid
- Time off required
- RIDDOR consideration

Patterns may indicate training or environment concerns.

36.15 Follow-Up & Review After Accidents

The DSL and leadership must:

- Review circumstances
- Identify learning points
- Adapt environment or routines
- Provide additional staff training if needed
- Adjust individual risk assessments
- Inform external agencies if required

Accidents are an opportunity to improve practice.

36.16 Continuous Improvement of Safety

The setting continually reviews:

- Incident trends
- Equipment lifespan
- Room organisation
- Outdoor hazards
- Specialist equipment needs

- Supervision tactics
- SEND triggers linked to accidents

This ensures a safer environment over time.

SECTION 37 — TRAMPOLINES, CLIMBING EQUIPMENT & SPECIALIST PLAY EQUIPMENT SAFETY

(Statutory safety section — essential for SEND environments)

Specialist equipment such as trampolines, climbing structures, sensory apparatus and movement equipment carries higher levels of risk. Children with SEND may have reduced safety awareness, increased impulsivity, sensory-seeking behaviour or coordination challenges.

To keep everyone safe, staff must follow strict procedures.

37.1 Key Principles for High-Risk Equipment

- Children **must be supervised at all times**
- Equipment may only be used when **set up correctly**
- **Only one child at a time** may use the trampoline
- Staff must complete **daily safety checks**
- Children must be supported according to their risk assessments
- Equipment must never be used during dysregulation
- Staff must never climb into equipment with a child unless absolutely required for safety

Unsafe use is treated as a safeguarding issue.

37.2 Daily Safety Checks (Trampoline, Climbing & Sensory Equipment)

For trampolines, staff must check:

- Netting is fully zipped and intact
- Poles and padding secure
- Springs fully covered
- Frame stable and level
- No tears in the mat
- Maximum weight limit not exceeded
- Area around the trampoline is clear of obstacles
- Safety sign (“STOP – Adult Use Only”) is visible when closed

For climbing equipment:

- No broken or loose parts
- Grip surfaces intact
- No sharp edges
- Mats in correct positions

- Anchored or stable on level ground

For sensory/movement equipment:

- All harnesses (if any) correctly fitted
- Ropes, straps, or hooks fully secure
- No fraying or wear

Any equipment that fails checks must be **removed immediately** and reported.

37.3 Trampoline Supervision Rules

SEND children require increased supervision due to:

- Impulsive behaviour
- Hyperactivity
- Flight risk
- Sensory-seeking jumping
- Balance or motor delays

Rules:

1. One child at a time

Multiple children increase collision risk.

2. The safety net must be fully zipped

Prevents falls and accidental exits.

3. A staff member must stand at the entrance panel

They must control entry and exit.

4. Staff must remain alert the entire time

No distractions (phones, conversations).

5. Child must be regulated before entry

A dysregulated child may injure themselves or others.

6. Sessions must be time-limited

This prevents over-excitement and exhaustion.

7. Child must follow trampolining rules

E.g., no flips, no rough movements, no pushing.

8. Child must exit safely with support if needed

Particularly important for children with balance or motor delays.

37.4 Restrictions on Use

Children must **not** use the trampoline or climbing equipment if:

- They are dysregulated

- They are crying, distressed or aggressive
- They have an injury
- They are unwell
- They are too tired to maintain balance
- They are wearing clothing unsuitable for bouncing (e.g., slippery socks)
- They are exceeding the maximum weight limit

Staff can stop a session at any time.

37.5 Staff Positioning & Support

Staff must:

- Position themselves to maintain **constant visual supervision**
- Ensure the trampoline door is zipped before stepping back
- Support children with balance by offering a hand (not lifting)
- Stay close enough to intervene quickly
- Space other children away from the equipment

Never:

- Stand inside the trampoline with the child unless absolutely required
 - Allow children to loiter around the base or frame
 - Turn away or become distracted
-

37.6 Behaviour Management During Use

If a child:

- becomes overexcited
- stops following safety rules
- shows unsafe movements
- attempts rough play
- displays dysregulation

Staff must:

1. Stop the activity immediately
2. Help the child exit safely
3. Offer regulation support
4. Try again later only if safe

Equipment is never used as a reward for unsafe behaviour.

37.7 Climbing Equipment Safety

Rules:

- Only one child per section unless design allows more
- No pushing or rushing
- Staff positioned at potential fall points
- Mats placed correctly under climbing areas
- Children must wear suitable footwear
- Staff must intervene if a child climbs unsafely or too high

SEND considerations:

- Additional adult assistance for children with motor challenges
 - Adapted routes for children with mobility-related needs
 - Continuous verbal support (“slow feet”, “hold with two hands”)
-

37.8 Specialist Sensory Equipment (e.g., swings, tunnels, weighted items)

Use must be:

- Risk assessed
- Supervised at all times
- Timed and regulated
- Appropriate to the child’s sensory profile

Weighted items:

- Must never be used on the chest or neck
- Must be appropriate weight for the child
- Must not be used without adult approval

Swings:

- Staff must manage push force
 - Children must be clear of the swing arc
 - No standing or twisting
-

37.9 Storage & Closing Procedures (Trampoline)

(Matches your existing documented procedures)

At the end of the day:

- Zipper must be closed
- Safety cover or signage attached (“STOP – Adult Use Only”)

- Surrounding area must be cleared
 - Staff must inspect equipment before closing
 - Any damage recorded and reported
 - If unsafe, the trampoline must be put **out of use immediately**
-

37.10 Staff Training Requirements

Only staff trained in:

- Safe trampoline use
- Positive handling
- SEND sensory regulation
- Dynamic risk assessment
- Environmental safety

may supervise specialist equipment.

Training is refreshed annually and after incidents.

37.11 Accidents or Incidents Involving Specialist Equipment

All incidents must be:

- Recorded on an accident form
- Mapped on a body map (if injury)
- Reported to DSL
- Used to update risk assessments
- Reported to parents
- Reviewed within 24 hours

Serious incidents may require:

- Ofsted notification
 - RIDDOR reporting
 - LADO consultation (if concern relates to staff behaviour)
-

37.12 Risk Assessment Review

Risk assessments for trampolines and specialist equipment are reviewed:

- At least termly
- After any incident
- When adding new equipment

- When children's needs change
 - After staff feedback
 - Following any equipment defect
-

37.13 Ofsted Inspection Expectations

Inspectors will expect staff to explain:

- The one-child rule
- Supervision positions
- Daily safety checks
- Closing procedures
- Weight limits
- SEND-specific adjustments
- How they know equipment is safe for use

They will physically inspect equipment and ask for risk assessments.

37.14 Continuous Improvement

Leadership reviews:

- Accident patterns
- Supervision challenges
- Staff confidence levels
- Behaviour patterns during equipment use

Improvements may include:

- Increased staff presence
- Additional training
- Visual supports for children
- Adjusted equipment layout
- Replacement of ageing equipment

SECTION 38 — OUTINGS, COMMUNITY VISITS, TRANSPORT & OFF-SITE SAFETY

Outings enrich children's learning, but they require careful planning, enhanced supervision and robust risk assessment to ensure safety, particularly for children with SEND who may have heightened risks such as flight, sensory overload or low danger awareness.

Ohana follows strict procedures for all off-site activity.

38.1 Principles for Safe Outings

All outings must:

- Be risk assessed in advance
- Have suitable ratios (often above EYFS minimums)
- Include staff who know the children well
- Include a First Aid trained member of staff
- Be approved by leadership
- Have clear communication protocols
- Be accessible and appropriate for SEND children
- Ensure children are signed out and back in

Safety, supervision and predictability are prioritised.

38.2 Ratios for Outings

EYFS states ratios must ensure children are **kept safe** — this often means **higher-than-normal ratios** for SEND children.

Typical Ohana ratios:

- **1:1** for children with flight risk, dysregulation or medical needs
- **1:2** for children with moderate SEND risk
- **1:3–1:4** for children with lower needs and high confidence outdoors

Leadership decides ratios based on:

- Individual Risk Assessments
- Behaviour patterns
- Sensory needs
- Location hazards
- Staff experience

No outing proceeds without leadership approval of ratios.

38.3 Types of Outings

Examples include:

- Walks to local park
- Library visits
- Community shops
- Transport practice (buses/train watching)
- Woods or green spaces
- SEND-friendly events
- Therapeutic sensory walks

Each outing requires its own risk assessment.

38.4 Off-Site Risk Assessments

Risk assessments must consider:

Environment Hazards

- Roads and traffic
- Water (ponds, fountains, rivers)
- Crowded areas
- Dogs or animals
- Weather conditions
- Uneven surfaces
- Public toilets

Child-Specific Risks

- Flight risk
- Sensory overwhelm
- Noise sensitivity
- Behaviour triggers
- Medical needs
- Communication abilities

Staffing Factors

- Staff familiarity with children
- First aid coverage
- Staffing levels
- Experience with SEND behaviours

Equipment Required

- First aid kit
- Emergency medication (if needed)
- Nappies, wipes, spare clothing
- Food/water if required
- Visuals, Makaton, calm cards
- Emergency contact numbers
- High-visibility vests

Risk assessments must be signed off by leadership before departure.

38.5 Preparation Before Leaving the Setting

Staff must:

- Brief all adults on the plan
- Allocate children to specific staff members
- Check headcount and register
- Take emergency contact sheet
- Take first aid kit
- Take any medical equipment (e.g., inhalers, EpiPens)
- Ensure appropriate clothing for weather
- Prepare visual supports for transitions
- Confirm roles (lead adult, back marker, road safety lead)

Children must be prepared using visuals and simple explanations.

38.6 Supervision During Outings

Supervision must always be:

- Close
- Direct
- Focused
- Without distraction

Walking Safety

- Children hold onto reins, ropes, or a staff member's hand
- Staff positioned at front, middle and back
- Side walker for children near roads
- Extra staff for SEND needs

Park / Open Space Safety

- Clear boundaries marked
- Staff spread out to create safe perimeter
- One adult responsible for fixed-play equipment area
- Increased vigilance near water

Public Spaces

- Staff maintain constant sight and sound supervision
- Teams positioned to prevent exit points

- Children counted frequently

Phones must NOT be used unless for emergency or essential communication.

38.7 Transport Safety

If transport is used (public bus, minibus, taxi):

- A risk assessment must be completed
- Children must sit with assigned adults
- Seat belts must be used (if vehicle provided)
- Staff must sit near exits where possible
- Visual supports help children remain calm
- Extra adults allocated for children who may become dysregulated

Staff must be prepared for:

- Noise
- Confined spaces
- Unexpected changes
- Public interactions

If a child becomes distressed, staff may need to exit early and regroup.

38.8 Managing SEND Needs During Outings

SEND considerations include:

- Noise-reduction headphones
- Weighted items for regulation
- Sensory fidgets
- Frequent regulation breaks
- Predictability and visual timetables
- Close communication between staff
- Breakaway areas identified in advance

Children must NEVER be forced to participate if distressed.

38.9 Head Counts & Registers

Head counts must be conducted:

- Before leaving
- At every transition

- On arrival at the destination
- During activity changes
- Before returning
- On arrival back at setting

Headcount is cross-checked with register every time.

38.10 Lost Child Procedure

If a child goes missing:

1. **Alert all staff immediately**
2. Staff secure remaining children safely
3. Lead adult searches the immediate area
4. Setting leadership is contacted
5. Police are called if child not found within minutes
6. Parents are informed
7. DSL begins safeguarding procedures
8. Incident is recorded and reported to Ofsted

This procedure must be known by **all staff**.

38.11 Illness or Injury During Outings

If a child becomes unwell:

- Move child to a calm, safe space
- Apply first aid if needed
- Call emergency services if required
- Contact setting and parents
- Record incident on return

Staff must plan emergency response routes in advance.

38.12 Behaviour Incidents During Outings

If a child becomes dysregulated:

- Move child to quiet space
- Use co-regulation strategies
- Never restrain unless required for immediate safety
- Return to setting early if child cannot continue

Outings are paused immediately if safety is compromised.

38.13 Toileting, Intimate Care & Hygiene Off-Site

Staff must:

- Follow intimate care policy
- Use public toilets only when safe
- Keep doors partially open when appropriate
- Maintain dignity while ensuring safety
- Wear PPE for changing
- Dispose of waste correctly

Staff must remain vigilant in unfamiliar spaces.

38.14 Weather & Environmental Conditions

Outings must be postponed if:

- Heat index is unsafe
- High winds create falling hazard
- Thunderstorms forecast
- Ice or snow creates high slip risk
- Air quality is poor (pollution alerts)

In extreme temperatures:

- Ample water provided
 - Shade required in summer
 - Warm layers in winter
-

38.15 Returning to the Setting

Staff must:

- Conduct a headcount before departure
- Conduct a headcount on arrival
- Update register
- Provide feedback to leadership
- Record any incidents, accidents or concerns
- Restock first aid kit

Debriefing helps improve future outings.

38.16 Ofsted Expectations

Inspectors may ask:

- “How do you risk assess outings?”
- “What ratios do you use?”
- “How do you support SEND children off-site?”
- “What would you do if a child became dysregulated or went missing?”
- “How do you ensure medical needs are met off-site?”

Staff must be confident in explaining these protocols.

38.17 Continuous Improvement

Leadership regularly reviews:

- Outing risk assessments
- Staff feedback
- Stress points
- Environmental risks
- Child-specific concerns
- Suitability of locations

Improvement actions may include:

- Adjusting ratios
- Avoiding certain locations
- Additional staff training
- Introducing visuals or sensory supports
- Strengthening supervision roles

SECTION 39 — FOOD SAFETY, MEALTIMES, ALLERGIES & DIETARY REQUIREMENTS

Ohana ensures mealtimes are safe, calm, respectful and inclusive. Food is prepared, stored and served to the highest hygiene standards, and dietary needs are strictly followed.

Children with SEND may require additional supervision, adapted feeding support, and careful management of sensory sensitivities and medical needs.

39.1 Principles of Safe & Inclusive Mealtimes

We aim to make mealtimes:

- Safe
- Predictable
- Calm
- Social

- Positive learning experiences

Mealtimes should support:

- Communication skills
- Independence
- Social interaction
- Sensory tolerance

Children must never be forced to eat.

39.2 Hygiene & Food Safety Requirements

Staff must:

- Wash hands before preparing or serving food
- Ensure children wash hands before eating
- Wear aprons/gloves where appropriate
- Clean and sanitise tables before and after meals
- Store food at correct temperatures
- Follow allergen protocols
- Check expiry dates
- Follow kitchen hygiene regulations

All food preparation must meet environmental health standards.

39.3 Allergen Management (Statutory Requirements)

We follow strict allergen protocols in line with **Natasha's Law** and EYFS.

Key allergens (14 mandatory):

- Gluten
- Milk
- Eggs
- Nuts (all types)
- Sesame
- Soy
- Fish
- Crustaceans
- Molluscs
- Mustard

- Lupin
- Celery
- Sulphites
- Peanuts

Allergen Management Rules

1. **Clear allergy information** must be visible on menus or stored centrally.
2. **Individual Allergy Care Plans** are created for each child with an allergy.
3. Staff must be trained to **recognise allergic reactions**.
4. **Antihistamines and EpiPens** must be accessible at all times.
5. All staff must know:
 - Child photo
 - Allergen list
 - Severity level
 - Emergency procedure
6. Allergen meals **must be double-checked by two staff**.
7. Children with allergies must be **supervised closely** during meals.
8. Food swapping or sharing is **strictly prohibited**.

If a child consumes (or is suspected to have consumed) an allergen:

- Administer emergency medication immediately
- Call 999
- Contact parents
- Inform DSL

This is treated as a **serious medical emergency**.

39.4 Individual Dietary Requirements

Staff must follow:

- Medical diets
- Cultural or religious diets
- Vegetarian/vegan diets
- Texture-modified diets
- Sensory aversions
- Feeding therapy recommendations

Children's dietary plans must be:

- Displayed in staff-only areas

- Known by all mealtime staff
- Updated regularly

Food must never be used to punish or reward.

39.5 Choking Prevention (High-Risk Area for 0–5s)

Choking is one of Ofsted's top safety priorities.

Staff must ensure:

- Children are seated while eating
- No running with food
- Grapes, cherry tomatoes and similar foods are **cut lengthways**
- Hard foods are softened
- No nuts are served
- Cutlery is age-appropriate
- Water is accessible
- Close supervision at all times

Additional risk for SEND children:

- Oral sensory-seeking
- Fast eaters
- Children who overfill their mouths
- Children with reduced chewing skills
- Children who become dysregulated at mealtimes

Supervision must match each child's risk level.

39.6 Mealtime Supervision & Ratios

Minimum supervision:

- At least **1 staff per small group/table**
- **1:1 supervision** for children with:
 - Choking risk
 - Severe allergies
 - Behaviour difficulties
 - Feeding delays
 - History of food refusal or aggression

Staff must sit with children, not stand across the room.

39.7 Use of Plates, Cups & Utensils

All utensils must be:

- Age and stage appropriate
- Easy-grip for SEND children
- Unbreakable
- Clean and sanitised daily

Children must never handle knives intended for staff preparation.

39.8 Bottle Feeding, Formula & Milk Safety

For infants:

- Prepared following NHS guidelines
- Temperature checked before feeding
- Bottles not propped
- Staff hold babies securely
- Sterilised equipment only
- Milk discarded after 1 hour

Milk allergies require strict cross-contamination controls.

39.9 Supporting Children With Feeding Difficulties (SEND)

Children with SEND may:

- Have sensory-based food aversions
- Struggle with textures
- Show rigid food preferences
- Become distressed with unfamiliar foods
- Require desensitisation strategies

Staff must:

- Follow OT/SLT feeding recommendations
- Introduce foods gradually
- Avoid force-feeding
- Provide visual supports ("Now–Next–Then")
- Allow reasonable flexibility

Safety and emotional wellbeing come first.

39.10 Cultural Sensitivity at Mealtimes

Staff must respect:

- Halal diets
- Kosher diets
- Vegetarian/vegan choices
- Religious fasting considerations
- Cultural preparation styles

Foods must not contradict a child's family beliefs.

39.11 Food Brought From Home

If permitted:

- Must be nut-free
- Must be labelled
- Must not require cooking/heating unless safe equipment is used
- Staff must check for choking hazards
- No sweets, whole nuts or hard lollipops

Staff must monitor food sharing strictly.

39.12 Record Keeping

Staff must document:

- All allergy plans
- All medication administered
- Any allergic reaction
- Any choking incident
- Any pattern of food refusal
- Any mealtime behaviour concerns
- Parental notifications

Records are monitored by the DSL and SENCo.

39.13 Cleaning & Infection Control After Meals

Staff must:

- Wipe tables with antibacterial spray
- Sweep floors
- Dispose of waste in lidded bins

- Sanitise highchairs
- Wash hands and children's hands
- Ensure bibs/aprons are changed or cleaned

SEND children who mouth objects may require enhanced cleaning routines.

39.14 Ofsted Expectations

Inspectors may ask staff:

- "How do you prevent choking?"
- "How do you manage allergies?"
- "Can you show me the allergy board?"
- "How do you ensure food is safe for each child?"
- "What would you do if a child had an allergic reaction?"

They may also:

- Observe mealtimes
- Check supervision levels
- Examine allergy records
- Review food hygiene certificates

Your policy must show robust systems and high staff competence.

39.15 Continuous Improvement in Mealtime Practice

Leadership reviews:

- Choking incident patterns
- Behaviour challenges during meals
- Allergen near-misses
- Staff confidence levels
- Parent feedback
- Dietary updates

Improvements may include:

- Staff training
- Adjusted seating plans
- New utensils or equipment
- Updated visuals
- Consultation with SLT or OT

SECTION 40 — MANAGING MEDICATION, HEALTH CONDITIONS & EMERGENCY CARE PLANS

Ohana ensures that children with medical conditions are safely supported so they can fully access the curriculum. Medication is stored, administered and recorded with extreme care, and staff follow each child's individual medical plan precisely.

Children with SEND often have higher medical needs, more complex routines and increased vulnerability, so additional oversight is required.

40.1 Policy Principles

- Medication must only be administered when essential and agreed with parents
- Staff must follow all written medical plans without deviation
- Only trained staff may administer medication
- Staff must understand emergency procedures for each child
- Parents must provide medication in original labelled packaging
- All medication administration must be recorded
- Emergency medications must be accessible at ALL times
- Children must never be given medicine without written consent

Safety and accuracy are the priority at all times.

