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Main telephone lines are fully available and open between 9am – 5pm Mon - Fri

Parents 020 8921 6921 [FIS@royalgreenwich.gov.uk](mailto:FIS@royalgreenwich.gov.uk)

Providers 020 8921 3877 [Childcare-support@royalgreenwich.gov.uk](mailto:Childcare-support@royalgreenwich.gov.uk)



**Miss a copy of the e-bulletin?** Catch up here and check out links to important information sources

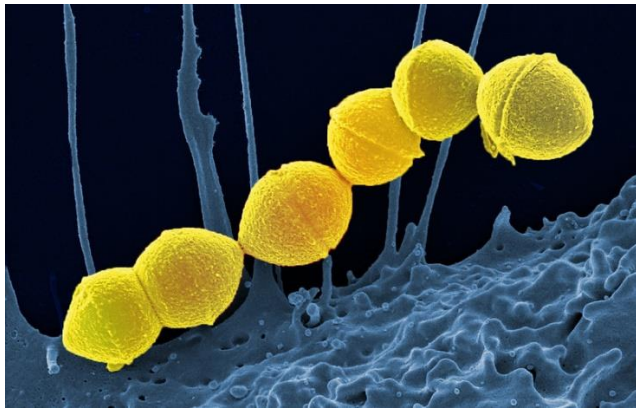
[Key information and resource links for early years and childcare providers](#)  
[| Early Years team information \(for providers\) | Royal Borough of Greenwich \(royalgreenwich.gov.uk\)](#)

#### Spring Headcount & Early Years Census 2023

- The portal opened on 3 January 2023 to input and update pupil records
- Headcount is Thursday 19 January
- All claims must be submitted by 19 January and no later than 27 January
- The census is a legal requirement and must be completed fully, accurately and on time. Go to Forms tab when you log in and click on January 2023 Census form. Be sure to check staff and pupil details

Email [eyc-funding@royalgreenwich.gov.uk](mailto:eyc-funding@royalgreenwich.gov.uk) for help and advice

## Scarlet Fever and Group Strep A Infections



UK Health Security Agency #GroupAStrep

### Group A Strep (GAS)

GAS is a common bacteria which causes a range of infections including scarlet fever. These infections are usually mild.

<https://ukhsa.blog.gov.uk/2022/12/05/group-a-strep-what-you-need-to-know/>

### UKHSA Group A streptococcus Communications Support Pack

Get your communications pack here <https://campaignresources.dhsc.gov.uk/campaigns/group-a-strep/information-for-those-working-in-education-settings/>

UKHSA is reporting an increased number of cases of Group A streptococcus (Strep A) compared to normal at this time of year. There is no evidence that a new strain is circulating and the increase is most likely related to high amounts of circulating bacteria and social mixing.

UK Health Security Agency #GroupAStrep

Swipe for more ►

### Group A Strep (GAS)

GAS is a common bacteria which causes a range of infections including scarlet fever. These infections are usually mild.

#### Invasive Group A Strep (iGAS)

It can also cause a rare, more serious infection called Invasive Group A Strep (iGAS). This occurs when GAS bacteria gets into parts of the body where it causes serious disease, like the lungs or bloodstream.

### What are scarlet fever and Strep A?

The UK Health Security Agency (UKHSA) has [reported](#) a significant increase in Strep A infections. Strep A (Group A streptococcus) is a bacteria that can cause a range of illnesses which are usually mild and can be treated with antibiotics. In children, Strep A infection can cause scarlet fever.

Symptoms of Strep A and [scarlet fever](#) may include: sore throat and difficulty swallowing, headache, fever, a fine, pinkish or red body rash with a sandpapery feel (note that the rash may be harder to detect visually on darker skin) and 'strawberry-like' bumps on the tongue.

In rarer occasions, the bacteria can get into the bloodstream and can cause a more serious illness called invasive Group A strep (iGAS). The UKHSA has reported an increase in the number of iGAS cases.

### What are the symptoms of Strep A/scarlet fever?

Strep A infections can cause a range of symptoms that parents should be aware of, including:

- Sore throat
- Headache
- Fever
- A fine, pinkish or red body rash with a sandpapery feel
- On darker skin the rash can be more difficult to detect visually but will have a sandpapery feel

If a child becomes unwell with these symptoms, please advise parents to contact their GP practice or contact NHS 111 (which operates a 24/7 service) to seek advice.

If a child has scarlet fever, advise they stay at home until at least 24 hours after the start of antibiotic treatment to avoid spreading the infection to others.

Encourage parents to trust their own judgement and if their child seems seriously unwell call 999 or go to A&E if:

- a child is having difficulty breathing – you may notice grunting noises or their tummy sucking under their ribs
- there are pauses when a child breathes
- a child's [skin, tongue or lips are blue](#)
- a child is floppy and will not wake up or stay awake



UK Health Security Agency

#GroupAStrep

## Group A Strep (GAS)

Parents should trust their judgement when their child is poorly. Speak to your GP or call 111 if your child is poorly and getting worse.

**Always call 999 or go to A&E if your child:**

- ▶ Is having difficulty breathing - such as grunting noises or their tummy sucking under their ribs
- ▶ there are pauses when your child breathes
- ▶ child's skin, tongue or lips are blue
- ▶ is floppy and will not wake up or stay awake.

# Group A Strep (GAS)

Cases of Invasive Group A Strep (iGAS) are rare. Some current cases are presenting with sepsis-like symptoms.

