

Safeguarding Policy

**If a child is in immediate danger
CALL 999, then alert the DSL ASAP**

For internal use only	
Created:	Head of Children's Services
Policy Owner:	Head of Children's Services
Company:	Autism Early Support Trust Limited
Version:	Version 6
Valid from:	1 st April 2026
Validity to be checked:	30 th March 2027
Last change:	1 st April 2026
Approval:	CEO

1 April 2026

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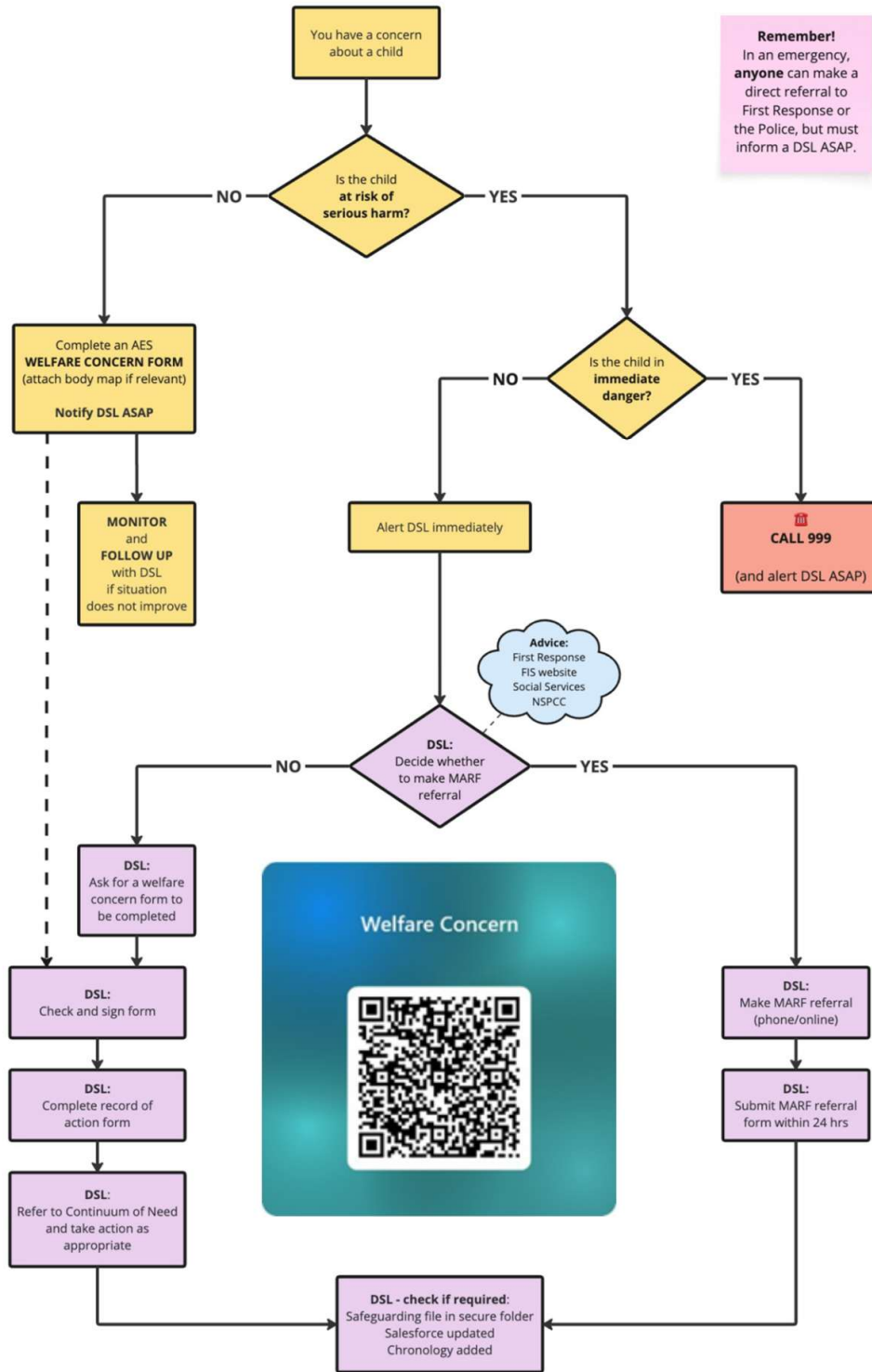
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PART A: ALL OF AES

1. Updates from previous version

Date	Reference	Details
April 2026	ALL	Policy structure reordered into four parts, and large portions rewritten for simplicity.
April 2026	34.1	Early Help has been redefined and is now called Family Help. This now includes previous targeted early help and Child In Need thresholds.
April 2026	33	Reference added to new guidance for online practice.
April 2026	19	Added internal and external references
April 2026	26.5 26.7	Added detail about Paediatric First Aider requirements and reference to intimate care.
April 2026	18.1(iv)	Added detail about <u>how</u> safeguarding training is done.
April 2026	25.1	Added reference to contact details for parents/carers and emergency contacts.
April 2026	16.3	Added requirement to complete all recruitment checks before starting work.
April 2026	various	Added scenarios to help clarify how to apply the policy
Sept 2025	p.4	Flowchart updated and QR code added.
Sept 2025	various	References to documents and contacts updated.
Sept 2025	7.2(i)	DSL must always be contactable, and normally on site.
Sept 2025	various	References to paper welfare concern forms removed.
Sept 2025	25.4	Attendance register is checked termly by DSL.
Sept 2025	various	References to tele-practice procedure removed.
Sept 2025	19.1	Reference to physical intervention procedure changed to incident management procedure.
Sept 2025	18.1(vii)	Safer recruitment training will be carried out every 2 years for all key staff involved in recruitment.

2. Quick reference flow chart



3. Contacts

3.1 AES Internal contacts

DSL: Laura Gomersall	01296 733 900 lauragomersall@autismearlysupport.org.uk
Deputy DSLs: Julie Smith Beccy Pullar	01296 733 900 / 0300 102 4462 juliesmith@autismearlysupport.org.uk beccypullar@autismearlysupport.org.uk
If urgent and no DSL available (including out-of-hours) call First Response / Police	

3.2 Local contacts

Buckinghamshire First Response Team	01296 383 962 (Mon–Fri, 9–5, option 5) 0800 999 7677 (out of hours & urgent) secure-cyfirstresponse@buckinghamshire.gov.uk 01296 382 070 (LADO) secure-LADO@buckinghamshire.gov.uk buckssafeguarding.org.uk/childrenpartnership/professionals/ https://tinyurl.com/y3tejbnz (report a concern online form)
Buckinghamshire EY Designated Manager (allegations)	01296 387 111 (Vanessa Mills/Tanya Page/Louise Merridan) eysafeguarding@buckinghamshire.gov.uk
Buckinghamshire Family Information Service (FIS)	01296 383 065 01296 383 293 familyinfo@buckinghamshire.gov.uk
Bucks Education Safeguarding Advisory Service (ESAS)	01296 382 912 01296 387 981