40.2 Staff Training & Competency

Staff must receive training for:

- EpiPens and allergy management
- Asthma inhalers and spacers
- Seizure management
- Diabetes management (where required)
- Tube feeding / specialist care (if applicable)
- Emergencies (anaphylaxis, seizure, collapse)

Training must be:

- Delivered by medical professionals or accredited trainers
- Refreshed annually or when child's needs change
- Recorded and signed

No untrained staff member may administer specialist medication.

40.3 Types of Medication Managed

We administer:

Emergency Medication

- EpiPens / Auto-injectors

- Inhalers
- Midazolam (for seizures)
- Glucose (for diabetes emergencies)

Short-Term Medication

- Antibiotics
- Creams
- Pain relief (only with written consent and specific instructions)

Long-Term Medication

- Asthma preventers
- Epilepsy medication
- Allergy preventatives
- Condition-specific maintenance medication

All medication must be prescribed and labelled unless part of a documented care plan.

40.4 Care Plans & Health Management Plans

Any child with an ongoing medical need must have:

- Individual Medical Care Plan
- Emergency Action Plan (EAP)
- Allergy Action Plan (if relevant)
- Seizure Protocol (if relevant)

These plans must include:

- Child photo
- Medical condition
- Symptoms to watch for
- Daily management steps
- Emergency procedures
- Medication instructions
- Storage requirements
- Contact numbers
- GP and specialist details

Plans are stored:

- In the classroom (staff access only)
- In the medical folder

- Digitally for leadership and DSL

Plans are reviewed:

- At least annually
 - After any medical event
 - When parent or doctor updates information
-

40.5 Parents' Responsibilities

Parents must:

- Provide medication in original packaging
- Provide written consent
- Update the setting on any medical changes
- Replace expired medication
- Inform staff of doses already given at home
- Supply clear written instructions

Medication cannot be given if:

- Label is missing
 - Medication is expired
 - Instructions are unclear
 - Consent has not been provided
-

40.6 Storage of Medication

Non-Emergency Medication

Stored securely in a locked cabinet, out of children's reach.

Emergency Medication

Must be:

- Accessible instantly
- Stored in clearly labelled containers
- Carried with children on outings
- Checked daily by staff
- Inhalers/EpiPens kept in child's room
- Never locked away during contact hours

Temperature-sensitive medication is stored according to guidelines.

40.7 Administering Medication — Staff Procedure

1. **Check consent forms**
2. **Read and follow the medical plan**
3. **Check the medication label:**
 - Child's name
 - Dose
 - Timing
 - Expiry date
4. Wash hands and wear gloves if appropriate
5. Prepare medication without distraction
6. Administer as directed
7. Observe child for a reaction
8. Record immediately in the Medication Log
9. Inform parents at collection

Two staff members should check medication where possible.

40.8 Recording Medication

Every dose must be recorded with:

- Child name
- Medication name
- Dose
- Time given
- Staff signature
- Witness signature (where required)
- Notes (e.g., child tolerance or reaction)

Accurate documentation protects children AND staff.

40.9 Emergency Procedures (Anaphylaxis, Asthma, Seizures, Diabetes)

Anaphylaxis

- Give EpiPen immediately
- Call 999
- Lay child flat or sit up if breathing issues
- Administer second dose if no improvement after 5 minutes
- Inform parents
- Record accident and review care plan

Asthma Attack

- Give 2 puffs of inhaler (or as per plan)
- Monitor closely
- Call **999** if symptoms worsen or don't improve
- Inform parents

Seizure

- Follow seizure protocol
- Time the seizure
- Keep child safe but do not restrain
- Give emergency medication if prescribed
- Call **999** if:
 - seizure lasts beyond prescribed threshold
 - child injures themselves
 - breathing issues occur

Diabetes

Follow medical plan regarding:

- Hypo management (glucose gel, juice)
 - Hyper management
 - Monitoring signs of confusion or collapse
 - Call **999** if severe symptoms occur
-

40.10 Medication During Outings

Staff must bring:

- Emergency medication
- First aid kit
- Care plan
- Consent forms

Medication must be carried by the adult responsible for the child.

Outings must NOT go ahead if essential medication is missing.

40.11 Reviewing and Monitoring Medical Needs

Leadership and DSL must:

- Audit medical plans termly
- Check expiry dates weekly

- Review Medication Logs monthly
- Ensure staff training remains up to date
- Update risk assessments where medical needs impact safety

Children's needs may change — plans must remain current.

40.12 When Medication Cannot Be Administered

Medication must **not** be given if:

- It is unlabelled
- It belongs to another child
- It is expired
- Storage instructions have been breached
- Instructions conflict with medical plan
- Child refuses a medication that cannot be forced (non-emergency)

Parents must be informed immediately.

In emergencies, the nearest appropriate action is taken.

40.13 Staff Illness & Medication

Staff must:

- Not keep personal medication accessible to children
- Declare if medication affects their ability to work safely
- Follow GP instructions
- Store medication in designated staff area

Staff under the influence of medication that impairs judgement cannot work with children.

40.14 Ofsted Expectations

Inspectors may ask staff:

- "Where is emergency medication kept?"
- "What would you do if a child had an allergic reaction?"
- "Show me the medication records."
- "How do you know medication is in date?"

They may also:

- Check care plans
- Examine medication storage
- Request expiry date spot-checks

Your systems must demonstrate **robust control and staff confidence**.

40.15 Continuous Improvement

Leadership regularly reviews:

- Training needs
- Medication incidents
- Parent feedback
- Expiry management
- Care plan quality
- Emergency response speed

Improvement actions may include:

- Updated documentation
- Additional staff training
- Specialist healthcare input
- Equipment upgrades

SECTION 41 — INFECTION CONTROL, HYGIENE, ILLNESS & EXCLUSION PERIODS

Ohana takes infection control very seriously. Children in early years, especially those with SEND or medical vulnerabilities, can become unwell quickly and may spread illnesses more easily. Maintaining high hygiene standards protects the whole community.

41.1 Core Principles of Infection Control

We aim to:

- Reduce the spread of infection
- Protect vulnerable children and staff
- Maintain high hygiene standards across the provision
- Follow NHS and UKHSA (formerly PHE) guidance
- Respond quickly to illness or suspected infection
- Communicate clearly with parents
- Keep accurate illness records for monitoring patterns

Safeguarding includes protecting children from preventable illness.

41.2 Daily Hygiene & Cleaning Standards

Staff must:

- Wash hands regularly (children too)
- Use soap and running water, not hand sanitiser alone

- Clean and sanitise tables before and after meals
- Clean toys daily, and more often if mouthing
- Sanitise equipment used by multiple children
- Dispose of tissues in lidded bins (“catch it, bin it, kill it”)
- Wear PPE for toileting, nappy changing & bodily fluids
- Disinfect bathrooms frequently
- Maintain high standards in food areas
- Ensure good ventilation throughout the setting

Cleaning schedules must be completed daily and signed.

41.3 Managing Illness in the Setting

If a child becomes unwell:

1. Move the child to a quiet, safe place
2. Keep them comfortable and supervised
3. Inform parents to collect if required
4. Document symptoms and time observed
5. Clean & disinfect any contaminated areas
6. Monitor for additional symptoms
7. Complete an incident log if relevant
8. Update internal records for illness monitoring

A child must not return until they are well enough to participate safely.

41.4 Exclusion Periods (UKHSA / NHS Standard Guidance)

Vomiting or Diarrhoea

- **48 hours after the last episode**
(Strict across all UK early-years settings)

Fever

- Child must be fever-free for **24 hours without medication**

Covid/Respiratory Illness

- Child should stay home if unwell
- Return when they feel well and have no fever
- Extra caution for vulnerable children

Chickenpox

- Until all blisters have crusted over (usually 5–7 days)

Measles

- **4 days** from onset of rash
- Must be cleared by health professionals
- Notify local health protection team immediately

Hand, Foot & Mouth

- Exclusion only if child is unwell
- Blisters should be covered where possible

Impetigo

- Until **48 hours** after starting antibiotics
- Or until sores are fully crusted

Scarlet Fever

- **24 hours** after starting antibiotics

Conjunctivitis

- No exclusion unless severe
- Child must be well and able to participate

Whooping Cough

- **48 hours** after starting antibiotics
- OR 21 days from cough onset if untreated

Strep A suspected cases

- Stay home until advised safe by doctor

Threadworms

- No exclusion, but treatment required

Slapped Cheek (Parvovirus B19)

- No exclusion once rash appears
- Notify pregnant staff immediately

SEND children may require longer recovery periods depending on their needs.

41.5 When Parents Must Collect Immediately

Parents must collect a child if they have:

- Vomiting or diarrhoea
- Fever $\geq 38^{\circ}\text{C}$
- Breathing difficulties
- Rash of unknown cause
- Suspected infectious disease

- Eye swelling, facial swelling
- Seizure (after emergency care)
- Lethargy or extreme drowsiness
- Signs of dehydration
- Persistent crying/inconsolability
- Head injury symptoms (as per head injury policy)

Staff must record symptoms and actions taken.

41.6 Medication & Illness Management

Medication cannot mask symptoms to allow attendance.

Children must not attend if:

- They need pain relief around the clock
- They cannot participate in routine activities
- They are contagious
- They pose risk to others

Emergency medication (e.g., inhalers, EpiPens) must always be accessible.

41.7 Managing Outbreaks

An outbreak is when:

- Two or more cases of the same illness occur
- A contagious pattern appears
- Symptoms spread across groups

Leadership must:

- Notify UKHSA if required
- Contact Public Health for advice
- Increase cleaning frequency
- Review ventilation
- Remind parents of exclusion periods
- Monitor affected children closely

Ofsted may need to be informed in significant outbreaks.

41.8 Staff Illness & Exclusion

Staff must follow the same exclusion rules as children, especially for:

- Gastroenteritis (48 hours)

- Fever
- Respiratory illness
- Contagious rashes

Staff must not work with children if:

- They are vomiting or have diarrhoea
- They have fever
- They are on antibiotics for contagious illness
- They pose any infection risk

Leadership may request medical clearance.

41.9 Nappy Changing, Toleting & Bodily Fluids (Infection Control)

Staff must:

- Wear gloves and aprons
- Dispose of waste appropriately
- Clean changing mats with antibacterial spray
- Wash hands before and after
- Use lidded bins
- Follow intimate care policy

Children must never be left unattended on changing stations.

41.10 Laundry and Contaminated Items

- Soiled clothes placed in sealed bags
- Not rinsed by staff to avoid contamination
- Bedding washed regularly
- Sensory items cleaned frequently
- Soft toys washed weekly or removed if heavily used

41.11 Managing Children With SEND or Medical Vulnerabilities

Children with:

- weakened immune systems
- breathing difficulties
- feeding tubes
- chronic illnesses

may need:

- individual illness plans
- quicker exclusion
- GP clearance
- tailored infection control guidance

Staff must follow medical advice precisely.

41.12 Cleaning Protocols After Illness or Accidents

If bodily fluids are present:

1. Wear gloves and apron
2. Clean area immediately
3. Use disinfectant appropriate for nurseries
4. Dispose of contaminated wipes safely
5. Wash hands thoroughly
6. Record incident

Staff must never clean vomit or diarrhoea without PPE.

41.13 Communication With Parents

Parents will be informed if:

- Their child becomes ill
- There is an outbreak
- Another child in the group has a contagious illness
- There is a high risk to vulnerable children
- Updated exclusion guidance is required

Communication must be clear and factual.

41.14 Ofsted Expectations

Inspectors may ask:

- “What is your exclusion period for diarrhoea and vomiting?”
- “How do you prevent the spread of infection?”
- “What happens when a child becomes unwell?”
- “Where is your cleaning log?”
- “How do you manage outbreaks?”

They will expect a high level of cleanliness and consistent staff practice.

41.15 Continuous Improvement

Leadership reviews:

- Cleaning audits
- Illness logs
- Outbreak history
- Staff training needs
- Ventilation and space usage
- Feedback from Public Health

Improvements may include:

- Updated cleaning schedules
- Extra handwashing signage
- Additional PPE
- New hygiene equipment
- Revised illness guidance

SECTION 42 — BEHAVIOUR SUPPORT, PHYSICAL INTERVENTION & POSITIVE HANDLING (SEND)

Ohana promotes a patient, relational and therapeutic approach to children's behaviour. We recognise that behaviour is a form of communication, especially in children with SEND who may lack expressive language or regulation skills.

Any form of restraint or physical intervention must be used **only when absolutely necessary**, following strict guidelines.

42.1 Principles of Behaviour Support

We believe:

- All behaviour communicates a need
- Children require co-regulation, not punishment
- Staff must respond with empathy, patience and consistency
- Predictability and preparation reduce dysregulation
- Visual structures and sensory tools help children feel safe
- Behaviour incidents must be analysed to understand *why* they happened

Our goal is not to control behaviour, but to support children to regulate.

42.2 Preventing Challenging Behaviour (Proactive Strategies)

Staff use proactive strategies, including:

- Predictable routines
- Visual timetables

- Clear transitions
- Makaton and communication supports
- Break cards and sensory breaks
- Social stories
- Emotion coaching
- Access to calm spaces
- Close supervision in known trigger situations
- Individual Behaviour Support Plans

Planning ahead prevents most unsafe situations.

42.3 Understanding Behaviour in SEND Children

Behaviours may be linked to:

- Communication frustrations
- Sensory overload or sensory seeking
- Anxiety
- Pain or illness
- Attachment needs
- Difficulty understanding expectations
- Environmental changes
- Transitions
- Overwhelm or dysregulation

Staff must use curiosity: “**What is this behaviour telling us?**”

42.4 Behaviour Support Plans (BSPs)

Any child with regular or high-risk behaviours must have a **BSP**, which includes:

- Known triggers
- Early warning signs
- Strategies that help
- Strategies that escalate behaviour
- Crisis management steps
- Post-incident regulation approaches
- Physical intervention plan (if relevant)
- Staff responsibilities

- Communication strategies
- Parent input

BSPs must be reviewed regularly and updated after incidents.

42.5 De-escalation Techniques

Staff must use de-escalation before any intervention:

- Calm voice
- Slowing down pace
- Gentle redirection
- Offering alternatives
- Reducing demands
- Allowing time to regulate
- Removing sensory overload
- Moving other children to safety
- Visuals and simple communication
- Not blocking or standing over the child

Physical intervention must never be the first response unless immediate safety is at risk.

42.6 Physical Intervention — When It May Be Used

Physical intervention is **only permitted** when:

- A child is at immediate risk of harming themselves
- A child is at immediate risk of harming another child or adult
- A child is at risk of running into danger (flight risk)
- A serious incident requires urgent safety action

Physical intervention **must NOT** be used to:

- Punish
- Force compliance
- Control non-dangerous behaviour
- Move a child unnecessarily

Only the **least restrictive** intervention may be used.

42.7 Types of Acceptable Physical Intervention

Acceptable reasonable force includes:

- Blocking a child from running into the road
- Guiding a child away from danger
- Holding a child's hand firmly for safety
- Using a light touch to redirect movement
- Holding a child to prevent them striking out (short-term only)
- Supporting a child during a fall

Interventions must:

- Be time-limited
- Be proportionate
- Use minimum force
- Be removed as soon as safe
- Be monitored by another adult whenever possible

Staff should always aim to reduce physical contact quickly.

42.8 Prohibited Physical Interventions

Staff must never:

- Hold a child around the neck
- Smother or restrict breathing
- Use prone (face-down) or supine (face-up) restraint
- Lift a child off the ground
- Hold arms behind their back
- Sit on a child
- Pin a child to the floor
- Use pain compliance
- Drag or pull a child aggressively
- Hold a child in a way that restricts movement long-term

These are unsafe and illegal.

42.9 Supporting Children After Dysregulation

After an incident:

- Offer comfort when the child is ready
- Provide hydration and rest
- Use soft, slow communication

- Return gradually to routine
- Avoid discussing the incident during dysregulation
- Ensure child feels emotionally safe

We restore relationships, not shame children.

42.10 Recording Behaviour Incidents

All physical interventions and significant behaviours must be recorded:

- What happened
- What led to the incident
- What de-escalation was attempted
- Description of physical intervention used
- Duration of intervention
- Staff involved
- Injuries (if any)
- How the child recovered
- Actions taken afterward

Parents must be informed the same day.

Incident patterns must be monitored.

42.11 Notifying Leadership, DSL & External Agencies

Leadership and DSL must be notified when:

- Physical intervention is used
- There is repeated concerning behaviour
- A child causes serious injury to themselves or others
- Behaviour indicates unmet SEND needs
- Staff report fear or anxiety about managing behaviour

The DSL will consider:

- SENCo involvement
 - OT/SLT support
 - GP or CAMHS referral
 - Early Help
 - Social care involvement if safeguarding concerns arise
-

42.12 Staff Wellbeing & Support

Behavioural incidents can affect staff. Leadership must provide:

- Debrief sessions
- Emotional support
- Additional training if required
- Increased staffing for high-need children
- Adjusted environment or plans

Staff must feel supported to maintain safe practice.

42.13 Supporting Positive Behaviour Across the Setting

Ohana promotes:

- Modelling calm communication
- Clear and consistent expectations
- Positive reinforcement
- Structured routines
- Sensory-regulating environments
- Warm, responsive relationships
- Understanding children's triggers
- Reflective practice

Behaviour support is relational, not punitive.

42.14 Ofsted Expectations

Inspectors will expect staff to:

- Explain de-escalation strategies
- Describe how they keep children safe during dysregulation
- Show understanding of behaviour as communication
- Demonstrate that physical intervention is last resort
- Show accurate incident records
- Explain how BSPs are used in practice

Ofsted will also check:

- Whether a child is routinely restrained
- Whether staff are confident and trained
- Whether intervention is appropriate and proportionate

- Whether behaviour logs show reflective practice
-

42.15 Continuous Improvement

Leadership reviews:

- Behaviour logs
- Incident patterns
- Staff training needs
- Environment triggers
- Staffing levels
- Links to SEND needs
- Parent feedback

Plans may include:

- Environmental adjustments
- Additional sensory strategies
- Staff refresher training
- Specialist professional support

SECTION 43 — ATTENDANCE MONITORING, ABSENCE, WELFARE CONCERNS & CHILDREN MISSING FROM EDUCATION (CME)

Attendance is a safeguarding issue. Children who do not attend regularly may be at risk of:

- Neglect
- Domestic abuse
- Mental health difficulties
- Parenting overwhelm
- Caregiver instability
- Developmental regression
- Missed medical or developmental assessments

Ohana monitors attendance carefully and takes action when patterns cause concern.

43.1 Daily Attendance Procedures

Staff must:

- Take attendance at the start of each session
- Mark children in/out using the internal register
- Record late arrivals
- Record early departures

- Ensure accurate headcounts throughout the day

Registers must be completed **immediately** — not later.

Attendance records are safeguarding documents and must be:

- Accurate
 - Legible
 - Stored securely
 - Available for Ofsted and the Local Authority
-

43.2 Absence Reporting Expectations for Parents

Parents must inform the setting if their child is absent due to:

- Illness
- Appointment
- Family emergency
- Travel
- Planned absence

Parents must provide a reason. “Not attending” without explanation is never acceptable.

Repeated “unknown reasons” trigger safeguarding checks.

43.3 First-Day Absence Procedure (Safeguarding Requirement)

If a child does not arrive and parents have NOT informed the setting:

Step 1 — Call parent immediately

- If no answer, leave a voicemail
- Send a text message

Step 2 — If no response within 30–60 minutes

- Call alternative emergency contacts

Step 3 — If still no contact

The DSL must assess the risk. Consider:

- Known vulnerabilities
- Domestic abuse
- Social care involvement
- Attendance history

Step 4 — If high concern

- Conduct a home-welfare visit (if procedure allows)
- OR contact MASH for welfare check

Unexplained absence may indicate a serious situation at home.

43.4 Ongoing Monitoring of Attendance Patterns

The DSL and leadership monitor:

- Repeated absences
- Frequent late arrivals
- Sudden drop in attendance
- Irregular patterns
- Parent disengagement
- Parent difficulty bringing child in

Patterns may point to:

- Family distress
- Parenting capacity concerns
- SEND challenges
- Neglect
- Hidden harm

Concerns must be escalated appropriately.

43.5 When Attendance Becomes a Safeguarding Concern

Attendance becomes a safeguarding issue if:

- A parent consistently fails to bring a child
- A child regularly arrives very late
- A child is collected late repeatedly
- Parents are uncontactable for long periods
- A child is absent for multiple days without explanation
- A child appears neglected or withdrawn after absences
- There is a sudden and unexplained change in family circumstances

This must be logged and escalated to the DSL.