## Be aware of important sepsis symptoms:

- ▶ **All skin tones:** blue, pale or blotchy skin, lips or tongue
- ▶ **black or brown skin:** it may be easier to see blueness on lips, tongue or gums, under the nails or around eyes
- ▶ rash that doesn't fade when you roll a glass over it
- ▶ difficulty breathing
- ▶ weak, high-pitched cry - not like their normal cry
- ▶ not responding like normal, not interested in feeding or normal activities
- ▶ being sleepier than normal or difficult to wake.

## Managing confirmed cases

Early years settings and schools should contact their UKHSA health protection team if there is an outbreak of 2 or more scarlet fever cases within 10 days of each other and the affected individuals have a link, such as being in the same class or year group.

### UKHSA South London Health Protection Team

South Wing 4th Floor Wellington House, 133-155 Waterloo Road,

London, SE1 8UG

[slhpt.oncall@ukhsa.gov.uk](mailto:slhpt.oncall@ukhsa.gov.uk)

Phone: [0344 326 2052](tel:03443262052)

Fax: [0344 326 7255](tel:03443267255)

## Advice for early years and childcare practitioners

Familiarise yourself with [Government guidance on management of specific diseases](#), including scarlet fever. This guidance states that the recommended exclusion time for scarlet fever is 24 hours after the individual started taking antibiotics (or two weeks, if antibiotics are not taken). If you have an 'outbreak' of two cases within 10 days in your setting you should report it to your local health protection team (HPT) for further guidance.



Your illness and infection policy should outline steps that you take to reduce the risk of illness spreading in your setting, such as maintaining good hand and respiratory hygiene and keeping ill individuals away from others to prevent the spread.

The Department for Education in England has recently published a [helpful blog](#) with information for parents and education settings around Strep A and scarlet fever and the symptoms to be aware of. You may wish to share this link with the parents and carers of children in your setting.

Further information for staff on how and when to do this can be found here: [Managing outbreaks and incidents – GOV.UK \(www.gov.uk\)](#)



UK Health  
Security  
Agency

## Guidelines for the public health management of scarlet fever outbreaks in schools, nurseries and other childcare settings

October 2022

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1110540/Guidelines\\_for\\_the\\_public\\_health\\_management\\_of\\_scarlet\\_fever\\_outbreaks.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1110540/Guidelines_for_the_public_health_management_of_scarlet_fever_outbreaks.pdf)

### How to help prevent Strep A?

To prevent the spread of Strep A, UKHSA advises children, young people and staff to implement good [hand and respiratory hygiene](#) practices.

For more information visit the UKHSA [website](#) or the [Education Hub](#).

Resources will be made available in due course on the [online resource centre](#).

### Guidance for professionals

Group A streptococcal infections: guidance

<https://www.gov.uk/government/collections/group-a-streptococcal-infections-guidance-and-data>

Health protection in children and young people settings, including education

<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities>

Visual Resources

<https://campaignresources.phe.gov.uk/resources/>

### **Advice for parents and carers**

Parents and carers are advised to seek medical help by calling NHS 111 or their GP if they suspect their child has scarlet fever. They should use their judgement and seek further medical assistance if they notice the child deteriorating. The Government advice is as follows:

Contact NHS 111 if or your GP if:

- your child is getting worse
- your child is feeding or eating much less than normal
- your child has had a dry nappy for 12 hours or more or shows other signs of dehydration
- your baby is under 3 months and has a temperature of 38C, or is older than 3 months and has a temperature of 39C or higher
- your baby feels hotter than usual when you touch their back or chest, or feels sweaty
- your child is very tired or irritable

Call 999 or go to A&E if:

- your child is having difficulty breathing – you may notice grunting noises or their tummy sucking under their ribs
- there are pauses when your child breathes
- your child's [skin, tongue or lips are blue](#)
- your child is floppy and will not wake up or stay awake.

Further resources

- UKHSA [Guidelines for the public health management of scarlet fever outbreaks in schools, nurseries and other childcare settings](#) (includes template letter for parents/guardians)
- GOV.UK [guidance on managing specific diseases including scarlet fever](#)
- GOV.UK guidance on [managing outbreaks and incidents in education settings](#)
- The UK Health Security Agency (UKHSA) new [blog around Group A Strep infections](#)
- The latest UKHSA press release: [UKHSA update on scarlet fever and invasive Group A strep](#)
- NHS conditions: [Scarlet fever](#)

## 5 ways to protect your under 5s this winter

<https://ukhsa.blog.gov.uk/2022/10/25/5-ways-to-protect-your-under-5s-this-winter/>



### 1 - Check your child is up to date with their vaccinations

<https://www.nhs.uk/conditions/vaccinations/nhs-vaccinations-and-when-to-have-them/>

   <p><b>8-16 weeks:</b></p> <ul style="list-style-type: none"><li>• 6-in-1</li><li>• MenB</li><li>• Rotavirus</li><li>• Pneumococcal</li></ul>	   <p><b>1 year:</b></p> <ul style="list-style-type: none"><li>• MMR</li><li>• Hib / MenC</li><li>• Pneumococcal booster</li><li>• MenB booster</li></ul>	   <p><b>3 years, 4 months:</b></p> <ul style="list-style-type: none"><li>• 4-in-1 pre-school booster</li><li>• MMR</li></ul>
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### 2 - Take up any additional vaccinations your child is eligible for

Polio is an illness caused by a virus that attacks the nervous system – in unvaccinated children and adults it can cause permanent paralysis. While the risk to the public overall is extremely low, to protect children in areas where Poliovirus has been detected, an additional dose of the polio vaccine is being offered.