3.3 National contacts

OFSTED	0300 123 1231
Disclosure & Barring Service (DBS)	0300 020 0190
NSPCC	0808 800 5000
PACEY helpline	0300 003 0005
CEOP	0370 496 7622 (Child Exploitation & Online Protection Centre)

3.4 Regional contacts

Oxfordshire

Safeguarding Children Partnership	01865 815 843 oscp@oxfordshire.gov.uk https://www.oscp.org.uk/
MASH	0845 050 7666 0800 833 408 (out of hours) https://www.oxfordshire.gov.uk/business/information-providers/multi-agency-safeguarding-hub
LADO	01865 810 603 LADO.safeguardingchildren@oxfordshire.gov.uk

Bedfordshire

Safeguarding Children Board	0300 300 6455 LSCB@bedford.gov.uk http://www.safeguardingbedfordshire.org.uk/
Children & Families Social Care Teams	01234 718 700 (Bedford Borough Council) 0300 300 8585 (Central Bedfordshire Council) 0300 300 8123 (out of hours – Bedfordshire Social Care)
LADO	0300 300 8142

Milton Keynes

Safeguarding Children Board (MK together)	01908 254 373 mktogether@milton-keynes.gov.uk https://www.mkscb.org/
MASH	01908 253 169 01908 265 545 (out of hours)
LADO	1. Complete LADO notification form: https://tinyurl.com/c6vszesc 2. E-mail form to lado@milton-keynes.gov.uk 3. Then call on 01908 254 307

Hertfordshire

Safeguarding Children Partnership	01992 588 757 adminhscphsab@hertfordshire.gov.uk https://www.hertfordshire.gov.uk/services/childrens-social-care/child-protection/professionals-report-a-concern.aspx
Children’s Services	0300 123 4043
LADO	01992 555 420

Northamptonshire

Safeguarding Children Partnership (MASH)	0300 126 7000 MASH@nctrust.co.uk https://northamptonshirescp.org.uk/
Children’s Social Care	01604 626 938
LADO	Online referral form https://northamptonshirescp.org.uk/working-with-children-professionals/designated-officer-lado

4. Definitions and abbreviations

“Safeguarding”

- (i) Providing help and support to meet the needs of children as soon as problems emerge;
- (ii) Protecting children from maltreatment, whether that is within or outside the home, including online;
- (iii) Preventing the impairment of children’s mental and physical health or development;
- (iv) Ensuring that children grow up in circumstances consistent with the provision of safe and effective care;
- (v) Taking action to enable all children to have the best outcomes.

“At risk of serious harm”

This means a child suffering, or being likely to suffer, significant harm as defined in the Children Act 1989 and Working Together to Safeguard Children.

“DSL”

Designated Safeguarding Lead.

“AES staff”

Any person working on behalf of AES, including employees, volunteers, trustees, trainees, apprentices and temp/agency staff.

“Nursery”

Circle Centre nursery, Middle Claydon, Buckinghamshire MK18 2ET.

“LADO”

Local Authority Designated Officer. Every Local Authority has one. Their job is to oversee cases where allegations are made against adults who work with children.

“HoCS”

Head of Children’s Services at AES

“MARF”; “MASH”

Multi-Agency Referral Form; Multi-Agency Safeguarding Hub.

“Regulated activity”

Work that puts an adult in regular, close, or unsupervised contact with children.

5. About this policy

- 5.1 The purpose of this policy is to set out how AES keeps children safe.
- 5.2 AES is committed to safeguarding and promoting the welfare of all children. All concerns are taken seriously. Ignoring safeguarding concerns is not an option.
- 5.3 Our responsibilities are to:
 - (i) promote safe practice;
 - (ii) protect children from harm, abuse and neglect;
 - (iii) act quickly if there are concerns about a child, a staff member or a volunteer, including by sharing information when necessary.
- 5.4 This policy will be reviewed at least yearly, to incorporate lessons learned from audits, incidents, concerns and near-misses, plus updated guidance and legislation, from key sources including:
 - Keeping Children Safe in Education
 - Working Together to Safeguard Children
 - What to do if you are worried a child is being abused
 - Buckinghamshire Safeguarding Children Partnership
 - Children Acts 1989, 2004 and 2006

6. Scope of the policy

6.1 **PART A** of this policy applies to all AES staff (including volunteers and trustees.) Some paragraphs apply only to specific contexts, and are annotated clearly.

PART B applies only to **NURSERY**.

PART C applies only to **OUTREACH** work conducted in person.

PART D applies only to our **ONLINE SERVICES** (e.g. the 'Parent's Portal', and digital programmes).

7. Roles and responsibilities

7.1 **All AES staff must:**

- (i) be encouraged to challenge constructively any practice that might be unsafe;
- (ii) know the types of abuse and neglect, and how to spot signs;
- (iii) use respectful curiosity – don't stop at the first explanation if signs don't fit;
- (iv) report any concern that a child may be at risk of serious harm, and follow up if the situation does not improve (including concerns about other staff members);
- (v) know who the DSL/deputy DSLs are and follow AES's reporting procedures;
- (vi) inform AES immediately if they are involved in child protection allegations, police investigations, or other safeguarding procedures;
- (vii) take care not to place themselves in a vulnerable position with any child, in any setting, whether in person or online;
- (viii) adhere to the AES Code of Conduct and follow safe working practices.

7.2 **The Designated Safeguarding Lead (DSL) and deputy DSL must:**

- (i) be contactable, and normally at the nursery site, during working hours;
- (ii) be the main point of contact for staff with concerns;
- (iii) make sure concerns are acted on quickly and logged securely;
- (iv) share information with other agencies whenever needed;
- (v) coordinate with safeguarding partners (e.g. social care, police) both routinely (e.g. by attending strategy meetings) and following serious concerns/incidents;
- (vi) organise and oversee staff safeguarding training;
- (vii) report safeguarding themes and serious incidents to Trustees;
- (viii) keep AES's Safeguarding Policy up to date and make sure staff follow it;

- (ix) keep the Single Central Record up to date;
- (x) inform Ofsted and the DBS if a staff member is dismissed or resigns due to concerns about suitability to work with children.

7.3 Trustees must:

- (i) make sure this policy is followed unless there is a valid reason not to;
- (ii) ensure that the organisation learns from incidents, near misses, and mistakes;
- (iii) raise safeguarding concerns with the DSL;
- (iv) raise organisational concerns with the Chair of Trustees;
- (v) ensure a named trustee monitors safeguarding and supports the DSL.