43.6 Children Missing from Education (CME)

CME is a statutory safeguarding category.

A child may be considered CME if:

- They stop attending suddenly
- Parents withdraw them without explanation

- They leave the setting and do not join another
- They are absent for an extended period without valid reason

The DSL must:

- Attempt multiple contacts
- Inform the Local Authority Early Years Team
- Follow local CME procedures
- Consider MASH referral

Local authorities have legal duties to track CME children.

43.7 Extended Travel or Absence Abroad

Parents must notify the setting in advance.

DSL must record:

- Travel dates
- Destination
- Who the child is with
- Any safeguarding concerns

Risks may include:

- Female genital mutilation (FGM)
- Forced marriage (rare in early years but still considered)
- Missed medical treatment
- Loss of SEND provision

For high-risk families, DSL must consult MASH before travel.

43.8 Late Collection

Repeated late collection may indicate:

- Family crisis
- Neglect
- Parental mental health difficulties
- Unreliable caregiving arrangements
- Domestic abuse
- Substance misuse

Staff must:

- Record late collections

- Inform leadership
- Contact the DSL for concerning patterns

If a child is not collected:

Procedure:

1. Attempt to contact parents
2. Attempt to contact emergency contacts
3. After 1 hour (or sooner if risk identified) — inform MASH
4. Document actions taken

Children must always remain with staff until safely handed over.

43.9 Professional Curiosity

Every unexplained absence is a potential safeguarding signal.

Staff must:

- Ask open, polite questions
- Log reasons for absence accurately
- Observe how the child presents on return
- Notify DSL for patterns or concerns

Professional curiosity prevents harm.

43.10 Recording & Reporting Attendance Concerns

Staff must log:

- Absence reason
- Contact attempts
- Conversations with parents
- Concerns observed
- Late collection details
- Patterns in behaviour following absences

These records help identify emerging difficulties.

DSL reviews logs weekly to identify risk.

43.11 Multi-Agency Working

Where attendance concerns persist:

DSL may:

- Speak with parents

- Hold an Early Help meeting
- Work with SEND teams
- Consult health visitors
- Liaise with MASH
- Request LA Early Years Inclusion support

Early multi-agency involvement prevents escalation.

43.12 SEND & Attendance Considerations

SEND children may have:

- Medical appointments
- Therapy commitments
- Fatigue
- Behaviour dysregulation
- Sleep disturbances

Staff should:

- Work collaboratively with parents
- Support morning routines
- Offer staggered entry if helpful
- Review IEP/BSP for attendance barriers

Supportive adjustments must never compromise safeguarding vigilance.

43.13 Ofsted Expectations

Inspectors may ask:

- “What is your first-day absence procedure?”
- “How do you know if a child is at risk when they are not here?”
- “What do you do if a parent is uncontactable?”
- “How do you monitor patterns of absence?”
- “Have you had any CME cases? How did you manage them?”

They expect:

- Clear documentation
- Quick response to concerns
- Evidence of escalation
- Effective DSL oversight

Attendance must be recognised as part of safeguarding.

43.14 Continuous Improvement

Leadership reviews:

- Attendance logs
- Parent communication patterns
- Reasons given for absence
- Staff confidence in procedures
- DSL escalation outcomes

Improvement actions may include:

- Stronger parent messaging
- Attendance information sheets
- Morning transition support
- Additional DSL oversight
- Training staff in professional curiosity

SECTION 44 — PREVENT DUTY, EXTREMISM & RADICALISATION (EARLY YEARS)

Ohana has a statutory duty to protect children from being drawn into extremist ideologies, radicalisation or terrorism. This is part of safeguarding and must be understood by all staff.

We recognise that radicalisation can happen through:

- Family members
- Community influences
- Online content
- Extremist groups
- Social isolation
- Vulnerable parents or caregivers

While young children cannot be radicalised in the same way as older children, **signs within the family or home environment may indicate risk.**

44.1 Legal Duty

Under the **Counter-Terrorism and Security Act 2015**, all early years providers must:

- Identify children or families at risk of radicalisation
- Take appropriate action
- Work with local Prevent teams
- Train staff to understand extremist risks

- Promote fundamental British values
- Challenge extremist language or behaviour

Failure to comply is a safeguarding failure.

44.2 Prevent Duty — What Staff Must Do

Staff must:

- Remain alert to concerning comments, behaviours or attitudes
- Notice changes in parents or family members
- Report ANY concern to the DSL immediately
- Not investigate themselves
- Follow the same escalation routes as any safeguarding concern

Prevent is not about policing beliefs — it is about **protecting vulnerable people**.

44.3 Understanding Extremism & Radicalisation

Extremism

Vocal or active opposition to:

- Democracy
- Rule of law
- Individual liberty
- Mutual respect
- Tolerance of different faiths

This includes far-right, Islamist, and other extremist ideologies.

Radicalisation

The process by which someone comes to support extremist ideologies or terrorism.

Terrorism

Acts designed to intimidate or influence government or public for ideological purposes.

Early years concerns typically come from **parents or family**, not the child.

44.4 Signs of Radicalisation or Extremist Influence (Family-Focused)

Possible indicators include:

Parent/Carer Behaviour

- Expressing extremist views
- Hostility toward other groups
- Justifying violence to children

- Sudden behaviour change
- Withdrawal from community
- Increased secrecy
- Signs of pressure from others
- Children repeating extremist phrases

Home Environment

- Strong exposure to extremist media
- Parents engaging with extremist groups online
- Family members travelling to high-risk countries
- Disappearance or concealed movement of family members

Child Behaviour

(Not extremist, but signs of home influence)

- Repeating adult phrases with extremist undertones
- Increased aggression linked to ideological comments
- Talking about “enemies” or “fighting” in ideological terms
- Sudden rigid views that mirror adults

Staff must interpret concerns **in context** — never in isolation.

44.5 Online Risk

Parents or older siblings may be:

- Viewing extremist content
- Participating in extremist chat groups
- Sharing radical material
- Being targeted by extremist recruiters

Children may overhear or be influenced indirectly.

Staff must report these concerns immediately.

44.6 DSL Responsibilities for Prevent

The DSL must:

- Assess the level of concern
- Seek advice from the LA Prevent team
- Make a Prevent referral where appropriate
- Work with social care or police where needed

- Keep clear written records
- Support staff to understand thresholds
- Attend Prevent training updates

If a concern is urgent or there is immediate danger, DSL must call **999**.

44.7 Local Authority Prevent Contacts (Statutory Requirement)

LBHF / RBKC Prevent Team

Tel: **020 8753 5727**

Email: **prevent@lbhf.gov.uk**

This is the correct and current team for your borough.

They provide advice, consultation, and referral support.

44.8 Staff Training Requirements

All staff must complete Prevent training covering:

- How radicalisation happens
- Local risk factors
- Signs of extremist influence
- How to report concerns
- The role of Early Help and Channel

Training is refreshed annually.

New staff must complete Prevent awareness as part of induction.

44.9 Fundamental British Values (FBV)

We promote:

- Democracy
- Rule of law
- Individual liberty
- Mutual respect
- Tolerance

These are embedded naturally into daily practice through:

- Turn-taking
- Sharing
- Choices
- Respecting feelings
- Understanding rules

- Diverse books and celebrations
- Inclusive practice

FBV must never be tokenistic.

44.10 Channel Panel (Support for Individuals at Risk)

Channel is a multi-agency safeguarding programme that supports individuals who may be vulnerable to radicalisation.

Channel provides:

- Early help
- Support to parents
- Mental health input
- Family support services

A Channel referral does NOT mean a criminal investigation.

44.11 Responding to a Prevent Concern — Staff Procedure

Staff must:

1. Report the concern to the DSL immediately
2. Record what they heard or saw
3. Not question the parent or child
4. Not attempt to investigate

DSL must:

1. Review the information
 2. Consider context and history
 3. Seek advice from Prevent team
 4. Make a referral if threshold met
 5. Record everything in safeguarding records
-

44.12 When to Refer to Prevent

A referral may be required when:

- A parent expresses extremist views
- Ideological language concerns staff
- Family members access extremist content
- Child repeats extremist messages from home
- A child is exposed to harmful or abusive ideological environments
- Staff have concerns about parent vulnerability or coercion

Threshold is about **risk**, not proof.

44.13 Confidentiality & Respect

Prevent concerns must be handled:

- Sensitively
- Without discrimination
- Without assumptions
- With respect for cultural diversity

We focus on **safeguarding**, not criminalising.

44.14 Ofsted Expectations

Inspectors will ask staff:

- “What is Prevent Duty?”
- “What would you do if a parent said something extreme?”
- “How do you promote British values?”
- “Who would you contact for advice?”

They will expect:

- Confident, consistent answers
 - Clear local authority contact details
 - Real understanding, not memorised phrases
-

44.15 Continuous Improvement

Leadership monitors:

- Training records
- Parent engagement
- Community context
- Local risks identified by LA
- Staff confidence levels

Improvements may include:

- Updated displays about equality & respect
- Parent workshops
- Additional staff training
- Monitoring online safety concerns

Ohana is committed to protecting children from risks associated with digital technology, including misuse of images, unsafe communication, online grooming within the family environment, and inappropriate staff use of devices.

Young children are vulnerable because they rely entirely on adults to safeguard their digital footprint.

45.1 Core Principles of Online & Digital Safety

We ensure:

- Children's images and data are safe
- Staff use technology responsibly
- Parents understand expectations
- Personal devices never compromise safety
- Staff model appropriate online behaviour
- Filtering and monitoring systems are in place (if using WiFi-enabled devices)
- All digital safeguarding concerns are escalated to the DSL

Online safety is part of safeguarding.

45.2 Staff Use of Phones & Digital Devices (Strict Protocol)

Staff must:

- Keep personal phones in staff lockers
- Never use phones in rooms, toilets or play areas
- Never take photos on personal devices
- Never send child information using personal numbers or accounts
- Never post work-related matters on personal social media
- Only use setting devices for observations, photos and communication (if applicable)

Staff must also:

- Report any accidental breaches immediately
- Not use WhatsApp groups with parents
- Avoid storing photos on local device storage — only secure systems/docs
- Follow all data protection rules

These expectations protect staff as much as children.

45.3 Taking Photos & Videos of Children

Photos/videos may only be taken:

- On secure nursery devices
- For legitimate educational or operational purposes

- With parental consent
- In accordance with GDPR

Staff must ensure:

- No photos capture other children without consent
- No images show children unclothed or in toileting areas
- Images are uploaded immediately to secure system
- Images are deleted from the device once uploaded
- Photos are used in line with parental preferences (e.g., website allowed/not allowed)

Unapproved image use is a **safeguarding breach**.

45.4 Storage & Security of Digital Media

All digital images, videos and records must be stored:

- On encrypted or password-protected systems
- With access limited to appropriate staff
- In line with retention policies

Nothing may be stored on:

- Personal phones
- Staff email accounts
- USB sticks
- Personal computers

If a data breach occurs, DSL must follow GDPR incident procedures.

45.5 Sharing Photos & Information with Parents

Information must be shared:

- Through secure platforms only
- Never via WhatsApp, SMS, or personal email
- In line with each parent's consent preferences
- Without including other children in the image unless consent exists

If a child is in a high-risk family situation (e.g., domestic abuse), additional restrictions may apply.

45.6 CCTV Use & Safeguarding

If CCTV is used:

- Cameras must not film toilet cubicles or intimate care areas
- Footage must be stored securely

- Access must be restricted to authorised staff only
- Footage must only be shared for safeguarding, legal or regulatory reasons
- Parents do NOT have automatic right to access CCTV of other children

CCTV must comply with **GDPR** and be referenced in privacy notices.

45.7 Online Safety for Parents & Home Environment Risks

Staff must be alert to risks arising in the home, such as:

- Parents using unsafe apps or websites
- Domestic abuse involving digital monitoring
- Children appearing in social media posts without boundaries
- Family members exposing children to inappropriate content
- Online grooming of parents that may place children at risk
- Excessive screen-time impacting wellbeing

Concerns must be reported to the DSL.

45.8 Filtering & Monitoring (If Using Internet-Connected Devices)

All devices used by staff or children must have:

- Appropriate filtering of harmful content
- Monitoring systems (or manual checks)
- Administration controls
- Blocked access to social media (unless required for work accounts)

IT systems must prevent:

- Children accessing harmful content
 - Staff accidentally viewing harmful content in front of children
-

45.9 Early Years Approach to Teaching Online Safety

Although children under 5 are not taught explicit online safety curriculum, they learn foundational concepts such as:

- Asking an adult for help
- Learning about safe adults
- Understanding rules
- Respecting personal space and privacy
- Not touching devices without an adult
- Understanding “stop” and “no”

These build early safety awareness and align with **British Values**.

45.10 Staff Online Behaviour Expectations

Staff must:

- Protect their own digital reputation
- Use privacy settings on personal social media
- Not “friend” or follow parents
- Not post photos of the setting
- Not discuss work issues online
- Not identify Ohana in personal posts
- Maintain professional boundaries

Breaches will be managed under safeguarding and disciplinary procedures.

45.11 Reporting Digital Safeguarding Concerns

Staff must report immediately if:

- A parent shares concerning content
- A child mentions harmful online activity at home
- Staff witness unsafe device use by a parent
- Someone requests unauthorised access to photos
- A device or system is compromised
- A data breach happens
- A child is filmed by an unknown person in public (during outings)

EVERY concern must go through the DSL.

45.12 Data Protection (GDPR) Compliance

Ohana must:

- Maintain a lawful basis for all data use
- Keep data minimal and relevant
- Store data securely
- Follow retention schedules
- Respond to parental requests lawfully
- Maintain a Data Protection Officer (DPO) role
- Record and report data breaches when required

Children's images are personal data and require strict controls.

45.13 Risks Specific to SEND Children

Children with SEND may have:

- Reduced awareness of privacy
- Higher risk of being over-shared online by family
- Increased difficulty communicating harm
- Vulnerability to online grooming through older siblings
- Parents under stress who may overshare incidents
- High medical needs leading to more photo documentation

Staff must remain curious and vigilant.

45.14 Ofsted Expectations

Inspectors will ask staff:

- "What do you do to keep children safe online?"
- "Can staff take photos on personal phones?"
- "How are images stored?"
- "Where is your consent log?"
- "How do you manage CCTV?"

They expect:

- Clear explanations
 - Strong understanding of GDPR
 - No unsafe practice
 - Consistent staff answers
-

45.15 Continuous Improvement

Leadership reviews:

- Digital security
- Staff training levels
- Parent understanding
- Data breaches
- Storage systems
- Consent records

Improvements may include:

- Additional training
- Updated platforms
- New photo procedures
- Parent awareness workshops

SECTION 46 — WHISTLEBLOWING, ALLEGATIONS AGAINST STAFF & LOW-LEVEL CONCERNS (LADO PROCEDURES)

Ohana is committed to a transparent, open safeguarding culture where ALL adults understand their duty to report concerns about staff conduct, no matter how small.

Children must be protected from harm caused by adults in a position of trust, including:

- Staff
- Students
- Agency workers
- Volunteers
- Contractors
- Visitors

This includes concerns arising inside **and** outside the setting.

46.1 A Culture of Openness & Reporting

We promote a culture where:

- Staff feel safe to speak up
- Concerns are welcomed, not discouraged
- Reports are taken seriously
- No one fears blame, dismissal or retaliation
- Leadership responds appropriately
- Everyone understands their professional duty

Safeguarding concerns **ALWAYS** override professional hierarchy.

46.2 What Staff **MUST Report**

Staff must report immediately if they see or hear:

1. Unsafe or inappropriate behaviour

Examples:

- Rough handling
- Shouting aggressively
- Humiliation or shaming

- Inappropriate physical contact
- Failure to follow behaviour policies
- Unsafe supervision

2. Boundary violations

Examples:

- Favouritism
- One-to-one interactions without visibility
- Personal messaging with parents
- Giving gifts to children without approval
- Touch that could be misinterpreted

3. Low-level concerns

(See section 46.8)

4. Allegations

Any claim that a staff member has:

- Harmed a child
- Put a child at risk
- Behaved in a way that indicates they may pose a risk
- Behaved in a way that may bring the profession into disrepute
- Committed a crime against a child
- Demonstrated transferable risk from personal life

5. Information about staff that arises outside of work

Examples:

- Domestic abuse
- Arrests or police involvement
- Concerning online behaviour
- Unsafe individuals living in the same household

This aligns with **EYFS 3.15 and 3.16**: "staff must disclose any circumstances that may affect their suitability."

46.3 How Staff Should Report Concerns

Staff must:

1. Report immediately to the **Designated Safeguarding Lead (DSL)**
2. If the concern is about the DSL, report to the **Deputy DSL** or **nominated responsible manager**
3. If they feel the concern is not handled properly → use **Whistleblowing routes**
4. In emergencies, contact:

- **LADO**
- **MASH**
- **Police (999)**

Staff must never investigate themselves.

46.4 The DSL's Role in Allegations Against Staff

The DSL must:

- Take the allegation seriously
- Keep detailed written records
- Not question the child (only clarify if needed)
- Make an immediate referral to the **LADO** (within 24 hours)
- Follow advice from LADO and children's social care
- Support staff and families involved
- Ensure staff member is removed from direct contact with children if required
- Maintain strict confidentiality

Failure to refer to LADO is a safeguarding breach.

46.5 LADO Threshold

LADO MUST be contacted if a staff member has:

1. **Harmed a child**
2. **Possibly harmed a child**
3. **Put a child at risk of harm**
4. **Behaved in a way that indicates they may pose a risk**
5. **Behaved inappropriately outside of work** (transferable risk)
6. **Committed a crime against a child**

No internal investigation should happen before the LADO consultation.

46.6 Immediate Protective Actions

Depending on risk, leadership may:

- Reassign staff to non-contact duties
- Temporarily suspend staff (neutral act)
- Increase supervision
- Remove staff from the premises

Suspension is NOT a judgement; it protects children and staff during investigation.

46.7 Whistleblowing Procedure

Staff must use whistleblowing if:

- They believe a serious concern is not being addressed
- They worry leadership is involved
- They feel unsafe reporting internally
- They want to remain anonymous

Staff may contact:

- **Ofsted Whistleblowing Hotline**
- **Local Authority Designated Officer (LADO)**
- **Local MASH Team**
- **NSPCC Whistleblowing Line**

Whistleblowers are legally protected.

46.8 Low-Level Concerns (KCSIE 2024)

A low-level concern is ANY behaviour by staff that:

- Is not an allegation
- Does not meet LADO threshold
- Is inconsistent with professional expectations
- Raises a “nagging doubt”
- Could become a pattern over time

Examples include:

- Unprofessional language
- Over-familiar behaviour
- Favouritism
- Excessive physical contact
- Sitting too close unnecessarily
- Calling children “pet names”
- Not following behaviour policies
- Boundary-blurring with parents

Low-level concerns MUST be recorded and monitored.

Patterns may indicate a bigger issue.

46.9 Recording Allegations & Low-Level Concerns

Records must include:

- Date, time and description
- Names of staff and children involved
- Witness accounts
- Context of incident
- DSL decision & rationale
- Actions taken
- Follow-up outcomes

Low-level concerns are stored separately from personnel files unless escalated.

Allegations are stored securely for **minimum 10 years** (statutory).

46.10 When A Concern Becomes a Pattern

If repeated low-level concerns occur, DSL must:

- Discuss with staff member
- Provide additional supervision or training
- Adjust duties if needed
- Escalate to LADO if pattern indicates risk

This approach is central to Ofsted's expectation of a **self-reviewing safeguarding culture**.

46.11 Parental Complaints That Imply Safeguarding

If a parent complaint suggests:

- Rough handling
- Neglect
- Inappropriate behaviour
- Unsafe practice
- Boundary concerns

DSL must treat it as a safeguarding concern.

Leadership must not minimise complaints involving potential harm.

46.12 Anonymous Allegations

Anonymous concerns must still be investigated and may require referral to LADO or MASH.

Staff identities will be protected wherever possible.

46.13 Staff Support During Allegation Process

Staff subject to an allegation must be:

- Treated fairly
- Given a named internal supporter
- Provided with updates at reasonable intervals
- Referred to external support if needed
- Presumed innocent while investigation is ongoing

Confidentiality is essential to protect ALL parties.

46.14 Outcomes of LADO Investigation

Possible outcomes:

- **Substantiated** — allegation is true
- **Unsubstantiated** — insufficient evidence
- **Unfounded** — allegation is false or malicious
- **Malicious** — deliberate fabrication
- **False** — not true

Records must reflect the outcome clearly and accurately.