Therefore, if your child is between 1 and 9, and lives in London, book your polio vaccine.

<https://healthwatchgreenwich.co.uk/news/2022-09-29/where-get-polio-vaccine>

### 3 - Teach your child how to wash their hands and cover their coughs and sneezes



<https://www.e-bug.eu/early-years-teaching-resources>

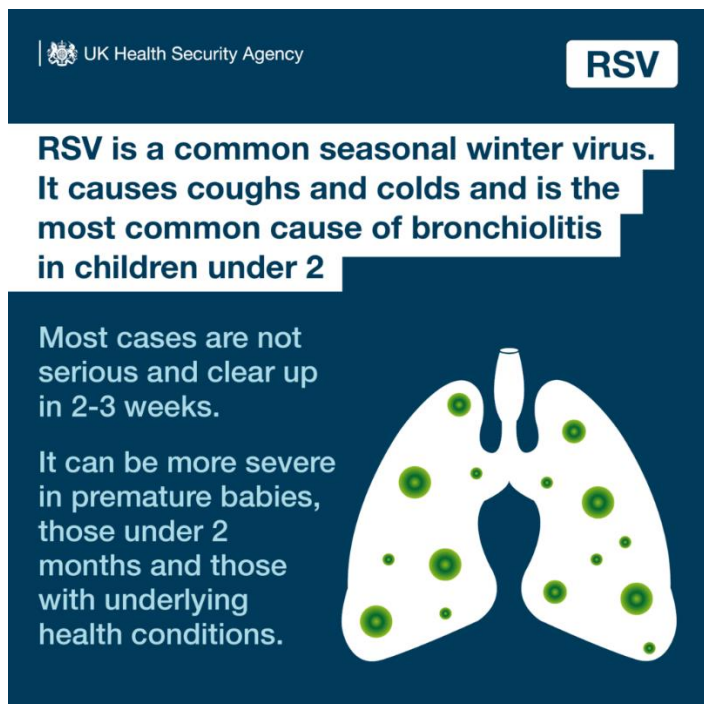
The e-Bug programme, operated by the UK Health Security Agency, provides free resources to support children and young people to play their role in infection prevention and control. This includes free educational resources for schools to introduce students to microbes, hygiene, vaccinations and antimicrobial resistance.

Children aged 3-5 are introduced to positive behaviours for hand washing, respiratory, and oral hygiene. Lesson plans are designed to complement the Early Years Foundation Stage framework.

#### 4 - Learn about the symptoms of common infections and what you can do if they get worse

<https://www.nhs.uk/conditions/flu/>

<https://www.nhs.uk/conditions/bronchiolitis/>



UK Health Security Agency

**RSV**

**RSV is a common seasonal winter virus. It causes coughs and colds and is the most common cause of bronchiolitis in children under 2**

Most cases are not serious and clear up in 2-3 weeks.

It can be more severe in premature babies, those under 2 months and those with underlying health conditions.

<https://www.nhs.uk/conditions/scarlet-fever/>

#### 5 - Support your child's school or nursery by keeping them off when needed

<https://www.nhs.uk/live-well/is-my-child-too-ill-for-school/>

## Warm spaces in Royal Greenwich

[https://www.royalgreenwich.gov.uk/info/200344/supporting\\_you/2412/warm\\_spaces\\_in\\_royal\\_greenwich](https://www.royalgreenwich.gov.uk/info/200344/supporting_you/2412/warm_spaces_in_royal_greenwich)

There are locations across the borough which will provide a warm, safe and welcoming location for residents to go during the winter months.

We have categorised provision into the following types:

- Front room provision – this is typically a community location, where residents are able to come and relax. Typically comfy seating, hot drinks, and access to wifi would be available. This provision may be available at certain times in the week.
- Community activities – this is typically an activity which is available free of charge.
- Retail offers – this is typically cafés or food retailers who are offering warm space provision. Meals may be available at discounted or concessionary rates.

Take a look at our warm spaces directory →

[https://www.royalgreenwich.gov.uk/directory/106/warm\\_spaces\\_across\\_royal\\_greenwich](https://www.royalgreenwich.gov.uk/directory/106/warm_spaces_across_royal_greenwich)



## The Cold Weather Plan for England

Protecting health and reducing harm  
from cold weather



Cold temperatures, dark evenings, rain, ice and snow can be challenging for early years and childcare practitioners. Setting leaders are expected use their professional judgement and responsibility to review and adjust risk assessments based on government guidance and advice and your own setting and circumstances to keep the children and adults in your setting safe. You should already have steps in place as part of your [Emergency Planning](#) that sets out how you would deal with emergencies including severe and unpredictable weather conditions.

You should work with parents/carers and staff members to consider specific needs of individuals who are more at risk from periods of extremely cold weather.

### Further resources

- Refer to the Government's [Cold Weather Plan](#) and additional advice and resources around [staying warm](#) and protecting others from the risk of cold weather
- Read the seasonal NHS Advice: [How to stay well in winter](#)
- RoSPA: [Advice on driving in winter](#)
- Sign up to the Met Office [Alert service](#) to receive updates relating to cold and heat alerts
- [Find ways to save energy in your home](#): This online GOV.UK service is available for households in England and Wales to suggest ways to improve the energy efficiency in your home

## Bitesize Webinars



[Courses \(royalgreenwich.gov.uk\)](https://royalgreenwich.gov.uk)

A series of one-hour webinars at lunchtime with Early Years & Childcare Advisors to share key messages about important themes.