8. Types of abuse

8.1 Abuse is when a child is harmed, or when harm is not prevented. It can happen at home, in school, in the community, by people they know or by strangers. Abuse can be carried out by adults or by other children.

8.2 Children with special educational needs and neurodivergent children, including autistic children, are at greater risk. Communication and sensory differences can make abuse harder to spot, and some children may hide their struggles (“masking”). Autistic children can be more vulnerable to coercion, grooming and exploitation. Staff must be alert to changes in behaviour and share any concerns straight away.

8.3 Main categories of abuse:

- (i) **Physical:** e.g. hitting, shaking, throwing, poisoning, burning, drowning, suffocating and similar. This also includes fabricated or induced illness (FII), when a caregiver exaggerates, fabricates, or causes a child’s illness, leading to unnecessary assessment or harm.
- (ii) **Emotional:** e.g. constant criticism, making a child feel worthless, ignoring or mocking their communication, setting unrealistic expectations, overprotection, preventing play and learning, exposure to domestic abuse, bullying (including cyberbullying). Some level of emotional abuse is present in most types of harm.
- (iii) **Sexual:** forcing or persuading a child to take part in sexual activity, with or without contact. Includes grooming, use of images or online activity. Perpetrators can be male, female, or other children.
- (iv) **Neglect:** ongoing failure to meet a child’s needs (food, shelter, safety, supervision, medical care, emotional support). May begin during pregnancy (e.g. substance misuse).

8.4 Other specific forms of abuse, harm or criminal activity to be aware of include:

- (i) **Female Genital Mutilation (FGM):** staff must report cases of FGM to the police.
- (ii) **Child Sexual Exploitation (CSE):** sexual activity in exchange for something (money, gifts, status). May appear consensual but is exploitation, often involving power imbalance and manipulation.
- (iii) **Domestic abuse:** controlling, threatening or violent behaviour between adults in a relationship. Exposure is itself child abuse.
- (iv) **County lines:** gangs exploiting children to move drugs, money or weapons, often using intimidation or violence.
- (v) **Cuckooing:** criminals taking over the home of a vulnerable person to use it for illegal activity.
- (vi) **So-called “honour-based” abuse:** violence or threats used to protect perceived family or community “honour.”
- (vii) **Online harms:** including misinformation, disinformation (including “fake news”), and conspiracy theories. This includes AI enabled grooming, generative AI and fabricated imagery used to harm.

9. General principles for all safeguarding concerns

If a child is in immediate danger, CALL 999, then alert the DSL ASAP

- 9.1 The Nursery, Outreach and Online sections contain instructions specific to those contexts. The following points are general and apply to all safeguarding concerns.
- 9.2 **Anyone who suspects a child is at risk of serious harm must inform the DSL without delay.** If no DSL (or deputy) is available, report this directly to the relevant children’s social care team and inform the DSL as soon as possible afterwards. ([See Contacts, p.6](#) for details of local children’s social care.)
- 9.3 AES follows all statutory guidance. The thresholds and context determine the appropriate response to safeguarding concerns:
 - (i) We refer to the Buckinghamshire Safeguarding Children Partnership (BSCP) [Continuum of Need](#) for thresholds and decisions relating to our direct work with children, such as at our nursery and through our local outreach services.
 - (ii) When AES staff are working in a setting run by another organisation, they will follow the host setting’s safeguarding procedures first, and then raise the concern through our internal safeguarding process.
 - (iii) If a referral is made for a child living outside Buckinghamshire, we follow the referral process for the child’s home local authority.

- (iv) When our function is to provide an online service only (e.g. through the 'Parent's Portal'), the decision-making process and response will be appropriate to the situation. See [Part D - online services](#) for details and examples.

10. Allegations of abuse made against staff

10.1 This applies when it is alleged that a current member of staff (including employees, volunteers, trustees, trainees, apprentices and agency staff):

- may have harmed a child;
- may have committed a criminal offence against/related to a child;
- has behaved in a way that indicates a risk of harm to children or unsuitability to work with them.

10.2 Procedure to follow:

1. Record it clearly in writing – include what happened, when and where, who was present, and what was said (use actual words if possible).

2. Report it immediately to the DSL or a deputy DSL (or to the LADO if the allegation is about the DSL/if no DSL is contactable).

3. Do not investigate or discuss the allegation with anyone else.

Actions of the DSL/deputy DSL

10.3 **Decide** whether the harm threshold ([10.1](#)) has been met. If it has, or if there is any doubt, they will [contact the LADO](#) immediately.

10.4 **Follow** the LADO's advice throughout. This includes:

- (i) how to manage the member of staff involved;
- (ii) how to support both the child/children involved and the member of staff who is the subject of the allegation;
- (iii) informing the LADO of the outcome of any internal investigations.

10.5 **Record** (and keep updated):

- (i) a comprehensive summary of the allegation;
- (ii) their decision whether to make a LADO referral or to manage the allegation internally (along with the reasons for their decision);
- (iii) details of any other action taken;
- (iv) resolution / outcome.

During and after the process

- 10.6 AES will handle all allegations carefully and fairly. Information will only be shared with people who need to know.
- 10.7 A staff member will only be suspended if there is no safe alternative, such as close supervision or a temporary change of role.
- 10.8 When an allegation is investigated, one of the following outcomes will be recorded:
- **substantiated:** there is enough evidence to show the allegation is true
 - **unsubstantiated:** there is not enough evidence to prove or disprove the allegation
 - **unfounded:** there is no evidence or proper basis for the allegation
 - **false:** there is enough evidence to show the allegation did not happen
 - **malicious:** there is evidence that the allegation was made deliberately to cause harm
- 10.9 If it is found that someone has harmed a child or may pose a risk to children, AES will refer them to the Disclosure and Barring Service (DBS). Serious allegations will also be reported to Ofsted within 14 days and, where relevant, to the Teaching Regulation Agency (TRA).
- 10.10 After any substantiated allegation, AES will review what happened to see if safeguarding procedures or practice can be improved.
- 10.11 If someone reports abuse from the past, even if it happened many years ago, AES will refer the concern to the LADO or to the police.