46.15 Referral to DBS / Teaching Regulation Agency (TRA)

If a staff member:

- Is dismissed
- Resigns before investigation ends
- Leaves during disciplinary process
- Has harmed a child
- Poses an ongoing risk

The setting MUST refer to:

- **DBS Barred List**
- **TRA** (if applicable)

This is a legal requirement.

46.16 Ofsted Notification

Ofsted must be informed **within 14 days** if:

- An allegation is made against staff
- Staff are removed from contact due to safeguarding concerns
- A serious incident occurs involving LADO

Failure to notify is a regulatory breach.

46.17 Families & Communication

Parents are informed:

- That an allegation has been made (timing guided by LADO)
- That the matter is being handled appropriately
- That information is confidential and cannot be shared
- About outcomes when permitted

Sensitivity and confidentiality are essential.

46.18 False or Malicious Allegations by Children

Children rarely lie about harm, but if an allegation is proven malicious:

- DSL reviews behaviour & welfare needs
- SENCo may adjust child's support plan
- Behaviour Support Team may be involved
- Staff are supported after distressing experience

The focus remains on understanding the underlying cause.

46.19 Continuous Improvement

Leadership will:

- Analyse patterns
- Review low-level concern logs
- Check staff training needs
- Strengthen supervision of new or unconfident staff
- Build an open, reflective culture
- Ensure all staff understand expectations

A strong culture of reporting prevents harm.

SECTION 47 — SAFER RECRUITMENT & ONGOING STAFF SUITABILITY

Ohana follows robust safer recruitment procedures to ensure that all adults working with children are suitable, safe and appropriately vetted. Safer recruitment begins before advertising a role and continues throughout employment.

Children must be protected from risk posed by adults in positions of trust.

47.1 Principles of Safer Recruitment

We ensure:

- Every stage of recruitment considers safeguarding

- No adult begins work without appropriate checks
- Interview questions test safeguarding understanding
- Gaps in employment are explored
- References are verified
- Identity and Right to Work are confirmed
- Suitability is continuously monitored

The safety of children is the central priority.

47.2 Recruitment Planning & Advertising

Job adverts include:

- The setting's commitment to safeguarding
- The requirement for enhanced DBS checks
- That references will be requested prior to interview
- That safeguarding forms part of the selection process

All applicants receive:

- Job description
 - Person specification
 - Safeguarding statement
 - Application form (CVs alone not accepted)
-

47.3 Application Forms & Scrutiny

Application forms must include:

- Full employment history
- Explanations for any gaps
- Criminal history declaration
- Confirmation of suitability to work with children
- Details of two referees (including most recent employer)

Leadership must:

- Scrutinise forms for inconsistencies
 - Question gaps in employment
 - Review safeguarding statements carefully
 - Reject applications with concerning information unless clarified
-

47.4 Shortlisting With Safeguarding in Mind

Shortlisting panels:

- Review safeguarding declarations
- Note any concerns requiring clarification
- Flag missing information
- Prepare safeguarding-focused interview questions

Any safeguarding concerns identified at shortlisting must be addressed at interview.

47.5 Interviews & Safeguarding Questions

Interviews must:

- Include at least one safeguarding-specific question
- Explore attitudes, values and decision-making
- Test candidate responses to hypothetical scenarios
- Assess ability to follow procedures

Sample questions:

- “Describe a time you managed a safeguarding concern.”
- “What would you do if a child disclosed harm?”
- “What behaviour from a colleague would concern you?”
- “How do you maintain professional boundaries?”

Interviews may include:

- Practical observations
 - Trial sessions (supervised)
 - Written safeguarding tasks
-

47.6 Pre-Employment Checks (Statutory)

No staff member may start work until the following checks are complete:

1. Identity Verification

- Passport/driving licence
- Proof of address

2. Enhanced DBS Check with Children's Barred List Check

- Must be completed before start
- Update Service checks if applicable

3. Right to Work in the UK

- Mandatory legal requirement

4. Two Verified References

- One from most recent employer
- Must comment on suitability to work with children
- Must be checked by phone where possible

5. Employment History Verification

- Gaps explained in writing
- Inconsistencies explored

6. Qualifications Check

- Especially for Level 2/3 & QTS roles

7. Disqualification Declaration (Childcare Act 2006)

Staff must declare:

- Criminal offences
- Court orders
- Household disqualification
- Relevant family conduct

8. Medical Fitness to Work

- Self-declaration
- Adjustments considered

9. Overseas Checks

If lived abroad for 3+ months.

All checks logged on the Single Central Record (SCR).

47.7 The Single Central Record (SCR)

The SCR must include:

- Identity
- DBS type, number, date
- Barred list check
- Right to work
- Qualifications
- References
- Prohibition from teaching check (if applicable)
- Overseas checks
- Start dates

Ohana must ensure:

- SCR is up to date
 - All records are accurate
 - All staff (including agency, students, volunteers) appear on it
 - Ofsted can inspect it anytime
-

47.8 Induction & Probation (Safeguarding Focus)

All new staff complete induction that includes:

- Safeguarding policy
- Whistleblowing policy
- Code of conduct
- Allegations procedure
- Prevent Duty
- Behaviour support
- Online safety expectations
- Reporting systems
- Escalation routes

Staff may not work alone with children during induction unless risk-assessed.

Probation reviews include:

- Safeguarding knowledge
- Professional conduct
- Boundaries
- Reliability
- Team communication

Concerns may extend probation.

47.9 Ongoing Suitability (EYFS Requirement)

Staff must remain suitable at all times. This includes:

- Annual suitability declaration
- Immediate disclosure of anything affecting suitability
- Alerts for:
 - Arrests
 - Police involvement

- New relationships with risky individuals
- Change in household members
- Health changes affecting safety
- Online behaviour concerns

Managers must record and review suitability information.

This aligns with EYFS 3.15 & 3.16.

47.10 Agency Staff, Students & Volunteers

Agency staff must provide:

- Written confirmation of DBS
- Identity check
- Qualifications
- Suitability confirmation
- Right to work
- Safeguarding training confirmation

Students & volunteers:

- Must never work unsupervised
 - Must undergo DBS (or be risk-assessed if short-term student)
 - Must complete safeguarding induction
 - Must not change nappies unless trained and authorised
-

47.11 Contractors & Visitors

Contractors:

- Must be supervised at all times unless DBS confirmed
- Must not have unsupervised contact with children

Visitors:

- Must sign in
- Wear a badge
- Be supervised at all times
- Not use phones
- Not take photos

Professionals (NHS, LA, social workers) must show ID.

47.12 Safer Recruitment of Senior Leaders

Additional checks apply for:

- Directors
- Managers
- Designated Safeguarding Lead

Including:

- Section 128 Prohibition Check (management roles)
 - Full background review
 - Additional suitability assessment
-

47.13 When Recruitment Raises Concerns

Leadership may:

- Request additional references
- Explore issues factually
- Delay hiring
- Reject candidates with any safeguarding doubt

Children's safety ALWAYS takes priority.

47.14 Ofsted Expectations

Inspectors may ask:

- "Talk me through your recruitment process."
- "How do you know your staff are suitable?"
- "Show me the SCR."
- "What would you do if a staff member became unsuitable?"

They expect:

- Strong systems
 - Clear knowledge
 - No gaps in checks
 - Consistency across staff
-

47.15 Continuous Improvement

Leadership will regularly review:

- Recruitment documentation
- Interview questions

- Vetting processes
- Induction quality
- Staff feedback
- SCR completeness

Improvements may include:

- Updated forms
- New training
- Enhanced interview screening

SECTION 48 — STAFF CODE OF CONDUCT & PROFESSIONAL EXPECTATIONS

Every member of staff must maintain the highest standards of behaviour, professionalism and conduct. Staff act as role models and hold a position of trust, so their conduct directly impacts the safety and wellbeing of children.

This section outlines what is expected of all staff at Ohana.

48.1 Core Principles

Staff must:

- Put children's safety and wellbeing first
- Follow all safeguarding procedures
- Maintain professional boundaries at all times
- Use positive behaviour strategies
- Respect confidentiality
- Work collaboratively with colleagues
- Model safe, respectful behaviour
- Follow safer working practice guidance

Professional conduct is a safeguarding requirement.

48.2 Professional Behaviour & Language

Staff must:

- Speak calmly and respectfully
- Avoid shouting or using harsh tone
- Use positive, supportive language
- Avoid sarcasm, shame, or criticism
- Support emotional regulation through modelling
- Reassure children sensitively
- Maintain composure even under pressure

Staff must NEVER:

- Humiliate
- Threaten
- Ridicule
- Use inappropriate pet names
- Use intimidating body language

All behaviour must reflect a caring, nurturing environment.

48.3 Physical Contact

Touch must always be:

- Appropriate
- Necessary
- Child-centred
- Brief and respectful
- Non-intrusive
- In line with behaviour support plans

Appropriate contact includes:

- Comforting a distressed child
- Supporting balance
- Holding hands for safety
- Caring for toileting or medical needs

Inappropriate contact includes:

- Tickling
- Sitting children on laps without purpose
- Picking up children unnecessarily
- Kissing children
- Rough handling
- Any contact that could be misinterpreted

Staff must always consider how their actions appear to others.

48.4 Appearance & Dress Code

Staff must present themselves professionally. Clothing must:

- Be clean and practical

- Not restrict safe movement
- Be respectful and modest
- Avoid large jewellery (choking/entanglement risk)
- Avoid offensive logos or slogans

Footwear must allow safe movement and supervision.

48.5 Boundaries with Children

Staff must:

- Avoid forming exclusive relationships
- Treat all children fairly
- Maintain adult/child power balance
- Speak appropriately about private matters
- Not share personal problems with children
- Not rely emotionally on children for support
- Not use children for emotional comfort

Staff must maintain healthy, safe relationships.

48.6 Boundaries with Parents & Carers

Staff must NOT:

- Share personal phone numbers
- Use personal messaging apps
- Add parents on social media
- Visit parents' homes socially
- Meet parents outside work (unless pre-approved for professional reasons)
- Discuss colleagues or organisational matters with parents
- Comment on parent conflicts or private issues

Staff MUST:

- Communicate politely and professionally
- Direct complaints to leadership
- Inform DSL if a parent behaves inappropriately

Boundaries protect staff as well as families.

48.7 Use of Mobile Phones & Personal Devices (Strict EYFS Compliance)

Staff must:

- Store personal phones securely (not in rooms)
- Never take photos on personal devices
- Never use phones in childcare areas
- Not access messaging apps during work hours
- Follow social media policy strictly

Breaches are treated as safeguarding concerns.

48.8 Professional Use of Nursery Devices

Staff must:

- Use devices for work only
- Upload photos immediately to secure systems
- Not store images on device memory
- Log out when finished
- Report any digital error or data breach

Digital conduct = safeguarding conduct.

48.9 Confidentiality & Information Sharing

Staff must:

- Keep all child information confidential
- Only share with authorised staff
- Never discuss children outside work
- Never post information online
- Follow GDPR and privacy notices
- Report breaches immediately

Confidentiality failures are safeguarding concerns.

48.10 Attendance, Punctuality & Reliability

Staff must:

- Arrive on time
- Be ready to work
- Inform leadership of absence as early as possible
- Maintain high attendance

- Follow sickness reporting procedures

Poor reliability can be a safeguarding risk.

48.11 Supervision & Deployment

Staff must:

- Be alert and engaged
- Position themselves to supervise safely
- Follow room plans
- Not leave rooms without informing others
- Join ratios only when fit to work
- Maintain sight and hearing of children

Supervision failures endanger children.

48.12 Professional Conduct in Challenging Situations

Staff must:

- Stay calm
- Seek help when needed
- Use de-escalation
- Protect all children from harm
- Follow behaviour support plans
- Record incidents accurately

Staff must never:

- Physically punish
 - Restrain unnecessarily
 - Shout or intimidate
 - Walk away from a dysregulated child
-

48.13 Avoiding Conflicts of Interest

Staff must:

- Declare relationships with other employees
- Declare any external childcare roles
- Not engage in private childcare for parents without leadership approval
- Avoid situations where boundaries blur

Declaring is protective, not punitive.

48.14 Alcohol, Drugs & Substance Use

Staff must:

- Not attend work under the influence
- Not use illegal drugs
- Not consume alcohol before or during work hours
- Report any prescribed medication that may impair safety

Breaches are immediate suitability concerns.

48.15 Gifts, Favouritism & Reward Systems

Staff must:

- Avoid giving gifts individually
- Not show favouritism
- Follow leadership approval for gifts or rewards
- Never accept expensive or inappropriate gifts from parents

Equality of care is essential.

48.16 Social Media Conduct

Staff must:

- Maintain strict privacy settings
- Not post anything related to work
- Not discuss colleagues or children
- Not share identifiable details
- Not tag or identify Ohana
- Not upload photos taken at work

Staff must behave online as professionals at all times.

48.17 Managing Personal Stress & Wellbeing

Staff must:

- Inform leadership if personal circumstances affect work
- Seek support early
- Follow Section 34 (Mental Health & Fitness to Work)
- Report concerns about colleagues' wellbeing if it affects safety

Wellbeing is part of suitability.

48.18 Reporting Concerns About Staff (Mandatory)

Staff must report:

- Boundary breaches
- Unsafe conduct
- Concerning language
- Unprofessional behaviour
- Over-familiar interactions
- Low-level concerns
- Allegations (see Section 46)

Failure to report is a safeguarding breach.

48.19 Staff Responsibilities Toward Colleagues

Staff must:

- Treat colleagues respectfully
- Communicate constructively
- Not gossip
- Not isolate colleagues
- Support a positive safeguarding culture

Toxic staff culture undermines safeguarding.

48.20 Ofsted Expectations

Inspectors expect that:

- All staff can explain the Code of Conduct
- Staff understand boundaries clearly
- There are NO contradictions between staff
- Staff practice matches policy
- Leadership monitors conduct

Inconsistent staff behaviour = safeguarding weakness.

48.21 Continuous Improvement

Leadership will reinforce:

- Regular code of conduct training

- Updated examples and scenarios
- Supervision discussions
- Reflective practice sessions

Professional conduct develops through ongoing reflection.

SECTION 49 — SUPERVISION OF STAFF, TRAINING, DEVELOPMENT & SAFEGUARDING CULTURE

High-quality supervision, reflective practice and ongoing professional development strengthen safeguarding and ensure staff understand their responsibilities. Ohana is committed to creating a culture where staff feel supported, confident and able to keep children safe.

49.1 Purpose of Staff Supervision

Supervision provides staff with:

- Professional support
- Reflection on practice
- Space to discuss children's progress
- Guidance on behaviour support
- Safeguarding oversight
- Emotional wellbeing support
- Opportunities for professional development

Supervision ensures staff are working safely and effectively.

49.2 Frequency of Supervision (EYFS Requirement)

At Ohana:

- Supervision happens **regularly**, at least termly
- Staff working with high-need SEND children may receive more frequent sessions
- Additional supervision arranged after concerns, incidents, or staff distress
- Safeguarding supervision for DSL and deputies is provided separately (specialist oversight)

Ofsted expects clear evidence that supervision is meaningful.

49.3 Structure of a Supervision Session

A standard session includes:

1. **Review of previous targets**
2. **Discussion of key children**
3. **Behaviour and SEND support**
4. **Safeguarding checks**
5. **Wellbeing and stress management**
6. **Reflection on practice**

7. **Training needs**
8. **Health & safety issues**
9. **Professional conduct and boundaries**
10. **Action points and targets**

Supervision notes must be signed and stored securely.

49.4 Safeguarding Supervision

Safeguarding supervision focuses on:

- Case discussions
- Patterns in concerns
- Confidence in applying procedures
- Emotional impact of safeguarding on staff
- Clarifying decision-making
- Reviewing DSL decisions
- Ensuring early help and referrals are timely

SEND settings require additional safeguarding oversight due to complexity of needs.

49.5 Line Management Responsibilities

Supervisors must:

- Prepare for supervision sessions
- Create a safe, supportive space
- Challenge unsafe practice
- Identify emerging training needs
- Model professional behaviour
- Communicate expectations clearly
- Follow up on agreed actions
- Provide written summaries

Supervision is not just paperwork — it's leadership.

49.6 Staff Responsibilities in Supervision

Staff must:

- Arrive prepared
- Reflect honestly on their practice
- Raise concerns early

- Discuss challenges with children
- Share workload issues
- Highlight wellbeing challenges
- Seek training or support where needed

Supervision is a two-way process.

49.7 Induction Training (Mandatory for All Staff)

All new staff complete induction that includes:

- Safeguarding & child protection
- Allegations procedures
- Whistleblowing
- Behaviour support
- Online safety
- Prevent Duty
- SEND and inclusion
- Health & safety
- Fire safety
- First aid expectations
- Staff code of conduct
- Room routines

New staff cannot work unsupervised until induction is complete.

49.8 Ongoing Safeguarding Training (KCSIE Requirement)

Training includes:

- Annual safeguarding refresher
- Regular short updates throughout the year
- Prevent Duty refreshers
- Behaviour & de-escalation training
- First aid training
- SEND and communication strategies (Makaton, visuals)
- Online safety training
- Manual handling training (where needed)

Staff must understand **local LADO/MASH contacts** and how to refer.

49.9 Specialist Training for SEND Provision

SEND environments require staff to receive:

- Sensory needs training
- Autism and neurodiversity training
- Trauma-informed practice
- Attachment and relational approaches
- Managing dysregulation
- Supporting non-verbal communication
- OT/SLT recommendations
- Physical intervention training (where applicable)

Training must reflect the complexity of children's needs.

49.10 Leadership Training & Oversight

Leaders must complete:

- DSL training (with refresher every 2 years)
- Safer recruitment training
- Designated mental health lead training (recommended)
- Leadership development training
- Inclusion/SENDCo training (if responsible for SEND)

Leadership must ensure training is documented and up to date.

49.11 Monitoring Staff Conduct & Practice

Leaders use:

- Observations
- Walk-throughs
- Supervision meetings
- Drop-ins
- Debriefs after incidents
- Feedback from families
- Behaviour logs
- Low-level concern logs

Monitoring prevents unsafe or inconsistent practice.

49.12 Reflective Practice Culture

Staff are encouraged to reflect on:

- What went well
- What was challenging
- What children may have been communicating
- Their own emotional responses
- How they collaborate with colleagues
- Any concerns about boundaries or conduct

Reflection builds safer, stronger teams.

49.13 Team Meetings & Professional Dialogue

Team meetings include:

- Safeguarding updates
- Case discussions
- Training refreshers
- Behaviour support
- Curriculum planning
- SEND updates
- Health & safety issues

Meetings reinforce shared expectations.

49.14 Addressing Underperformance or Unsafe Practice

Leadership must:

- Address concerns early
- Provide support and training
- Set clear action plans
- Monitor progress
- Escalate to disciplinary if needed
- Involve DSL where risk relates to safeguarding

Early intervention prevents harm.

49.15 Staff Wellbeing & Emotional Support

Working with high-need children is demanding.

Leadership supports wellbeing through:

- Open-door policy
- Early supervision for overwhelmed staff
- Adjusted duties where appropriate
- Extra training to build confidence
- Encouragement to use external wellbeing resources

Staff wellbeing links directly to **suitability** and safeguarding.

49.16 Record Keeping & Evidence for Ofsted

Ofsted will expect to see:

- Supervision logs
- Training matrices
- Safeguarding training certificates
- Induction records
- Minutes from DSL meetings
- Notes from supervision related to safeguarding
- Evidence of staff development

Records must be organised, up to date and accessible.

49.17 Continuous Improvement in Safeguarding Culture

Leadership fosters strong culture by:

- Encouraging staff voice
- Addressing concerns promptly
- Sharing learning from incidents
- Celebrating good practice
- Ensuring transparency
- Promoting professional curiosity
- Maintaining clear communication pathways

A strong culture = safer outcomes for children.

SECTION 50 — USE OF TECHNOLOGY, CAMERAS, CCTV & RECORDINGS (PROFESSIONAL PRACTICE)

Technology is used to support learning, communication and operational procedures. However, misuse of digital devices can create safeguarding, data protection and privacy risks. Ohana ensures all technology is used responsibly, safely and in accordance with statutory requirements.