### Communication and Language Part 1 How language develops



<https://youtu.be/8NSCHOh5Bjg>

### Communication and Language Part 2 Curriculum in action & children with EAL



<https://youtu.be/a-4RrpYKnU>



## **2 Year Integrated Review** 2-year Progress Check, Working with Health, and Referrals



<https://youtu.be/2KlzCq8kCXI>

## **Hygge in the Early Years** Develop calming learning environments



<https://youtu.be/fpiehLNdHK0>

# Home Learning Environment Chinese New Year



**Year of the Rabbit : 22nd January 2023 – 9th February 2024**

**Preparing For Chinese New Year - Let's Celebrate**



[https://www.youtube.com/watch?v=c8ssHXZ9\\_qU](https://www.youtube.com/watch?v=c8ssHXZ9_qU)



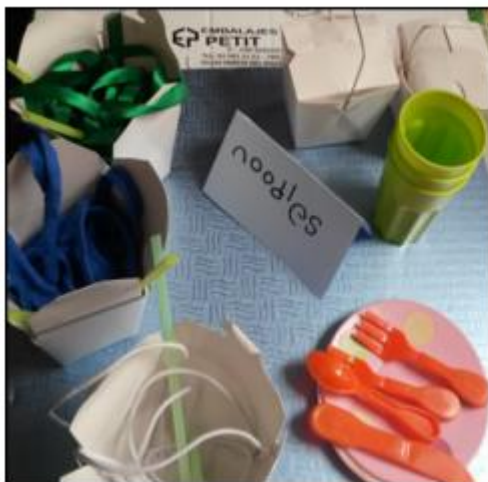
<https://www.bbc.co.uk/cbeebies/stories/lets-celebrate-chinesenewyearperformance>





<https://youtu.be/may2s9j4RLk>

**Create a noodle station either using real noodles and chopsticks or pretend noodles with wool & ribbons**



**The lion dance** seen at Chinese New Year originates from the legend of the monster known as Nian. During the performance the lion moves from place to place looking for green vegetables which are hung above the doors of houses. Hidden inside the leaves are red envelopes containing money. The lion eats the vegetables and red envelopes then scatters the vegetable leaves to spread good luck.



### What you need to make a lion

- A large cardboard box
- Brightly coloured paints, e.g. red or orange
- Scissors
- Glue
- 2 yogurt pots
- Gold, red, yellow, white, orange, purple and green paper
- A long red /brightly coloured strip of cloth/ribbons
- Possibly 6 hula hoops
- A stapler



### How to make a lion

1. Using the cardboard box cut out a mouth shape.
2. Cut out 2 holes for the nostrils and insert the yogurt pots.
3. Add extra yogurt pots to the head which you can decorate as eyes.
4. Children can paint the head or add brightly coloured scales using colourful paper.
5. Add sharp white teeth and decorate the head using gold paper, foam shapes and pom-poms and anything else you can find!
6. Attach a long strip of red or brightly coloured cloth so children can get underneath it to form a body.
7. Ask children to hold hula hoops for extra support



### How to do a lion dance

1. Take children to practice in an open space
2. Ask children to listen carefully to the beat of a drum, and move to the beat
3. Use positional language, up, down, along, through and between
4. Encourage children to get in a line of 4 and practice moving together
5. Put children into groups, choose a child to hold the head and others to hold up the cloth/or streamers/ribbons to form a large lion
6. Move using the whole space and raise the head and body in wave like movements

### Chinese Lion Dance in 10 Basic Steps

[https://www.youtube.com/watch?v=PI5fm\\_m3BTY](https://www.youtube.com/watch?v=PI5fm_m3BTY)

**Lion Dance by 5 year old children (perhaps don't use the chairs 😊)**

[https://www.youtube.com/watch?v=ABXn\\_lum3CE](https://www.youtube.com/watch?v=ABXn_lum3CE)

### Make paper or real fortune cookies



#### Ingredients

- 1 egg white
- 1/8 teaspoon vanilla extract
- 1 pinch salt
- 1/4 cup plain flour
- 2 tbsp caster sugar

Write fortunes on small strips of paper and set aside.

<https://www.kidspot.com.au/kitchen/recipes/fortune-cookies/qgezisxw>

1. Preheat oven to 180C. Cover two baking trays with baking paper.
2. Mix the egg white and vanilla until foamy but not stiff. Sift the flour, salt, and sugar and blend into the egg white mixture.
3. Place teaspoonfuls of the batter at least 10cm apart on one of the prepared trays. Tilt the tray to spread the cookie batter into round shapes about 7cm in diameter. Be careful to make batter as round and even as possible.
4. Do not make too many at once, because you will have to form the fortune cookie shape while they are hot - once the cookie begins to cool, it is too late to shape them. Start with 2 or 3 to a sheet and see how many you can do.
5. Bake for approx. 5 minutes or until cookie has turned a golden colour on its outer edge. The middle will remain pale. While one sheet is baking, prepare the other.
6. Remove baking tray from the oven and quickly remove a cookie with a well-greased, wide metal spatula. With gloves on, flip the cookie into your hand, lay the fortune across the middle of the cookie fold the cookie in half.
7. Using the edge of a glass, place the folded edge of the cookie across the edge and pull the pointed edges downwards until the unmistakable shape of the fortune cookie is made.
8. Place the cookie into a muffin tray as it cools so that the shape is held until firm.