11. ‘Low level’ concerns about staff behaviour

- 11.1 The term ‘low-level’ concern is used to label behaviour that falls short of the AES Code of Conduct – including inappropriate conduct outside of work – but which does not meet the thresholds in section [10.1](#) above and is not considered serious enough to need referring to the LADO.
- 11.2 Examples of such behaviour in our context might be:
- using offensive language about a child
 - posting about a nursery session on social media while responsible for a child
 - reaching out privately to a family member of a child they work with or that they met through our services
 - chatting about a family’s personal situation when other parents can overhear

- 11.3 AES wants a culture of openness, trust, and transparency so that everyone feels able to share low-level concerns early and appreciates that challenge is healthy. Raising a concern helps to protect children and support staff, before problems grow.
- 11.4 AES will:
- make sure everyone knows what professional behaviour looks like
 - respond to each concern fairly and proportionately
 - address issues early through supervision, training or feedback
 - review any patterns to strengthen safeguarding practice
- 11.5 Staff should feel empowered to raise concerns about others, or even about themselves, with the HoCS (if the low-level concern is about the HoCS, raise it with the CEO.) The HoCS will listen to the person concerned and decide how best to proceed. All low-level concerns are logged and reviewed so that we can all learn from each other, which helps AES maintain a safe culture.

Scenario A

A Learning Support Assistant is uneasy about a colleague's day-to-day practice with a particular child. There is no allegation of harm, but they're often dismissive when the child is distressed ("you're fine"), and they have twice taken the child into a quieter area with the door mostly closed without letting another staff member know.

The LSA **shares their information with the DSL** the same day. The DSL assesses this is a low-level concern, speaks to the colleague, and provides a short refresher on safer working practices and the Code of Conduct. The DSL checks whether any similar concerns have been raised and **records** the action taken.

12. Escalation, challenge and whistleblowing

- 12.1 If a staff member disagrees with a safeguarding decision, they should first raise it with the DSL or deputy DSL. Refer to the relevant '**What to do about a safeguarding concern**' section. If still concerned, they can escalate it to the CEO or Safeguarding Trustee. Professional challenge to protect a child is always supported.
- 12.2 Staff can also raise concerns about safeguarding actions or decisions made by other professionals or agencies. At AES we follow the [Buckinghamshire SCP's Escalation, Challenge and Conflict Resolution Procedure](#).
- 12.3 Whistleblowing is when an employee or worker reports dangerous, illegal or unsafe activity (including safeguarding concerns). See AES's Whistleblowing Policy.

13. Record keeping

- 13.1 All safeguarding concerns are recorded promptly. All safeguarding records, including those from the online service, are held securely and are accessible only to the AES DSL and deputy DSLs. Each record identifies which AES service it relates to and is kept separate from other files (e.g. child development files).
- 13.2 Allegations against staff will be kept confidentially on the individual's personal file (except false or malicious allegations). These will include a comprehensive summary of the allegation, including how it was followed up and resolved, any action taken, decisions made, and the outcome. These will be retained until state pension age 10 years after the allegation, whichever comes later, even if unsubstantiated.

(See also AES's IT and Data Security Policy, Data Protection Policy and Record Retention and Disposal of Records guidance.)

14. Confidentiality

- 14.1 AES treats all safeguarding matters as confidential. Concerns, disclosures and allegations against staff must not be discussed with the wider workforce.
- 14.2 Confidentiality never takes priority over the duty to share safeguarding information **if this is needed to protect a child.**
- 14.3 Parents/carers will be informed of concerns and planned actions – and their consent to share information will be sought – unless doing so could place the child at greater risk or interfere with a police investigation.
- 14.4 Information is only shared for a clear and legitimate purpose, with those who need it, securely, promptly, and accurately.
- 14.5 Records are kept of all decisions made to share information, including what was shared, with whom, and why.
- 14.6 When we begin direct support with a child, we ask parents/carers to give consent for us to contact other professionals or settings involved with the child. Their consent is recorded and retained in the child's safeguarding record.

15. Safe working practices and maintaining professional boundaries

- 15.1 Staff provide support based on professional expertise in autism and related needs. If safeguarding needs go beyond AES's expertise, it's much safer to direct people to

- a more appropriate source of support and external agencies ASAP. Afterwards we would follow up to ensure appropriate support has been arranged.
- 15.2 Some topics discussed with families may be emotive for staff, especially those with directly relatable personal experiences. However, staff must remain professional, providing balanced, factual information and signposting to relevant agencies so that families can make informed choices. Staff should never share private details of their own lives, such as identifiable information about their children.
 - 15.3 Staff sometimes work alone on or off-site (e.g. home visits). They must follow the Lone Working Policy (including completing risk assessments; keeping colleagues informed of whereabouts; keeping emergency contacts updated and always carrying a phone.)
 - 15.4 Staff working remotely must store equipment/data securely, in line with AES Information Governance and IT policies.
 - 15.5 Current AES families must be contacted only from AES email addresses or phones. Staff, volunteers and trustees must not use personal email, mobile numbers, or social media for contact with current AES families or service users.
 - 15.6 Staff, volunteers and trustees must not post anywhere online about AES children, families, service users, colleagues or work matters. Confidentiality and data protection rules apply at all times, including outside work. See AES IT and Data Security Policy.

16. Safer recruitment

- 16.1 Posts are exempt from the Rehabilitation of Offenders Act 1974.
 - 16.2 Two written references must have been verified before we confirm any appointment.
 - 16.3 AES staff (including volunteers and trustees) will only begin their roles once all required vetting checks (including verifying references) have been completed.
 - 16.4 Enhanced DBS and barred list checks are required for all staff (including volunteers) over 16 who work directly with children and families. Repeat checks are required every 3 years (or sooner, if concerns arise).
- [ONLINE] AES staff serving as session hosts, forum admins, and group facilitators are treated as working in contact with families.
- 16.5 AES staff must be reminded to disclose any convictions, cautions, or warnings that could affect their suitability to work with children without delay.

- 16.6 Where an applicant has lived overseas for more than 3 months in the last 5 years, AES seeks criminal record information from the relevant authority ([see Home Office](#)).
- 16.7 All roles include a 3 month probation. Appointments are confirmed only when AES is confident of suitability. Ongoing suitability is reviewed through supervision, professional development, and staff declarations of any changes in circumstance.
- 16.8 A Single Central Record (SCR) of checks is kept, covering:
- (i) identity check
 - (ii) enhanced DBS check and Barred List
 - (iii) prohibition from teaching check for anyone in regulated activity
 - (iv) overseas checks (if relevant, see [16.6](#) above)
 - (v) professional qualifications
 - (vi) references
 - (vii) right to work in the UK
- 16.9 All staff (including volunteers) receive induction on safeguarding, whistleblowing, emotional regulation, AES's Code of Conduct, and the role of the DSL. They are directed to read the relevant sections of Keeping Children Safe in Education (KCSIE) and the AES Safeguarding Policy.
- 16.10 **External staff**
- (i) Identity, right-to-work in the UK and, where relevant, professional registration or qualifications must be checked for all external staff.
 - (ii) If sourced through a provider, AES must obtain a letter of assurance verifying by name each individual and confirming that all required identity, right-to-work, and safeguarding checks (including DBS, if applicable) have been carried out.
 - (iii) For self-employed external staff who will be engaged in regulated activity, an enhanced DBS with barred list check must also be verified or carried out by AES.
 - (iv) Self-employed external staff who are not in regulated activity, but have possible indirect contact with children, must be risk assessed by AES and work under supervision. They must provide a self-declaration asserting no cautions, convictions, or safeguarding investigations concerning children or young people, and agree to tell AES immediately of any change.