This section applies to:

- Staff
- Volunteers
- Students
- Contractors
- Visitors

It covers all digital devices, including:

- Nursery phones/tablets
 - Personal mobile phones
 - Cameras
 - Laptops
 - CCTV systems
 - Audio/video recordings
-

50.1 Purpose of Technology in the Setting

Technology is used only for:

- Observations and assessments
- Communication with parents via approved platforms
- Supporting SEND professionals (e.g., SLT/OT video modelling)
- CCTV for safety and security
- Documentation and planning
- Emergency communication by leadership

Technology is **never** used for staff convenience or personal reasons.

50.2 Personal Mobile Phones (Strict EYFS Compliance)

Staff must:

- Store personal phones in staff lockers
- Never use personal phones in childcare rooms
- Never take photos or videos on personal devices
- Never use phones while supervising children
- Never check messages during work hours
- Never use phones in toilets, changing areas or sleeping areas

Exceptions:

- Leadership may carry a work phone for emergencies

- Personal phones may be used on breaks, away from children

Any breach is treated as a **safeguarding concern**.

50.3 Nursery Devices (Phones, Tablets, Cameras)

Nursery-owned devices must be:

- Password protected
- Used only for work
- Stored securely when not in use
- Regularly checked by leadership
- Connected only to approved WiFi
- Free from personal apps
- Logged and signed out if portable

Staff **MUST**:

- Upload photos immediately to secure storage
- Delete images from device memory once uploaded
- Report device damage or technical faults promptly

No device may be taken home unless authorised and risk-assessed.

50.4 Taking Photos & Video Recordings of Children

Permitted only when:

- Using nursery-owned devices
- Parental consent is recorded
- Images are for educational, assessment or operational needs
- Images uphold dignity and privacy
- Children are appropriately clothed
- Images align with safeguarding and GDPR

Staff must **NOT**:

- Photograph children while they are toileting or changing
- Capture other children unintentionally (crop or retake)
- Share images via WhatsApp, text or personal email
- Store videos/photos on memory cards or desktop folders
- Use filters, stickers or editing apps

Photos and videos remain the property of Ohana.

50.5 Use of Photos for Marketing or Social Media

Only permitted when:

- Specific parental written consent is received
- Images contain no identifying information unless agreed
- Leadership has approved the photo
- Images do not compromise dignity or safety
- The child is not identified by name unless exceptionally agreed

Parents may withdraw consent at any time.

No image of a child with a restricted court order may be used publicly.

50.6 CCTV Use (Safety, Security & Monitoring)

CCTV may only be used for:

- Security
- Incident review
- Safeguarding investigations
- Compliance evidence

CCTV systems must:

- Not record toilets or changing areas
- Store footage securely
- Restrict access to authorised leaders only
- Retain footage only for approved retention periods
- Be disclosed only for safeguarding, police or legal reasons

Parents do not have automatic right to access CCTV involving other children.

50.7 Audio Recording

Audio recording is restricted and must be:

- Purposeful (e.g. for SEND speech modelling with consent)
- Pre-approved by leadership
- Stored securely and deleted once used

Hidden or unapproved audio recording is strictly prohibited.

50.8 Use of Communication Apps (WhatsApp, Messaging, Email)

Staff must NEVER:

- Use personal WhatsApp to communicate with parents
- Send child information via personal email
- Use personal numbers for work
- Use group chats that include parents

Communication must occur only through:

- Official nursery platforms
- Work email addresses
- Work phone numbers if applicable

Staff WhatsApp groups must exclude parent numbers and must not store or discuss child data.

50.9 Online Safety & Filtering

All devices used by staff must be protected by:

- Appropriate filtering systems
- Monitoring controls
- Admin-only settings for downloads
- Blocked social media access unless for official accounts

Staff must report if:

- They see inappropriate content
- A device behaves unexpectedly
- A child views harmful content on a parent's device

Digital alerts are safeguarding concerns.

50.10 Live Streaming & Video Calls

Staff must NEVER:

- Live stream children
- Use FaceTime, Zoom or similar apps without senior approval
- Allow children to appear on unapproved video platforms

Permitted only for:

- Multi-agency professional meetings
- SEND reviews
- Training sessions

Children must not be visible unless parental consent and DSL approval are obtained.

50.11 Data Protection & Secure Storage (GDPR)

Digital data must:

- Be stored on secure, password-protected systems
- Be accessed only by authorised staff
- Never be saved on USB sticks or personal devices
- Be shared only with authorised partners (e.g., NHS, LA)
- Follow retention schedules

All data breaches must be reported to the DSL immediately.

50.12 Visitors & Professionals Using Technology

Visitors (e.g., therapists, LA staff) may use devices ONLY if:

- They are clearly identified
- They have professional ID
- They use devices for approved professional purposes
- They do not photograph children without consent
- They follow nursery safeguarding instructions

Contractors must NOT use phones in childcare spaces.

50.13 Use of Technology During Outings

Staff must:

- Carry only nursery work phones
- Not take personal photos
- Use GPS or communication apps only when needed
- Not post outing information on social media

CCTV or photography by the public must be reported if concerning.

50.14 Handling Digital Evidence in Safeguarding Cases

Digital evidence may include:

- Photos
- Screenshots
- Messages
- CCTV footage
- Emails
- Audio clips

DSL must ensure:

- Secure storage
- Controlled access
- Logging of who accessed information
- Sharing only with police, LADO or MASH when required

Digital safeguarding evidence is confidential and sensitive.

50.15 Staff Responsibilities

All staff must:

- Follow this policy
- Protect children's digital privacy
- Report breaches immediately
- Maintain professionalism online
- Use technology only for intended purposes

Failure to follow these expectations may result in disciplinary action or referral to LADO.

50.16 Ofsted Expectations

Inspectors will ask:

- "How do you manage mobile phones in the setting?"
- "How do you store images securely?"
- "Who has access to CCTV?"
- "How do you prevent misuse of digital devices?"

Ofsted will expect consistent, confident answers from ALL staff.

50.17 Continuous Improvement

Leadership will regularly:

- Review filtering systems
- Audit device use
- Refresh staff digital safeguarding training
- Update consent forms
- Monitor compliance through spot checks
- Provide corrective coaching where needed

Technology and safeguarding must evolve together

SECTION 51 — STAFF MENTAL HEALTH, WELLBEING & FITNESS TO WORK

Staff wellbeing directly affects the quality of care children receive. Members of staff who are emotionally overwhelmed, physically unwell or mentally unwell may be unable to supervise children safely. Ohana is committed to supporting staff wellbeing while ensuring that only those who are fit to work care for children.

51.1 Core Principles

- Children must be cared for by adults who are physically and mentally well enough to do so safely.
- Staff wellbeing affects safeguarding, decision-making, supervision and professionalism.
- Leaders must balance staff support with strict safeguarding oversight.
- Staff must disclose anything that may impact their ability to work safely.

A staff member who is not fit for work must **not** be included in ratios.

51.2 Definition of “Fitness to Work”

A staff member is considered *fit to work* when they can:

- Supervise children safely
- Make sound judgments
- Maintain professional boundaries
- Manage stress appropriately
- Follow policies and procedures
- Interact calmly and respectfully
- Respond promptly in emergencies
- Carry out physical duties required in early years

Fitness includes both **physical and mental** health.

51.3 Staff Responsibilities for Declaring Suitability Concerns

Staff have a *legal duty* (EYFS 3.15–3.16) to disclose immediately if:

- They are experiencing mental health difficulties affecting work
- They are emotionally overwhelmed or unable to regulate
- Their medication affects alertness or behaviour
- They are suffering from extreme fatigue
- They are undergoing major personal stress (bereavement, separation, crisis)
- They are experiencing anxiety, depression or panic attacks
- They feel at risk of losing composure around children
- They have had police involvement or safeguarding incidents in their personal life

Disclosure is supportive — NOT punitive.

51.4 Leadership Responsibilities

Leadership must:

- Respond sensitively and confidentially
- Assess impact on child safety
- Adjust duties or remove from ratios if needed
- Offer support
- Signpost to appropriate services
- Record decisions proportionately
- Hold reflective supervision
- Monitor staff closely until stable

Leaders must act if wellbeing affects safeguarding.

51.5 Temporary Adjustments to Duties

Examples include:

- Short-term removal from ratios
- Additional supervision from colleagues
- Reduced physical tasks
- Breaks for emotional regulation
- Modified environment (e.g., quieter rooms)
- Shortened shifts if medically advised

Adjustments are recorded and reviewed routinely.

51.6 When Staff MUST NOT Be Placed in Ratio

Staff must not be in ratio when:

- They are crying, shaking or visibly distressed
- They cannot remain calm with children
- They report panic symptoms
- They express feeling unsafe or overwhelmed
- They are under medication affecting alertness
- They are fatigued to the point of impaired judgment
- They have lost emotional control recently
- They are involved in an active safeguarding investigation

- They disclose personal life risks creating suitability concerns

These situations require immediate removal from direct child supervision.

51.7 Managing Staff Who Become Unwell During the Day

If a staff member's mental or emotional state deteriorates mid-day, leadership will:

1. Remove the staff member from ratio immediately
2. Offer a private space to talk
3. Assess the level of concern
4. Decide whether they can continue with restricted duties
5. If unsafe → send them home
6. Complete a wellbeing or suitability record if relevant
7. Adjust deployment to maintain ratio safely

Children's safety overrides operational convenience.

51.8 Supporting Staff Experiencing Mental Health Challenges

Support may include:

- Additional supervision
- Increased check-ins
- Adjusted responsibilities
- Temporary changes to role
- Referral to GP
- Occupational health support
- Mental health resources
- Time off where necessary

Support is compassionate but always risk-assessed.

51.9 Workplace Stress & Burnout Prevention

Leadership monitors for signs of burnout:

- Irritability or shorter patience
- Withdrawal from colleagues
- Frequent mistakes
- Low energy or exhaustion
- Emotional sensitivity
- Reduced resilience

- Heightened anxiety

Proactive actions may include:

- Redistributing workload
 - Offering breaks
 - Reviewing room dynamics
 - Supporting conflict resolution
 - Reassessing expectations
-

51.10 Conduct and Safeguarding Links

Mental health difficulties can affect:

- Supervision levels
- Boundary control
- Decision-making
- Professional language
- Response to dysregulated children
- Resilience under pressure

If wellbeing affects conduct, leaders must assess potential safeguarding risks and respond proportionately.

51.11 Return-to-Work Following Mental Health Absence

A return-to-work meeting will:

- Assess current fitness
- Review medical guidance
- Agree temporary adjustments
- Set out monitoring plans
- Confirm expectations
- Record suitability declarations

Gradual reintegration may be appropriate.

51.12 Confidentiality

Wellbeing disclosures are confidential, but:

- Leaders must share information on a *need-to-know* basis
- Safeguarding concerns must be escalated
- Records must be stored securely

- Ofsted may access suitability documentation if required

Confidentiality never overrides child safety.

51.13 When Wellbeing Concerns Become Suitability Issues

Concerns escalate to **suitability** when:

- Emotional instability places children at risk
- Staff cannot regulate consistently
- Staff make unsafe decisions under stress
- Personal circumstances compromise professional behaviour
- Staff involvement with unsafe adults becomes known
- Staff present unpredictable or concerning behaviour patterns

Leadership must assess whether the person:

- Can remain in ratio
- Requires redeployment
- Needs time away from work
- Must be referred to LADO
- Needs removal from the setting

Suitability decisions are documented clearly.

51.14 Staff Support Network & Culture

Ohana promotes a culture where:

- Staff feel able to talk openly
- Asking for help is normalised
- Colleagues support one another
- Leaders respond with care
- Stigma around mental health is reduced

Healthy teams safeguard children better.

51.15 Ofsted Expectations

Inspectors often ask:

- “How do you know your staff are fit to work?”
- “What do you do if a staff member becomes distressed?”
- “How do you support staff wellbeing?”

- “How do you assess ongoing suitability?”

Leaders must demonstrate:

- Clear procedures
- Proactive monitoring
- Records of support
- Adjustments made where needed
- Transparent, safe decision-making

Ofsted expects evidence of a **supported, stable and safe workforce**.

51.16 Continuous Improvement

Leadership reviews:

- Supervision feedback
- Absence trends
- Staff turnover
- Serious incidents
- Wellbeing disclosures
- Suitability concerns

Actions may include:

- Additional training
- Adjusted staffing models
- Environmental improvements
- Increased team support
- New wellbeing initiatives

Supporting adults = safeguarding children.

SECTION 52 — POSITIVE HANDLING, RESTRICTIVE PHYSICAL INTERVENTION & SAFE TOUCH

Ohana uses a relational, trauma-informed, child-centred approach to behaviour. Physical intervention is **only** used when absolutely necessary and proportionate to prevent harm.

Our focus is always:

- Preventing escalation
- Supporting emotional regulation
- Understanding underlying needs
- Using the least restrictive measure for the shortest possible time

Restrictive physical intervention must never be used as punishment.

52.1 Principles of Positive Handling

Staff must ensure that physical intervention is:

- **A last resort**
- **Necessary to prevent immediate harm**
- **Proportionate to the risk**
- **The least restrictive option**
- **Used for the shortest time possible**
- **Only applied by trained staff when feasible**
- **Recorded and reviewed**

The dignity, rights and wellbeing of the child remain central.

52.2 Situations Where Physical Intervention May Be Used

Only to prevent:

1. **A child harming themselves**
 - Running into the road
 - Head-banging with risk of injury
 - Attempting to swallow dangerous objects
2. **A child harming another person**
 - Hitting, kicking, biting, throwing heavy objects
 - Using furniture or toys as weapons
3. **Significant damage to property where risk is present**
 - Pulling over furniture onto themselves or others
4. **A child absconding or attempting to leave safely controlled areas**
 - Running out of the building or into unsafe areas

Intervention must never be used:

- As a behaviour strategy
 - As punishment
 - Out of frustration
 - For compliance or control
 - Because staff feel challenged
-

52.3 Safe Touch (Non-restrictive Contact)

Safe, appropriate physical contact is part of early-years care.

Examples of safe touch:

- Comforting a crying child
- Guiding a child by the hand
- Supporting balance
- Providing sensory pressure (if part of a plan)
- Assisting with personal care

Staff must ensure:

- Touch is purposeful and child-centred
- The child's comfort is monitored
- Cultural needs and consent cues are respected
- Avoiding unnecessary or intrusive contact

Inappropriate touch is strictly prohibited.

52.4 Types of Restrictive Physical Intervention

Restrictive techniques may include:

- Blocking (standing between two children)
- Guiding a child away using light contact
- Holding a child's hands to prevent hitting
- Using a supportive hug hold (trained staff only)
- Ensuring a child does not fall during unsafe behaviour

Staff must NEVER use:

- Pinning to the floor
- Restraint that restricts breathing
- Pain-compliance techniques
- Pressure on joints or neck
- Holding in a way that causes discomfort
- Lifting as a method of restraint

These methods are unsafe, non-permissible and unlawful.

52.5 Staff Training Requirements

Only staff trained in approved positive handling methods should use physical intervention wherever possible.

Training includes:

- De-escalation
- Understanding behaviours of concern

- Trauma-aware practices
- Safe holds (if applicable)
- Sensory triggers and regulation strategies
- Team response protocols

Untrained staff may intervene **only** in emergencies to prevent immediate harm.

52.6 Preventing Escalation & Reducing Need for Intervention

Staff use proactive strategies such as:

- Visual support and communication tools
- Sensory input and sensory breaks
- Co-regulation and modelling calm behaviours
- Adjusting environment (noise, lighting, activity transitions)
- Clear, simple language
- Using emotion coaching
- Pre-warning before transitions
- Offering choices to reduce anxiety

Prevention is the most effective and safest approach.

52.7 After a Restrictive Physical Intervention

Immediately afterward, staff must:

- Speak calmly to reassure the child
- Check for injury (child and staff)
- Offer sensory support (e.g., deep pressure, quiet space)
- Allow the child time to regulate
- Ensure they do not feel punished or blamed

Children must never be isolated unless supervised and supported.

52.8 Recording Physical Intervention

All interventions must be recorded on the same day and include:

- Date and time
- Staff involved
- Children involved
- Trigger/antecedent

- Description of behaviour
- Type of intervention used
- Duration
- Justification for use (risk prevented)
- Child's response afterward
- Injury check outcome
- Next steps
- Signature from staff and DSL review

Records must be reviewed by leadership promptly.

52.9 Informing Parents

Parents will be informed on the same day:

- What happened
- Why intervention was needed
- What intervention was used
- How long it lasted
- Any injuries or checks
- Strategies put in place to reduce recurrence

Parents must never be informed in a way that blames the child.

52.10 Reviewing Incidents & Behaviour Plans

The DSL, SENCo and leadership will review:

- Patterns in behaviour
- Environmental triggers
- Staff practice
- Appropriateness of intervention
- Child's support plan
- Whether additional training is needed
- Whether a risk assessment must be updated

Physical intervention should reduce over time, not increase.

52.11 High-Need Behaviour Risk Assessments

Some children may require:

- Personalised safety plans
- Multi-agency behaviour support
- Specialist OT or SLT input
- Medical advice (if behaviour is pain-related)
- One-to-one support
- Adjusted staffing

Risk assessments must:

- Be written
 - Be reviewed regularly
 - Include clear, consistent strategies
 - Specify what staff *should* and *should not* do
 - Reflect the child's communication style
-

52.12 When Physical Intervention May NOT Be Used

Staff must NOT intervene physically when:

- Behaviour is attention-seeking but not dangerous
- The child is upset but not unsafe
- The goal is compliance, not safety
- Staff feel frustrated, stressed or angry
- A safer alternative exists

Unsafe holds or escalation by staff is unacceptable.

52.13 Allegations or Concerns About Handling

Any concern regarding:

- Excessive force
- Rough handling
- Injury to a child
- Inappropriate restraint
- Unprofessional behaviour during dysregulation

MUST be reported immediately to the:

- DSL
- LADO (if threshold is met)

Staff must not delay reporting for fear of blame.

52.14 SEND Considerations in Physical Intervention

Children with SEND may:

- Be sensitive to touch
- Be sensory-seeking and require alternative input
- Experience dysregulation due to transitions
- Not understand verbal reasoning
- Communicate distress through behaviour

Intervention must always account for:

- Sensory profiles
- Communication needs
- Emotional triggers
- Medical needs
- Trauma history

Restrictive intervention can be traumatising — therefore prevention is priority.

52.15 Ofsted Expectations

Inspectors will ask:

- “When do you use physical intervention?”
- “How do you record and review incidents?”
- “How do you prevent escalation?”
- “What training do staff have?”

They expect:

- Clear understanding
 - Consistency across staff
 - Strong leadership oversight
 - Low reliance on restrictive practices
 - Factual, reflective records
-

52.16 Continuous Improvement

Leadership will:

- Monitor incidents
- Analyse patterns

- Provide additional training
- Adjust staffing models
- Update risk assessments
- Work with multi-agency professionals

Positive handling policies must evolve with children's needs.

SECTION 53 — INTIMATE CARE, TOILETING, PERSONAL HYGIENE & DIGNITY

Intimate care includes all tasks involving:

- Toileting
- Changing nappies / pull-ups
- Cleaning or wiping children
- Changing clothes
- Supporting accidents
- Checking soiled clothing
- Dealing with vomit or bodily fluids
- Medical or hygiene support

The aim is to provide safe, respectful, dignified care that protects children and staff.

53.1 Core Principles of Intimate Care

All intimate care must be:

- **Child-centred and respectful**
- **Conducted by trained staff**
- **Age and development appropriate**
- **Carried out with privacy but also safeguarding oversight**
- **In line with parental wishes and care plans**
- **Documented where required**
- **Consistent and predictable for the child**

Staff must protect the child's emotional wellbeing as much as their physical care.

53.2 Staff Conduct During Intimate Care

Staff must:

- Explain to the child what they are doing
- Allow the child as much independence as possible
- Maintain the child's dignity at all times

- Close toilet doors/curtains appropriately
- Use gloves, aprons and infection-control procedures
- Use gentle, non-invasive methods
- Be sensitive to body awareness and boundaries
- Keep conversation calm and positive
- Stay professional, never rushed or frustrated

Staff must NEVER:

- Use mobile phones
 - Play, joke, tease or photograph children
 - Comment on a child's body
 - Lift children excessively unless needed
 - Leave the child unattended on changing tables
 - Use force, except to prevent harm
-

53.3 Positioning & Visibility (Safeguarding Requirement)

To maintain safety:

- Staff should position themselves so another adult can **see or hear them**, without exposing the child unnecessarily.
- Doors should **not be fully shut and locked** unless stated in risk assessment.
- For children with complex needs, **two staff** may be used, but only if this reduces risk and is not intrusive.

Visibility protects children AND staff.