#### You will need:

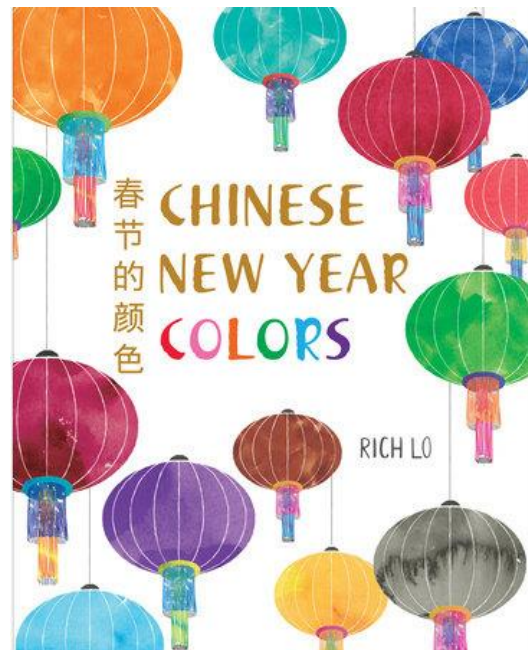
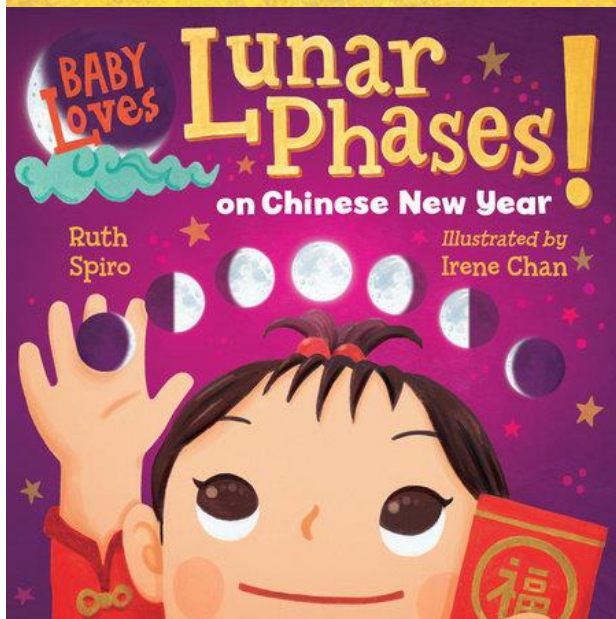
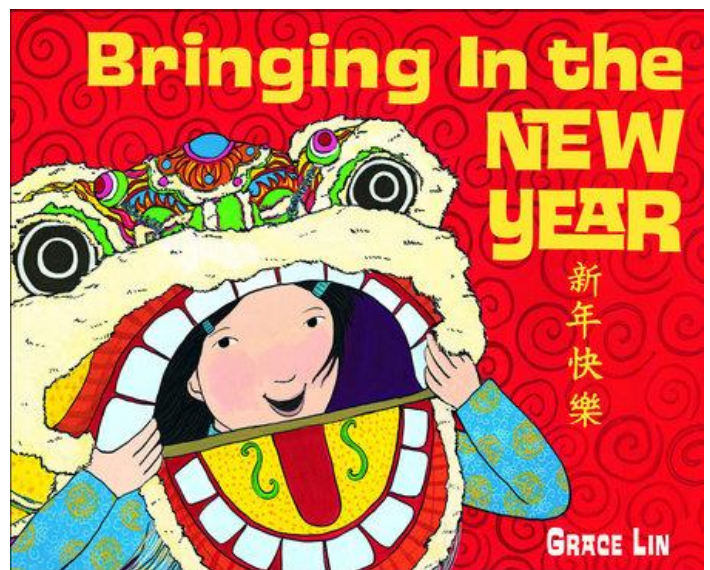
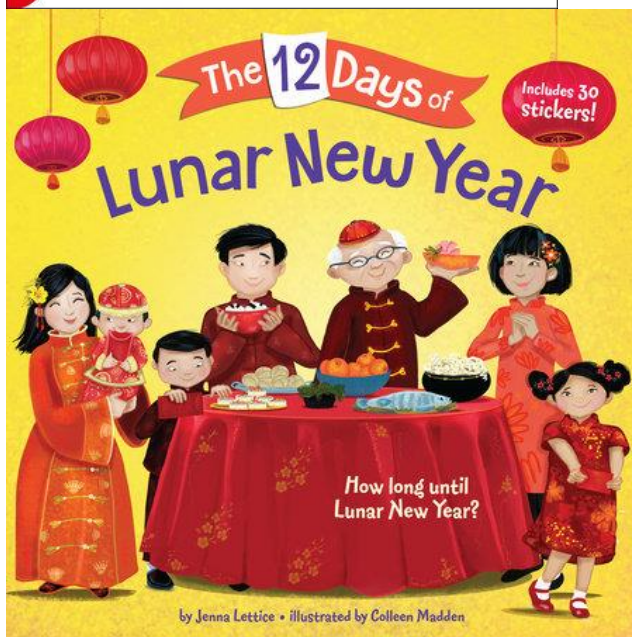
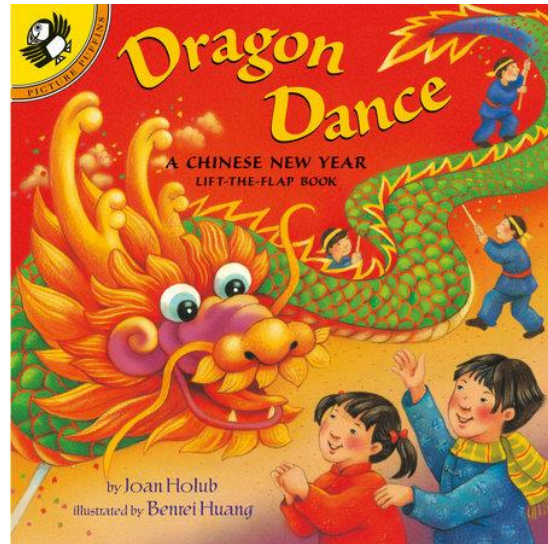
- Coloured paper
- Glue
- A pencil
- Felt tips, tissue paper or materials to decorate