17. PREVENT duty (radicalisation and extremism)

- 17.1 AES promotes neuro-affirmative practice and 'British values' – democracy, rule of law, individual liberty, mutual respect, and tolerance throughout the organisation.

[NURSERY] These values are embedded within the Early Years curriculum.

- 17.2 All staff are responsible for helping to protect children and young people from becoming radicalised and being drawn into terrorism or extremism. Staff will raise any concerns through AES's normal safeguarding reporting procedure.
- 17.3 Training covers how to identify children and young people who may be vulnerable, what action to take, and how to challenge extremist ideas. Children with SEN and neurodivergent children, including autistic children are recognised as being more vulnerable to grooming and radicalisation.
- 17.4 Staff should be alert to the behaviour – and changes in the behaviour – of children or their families. The DSL will decide what action to take (advice is available from [Action Counters Terrorism](#) campaign).

18. Training and supervision

- 18.1 AES provides statutory safeguarding training in line with Buckinghamshire guidance and Keeping Children Safe in Education (KCSIE):
- (i) The DSL and deputy DSLs complete appropriate Local Authority approved training and update it at least every 2 years.
 - (ii) All staff complete safeguarding training (online) within 6 weeks of starting, full safeguarding training within 6 months, and refresher training at least every 2 years. Internal refreshers take place annually (which also covers 'Prevent').
 - (iii) We keep a record of all safeguarding training completed, including the date and the content covered.
 - (iv) Regular safeguarding updates, including online safety, are delivered at staff inset days. Training is delivered through a combination of:
 - face-to-face training
 - online learning
 - staff briefings
 - updates in team meetings
 - (v) [NURSERY] Safeguarding training is integrated with other areas such as curriculum planning, and is aligned with teacher standards. Understanding of training is checked through supervision discussions, debriefs after incidents/events and during normal daily briefings.
 - (vi) Staff working in contexts other than the nursery are likely to encounter a wider range of safeguarding issues. Training for these staff will be reviewed regularly to ensure it reflects emerging risks and the changing needs of service users.

- (vii) Staff involved in recruitment (COO, HoCS, Administrator) update safer recruitment training every 2 years.

19. Further reading

19.1 Internal

- Anti-bullying
- Attendance
- Emotional regulation for learning (including the use of physical intervention)
- First Aid
- Food and drink
- Health, safety and Risk Management
- Incident management procedure
- Intimate care
- IT and Data Security
- Lone Working
- Medication
- Online practice safeguarding guidance
- Personal use of devices
- Record Retention and Disposal of Records guidance
- Recruitment Policy and procedures
- Tapestry
- Visitors & Security Procedure
- Whistleblowing

19.2 External

- [EYFS statutory framework for group and school-based providers \(2025\)](#)
- [Keeping children safe in education \(2025\)](#)
- [Working together to safeguard children \(2023\)](#)
- [What to do if you are worried a child is being abused \(2015\)](#)
- [Buckinghamshire Safeguarding Children Partnership \(BSCP\)](#)
- [The Continuum of Need \(BSCP\)](#)
- [Buckinghamshire Safeguarding Children Partnership's Escalation, Challenge and Conflict Resolution Procedure](#)
- [Prevent Radicalisation and Extremism by Acting Early](#)

PART B: NURSERY-SPECIFIC

20. What to do about a safeguarding concern

- 20.1 As the child's Early Years setting, regular contact with and first-hand observation of our children, and closer knowledge of our families means we may be best placed to notice signs and trends of concern.
- 20.2 If you have a concern, you may speak directly with the parent to understand the situation better, unless doing so could place the child at risk. Ask simple, open questions to clarify events and the surrounding circumstances.
- 20.3 **If concerns remain**, they must be recorded and reported to the DSL or deputy DSL on the same day using the following procedure:

- 1. Submit a Welfare Concern Form.** Use the [QR code on p.4](#) or [this link](#). Follow the on-screen prompts. Be as factual as possible to avoid ambiguity and misinterpretation. Include the child's full name and date of birth.
- 2. Inform the DSL** (or deputy DSL) by the end of the day to ensure they have received the form and are aware of the concern.
- 3. Follow up** if the situation doesn't improve. Report it again if necessary. Do not just assume that everything will be OK.

Actions of the DSL/deputy DSL

- 20.4 The DSL (or deputy DSL) will refer to the Continuum of Need document, seek more information from the family (if appropriate), **assess the risk and decide** what action to take. The DSL will seek advice if unsure – see [Section 3. Contacts](#).
- Level 1 or 2: Our family support offer / refer or signpost to appropriate agency
 - Level 3 or 4: MARF referral
- 20.5 Within 24 hours, the DSL or deputy DSL will save the form to a secure folder, and will **record** (and update, as the situation progresses):
- a comprehensive summary of the concern
 - details of action taken
 - decision(s) taken
 - resolution / outcome

- 20.6 All MARF referrals must be confirmed in writing within 24 hours using the Multi-Agency Safeguarding Hub (MASH) online form.
- 20.7 When a concern or allegation of abuse is referred:
- (i) we will try to do this with the consent and collaboration of the parents/carers unless there are concerns that this could increase risk to the child
 - (ii) the DSL should ask to be told when partner agencies plan to meet and what the next steps will be
 - (iii) the DSL should agree with those agencies when, how, and by whom the child's parents/carers will be told that a referral has been made

21. Responding to a disclosure

- 21.1 Strong relationships with children and families mean staff can observe closely and notice changes. Children might share a disclosure or allegation through their own mode of communication, but signs are not always clear. Staff must stay alert to:
- (i) changes in behaviour
 - (ii) physical injuries or changes in appearance
 - (iii) concerning behaviour or information from parents/carers
 - (iv) concerns about staff behaviour
 - (v) child-on-child abuse
- 21.2 If a child discloses abuse or concerning behaviour, the responding adult should:
- (i) **Listen:** Let them speak in their own way and at their own pace. Do not interrupt.
 - (ii) **Stay calm:** Be reassuring and supportive. Show they are being taken seriously, will be supported, and kept safe.
 - (iii) **Avoid leading questions:** Only clarify if needed, using TED (Tell, Explain, Describe). Accept alternative communication (drawing, text, AAC, etc.)
 - (iv) **Record carefully:** Note what is said, including times, dates, and places. Use the child's exact words or representations. Use anatomically correct names for body parts. Do not interpret.
 - (v) **Reassure:** Tell them they did the right thing and have not done anything wrong.
 - (vi) **Do not promise secrecy:** Explain that you will share the information only with people who can help, and what will happen next.
 - (vii) **Never blame:** Make sure they do not feel they are causing trouble or should be ashamed.
 - (viii) **Report quickly:** Speak to the DSL as soon as possible. If neither the DSL nor deputy DSL is available, call [First Response](#) for advice.