53.4 Nappy Changing Procedures

A consistent approach must be used:

- 1. Prepare**
 - Gather wipes, gloves, bags, clean clothes
 - Ensure all items are in reach
- 2. Explain to the child**
 - Use simple language or visuals
- 3. Maintain hygiene**
 - Put on gloves and apron
 - Use wipe-front-to-back
 - Remove nappy safely
- 4. Disposal**
 - Place nappy in a sanitary bin

- Clean hands (child and staff)

5. **Record if required**

- Some children need toileting logs for medical or SEND reasons

6. **Clean area**

- Wipe mat between each child

7. **Wash hands thoroughly**

Changing mats must be disinfected after **every** use.

53.5 Toileting Support

Children may need support with:

- Pulling clothes down/up
- Wiping
- Sitting safely
- Managing anxiety around toilets
- Using visuals or Makaton
- Sensory overload in bathrooms
- Communication prompts
- Handwashing routines

Staff must encourage **independence** wherever possible.

If wiping is required:

- Staff explain first
 - Child is encouraged to assist
 - Wipes used once and disposed
 - Wipe front-to-back
 - Staff maintain dignity by keeping exposure minimal
-

53.6 Medical and SEND-Related Toileting Plans

For children with additional needs:

- Intimate care plans will be created
- Parents, SENCo, therapists and medical professionals contribute
- Plans specify:
 - Type of support
 - Level of assistance
 - Sensory needs

- Communication cues
- Equipment required
- Risk management strategies
- Staff training needs

Staff MUST follow care plans exactly.

53.7 Accidents (Weeing or Soiling)

When accidents happen:

- Staff must respond calmly and reassure the child
- Children are never shamed or blamed
- Clothing is changed privately and discreetly
- Soiled clothes are bagged and returned to parents
- Staff gloves MUST be worn
- Area cleaned following infection control protocols

Repeated accidents may require:

- Curriculum adjustments
 - Toileting schedule
 - Health review
 - SENCo involvement
 - Paediatric referral
-

53.8 Involving Two Staff (If Needed)

Two staff may be required when:

- Moving/lifting is necessary
- A child displays challenging behaviours
- A child has a known history of allegations
- A medical procedure requires two adults

This must NOT become routine unless described in the child's care plan.

53.9 Child Voice, Consent & Autonomy

Even very young or non-verbal children express preference through:

- Body language
- Gestures
- Sounds

- Withdrawal

Staff must:

- Seek consent ("I am going to help you now, is that okay?")
- Respect refusal unless safety requires intervention
- Offer choices where possible (e.g. "wipe yourself or shall I help?")

Consent teaches bodily autonomy.

53.10 Safe Storage of Toiling Records & Care Plans

- Records kept securely
- Shared only with authorised staff
- Destroyed according to retention schedules
- Used to identify health patterns or concerns
- Reviewed frequently

Toiling records may be needed for paediatric and SEND assessments.

53.11 Allegations Arising from Intimate Care

Because intimate care involves close physical contact, staff must be extremely vigilant.

Staff must report immediately if:

- A child makes a statement
- A child behaves in a sexualised way
- A child reacts fearfully
- Staff witness unusual marks or injuries
- A child complains of pain
- A staff member acts inappropriately

Leadership must investigate promptly and refer to **LADO** if threshold is met.

Staff who fail to follow intimate care policy may face disciplinary action AND safeguarding referral.

53.12 Menstruation Support (If Applicable)

Young children with SEND may begin menstruation early.

If support is needed:

- Staff must follow intimate care plan
- Maintain privacy and dignity
- Communicate sensitively
- Use female staff where families request

- Keep sanitary products visible and accessible

Parents must be informed appropriately.

53.13 Infection Control & Hygiene Requirements

Staff MUST:

- Wear PPE
- Dispose of waste in appropriate bins
- Clean changing areas immediately
- Wash hands before and after
- Ensure children wash hands
- Follow protocols for vomit, diarrhoea, blood or bodily fluids

Staff with vomiting or diarrhoea symptoms must remain off work **48 hours** (NHS/HC guidance).

53.14 Training Requirements

Staff involved in intimate care must be trained in:

- Infection control
- Safe lifting
- Child-centred approaches
- SEND toileting support
- Safeguarding reporting
- Trauma-informed practice
- Sensory needs relating to toileting

Training records must be monitored for compliance.

53.15 Ofsted Expectations

Inspectors may ask:

- “How do you ensure children's dignity during intimate care?”
- “Where do you change nappies?”
- “How do you prevent allegations?”
- “How do you record toileting concerns?”

They expect:

- Clear protocols
- Staff confidence and consistency

- Risk-based decisions
 - Cultural sensitivity
 - Evidence of training
 - Care plans for children who need extra support
-

53.16 Continuous Improvement

Leadership reviews:

- Care plans
- Staff practice
- Parent feedback
- Incident logs
- Infection control audits
- Behaviour patterns linked to toileting

Improvements may include:

- Training refreshers
- Adjusted routines
- New visual resources
- Sensory-friendly bathroom adaptations

SECTION 54 — MANAGING MEDICINES, MEDICAL NEEDS & HEALTH CONDITIONS

Ohana is committed to supporting children's health needs safely, proportionately and in partnership with families and medical professionals. Children with medical conditions or healthcare needs must be able to access the curriculum fully and safely.

All medicine handling must follow strict EYFS, health and safety and safeguarding standards.

54.1 Principles for Managing Medicines

We ensure that:

- Medicines are given safely and responsibly
- Only trained staff administer medication
- Written consent is always obtained
- Medication is stored securely
- Health care plans (HCPs) guide practice
- Information is shared appropriately with staff
- Children's dignity and comfort are protected
- Records are accurate, factual and stored securely

Incorrect medication handling is a **safeguarding and health** risk.

54.2 Types of Medication Covered by This Policy

- Prescription medicines
- Emergency medication (e.g. EpiPens, inhalers, midazolam)
- Long-term medicines (e.g. anti-seizure medication)
- Short-term medicines (antibiotics, pain relief)
- Topical creams (when prescribed and consented)
- Physiological supports (e.g. oxygen—if ever applicable)
- Gastrostomy/feeding plans (if applicable)

Non-prescription medication is **rarely** administered and requires leadership approval (EYFS allows limited use).

54.3 Requirement for Written Parent Consent

We must have **written, signed consent** for:

- Administering any medication
- Using emergency medication
- Applying prescribed creams
- Following medical protocols
- Sharing information with medical teams

Consent is renewed annually or whenever a medicine changes.

54.4 Health Care Plans (Individual Healthcare Plans – IHPs)

Children with long-term or complex needs **MUST** have a written Health Care Plan created collaboratively with:

- Parents
- Healthcare professionals / paediatricians
- School nursing teams
- Therapists
- Key staff

HCPs must include:

- Diagnosis and details of condition
- Medication type and dosage
- Emergency procedures
- Early warning signs
- Known triggers

- Protocols for seizures, anaphylaxis or asthma
- Feeding plans (if applicable)
- Who is trained to deliver care
- Step-by-step instructions
- Emergency contact details
- Review schedule

Staff must follow HCPs *exactly*.

54.5 Storage of Medicines

All medicines must be:

- Stored in a locked cupboard or locked medication box
- Accessible to named trained staff only
- Stored in original packaging with pharmacy label
- Within expiry date
- Logged on arrival and departure
- Refrigerated if required (in a locked medical fridge compartment)

Emergency medicines must be:

- Immediately accessible
- Not locked away
- Carried on outings in secure grab bags

Medicines must never be left in bags or children's belongings.

54.6 Administration of Medicines

Only trained, authorised staff may administer medication.

Procedure:

1. **Confirm identity of child**
2. **Check medication label** (name, dosage, date, expiry)
3. **Follow Health Care Plan**
4. **Administer medicine** safely and calmly
5. **Record immediately**
6. **Report concerns or side effects**
7. **Monitor child afterwards**

Two-person checking is required for high-risk medication.

54.7 Recording Medication (EYFS Statutory Requirement)

Medication must be recorded EACH TIME it is given:

- Child's full name
- Medication name and dose
- Time and date administered
- Staff signature
- Witness signature (if needed)
- Notes on child's response

Parents must be informed the same day.

Missing or unclear medication records are safeguarding breaches.

54.8 Emergency Medication (Anaphylaxis, Asthma, Seizures)

Staff must be trained to use:

- EpiPens / auto-injectors
- Inhalers and spacers
- Nebulisers (if prescribed)
- Buccal or intranasal midazolam (if applicable)
- Seizure protocols

Training must be:

- Delivered by a qualified professional
- Refreshed regularly
- Recorded with certificates

Emergency protocols must be displayed discreetly in staff areas.

Emergency medication must ALWAYS accompany the child:

- Outdoors
 - On trips
 - During transitions
 - In taxis (if applicable)
-

54.9 Allergies & Anaphylaxis Management

We maintain:

- Allergen registers
- Allergy-aware environments

- Control of food brought from home
- Immediate response plans

Staff must:

- Check ingredients
- Prevent cross-contamination
- Use colour-coded utensils if needed
- Monitor children with allergy risk closely

All anaphylaxis incidents require:

- Immediate use of EpiPen
 - Calling 999
 - Informing parents
 - Critical incident review
-

54.10 Asthma Care

Staff must:

- Ensure inhalers are accessible
- Follow personalised asthma plans
- Monitor breathing difficulties
- Record all inhaler use
- Call 999 if:
 - No improvement
 - Child is struggling to speak
 - Child's lips turn blue
 - Inhaler is not working

Asthma attacks are medical emergencies.

54.11 Epilepsy & Seizure Management

Plans will state:

- Types of seizures
- Triggers
- Safe positioning
- Time limits
- When to administer emergency medication

- When to call 999
- Post-seizure care

Key safeguards:

- Do not restrain
- Do not place objects in mouth
- Move objects away to protect from injury
- Time the seizure strictly
- Monitor breathing

Record and review after every seizure.

54.12 Diabetes Care (If Applicable)

May include:

- Blood glucose monitoring
- Managing hypo/hyper events
- Carbohydrate counting
- Insulin administration (if trained and authorised)

Children must not be left unsupervised during a medical episode.

54.13 Gastrostomy / Feeding Tubes (If Applicable)

Staff must be:

- Specifically trained
- Competent and signed off
- Confident in emergency troubleshooting

Parents must provide equipment and written instructions.

54.14 Infection Control in Medical Procedures

Staff must:

- Wash hands
- Wear PPE when needed
- Dispose of sharps in approved bins
- Clean equipment after each use
- Report any exposure (blood or bodily fluids)

Infection control is a safeguarding measure.

54.15 Refusal to Take Medication

If a child refuses medicine:

- Staff must not force
- Reassure the child calmly
- Try again in line with HCP
- Contact parents
- Contact emergency services if refusal puts child at risk

Document refusal clearly.

54.16 Staff Medication (EYFS Requirement)

Staff must:

- Store medication in a locked staff area
- Never keep medication on their person
- Not work with children if medication affects alertness
- Declare any medication that may impact suitability

This prevents accidents and misuse.

54.17 Outings & External Trips

Medical bags for outings must include:

- Emergency medication
- Spare inhalers/EpiPens
- Health care plans
- Contact numbers
- Gloves and basic first aid

Staff must know who is responsible for medication during the trip.

54.18 When to Call an Ambulance

999 must be called for:

- Anaphylaxis
- Seizure lasting longer than child's threshold
- Breathing difficulties
- Unresponsive child
- Allergic reaction with swelling of throat or mouth
- Severe asthma attack

- Uncontrolled bleeding
- Serious injury

Parents notified immediately after emergency services are called.

54.19 Ofsted Expectations

Inspectors may ask:

- “Show me where medication is stored.”
- “How do you ensure only trained staff administer medication?”
- “How do you record medication?”
- “Who has health care plans?”
- “How do you manage allergies?”

They expect:

- Clear systems
- Safe storage
- Accurate logs
- Staff training records
- Leadership oversight

Poor medical management is a safeguarding failure.

54.20 Continuous Improvement

Leadership reviews:

- Training needs
- Expiry dates
- Storage audits
- Completed medication logs
- Incident patterns
- Feedback from parents and clinicians

Adjustments may include:

- Staff retraining
- Updated care plans
- New equipment
- Environmental adaptations

Ohana uses a **relational, compassionate, trauma-informed** approach to behaviour. Behaviour is never seen as “naughty” or intentional defiance — it is communication.

Our goal is to understand the underlying reason, reduce triggers, teach regulation skills and support children to feel safe.

We do NOT use punishment, time-out, shouting, or exclusionary practices.

55.1 Principles of Behaviour Support

We believe:

- All behaviour has meaning
- Children do well when they **can**, not when they want to
- Dysregulation comes from unmet needs, not misbehaviour
- Emotional safety must come before correction
- Adults must model calm, consistent regulation
- Relationships are the foundation of behaviour support
- Predictable routines reduce anxiety
- Every child can learn new skills with the right support

Trauma-informed practice guides all responses.

55.2 Understanding Dysregulation

Dysregulation may arise from:

- Sensory overload or under-sensitivity
- Communication frustration
- Anxiety or uncertainty
- Pain or medical issues
- Attachment needs
- Fatigue or hunger
- Task demands beyond ability
- Sudden transitions
- Social confusion
- Trauma or fear responses

Staff must try to understand *why* before responding to *what*.

55.3 Staff Behaviour Expectations During Dysregulation

Staff must:

- Stay calm, grounded and emotionally regulated

- Use soft, steady voice
- Reduce language (short, simple phrases)
- Use visual cues
- Avoid physical confrontation
- Give space if needed
- Avoid saying “stop crying” or “calm down”
- Offer co-regulation (reassurance, soft tone, presence)
- Validate emotions (“I can see this is really hard”)
- Avoid showing frustration

Children follow the emotional state of adults.

55.4 Proactive Behaviour Strategies (Preventing Escalation)

Proactive strategies include:

- Visual schedules and timers
- First/Then boards
- Sensory circuits and movement breaks
- Choice boards
- Low-arousal environments
- Clear routines
- Predictable transitions
- Gentle touch cues
- Adjusting lighting, noise, or crowding
- Reducing demands when overwhelmed
- Building communication skills
- Allowing comfort objects

The aim is to stop dysregulation before it starts.

55.5 Co-Regulation (Foundation of Early Years Behaviour Support)

Co-regulation includes:

- Sitting close (if child accepts it)
- Slow breathing
- Gentle tone
- Soothing sensory input

- Naming feelings
- Allowing time and space
- Modelling self-regulation skills

Children cannot regulate until **we** regulate.

55.6 Teaching Emotional Language & Social Understanding

Practice includes:

- Emotion cards
- Makaton signs for feelings
- Role play and modelling
- Visual prompts
- Social stories
- Sensory stories
- Books about feelings
- Modelling empathy ("He looks sad — how can we help?")

Teaching emotional literacy improves behaviour.

55.7 Responses to Mild Behaviour (Preventative)

Mild behaviours include:

- Refusal
- Wandering
- Throwing small items
- Crying, whining
- Running away from group

Staff should:

- Redirect gently
- Offer choices
- Use visuals
- Offer movement or sensory input
- Give quiet reassurance
- Reduce demands temporarily

No punishment is used.

55.8 Responses to Moderate Behaviour (Dysregulation Emerging)

Moderate behaviours include:

- Pushing
- Grabbing
- Screaming
- Hitting out during frustration

Staff should:

- Reduce language
- Step back slightly to reduce pressure
- Remove triggers
- Guide child to a safer space
- Use simple supportive language
- Use sensory tools (squeezy toys, weighted items)

Intervention is calm and non-confrontational.

55.9 Responses to High-Risk Behaviour (When Safety Is a Concern)

High-risk behaviours include:

- Attempting to hit others
- Throwing heavy objects
- Biting
- Bolting towards danger
- Self-injury (head-banging, scratching)

Staff must:

- Prioritise safety
- Move other children away
- Remove dangerous objects
- Use trained positive-handling techniques only if absolutely necessary
- Follow Section 52 (Restrictive Physical Intervention)
- Record and report the incident

The goal is to stop harm, *not* to control behaviour.

55.10 Behaviour as Communication

Staff analyse:

- Antecedents (what happened before)
- Behaviour (what we saw)
- Consequences (what happened afterward)
- Communication intent (what the child was expressing)

Examples of communication:

- "I'm scared."
- "This is too loud."
- "I don't understand."
- "I can't wait that long."
- "My body needs to move."

Understanding this transforms behaviour support.

55.11 Behaviour Support Plans (BSPs)

Children with ongoing behaviour needs receive a personalised BSP, including:

- Strengths
- Triggers
- Sensory needs
- Communication strategies
- Preferred calming approaches
- Unsafe behaviours and prevention plans
- Safe handling guidance
- Co-regulation strategies
- Scripts for staff
- Visual resources
- Parent and therapist input

Plans are reviewed frequently.

55.12 Trauma-Informed Practice

Staff must:

- Avoid sudden loud voices
- Avoid physical restraint unless absolutely necessary
- Avoid isolation
- Use predictable routines

- Acknowledge feelings
- Offer safe, consistent relationships
- Understand freeze, fight, flight responses

Trauma-affected children often need extra time, patience and relational safety.

55.13 Sensory Behaviour Support

Many behaviours in SEND early years come from sensory needs.

Staff must:

- Identify under- or over-sensitivity
- Adjust environment
- Provide sensory breaks
- Use sensory diets advised by OT
- Offer fidget items, weighted resources, quiet spaces

Behaviour improves when sensory needs are met.

55.14 Recording Behaviour Incidents

Staff must log:

- What led up to the behaviour
- What the child did (factual, not emotional language)
- Staff actions
- Child's response
- Any injuries
- What could help next time
- BSP updates

Records are reviewed by DSL and leadership.

55.15 Working in Partnership with Families

Ohana works with parents to:

- Share strategies
- Align routines
- Identify triggers
- Celebrate progress
- Discuss concerns early

- Involve external agencies where needed

Families must feel supported, not blamed.

55.16 Multi-Agency Support (When Needed)

Some children may need involvement from:

- SLT
- OT
- Educational Psychology
- CAMHS
- Portage
- Early Help services
- Paediatricians

Behaviour interventions are strongest when professionals collaborate.

55.17 Peer-to-Peer Behaviour

For behaviours affecting peers (e.g., biting, hitting):

Staff must:

- Remain calm
- Support the injured child first
- Guide aggressor away without shaming
- Explain simply ("Hitting hurts")
- Review triggers
- Support both children's emotions
- Inform parents factually
- Log the incident

We avoid blame and focus on developmentally appropriate teaching.

55.18 Exclusion or Isolation (Prohibited)

The following are **NOT PERMITTED**:

- Time out
- Isolation
- Excluding children from activities as punishment
- Threatening exclusion

- Shaming in front of peers

These practices harm wellbeing and violate EYFS principles.

55.19 Staff Training Requirements

All staff receive training in:

- Co-regulation
- Emotion coaching
- Behaviour observation
- Communication and Makaton
- Sensory needs
- Trauma-informed practice
- Positive handling (where needed)
- Autism & PDA awareness

Training is refreshed regularly.

55.20 Ofsted Expectations

Inspectors look for:

- Calm, confident staff
- Positive language
- Understanding of behaviour as communication
- Low-arousal responses
- Avoidance of punishment
- Strong relationships
- Effective SEN support
- Clear BSPs
- Good incident records

Inconsistency or punitive behaviour is a red flag.

55.21 Continuous Improvement

Leadership reviews:

- Patterns in behaviour incidents
- Staff practice
- Environment and routines

- Children's plans
- Parent feedback
- External professional reports

Improvement actions may include:

- Staff coaching
- Environmental adjustments
- Additional training
- Revising BSPs
- Updating sensory resources

SECTION 56 — MISSING CHILD, ABSCONDING & SUPERVISION FAILURES

Ohana prioritises safe supervision at all times. If a child goes missing, leaves their group unexpectedly, or absconds from the building or outdoor area, this constitutes a **critical safeguarding emergency** requiring immediate action.

SEND children, especially those with communication differences, sensory needs or limited danger awareness, are at significantly higher risk of harm. Staff must remain alert at all times.

56.1 Prevention Through Strong Supervision

Supervision must be:

- **Active (not passive)**
- **Close enough to respond immediately**
- **Constant scanning of the environment**
- **Positioned for full visibility**
- **Free from distractions (e.g., phones, long conversations)**
- **Adjusted to children's needs**

SEND considerations:

- Children who bolt/run require closer monitoring
- Children with sensory needs may hide or wander
- Transitions require increased vigilance
- Outdoor spaces must be carefully controlled
- High-risk children may need 1:1 or 2:1 supervision

Prevention is the first layer of safeguarding.