#### How to make:

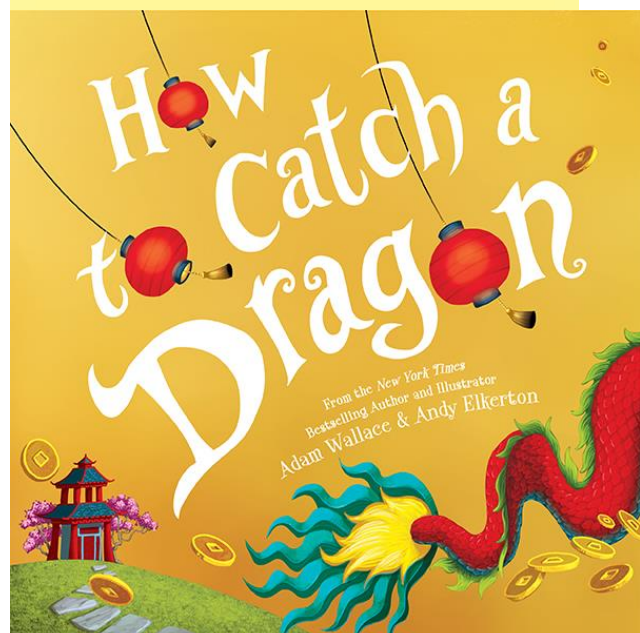
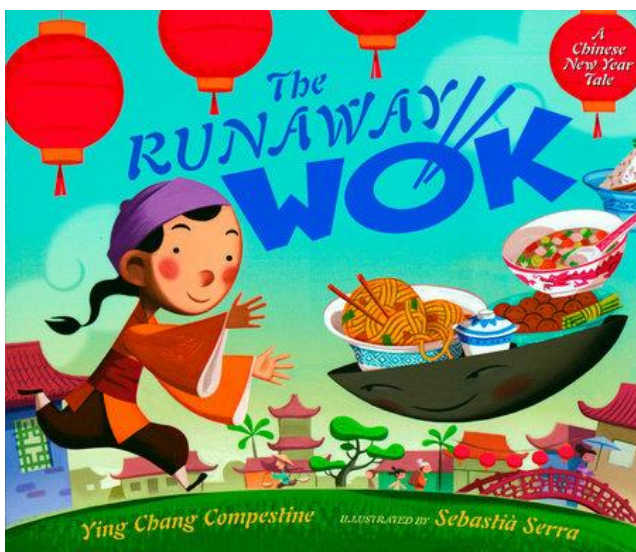
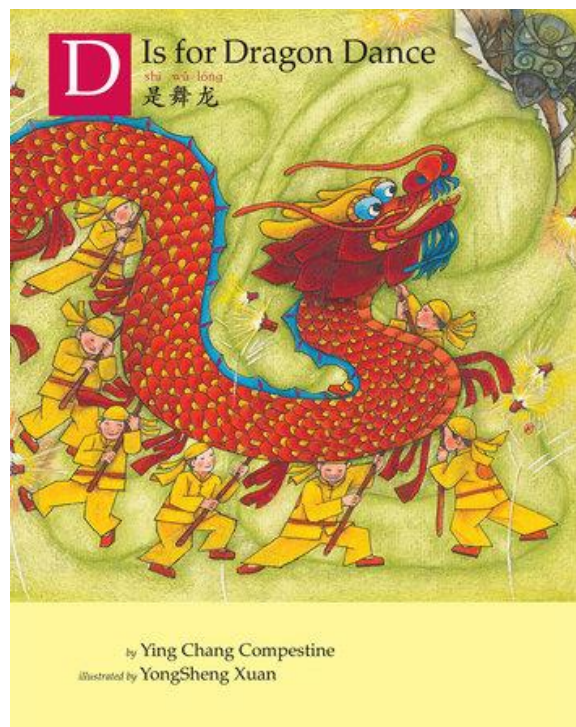
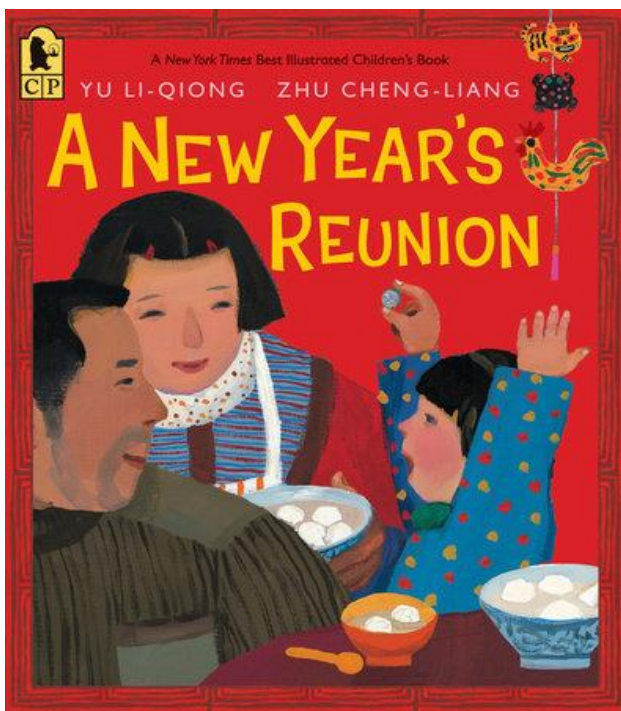
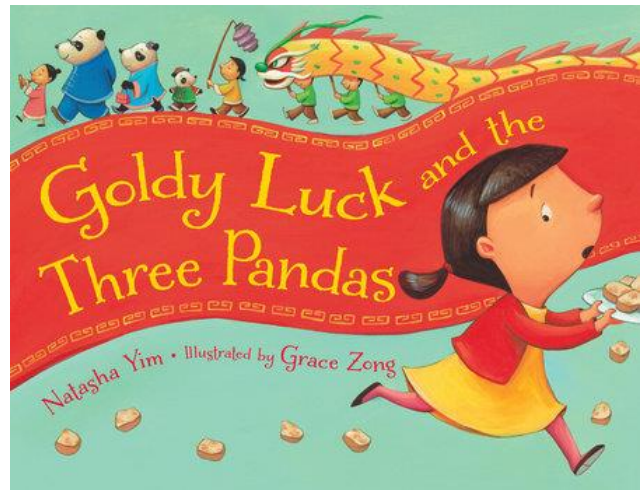
1. Cut out a circle shape
2. Fold it in half
3. Write a secret message then place it inside the folded circle
4. Fold the semi circle in half
5. Glue down the straight edge
6. Decorate and swap cookies with each other