22. Visitors and site security

- 22.1 Entrances must be locked while children are on site.
- 22.2 Visits must be arranged in advance with the Lead Specialist Teacher or Head of Children's Services. Staff will be made aware in the morning briefing of any visitors expected during the day.
- 22.3 Visitors must:
- (i) present acceptable photo ID (driving license, passport or professional ID) and sign in on arrival;
 - (ii) be informed of any relevant safety information (e.g. fire drill; allergies; first aid);
 - (iii) never be left unsupervised with children;
 - (iv) not use their personal mobile devices while children are on site.
- 22.4 Visitors will be sent safeguarding information by e-mail before their visit, and will be reminded of visitor safeguarding responsibilities on arrival by the member of staff who signs them in.

23. Use of electronic devices and digital safety

- 23.1 Staff (including volunteers) may not use or carry personal phones, cameras, or recording devices while responsible for children during a nursery session. Only AES devices are permitted and their use is monitored.
- 23.2 AES devices must be signed out and in when taken off AES premises and stored securely when not in use. Photos and videos are saved to secure digital storage.
- 23.3 Children do not have access to the internet at the nursery. Children only use iPads/tablets for AAC under supervision.
- 23.4 Staff promote safe digital behaviour through discussion with families and by modelling appropriate use of technology.

24. Consent to take and use photos/videos

- 24.1 Written parental consent is required before taking photos or video of children. When a child joins the nursery, parents/carers are asked for their consent. Parents/carers can consent to unrestricted use, restricted use or no use at all.
- 24.2 Any photos and videos used will take appropriate clothing and posture into consideration and personal information will not be shared without consent and need.

- 24.3 'Tapestry' is the application used to record each child's progress as an online journal. Access is restricted to senior staff and parents/carers of that child.

25. Children absent from nursery / non-collection

- 25.1 Contact details are held for each child's parents/carers and two emergency contacts. We check these details regularly and remind parents/carers to keep them updated.
- 25.2 Parents/carers must tell AES if a child is absent. Details of all absences are recorded.
- 25.3 Unreported absences trigger a call to parents/carers after 15 minutes to establish the reason (having taken into account factors like known travel issues on the day).
- 25.4 Registers are checked termly by the DSL and patterns of prolonged or persistent absence will be discussed with parents/carers. If a safeguarding concern is indicated, the DSL will take action they deem to be appropriate.
- 25.5 If parents/carers are late for collection, staff will attempt to contact them while at least two adults remain with the child. If, after 1 hour, staff are still unable to reach a parent or emergency contact, the DSL will contact social services.
- 25.6 Written notification must be given if a person other than parent/carer is going to collect their child.

26. Accidents, incidents and physical intervention

- 26.1 Parents/carers are asked to tell nursery staff about any new injuries before the session. Staff will record these in the 'bumps and bruises' book.
- 26.2 All accidents/incidents occurring at nursery are logged in the accident record and signed by the observer.
- 26.3 Parents/carers will be informed of the accident/incident at the end of the session and asked to counter-sign the accident record. For children travelling by local authority transport, a copy of the record is sent home and parents/carers are phoned the same day.
- 26.4 Serious accidents, illness, injury, or death must be reported to Ofsted.
- 26.5 At least two members of staff per session counted in the required staff-to-child ratios must hold valid paediatric first aid (PFA) certificates. See also Food and Drink Policy.
- 26.6 Staff follow the Emotional Regulation for Learning Policy and physical intervention procedures. All uses of physical intervention must be recorded.

26.7 Staff must follow the Intimate Care Policy, which has information on protocol, staff training, individual plans, vulnerability and respect for dignity, privacy and advocacy.

27. Transfer of records to/from other settings

27.1 When a child moves to another setting, AES will share relevant safeguarding information promptly and securely with the new setting in line with statutory guidance (Working Together), to ensure any known risks or support needs are transferred safely.

27.2 When a child transfers from another setting, AES will specifically ask for any safeguarding information to be shared with us.

PART C: OUTREACH (in person)

28. Scope

28.1 This covers all situations in which staff are working for AES in person and not at the nursery, such as:

- providing support in a home or education setting
- a contract to provide external support to another education setting
- transition preparation visits to homes or other settings
- training other professionals in person.

29. Specific considerations

29.1 With outreach work, AES is not the main education provider and our staff are operating as external practitioners.

- Each host setting will have its own safeguarding procedure. Staff must know it and follow it first, and then report the concern through AES's own safeguarding process.
- Staff may see children only briefly or in group contexts, and won't have the benefit of knowing children as well as they do when there is regular contact.
- Staff may be working in unfamiliar environments and in people's homes.

30. Specific risks

30.1 Protection from allegations

- (i) Whether in a home or education setting, staff must ensure that they minimise the time they are alone with a child. When it is unavoidable, staff should take all reasonable steps to protect themselves by being as visible as possible to others. Staff should use their professional judgement to balance this need with confidentiality and by ensuring that the environment is suitable for the child.

30.2 Home visit safety

- (i) Staff must complete a risk assessment for the home visit and follow the Lone Working Policy.
- (ii) At any time, if a member of staff feels threatened or unsafe during a home visit, they should leave immediately and call the DSL (or the police first, if that feels more appropriate) from a place of safety.

31. What to do about a safeguarding concern

31.1 If a safeguarding concern arises while working in outreach (in person):

At another education setting	On a home visit
1. Inform their DSL and follow <u>their</u> safeguarding procedures first	1. From a place of safety contact the AES DSL
2. Submit a Welfare Concern Form. Use the QR code on p.4 or this link . Follow the on-screen prompts. Be as factual as possible to avoid ambiguity and misinterpretation. Include the child's full name and date of birth.	
3. Inform the AES DSL (or deputy DSL) by the end of the day to ensure they have received the form and are aware of the concern.	
4. Follow up if the situation doesn't improve. Report it again if necessary. Do not just assume that everything will be OK.	

Actions of the DSL/deputy DSL – Concern at another education setting

31.2 The DSL (or deputy DSL) will **contact** the host setting's DSL to **confirm** that they have received and understood the concern, and that they have all the information they need. They will inform the host setting's DSL that AES has recorded the safeguarding concern separately.

31.3 If there is concern that the issue has not been taken seriously or that a child may remain at risk, the DSL will seek advice and consider further action. See [12.2](#) and [3.2](#).