56.2 Definition of a Missing or Absconded Child

A child is considered missing if:

- They cannot be located inside the building

- They leave the classroom or play area without permission
- They exit through any door, gate or exit
- They disappear during an outing
- They intentionally run away from staff
- They hide in an unknown place for more than 60 seconds (depending on risk profile)

This triggers a **critical incident response**.

56.3 Immediate Response When a Child is Discovered Missing

Step 1 – Alert staff immediately

Shout or call clearly: *“Missing child – activate the plan.”*

Step 2 – Secure and account for remaining children

Ratios must be maintained.

One adult leads a calm containment of the group.

Step 3 – Begin an immediate, systematic search of the premises

Staff search:

- Toilets
- Cupboards and quiet spaces
- Sensory rooms
- Behind furniture
- Garden and outdoor areas
- Car park perimeter

Doors and gates must be checked to confirm if they were opened.

Step 4 – Leadership notified immediately

The Manager/DSL takes charge of the incident.

Step 5 – If not found within 3 minutes (or sooner for high-risk children):

→ Call 999 and report a missing child.

→ Provide description, clothing, last location, vulnerabilities.

Step 6 – Contact parents

Inform parents factually and calmly.

Step 7 – Notify MASH/Police as needed

The DSL will inform safeguarding partners following police advice.

56.4 Outdoor Area Missing Child Procedure

If a child leaves the outdoor area:

1. Staff call out calmly while scanning
2. One staff member follows safely (keeping child in sight if running)
3. Remaining staff secure group and call leadership
4. If the child moves towards roads, strangers, or unsafe areas → **999 immediately**

5. If child stops running but is distressed, use de-escalation
 6. Leadership informs parents once safety is confirmed
-

56.5 Missing Child During an Outing

Outings require **higher-than-standard supervision**.

If a child goes missing:

1. Lead adult stops the whole group immediately
2. Staff call out names and look in all directions
3. One adult begins a fast, safe perimeter search
4. Another adult keeps group together and calm
5. If not found within **1 minute**, call **999**
6. Contact leadership at Ohana
7. Parents informed after emergency services are contacted
8. Report to DSL and log incident fully

Children on outings must wear identifiers (e.g. badges) that do **not** include their full names.

56.6 Absconding (Intentional Running Away)

Some children with SEND may show patterns of:

- Bolting
- Running from staff
- Running towards exits
- Hiding in unsafe places

This requires:

- Personal risk assessment
- Increased staffing
- Door alarms
- Visual boundaries
- Social stories and routines
- 1:1 support if needed

Absconding is **ALWAYS** a safeguarding risk.

56.7 High-Risk Children (Bolting / Escape Risk)

Risk factors include:

- No danger awareness
- Autism with sensory seeking

- Curiosity about roads
- History of absconding
- Attraction to water
- Distress during transitions

Plans may include:

- Adult stationed at exits
 - 1:1 staff during transitions
 - Specialist locks or alarms
 - Environmental adjustments
 - Personalised safety plan
 - Trauma-informed regulation support
-

56.8 After the Child is Found — Immediate Steps

1. Provide reassurance and safety
2. Check for injuries
3. Do not blame or shame the child
4. Offer sensory or emotional regulation
5. Inform all staff that child is safe
6. Notify parents immediately
7. Update risk assessments
8. Complete incident report
9. Leadership reviews CCTV (if available)
10. DSL considers if safeguarding referrals are needed

If a supervision failure occurred, it must be addressed transparently.

56.9 Internal Investigation & Leadership Review

Leadership must complete:

- Timeline reconstruction
- Staff statements
- Ratio review
- Environment review
- Door/gate security check
- Risk assessment updates
- Training assessment

- Supervision improvements

If a staff member did not follow supervision standards:

- Issue addressed via training OR
 - Escalated through disciplinary if negligence occurred
-

56.10 When to Notify the Local Authority, LADO or Ofsted

Always notify LA / MASH if:

- There was risk of harm
- Child left the premises
- Child went missing outside
- There are repeated incidents
- Neglect is suspected
- A safeguarding concern contributed

Notify LADO if:

- Staff supervision failure is significant
- Staff behaviour may have contributed
- Allegation of neglect or misconduct arises

Notify Ofsted within 14 days if:

- Child leaves premises unsupervised
- Incident results in police involvement
- There was potential for serious harm
- Ratios or supervision failures contributed

Failure to notify is a regulatory breach.

56.11 SEND Considerations in Missing-Child Incidents

Children with SEND may:

- Hide silently
- Be attracted to roads or water
- Run when overstimulated
- Bolt during transitions
- Not respond when called
- Have no fear of strangers
- Mask distress then suddenly flee

Staff must use:

- Calming strategies
 - Visual cues
 - Predictable routines
 - Extra supervision during transitions
 - Sensory adjustments
-

56.12 Documentation Requirements

A detailed incident form must be completed, including:

- Time/location child went missing
- Staff present and ratios
- What triggered the incident
- Search steps taken
- Time child found
- Who found them
- Child's condition
- Police reference number (if applicable)
- Parent communication records
- Actions taken afterwards
- DSL analysis and recommendations
- Any LADO/Ofsted notifications

Records must be factual and stored securely.

56.13 Ofsted Expectations

Inspectors expect:

- Staff can quickly describe procedures
- Calm and coordinated response
- Strong supervision culture
- Risk assessments updated and effective
- Leaders taking responsibility
- Honest learning and improvement

A missing child incident is extremely serious.

Good policy, clear actions and strong reflection protect the setting.

56.14 Continuous Improvement

Leadership reviews:

- Environment (exits, gates, CCTV, blind spots)
- Staff deployment patterns
- Children's individual risk profiles
- Training needs
- Group sizes
- Outdoor procedures

Improvements are documented and shared with staff.

SECTION 57 — Safeguarding on Outings, Community Visits & Transport

Outings and community visits enrich children's learning, but they also introduce additional safeguarding, supervision and health and safety risks. Ohana follows strict procedures to ensure children remain safe, supervised and emotionally supported at all times.

Risk is minimised through detailed preparation, enhanced ratios, SEND-specific planning and calm, vigilant staff practice.

57.1 Principles for Safe Outings

Outings must:

- Be planned in advance
- Use written risk assessments
- Include SEND-specific considerations
- Maintain high supervision ratios
- Be staffed by adults familiar with the children
- Have clear communication systems
- Include emergency procedures
- Prioritise emotional regulation and sensory needs

A trip must **never** take place if adequate staffing or risk controls are not in place.

57.2 Permissions and Legal Requirements

We obtain:

- Annual written consent for local outings
- Separate written consent for higher-risk trips
- Medical information and emergency contacts
- Consent for transport (if used)

Parents must be informed in advance of:

- Purpose of outing

- Location
- Staffing
- Transport method
- Return times

EYFS requires outings to be **safe, supervised and appropriately risk assessed**.

57.3 Staffing and Ratios for Outings

Ratios must **never** be lower than indoor ratios.

For SEND children, ratios may need to be **higher**.

Typical ratios:

- 1:1 for children who bolt, have unsafe behaviour, or need close support
- 2:1 where behaviours are high risk or unpredictable
- 1:2 or 1:3 for children who follow routines and accept prompts

Decisions are based on:

- Risk assessments
- Staff knowledge of children
- Behaviour plans
- Sensory needs
- Parent and therapist input

Ratios must be recorded on the outing plan.

57.4 Pre-Trip Risk Assessment (Mandatory)

A written risk assessment must include:

- Location hazards
- Water proximity
- Roads and traffic
- Crowd levels
- Toileting access
- Weather conditions
- Transport risks
- Medical risks
- Sensory triggers
- Emergency access points
- Evacuation routes

- Behavioural risks
- Individual support needs

Risk assessments must be signed off by the Manager/DSL before the outing takes place.

57.5 SEND-Specific Planning

Many Ohana children have:

- Limited danger awareness
- No sense of traffic or height risks
- Communication barriers
- Sensory sensitivities
- Anxiety about new places
- High bolting risk
- Delayed response to instructions

Planning includes:

- Social stories
- Visual timetables
- Ear defenders
- Regulating sensory tools
- Familiar staff
- Extra time for transitions
- Clear anchors (“hold rope”, “hold buggy”, “walking line”)
- Identifying safe spaces for regulation

Anything that reduces anxiety reduces risk.

57.6 Before Leaving the Setting

Staff must ensure:

- All children are signed out
- Medication is packed (inhalers, EpiPens, midazolam etc.)
- First aid kit is stocked
- Emergency contact list is printed and carried
- Head counts completed
- High-risk children assigned to named adults
- Communication devices are charged

- Children have appropriate clothing
- Photos/phones follow safeguarding protocols

A final safety briefing is held with staff.

57.7 During the Outing — Supervision Standards

Supervision must be:

- Active and intentional
- Constant visual monitoring
- Spread out to prevent gaps
- Focused on safety, not social conversation
- Flexible to rising risks

High-risk expectations:

- Children who bolt must have **physical proximity** supervision
- Near roads: staff must position themselves between children and traffic
- In crowds: children must remain within arm's reach
- At transport hubs: no child ever stands near platform edges

Staff must never assume another adult is watching a child.

57.8 Head Counts & Name Checks

Mandatory points:

- Before leaving
- On arrival
- After transitions (toilets, lunch, park areas)
- Before returning
- On re-entry to the setting

Head counts must be **counted, not estimated**.

57.9 Managing Toileting on Outings

Toileting must:

- Be supervised by two staff where possible
- Never allow a child out of sight
- Follow safeguarding and intimate care policy
- Ensure safe access with dignity

Staff must not use public toilets with blind supervision.

57.10 Emotional Regulation on Outings

Outings can be overwhelming. Staff must:

- Offer sensory breaks
- Slow down transitions
- Use visuals for reassurance
- Stay attuned to early signs of distress
- Allow stepping back from group if needed (with 1:1 supervision)

A dysregulated child is more likely to bolt or panic.

57.11 Lost Child / Absconding During an Outing

If a child goes missing off-site:

1. **Freeze the group** — keep children together
2. **Lead adult conducts immediate area scan**
3. Staff call the child's name calmly
4. If the child is not visible within **60 seconds**, staff must call **999**
5. Contact Manager/DSL at Ohana
6. Parents notified after police
7. Incident recorded fully on return

This links directly to Section 56.

57.12 Transport Safeguarding (If Used)

If taxis, minibuses, coaches or public transport are used, staff must ensure:

- Children are seated safely
- Seatbelts are used correctly
- Staff sit strategically to prevent absconding
- Head counts are done at every entry/exit
- No child sits near an emergency exit unless safe
- Emergency medication is accessible
- Minimal transitions between vehicles
- Safe boarding and disembarking

Children with high needs must be supported physically but sensitively.

57.13 If an Incident Happens on Transport

Staff must:

- Alert the driver safely
 - Never try to restrain a child in a car seat
 - Use calming and distraction techniques
 - Pull over only where safe (driver decision)
 - If a child escapes towards a road, call **999 immediately**
-

57.14 Return to Setting

When returning:

- All children signed back in
- Medication returned
- Head count verified a final time
- Any concerns shared with leadership
- Incident forms completed if needed

Leadership must log issues to improve future planning.

57.15 Ofsted Expectations on Outings

Inspectors expect:

- Staff confidently explain procedures
- Clear risk assessments
- Accountability for high-need children
- Strong ratios and close supervision
- Calm, organised movement
- Accurate records
- Good communication systems
- Safe storage of medicines
- Policies that reflect SEND safeguarding risks

Weak supervision on outings is a major compliance failure.

57.16 Continuous Improvement

Leadership reviews:

- Outing risk assessments
- Ratio decisions

- Staff deployment
- Patterns of anxiety or dysregulation
- Feedback from parents
- Environment suitability
- Behaviour or safety incidents

Improvements may include:

- Adjusted routes
- Increased staffing
- Additional training
- Reduced group sizes
- Shorter, calmer outings

SECTION 58 — Safeguarding During Personal Care, Intimate Care & Toileting

Children at Ohana may require support with toileting, clothing, nappy changing, medical needs or personal hygiene. Intimate care is a normal part of early years practice, but it carries safeguarding risks and must be handled professionally, respectfully and safely.

We aim to:

- Protect children's dignity
- Minimise intrusion
- Keep children safe from harm
- Protect staff from allegations
- Promote independence

Intimate care must only be provided by trained, authorised staff.

58.1 Principles of Safe Intimate Care

Staff must ensure intimate care is:

- **Respectful**
- **Child-centred**
- **Developmentally appropriate**
- **Private but observable (within sight/sound of others)**
- **Performed by known staff**
- **Recorded when necessary**
- **Done with consent or cooperation where possible**
- **Aligned with individual needs**

Children must never be rushed, shamed or pressured.

58.2 Definition of Intimate Care

Intimate care includes:

- Nappy changing
- Toileting assistance
- Changing clothes
- Cleaning a child after a bowel movement or accident
- Supporting children who soil or wet themselves
- Assistance with pads or continence products
- Catheterisation or medical toileting (if applicable)
- Washing a child after vomiting
- Applying prescribed creams

All intimate care must be delivered in line with the policy.

58.3 Staff Responsibilities

Staff must:

- Maintain professional boundaries
- Follow safer working practice
- Maintain dignity and reassurance
- Communicate clearly with the child
- Respect cultural needs
- Encourage independence appropriately
- Only use touch that is necessary and appropriate
- Never show frustration or disapproval
- Report anything unusual immediately

Staff must **never** carry out intimate care covertly or alone with no transparency.

58.4 Location and Supervision Requirements

Intimate care must take place:

- In a designated changing area or bathroom
- With the door **not locked**
- Within earshot or line of sight of other staff
- In a clean, safe environment

Privacy screens may be used, but the adult must remain visible to colleagues.

58.5 Consent, Voice & Choice

Children are involved in the process as much as possible.

Staff must:

- Use clear, simple language
- Explain what is happening ("I'm going to help you change your clothes now.")
- Offer choices where possible
- Observe body language
- Stop if the child becomes distressed (unless necessary for health/safety)

Children must NEVER be forced unless their health is at immediate risk.

58.6 Recording Intimate Care

Staff must record:

- Any injury noticed
- Any unusual marks
- Repeated patterns of soiling or distress
- Concerns about refusal
- Reactions that cause concern
- Use of medical creams (if prescribed)

Records must be factual and handed to the DSL when needed.

58.7 Reporting Concerns Noticed During Intimate Care

Intimate care is a context where staff may notice:

- Unexplained marks or bruising
- Unusual soreness or discomfort
- Sexualised behaviour or language
- Fear reactions
- Neglect indicators
- Continual unhygienic presentation

Any concern must be reported to the DSL **immediately** using a safeguarding form.

Staff must **not** investigate or ask probing questions.

58.8 Two-Staff Approach for Certain Situations

Two staff members are required when:

- A child is extremely distressed
- A child exhibits behaviours that could lead to allegations
- A child requires complex medical intimate care
- Equipment or lifting is involved
- Staff feel uncertain or unsafe

This protects both child and adult.

58.9 Personal Protective Equipment (PPE)

Staff must use:

- Gloves
- Apron
- Changing mats
- Appropriate cleaning materials

These must be disposed of safely in clinical waste bins.

58.10 Cultural, Faith and Personal Needs

Staff must consider:

- Family preferences
- Gender preference for staff (where possible)
- Privacy needs
- Specific health conditions
- Religious sensitivities

We work with parents to ensure respectful practice.

58.11 Toileting Support for SEND Children

Children with SEND may:

- Have delayed toilet training
- Have sensory sensitivities
- Become distressed with certain textures
- Feel overwhelmed in unfamiliar bathrooms
- Need visual prompts
- Need physical guidance in a safe manner

Support may include:

- Visual toilet routines
- Social stories
- Makaton signs
- Step-by-step modelling
- Offering handheld supports
- Adjusting lighting or noise
- Familiarising child with bathroom slowly

The aim is to move toward independence at the child's pace.

58.12 Managing Accidents

When a child soils or wets:

- Reassure the child
- Normalize the situation ("It's okay, we'll get you clean.")
- Avoid showing frustration
- Clean gently and respectfully
- Change clothes discreetly
- Double-bag soiled clothing for parents
- Record if it becomes frequent or concerning

Children must never be shamed.

58.13 Applying Creams or Medication

Staff may only apply:

- Prescribed creams listed on care plans
- Creams with signed parental consent
- As directed (gloves always worn)

Each application must be:

- Logged
- Double-checked
- Never improvised

If a child reacts badly → DSL + parents informed immediately.

58.14 Intimate Care Plans (Where Required)

Children who need ongoing support will have an Intimate Care Plan outlining:

- What support is needed
- Preferred language
- Sensitivities
- Steps for independence
- Equipment or adaptations
- Cultural considerations
- Staff training needed
- Who may deliver care

Plans are reviewed regularly.

58.15 Safeguarding Risks & Protective Measures

Risks include:

- Misinterpretation of touch
- Accidental injury
- Allegations against staff
- Missing injuries
- Unsafe cleaning practices
- Over-reliance on one staff member

Protective measures:

- Open door policy
- Visibility to others
- Clear documentation
- DSL oversight
- Training
- Professional behaviour
- Continual risk review

Staff must report concerns about colleagues immediately.

58.16 Prohibited Practices

The following are **strictly banned**:

- Leaving children unsupervised in bathrooms
- Rough handling
- Humiliation or shaming language

- Inappropriate touching
- Forcing a child to toilet
- Using intimate care as a reward or consequence
- Taking photographs
- Providing intimate care in a concealed area
- Locking bathroom doors
- Using mobile phones in intimate care areas

These constitute serious safeguarding breaches.

58.17 Ofsted Expectations

Inspectors expect:

- Clear intimate care policy
- Staff who describe correct procedures confidently
- Safe, clean and appropriate spaces
- Accurate record keeping
- Two-adult protocols where relevant
- Good staff understanding of professional boundaries
- Evidence of DSL oversight
- Respectful and consistent approach

Any poor intimate care practice is treated as a major safeguarding concern.

58.18 Staff Training

Training includes:

- Safe handling
- Infection control
- Emotional regulation
- Professional boundaries
- Understanding behaviour during intimate care
- Cultural competence
- Reporting concerns

Training is refreshed regularly.

58.19 Continuous Improvement

Leadership reviews:

- Incident records
- Staff concerns
- Parent feedback
- Environment arrangements
- Frequent toileting patterns
- Allegation risks
- Staffing deployment

Changes may include training, layout adjustments, or revised procedures.

SECTION 59 — Safe Touch, Physical Contact & Professional Boundaries

Physical contact is sometimes necessary for children's safety, wellbeing, regulation, comfort and communication. Staff must use safe, respectful and developmentally appropriate touch, always placing the child's needs first.

At the same time, boundaries must be clear to protect children and staff from harm, misunderstanding or allegations.

Ohana promotes:

- Kind, regulated interactions
 - Predictable and consistent boundaries
 - Professional conduct
 - Touch that is purposeful and appropriate
 - A culture where staff feel confident to report concerns
-

59.1 Principles of Safe Touch

Safe touch must always be:

- **In the child's best interests**
- **Developmentally appropriate**
- **Non-invasive**
- **Proportionate to need**
- **Explained or signalled to the child**
- **Open, visible and transparent**
- **Respectful of personal space**
- **Responsive to the child's cues**

Touch must *never* be secret, confusing, sexualised, punishing or driven by adult needs.

59.2 When Physical Contact May Be Appropriate

Appropriate and necessary physical contact includes:

- Comforting a distressed child
- Offering a hand for reassurance
- Guiding a child away from danger
- Supporting physical skills (climbing, balancing)
- Helping with toileting or intimate care (see Section 58)
- Moving a child gently to prevent harm
- Assisting with medical procedures or first aid
- Providing sensory input as part of an OT plan
- Helping with dressing or outdoor wear

Touch must **never** replace communication.

59.3 When Physical Contact Is Not Appropriate

Physical contact is **never** appropriate when:

- Done out of frustration, anger or stress
- Used as punishment
- Done in private with no transparency
- Sexualised, suggestive or intrusive
- Part of 'play fighting', rough play or tickling initiated by staff
- Done without a clear need
- Ignoring verbal or non-verbal signs of discomfort
- Breaking professional boundaries

Staff must never touch children in areas covered by underwear except as part of approved intimate care.

59.4 Reading a Child's Cues

Staff must be sensitive to:

- Body language
- Facial expressions
- Pulling away
- Freezing or becoming stiff
- Vocal protests
- Flinching or distress

If a child resists touch, staff must stop immediately unless safety requires action.