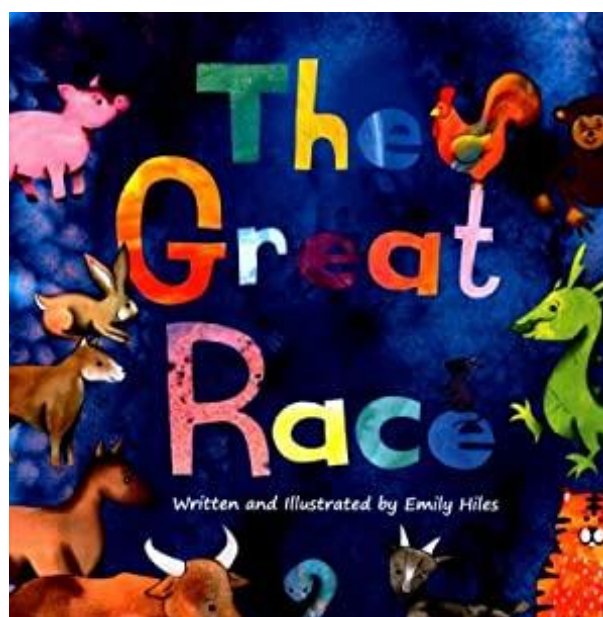
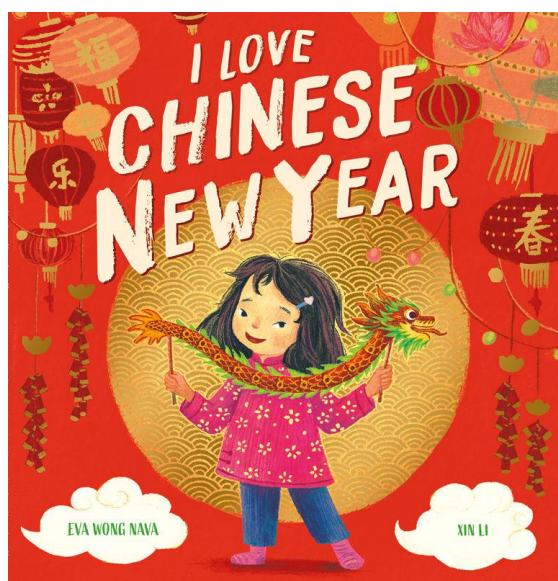
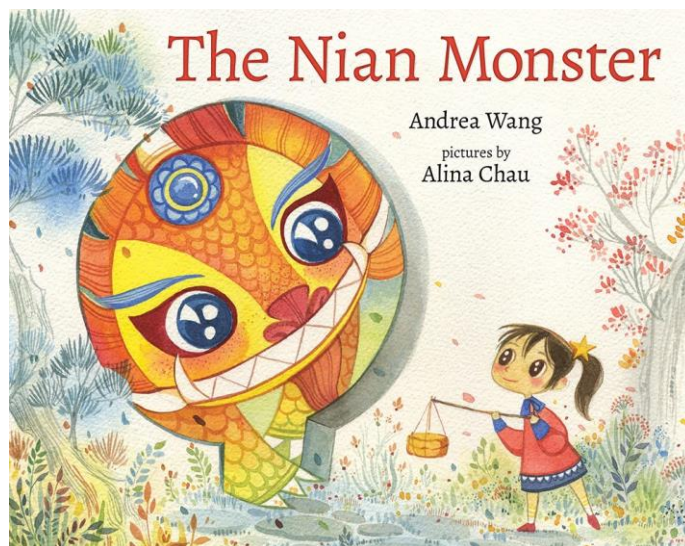
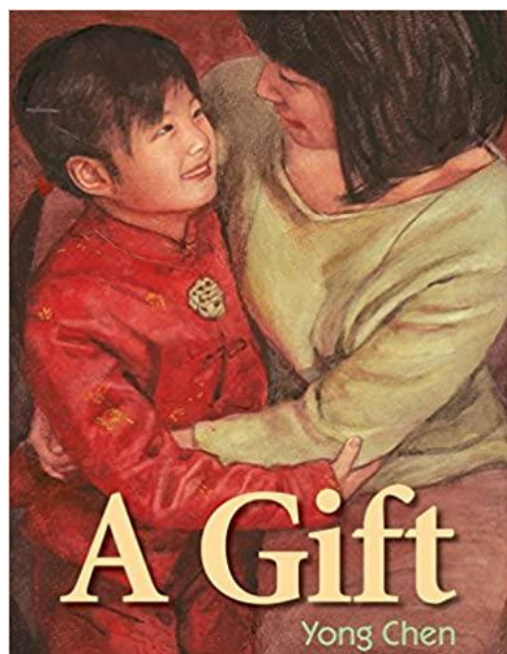
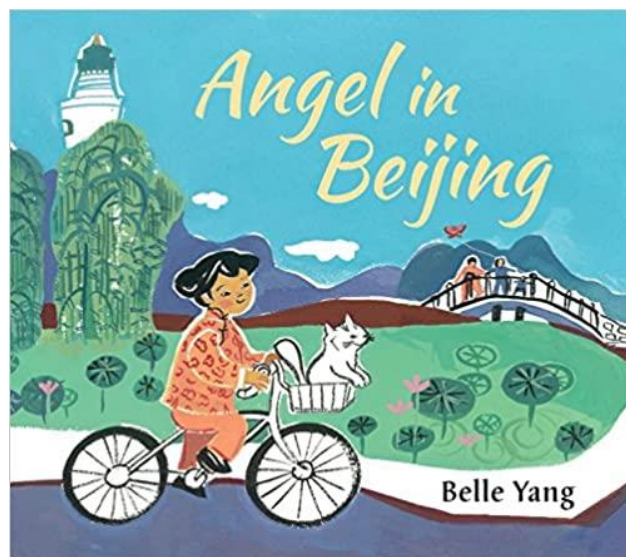
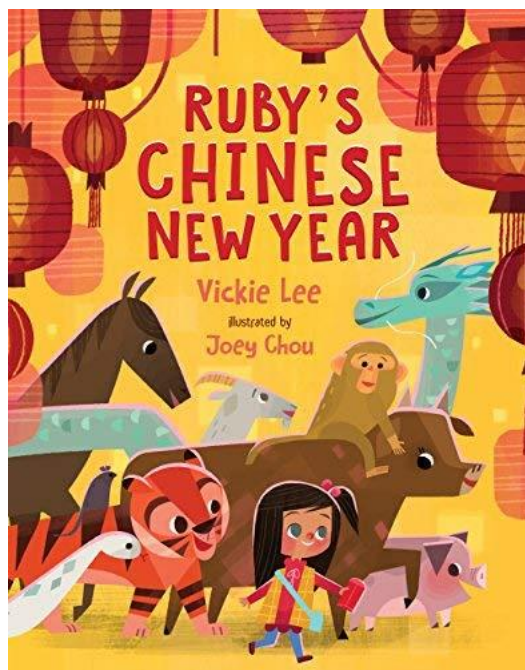
## Chinese New Year Picture Books