Actions of the DSL/deputy DSL – Concern on a home visit

31.4 The DSL (or deputy DSL) will refer to the Continuum of Need document, seek more information from the family (if appropriate), **assess the risk and decide** what action to take. The DSL will seek advice if unsure – see [Section 3. Contacts](#).

- Level 1 or 2: Signposting / share information with partner agency (e.g. school)
- Level 3 or 4: MARF referral

31.5 Within 24 hours, the DSL or deputy DSL will save the form to a secure folder, and will **record** (and update, as the situation progresses):

- a comprehensive summary of the concern
- details of action taken

- decision(s) taken
 - resolution / outcome
- 31.6 All MARF referrals must be confirmed in writing within 24 hours using the Multi-Agency Safeguarding Hub (MASH) online form.
- 31.7 When a concern or allegation of abuse is referred:
- (i) We will try to do this with the consent and collaboration of the parents/carers unless there are concerns that this could increase risk to the child
 - (ii) The DSL should ask to be told when partner agencies plan to meet and what the next steps will be
 - (iii) The DSL should agree with those agencies when, how, and by whom the child's parents/carers will be told that a referral has been made.

32. Responding to a disclosure

- 32.1 Children might share a disclosure or allegation through their own mode of communication, but signs are not always clear. Staff must stay alert to:
- (i) changes in behaviour
 - (ii) physical injuries or changes in appearance
 - (iii) concerning behaviour or information from parents/carers
 - (iv) concerns about staff behaviour
 - (v) child-on-child abuse
- 32.2 If a child discloses abuse or concerning behaviour, the responding adult should:
- (i) **Listen:** Let them speak in their own way and at their own pace. Do not interrupt.
 - (ii) **Stay calm:** Be reassuring and supportive. Show they are being taken seriously, will be supported, and kept safe.
 - (iii) **Avoid leading questions:** Only clarify if needed, using TED (Tell, Explain, Describe). Accept alternative communication (drawing, text, AAC, etc.)
 - (iv) **Record carefully:** Note what is said, including times, dates, and places. Use the child's exact words or representations. Use anatomically correct names for body parts. Do not interpret.
 - (v) **Reassure:** Tell them they did the right thing and have not done anything wrong.
 - (vi) **Do not promise secrecy:** Explain that you will share the information only with people who can help, and what will happen next.
 - (vii) **Never blame:** Make sure they do not feel they are causing trouble or should be ashamed.

- (viii) **Report quickly:** Follow host safeguarding procedures and inform their DSL first, then follow AES procedures. If no DSL is available, call [First Response](#) for advice.

Scenario B

An AES speech and language therapist is visiting a mainstream school to provide one-off advice for the school and parents to support **Eddie**, who is in reception class.

Eddie produces a drawing that depicts his mother crying with lots of medication-type bottles around her. The therapist notes this down as part of her observations and shares this with the teacher, who discloses that the parents have been struggling and that Dad recently said he was worried about Mum's mental health. No further sessions with AES are planned.

On the day of the visit, the therapist **informs the school's DSL** (following the school's own safeguarding procedures). After returning from the visit, they submit an **AES Welfare Concern Form** and inform the **AES DSL**.

The **AES DSL then contacts the school's DSL** in order to assure themselves that the school is taking the concern seriously and that they have the information they need.

- 32.3 [\[HOME VISIT\]](#) In order to prioritise the child's safety and their own, staff will have to use their judgement to adapt how they respond to a disclosure, in order to prioritise the child's safety and their own.

Scenario C

During an initial assessment in **Harriet's** home, the AES practitioner notices that the house is worryingly dirty and messy, with piles of mouldy plates in the kitchen. Harriet's clothes are dirty and her nappy is full. She smells of urine.

Harriet's Mum discloses that her normal support network has collapsed, and that she is struggling to keep on top of everything day to day.

The practitioner is worried about neglect because Mum is not able to cope. They explain that they would like to discuss the family's situation with the DSL and explore possible support. After the session, the practitioner **completes a Welfare Concern Form** and **speaks to the DSL**.

The **DSL calls Mum** the same day and, following the discussion, explains the family meets Level 3 on the Continuum of Need due to the risk of neglect to Harriet. Mum agrees to a **MARF referral**, which is completed the next day.

PART D: ONLINE SERVICES

33. Scope

- 33.1 This section refers to all contact relating to online service contracts (e.g. the 'Parent's Portal', CAMHS Programme of Support). It does not apply to direct work with children carried out online.

34. Specific considerations

- 34.1 Our online service differs from our other work in several ways:
- It is primarily an information and advice service for the parents/carers/families of children – we do not typically have any contact with the children themselves
 - It is harder to determine whether the 'risk of serious harm' threshold is met
 - Some users access (or have been referred to) our service as a form of Family Help
 - It is not uncommon for their difficulties to include a safeguarding element
 - Support relates to children of all ages
 - We are not the children's education setting, or health or social care provider
 - Needs of these families can be complex and there are often other agencies involved, which we may know nothing about
 - We never see these families in person, and contact may be sporadic
 - Some users may want our help contacting other parties/agencies
 - Some users may want help as well as confidentiality

35. What to do about a safeguarding concern

- 35.1 Safeguarding-related issues are common in our online service. In most cases, our usual offer of information, advice (within our area of expertise), and support to access appropriate help elsewhere is sufficient.
- 35.2 However, in the following circumstances, we will consider sharing information with other agencies or safeguarding partners, and will do so where necessary to keep a child safe:
- (i) we believe someone is at risk of serious harm
 - (ii) we believe abuse is taking place, including by a person in a position of trust
 - (iii) we are asked by the family to do so

(iv) we are legally required to share information (e.g. by court order)

35.3 If the AES online session staff member (e.g. host or facilitator) believes that threshold may be met:

1. Seek more information by arranging a 1:1 conversation (e.g. by asking the service user to stay on after a group session)	
2. Assess the risk: <ul style="list-style-type: none"> • is there already evidence of serious harm? • what support, if any, is already in place? • are there protective adults in place? • is the child exposed to unsafe people? 	
3. Decide: Is the risk satisfactorily mitigated? (e.g. through the involvement of other services)	
NO 4. Escalate to the DSL (or deputy DSL)	YES 4. Submit a Welfare Concern Form Record the information and the decision
5. Submit a Welfare Concern Form	5. Inform the DSL (or deputy DSL)

Actions of the DSL/deputy DSL

35.4 The DSL will **assess and decide** whether the serious harm threshold is met, whether more information is necessary to make a decision, or whether action short of a referral is more appropriate. They will **record** their decision.

35.5 If a referral is necessary, we will try to do so with the service user's consent, preferring a collaborative approach, unless doing so could increase the risk or cause an unacceptable delay. We will always be clear and honest about the action we are taking.