59.5 Safe Comforting Techniques

Comforting may include:

- Offering a hand
- Standing or sitting nearby
- A light touch on shoulder or upper back
- Side-by-side hug if the child initiates or accepts
- Providing a weighted cushion
- Using calm voice and breathwork
- Sitting at child's level

Staff should avoid:

- Fully lifting children unless safety requires
- Front-facing hugs where bodies press together
- Holding children on laps for prolonged periods

Comfort must be child-led, not adult-led.

59.6 Safe Lifting, Carrying and Guiding

Staff may help physically when:

- A child is at risk of injury
- A child needs short-term support with mobility
- Moving a child gently away from danger
- Supporting children with physical disabilities

Lifting must:

- Be brief
- Use correct manual handling technique
- Avoid placing hands on intimate areas
- Be proportionate and safe

If a child must be guided physically:

- Use the lightest touch possible
 - Explain what is happening
 - Avoid pulling or dragging
 - Avoid gripping limbs tightly
-

59.7 Unacceptable or Unsafe Physical Contact

Staff must **never**:

- Slap, tap, poke or grab
- Shake a child
- Restrain without following Section 52 protocols
- Pin a child down
- Use physical dominance or intimidation
- Pull children by clothing or arms
- Sit children on laps unless necessary for care and documented in a plan
- Carry children unnecessarily
- Kiss children
- Allow children to sit straddling their lap
- Tickle children (high-risk of boundary confusion)

Such actions create safeguarding and allegations risks.

59.8 Safe Touch for SEND Children

Many children at Ohana rely on:

- Sensory feedback
- Deep pressure
- Hand-over-hand support for communication
- Physical redirection
- Regulating physical proximity

Staff must ensure:

- Touch is predictable and explained
- Sensory activities follow OT guidance
- No child becomes dependent on physical prompts
- Staff remain aware of personal boundaries
- Touch does not replace communication teaching

SEND needs **do not** remove the need for professional boundaries.

59.9 Staff Initiating Physical Contact

Staff must only initiate touch when:

- It is for safety
- It is part of intimate care

- It supports learning safely
- It helps regulate distress
- It is part of a therapy plan
- It is low-risk and appropriate

Staff should avoid initiating hugs. If a child initiates, a **side hug** or brief, open hug is acceptable — never prolonged or full-body.

59.10 Children Initiating Physical Contact

Children may seek physical reassurance.

Staff must:

- Accept safe, appropriate contact
- Redirect unsafe touch gently
- Maintain professional boundaries
- Avoid creating dependency
- Model healthy personal space

If a child repeatedly seeks inappropriate physical contact, a personal plan is created with leadership.

59.11 Professional Boundaries for Staff

Staff must:

- Never develop “special relationships”
- Not promise secrecy
- Avoid favouritism
- Keep touch in public/shared areas
- Maintain appropriate language at all times
- Not share personal contact details with families
- Not use social media with parents
- Not allow children to call them outside professional names
- Not use their own mobile devices around children

Boundary breaches are a safeguarding concern.

59.12 Lone Working and Touch

Staff must not:

- Provide physical care behind a closed or locked door
- Be physically close with a child in isolation

- Sit a child on their lap in a lone-working scenario

If lone working is unavoidable, staff must ensure:

- A colleague is aware
 - They remain visible where possible
 - Any physical contact is recorded if necessary
-

59.13 Touch During Behaviour Support

Physical intervention must only occur:

- To prevent immediate harm
- To prevent a child running into danger
- To stop serious property damage
- In line with Section 52 (Positive Handling)

Staff must never restrain out of frustration or to achieve compliance.

Incidents must be logged and reviewed.

59.14 Touch During Play

Staff may join play involving:

- Hand-over-hand shaping
- Helping with fine motor tasks
- Assisting with climbing equipment

Staff may **not** engage in:

- Play fighting
 - Wrestling or roughhousing
 - Physical games initiated by adults
 - Overly physical interactions that blur boundaries
-

59.15 Reporting Concerns About Touch

Staff must report immediately if:

- A colleague uses unsafe touch
- A child makes a disclosure related to touch
- A child acts in a way that raises concern
- A child presents with unexplained injuries
- A colleague's behaviour causes discomfort

Reports must go to DSL or LADO as appropriate.

59.16 Allegations Relating to Touch

If an allegation arises:

- The staff member must be removed from direct contact
- DSL consults LADO (Section 22)
- No internal investigation is carried out until LADO advises
- All contact and records are preserved
- Staff must not speak to witnesses
- Support is provided to all parties

Accurate documentation is essential.

59.17 Ofsted Expectations

Inspectors expect:

- Staff articulate safe touch confidently
- Clear boundaries observed across the setting
- No inconsistent or concerning interactions
- Appropriate affectionate behaviour that matches children's needs
- Strong policies and staff training
- Safe working practice embedded in culture

Inappropriate touch is a **major** safeguarding failure.

59.18 Staff Training

Training includes:

- Safe touch
- Personal space
- Safer working practice
- Managing allegations
- Supporting distressed children safely
- SEND sensory needs
- Early years attachment and attunement
- Trauma-informed relational practice

Annual refreshers are required.

59.19 Continuous Improvement

Leadership monitors:

- Staff practice
- Feedback from families
- Incident reports
- Allegation data
- Staff coaching needs
- Environmental layout
- Professional boundaries concerns

Actions may include training, supervision, signage, or procedural changes.

SECTION 60 — Anti-Bullying, Peer-on-Peer Abuse & Harmful Behaviours in Early Years

Although children in the early years do not typically demonstrate planned or intentional bullying, they may engage in behaviours that cause harm to other children. These behaviours must always be taken seriously and addressed through supervision, teaching, modelling, emotional regulation support and safeguarding procedures where appropriate.

Ohana is committed to ensuring that all children feel safe, supported and protected from harm of any kind.

Peer-on-peer abuse can happen in any setting, including early years, and staff must always remain vigilant.

60.1 What Counts As Peer-on-Peer Abuse in Early Years?

Behaviours may include:

- Hitting, biting, scratching or kicking
- Pushing, grabbing or forceful handling
- Repeated targeting of one child
- Exclusion of a child deliberately (if developmentally meaningful)
- Inappropriate or harmful sexualised behaviour
- Verbal aggression
- Intimidation through size or strength
- Destroying another child's belongings
- Persistent unwanted physical contact

In SEND settings, harmful behaviour is often linked to:

- Dysregulation
- Communication barriers
- Sensory overload
- Developmental delay
- Anxiety or fear
- Unmet needs

Regardless of the cause, harm must be addressed.

60.2 What Bullying Looks Like in Early Years (Developmentally Adjusted)

Bullying in older children involves intent, repetition and power imbalance.

In early years, children may not have intent, but staff must recognise:

- A repeated pattern of one child hurting another
- One child consistently dominating or controlling play
- One child repeatedly targeting a vulnerable peer
- Forms of exclusion or intimidation (even if unintentional)

We treat **impact**, not intent, as the safeguarding priority.

60.3 Sexualised Behaviour in Early Years

Sexualised behaviour concerns include:

- Persistent touching of others' private parts
- Attempting to undress others
- Forcing sexualised play
- Explicit sexual language
- Mimicking adult behaviour
- Exposing genitals to others

These behaviours **must** be treated seriously.

Developmentally typical sexual curiosity is very different from harmful sexual behaviour (HSB). Staff are trained to know the difference and escalate concerns appropriately.

60.4 Preventing Peer-on-Peer Harm

We prevent harm through:

- High-quality supervision
- Staff positioned strategically
- Calm, low-arousal environments
- Teaching emotional language
- Promoting sharing, turn-taking and boundaries
- Sensory regulation opportunities
- Clear routines and transitions
- Small-group play that matches children's needs
- Redirection before conflict escalates

- Modelling gentle play
- Thoughtful grouping of children

SEND children need more support to understand boundaries and communication.

60.5 Staff Responsibilities

Staff must:

- Intervene early to prevent escalation
- Support children calmly and without blame
- Avoid humiliation or shaming language
- Model problem-solving
- Teach “gentle hands” and safe touch
- Support both the child harmed and the child who caused harm
- Record incidents accurately
- Report any patterns or concerns to the DSL
- Inform parents appropriately

Staff must NEVER:

- Blame a young child
 - Label a child as a bully
 - Ask children to apologise on command
 - Use punishment or exclusion
-

60.6 Supporting the Child Who Has Been Harmed

Staff must:

- Comfort the child
- Provide co-regulation
- Check for injuries
- Validate feelings (“That was scary. You are safe now.”)
- Inform DSL if concerns arise
- Monitor emotional impact
- Record the incident

Children must feel safe and protected.

60.7 Supporting the Child Who Has Caused Harm

Staff must:

- Remain calm and neutral
- Avoid shame or punishment
- Teach more appropriate behaviours
- Support co-regulation
- Identify triggers
- Adjust the environment
- Provide positive models
- Implement a Behaviour Support Plan if patterns emerge

The focus is on teaching, not punishing.

SEND children often hurt others due to communication frustration or dysregulation — not malice.

60.8 Persistent Patterns or Escalating Concerns

If harmful behaviours:

- Recur frequently
- Involve the same child repeatedly
- Cause significant injury
- Are sexualised
- Cause ongoing distress
- Indicate unmet needs or safeguarding concerns

The DSL must:

- Carry out a safeguarding review
- Consider Early Help or multi-agency support
- Liaise with parents
- Update Behaviour Support Plans
- Review supervision
- Adjust staffing or environment
- Complete risk assessments for the child

Early intervention prevents escalation.

60.9 Harmful Sexual Behaviour (HSB)

The DSL must follow the **Brook Traffic Light Tool** or equivalent to determine:

- Developmentally typical behaviour

- Concerning behaviour
- Harmful behaviour requiring referral

The DSL may need to:

- Consult Early Help
- Consult Children's Social Care
- Seek advice from HSB specialists
- Monitor patterns
- Support staff with guidance

All sexualised behaviour that is harmful or coercive triggers a safeguarding response.

60.10 Recording and Documentation

Records must include:

- What was observed (factual only)
- Actions taken
- Support provided
- Triggers and context
- Injuries or emotional impact
- Any patterns noticed
- DSL decisions
- Parent communication

Records must be:

- Stored securely
- Dated and signed
- Passed to DSL immediately if safeguarding concerns arise

Ofsted expects clear, consistent documentation.

60.11 Parent Communication

Parents must be informed factually, without:

- Blame
- Judgment
- Emotionally charged language

For example:

“Today, your child was involved in an incident where they were scratched by another child. They are safe and were supported immediately.”

Staff must not:

- Name the other child involved
- Blame either child
- Minimise the incident

The DSL will guide how concerns are shared when safeguarding risk is identified.

60.12 When to Refer to Social Care (MASH)

Referral may be required if:

- Harm is significant
- Sexualised behaviours are concerning
- A power imbalance is present
- Harm is deliberate or repeated
- Vulnerability is high
- Parents are unable to keep child safe
- Workers suspect abuse or neglect
- Concerns meet local threshold

The DSL must follow threshold guidance.

60.13 When to Consider LADO (Allegations Against Staff)

If staff fail to supervise and a child is harmed due to negligence, the DSL may need to consult the LADO.

Examples:

- Repeated incidents in same group due to poor staff deployment
- Staff ignoring early signs of conflict
- Staff using inappropriate intervention
- Staff failing to intervene in harmful sexual behaviour

This aligns with Sections 22 and 23.

60.14 Ofsted Expectations

Inspectors expect:

- Staff who can explain peer-on-peer risk
- Consistent supervision
- Clear behavioural teaching
- No blaming language
- Accurate, thorough record keeping

- Early identification of patterns
- Immediate action for sexualised behaviour
- A DSL-led safeguarding response where required
- SEND-specific oversight

Poorly managed peer-on-peer incidents can result in safeguarding failures at inspection.

60.15 Prevention Through Curriculum & Daily Practice

Even in early years, prevention is embedded through:

- Stories about friendship and boundaries
- Modelling sharing and turn-taking
- Emotional coaching
- Circle time about feelings (adapted)
- Makaton signs for gentle/stop/help
- Teaching consent language (“My turn”, “Stop”, “No thanks”)
- Social stories about gentle hands
- Sensory regulation

Children learn safer behaviours through experience, repetition and consistent adults.

60.16 Continuous Improvement

Leadership monitors:

- Incident logs
- Behaviour patterns
- Supervision quality
- Environmental triggers
- Parent feedback
- DSL reviews

Actions may include:

- Individual plans
- Additional training
- Staff redeployment
- Environmental changes
- Ratio adjustments
- Multi-agency referrals

SECTION 61 — Online Safety, Digital Safeguarding & Use of Technology

Children's use of technology, and adults' use of devices around children, carry safeguarding, privacy and data protection risks. Ohana ensures safe, responsible and transparent use of digital tools.

Online safety applies to:

- Staff
- Children
- Parents
- Visitors
- Devices used onsite or offsite

SEND children may be more vulnerable to online risks due to communication barriers, limited understanding of danger, or difficulty recognising unsafe content.

61.1 Staff Use of Mobile Phones & Personal Devices

Staff must:

- Keep personal phones locked away and never accessible to children
- Never use phones in classrooms, bathrooms or changing areas
- Never take photos of children on personal devices
- Never send or receive messages about children through personal accounts
- Only use nursery-authorised devices for photos or documentation

Breaches are treated as disciplinary and safeguarding concerns.

61.2 Use of Nursery Devices

Nursery devices (tablets, cameras, laptops):

- Must only be used for professional purposes
- Must be password protected
- Must never leave the premises without permission
- Must store images securely and be deleted following retention rules
- Are monitored by leadership

Staff may only upload images to systems approved by Ohana.

61.3 Use of WhatsApp, Messaging & Group Chats

- Staff may not discuss identifiable children in personal WhatsApp groups
- No photos may be shared on personal messaging apps
- Staff communication groups must remain professional
- Only senior staff may use WhatsApp with parents **and only for operational messages**, not for safeguarding discussions

Safeguarding matters must be escalated through official channels.

61.4 Online Content, Filtering & Monitoring

Even in early years, digital devices may access the internet.

Ohana ensures:

- Restricted access settings
- Child-safe modes enabled
- Staff supervise device use
- No unfiltered browsing
- No child ever accesses YouTube or websites unsupervised
- Any unfamiliar link or pop-up is reported immediately

External IT support ensures updates and filters remain effective.

61.5 Use of Photos & Videos of Children

Photos/videos may only be taken:

- For educational records
- On nursery devices
- With parental consent
- For legitimate curriculum or communication purposes

Staff must NOT:

- Use photos for personal use
- Share photos via personal accounts
- Upload to social media
- Take photos in toilets or changing areas
- Store images on personal devices

All images are stored securely and deleted in line with retention policies.

61.6 Parents Taking Photos on Site

Parents must:

- Not photograph other children
- Not record group videos
- Not livestream from the premises
- Follow staff direction during events

Breaches are addressed immediately.

61.7 Online Risks for SEND Children

Children with SEND may be more vulnerable to:

- Exploitation
- Inappropriate content
- Contact from strangers

- Misunderstanding boundaries
- Repetition of unsafe content

Although Ohana children have limited unsupervised online access, staff remain alert to:

- Sexualised language
- Repeated references to concerning content
- Behaviour mimicking harmful videos or games

Any concern triggers a DSL review.

61.8 Staff Training

Training includes:

- Online safety risks
- Digital safeguarding
- Reporting concerns
- Safe and unsafe content
- Secure communication
- Protecting digital identity

Ofsted expects staff to explain online risks confidently.

SECTION 62 — Collection, Non-Collection & Unauthorised Adults

Safe departure is a critical safeguarding duty.

62.1 Authorised Collectors

Parents must provide:

- A list of authorised adults
- Passwords or identification procedures
- Written updates when changes occur

Staff must NEVER release a child to:

- An unknown person
- Anyone without permission
- Anyone under the influence of alcohol or drugs
- A child under 16

62.2 Password Procedure

If an unfamiliar adult arrives:

- Staff request the password
- Check ID if needed

- Confirm with parents if unsure
- Document any irregularities

If the person refuses to leave → contact Manager/DSL and consider police support.

62.3 Non-Collection of a Child

If a child is not collected:

1. Attempt to contact parents
2. Attempt emergency contacts
3. Keep child safe and reassured
4. Record actions
5. After a reasonable time (usually 1 hour), DSL considers contacting MASH
6. If parents cannot be located, follow Children's Social Care instructions

Staff must never take children home.

62.4 Concerns About the Adult Collecting

Staff must not release a child if:

- The adult is intoxicated
- The adult appears unsafe or distressed
- The adult behaves aggressively
- The child expresses fear

DSL must be informed immediately.

This may require MASH referral.

SECTION 63 — Visitors, Volunteers & Contractors

63.1 Security & Access Control

All visitors must:

- Sign in
- Show ID
- Wear visitor badges
- Be supervised at all times
- Never use mobile phones inside children's areas
- Never enter changing or toileting areas

Visitors must NEVER be left alone with children.

63.2 Volunteers & Students

Volunteers:

- Must complete safeguarding induction

- Are never counted in ratios
- Never carry out intimate care
- Never manage behaviour independently
- Must be supervised at all times

63.3 Contractors

Contractors:

- Must be supervised unless work is outside operational hours
- Are not permitted to use toilets designated for children
- Must follow phone and camera restrictions

Any concerns → DSL informed immediately.

SECTION 64 — Sleep, Rest & Nap Time Safety

Children who nap require strict supervision.

64.1 Sleep Environment

- Safe, clean, quiet spaces
- Children placed on their backs unless medically directed otherwise
- Well-ventilated rooms
- No loose bedding or unsafe items
- Staff maintain sight and sound supervision at all times

64.2 Monitoring Sleeping Children

Staff must:

- Remain in the room
- Regularly check breathing and position
- Record checks according to policy
- Ensure ratios are maintained
- Never cover a child's face or head
- Stay alert — never sit where visibility is blocked

64.3 High-Risk SEND Considerations

Some children may have:

- Epilepsy
- Breathing difficulties
- Reflux
- Medical conditions requiring extra monitoring

Plans must reflect additional needs.

SECTION 65 — Accidents, Injuries, First Aid & Medical Emergencies

65.1 First Aid

- At least one Paediatric First Aider must be present at all times
- First aid kits stocked and checked
- Staff follow infection control procedures

65.2 Head Injuries

Head bumps require:

- Immediate ice pack
- Monitoring for symptoms
- Parent notification
- Accident form
- DSL escalation if patterns emerge

65.3 Serious Injuries

If serious injury occurs:

- Call 999
- Provide first aid
- Inform parents
- Notify Ofsted within 14 days
- DSL reviews incident

65.4 Patterns of Injuries

Repeated injuries may indicate:

- Supervision issues
- Environmental hazards
- Potential neglect

DSL must review.

SECTION 66 — Premises Security, Safety & Environment

66.1 Arrival & Departure Security

- Doors locked during sessions
- Staff control entry
- Visitors supervised
- Children never open doors

66.2 Gate & Exit Security

- Regular checks
- No child near gates unsupervised
- Bolting-risk children assigned to staff

66.3 Dangerous Items & Materials

- Cleaning products locked away
- Hot drinks prohibited in child areas
- Cords, choking hazards and sharp items removed

66.4 CCTV

If used:

- Coverage includes entrances and outdoor areas
 - No CCTV in bathrooms
 - Footage accessed only by authorised leadership
 - Retained according to GDPR
-

SECTION 67 — Whistleblowing & Escalating Concerns About Practice

Whistleblowing is essential to a safe culture.

67.1 Staff Must Report If:

- A colleague behaves unsafely
- Poor practice risks children
- Policies are ignored
- Supervision is inadequate
- There is bullying or intimidation
- Leadership fails to act appropriately

67.2 Who Staff Can Report Concerns To

1. **DSL**
2. **Manager/Operations Director**
3. **LADO: 020 7361 2120**
4. **Ofsted Whistleblowing: 0300 123 3155**
5. **NSPCC Helpline: 0808 800 5000**

Staff have protection under the Public Interest Disclosure Act.

67.3 No Detriment for Speaking Up

Staff who report concerns:

- Must be taken seriously

- Must be protected from retaliation
- Must be supported through the process

Failing to report is a safeguarding breach.

Policy Review & Sign-Off

- Original adoption: **4th November 2022**
- Last review: **8th December 2025**
- Reviewed By: Alba Arenas Martín
- Next review due: **November 2026** or earlier if statutory guidance changes.