35.6 A referral can still be made if only partial information is known, which is sometimes the case for families on our online platform.

35.7 Referrals should be made to the family's home Local Authority.

Scenario D

Jessica is a regular attendee at online events and webinars. During one group session she says her new partner controls her phone, checks her messages, and has begun stopping her from seeing friends or family and that her children (from a previous relationship) “hide in their rooms when he’s angry”.

In a private message with the AES facilitator afterwards she says, “he shoved my 9 year-old last night when he was crying”. She asks for help but says she does not want social care involved because it’ll make her partner angry.

The AES facilitator keeps the conversation brief and safe, **checks** whether Jessica and her children are in immediate danger (and would have called 999 if they were).

The facilitator **assesses** that the serious harm threshold is met and that the **risk is not mitigated**. They explain why they cannot keep this confidential, gather the minimum details needed to act, **escalate it to the DSL** immediately and **record** what was said on a Welfare Concern Form.

The DSL **decides** this meets the serious harm threshold and **shares** the information with Jessica’s local children’s social care, keeping a **record** throughout.

Alongside this, AES supports Jessica to access specialist domestic abuse support and to make contact in a way that does not increase risk.

36. Specific risks and how to manage them

36.1 Confidentiality in online spaces

Confidentiality can be harder to maintain online. Session leads must:

- (i) run sessions in a private space with no unauthorised listeners.
- (ii) use only AES-approved, password-protected platforms.
- (iii) control access by verifying participant identity before admitting them.
- (iv) remind participants not to share information that could be used to identify their families and ask them to respect the confidentiality of others.
- (v) state clearly that recording (by staff or participants) is not permitted.
- (vi) either delete, or store securely, any notes made during the session.
- (vii) ensure that identifiable information about a participant is not included in any recording published following a recorded webinar or interactive session.

If confidentiality is compromised (e.g. a participant is found to be recording a session) staff must pause the discussion until they’ve agreed how to proceed safely.

36.2 Safeguarding topics beyond AES's area of expertise

The safeguarding risks are likely to be more varied than those typically encountered in other areas of AES's work, such as extremism, radicalisation, gang activity, youth violence, child sexual exploitation and domestic violence. Increasingly, risks originate or take place online.

Where there is police involvement for any domestic abuse incident in the family home, they must adhere to Operation Encompass guidance and inform the education setting.

AES staff cannot be experts in every field. If a parent raises concerns about a topic which is beyond a member of staff's training or knowledge, the member of staff should avoid assuming or inferring – it's much safer to direct a service user to a more appropriate source of information or support.

Scenario E

Jay, a Parent's Portal user, shares during a parent support group session that their 8 year old child has begun self-harming. They have not told Jay's school yet.

The AES session staff member (e.g. host or facilitator) follows up in a private message, **checks** whether there is any immediate danger and gets more information. The facilitator **assesses** that, although the child is self-harming, there are two protective adults at home who are actively seeking help and this currently mitigates the risk.

Jay is advised to engage with the Mental Health Support Team (MHST) through school and to begin a CAMHS referral via their GP. They are also **signposted** to local and national charities specialising in help for self-harm.

The AES session staff member (e.g. host or facilitator) **decides** that the current risk to Jay's child appears to be mitigated, so they **record** a summary on a Welfare Concern Form and **inform the DSL** that they have done so.

36.3 Unsafe community space

Harmful online behaviour, even without children present, is a concern because it can contribute to harmful environments for children, and it can inhibit safe disclosure from other participants.

Misinformation, misleading claims and conspiracy theories (including AI-generated) will be challenged calmly and respectfully, through discussion. The host or the facilitator will query inaccurate claims, and refer to trusted sources, such as accepted research and national guidelines. Sometimes misinformation concerns medicines,

“cures” and supplements. The host or facilitator should remind people that AES does not give medical advice and that health decisions should be discussed with a GP or other appropriate health professional.

Abusive, discriminatory or unsafe content is not allowed. This includes hate speech, threats, grooming, harassment, or targeted abuse about someone’s neurotype, disability, background or identity. The host or facilitator must intervene, remove the person responsible from the live session or discussion board, and report the incident through the normal AES safeguarding procedure.

Some vulnerable families are at risk of unwanted or harmful contact from other participants of interactive online spaces, such as on discussion boards. Service users are given guidance to reduce this risk to themselves.

Scenario F

During a live online parent support group, a participant repeatedly tells others that “new research proves” a common medicine taken in pregnancy causes autism. They push this claim strongly, dismiss anyone who disagrees, and encourage parents to share it with others. Other parents become anxious and the discussion starts to derail.

The AES facilitator steps in promptly, reminds the group that AES does not give medical advice and that health decisions should be discussed with an appropriate health professional. The facilitator **challenges** the claim calmly by asking the participant to stop presenting it as fact, **signposts** to reliable public health sources, and **redirects** the group back to the session topic.

If the participant continues to push the claim or disrupt others, the facilitator issues a clear warning and **removes** them from the session for that event. The facilitator **records** a summary and informs the DSL.

36.4 Use of personal devices by AES staff during online sessions

Facilitators and session leads are allowed to use their personal devices to run online sessions. However, data security on personal devices is not assured to the same degree as it is with AES devices, and this presents a risk when storing or sharing confidential information.

Therefore, when using a personal device, staff must:

- (i) ensure that their device’s security measures comply with AES recommendations (e.g. strong passwords, encryption, updated software and firewalls).
- (ii) access AES folders and files only via Microsoft sign in online. Data is not to be downloaded or saved onto personal devices.

- (iii) Any photos or recordings of children and families will be carried out with relevant consent using AES devices only.

(See also the Code of Conduct, Use of Personal Devices, IT and Data security policies)

36.5 **Disclosure or suggestion of risk of serious harm/immediate danger (Out of hours)**

Parent's Portal discussion boards are checked on weekdays. Staff should respond to any risks meeting the criteria set out in [35.2](#), or a situation indicating immediate danger, as early as possible.

36.6 **Children in the background of videos during online sessions**

All staff and service users should be mindful of family, or photos of family, in the background of video during online sessions. Service users are advised to keep their video switched off if children are present.

36.7 **Conflict with other agencies over safeguarding advice**

There are times when safeguarding advice between AES and other parties may not align (e.g. with that of an external speaker, family support service or social worker). This may relate to differences in knowledge and understanding of topics such as emotional regulation or the negative impact of compliance-based approaches, or it may relate to strategies for supporting issues like school distress.

In the event of this occurring, the practitioner should;

- (i) when appropriate, discuss directly with the agency or person to share concerns and different perspectives in a professional, transparent manner;
- (ii) signpost to relevant literature and research to support rationale;
- (iii) record the facts and outcomes of the discussion.