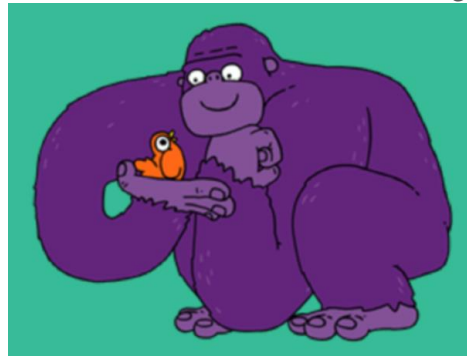












## **Why is it important to promote children's mental health and wellbeing?**

Promoting children and young people's wellbeing is a key part of keeping them safe, helping them develop and ensuring they have positive outcomes into adulthood (Public Health England, 2021).

Mental health plays a key role in a child's overall wellbeing and can be affected by various factors, including:

- environment
- stress
- family circumstances
- abuse and neglect

It can impact on all aspects of their life, including their educational attainment, relationships and physical wellbeing. Mental health can also change over time, to varying degrees of seriousness, and for different reasons.

## **Everyone's responsibility**

Anyone who works with children and young people has a responsibility to promote their wellbeing, recognise any concerns about a child's welfare and know what action to take to keep children safe.

We've put together some tips and resources to help you promote mental wellbeing in the children and young people you work with. This includes:

- talking with children about their mental health
- strategies to help improve mental health
- tips to share with parents and carers.

<https://learning.nspcc.org.uk/child-health-development/child-mental-health>

## **Starting the conversation - Make space and time to talk**

It's important to create an open environment where children can talk about how they feel without judgement. Make time to check in with the children. Provide language to describe feelings.

## **Conversation starters**

The Childline website provides age-appropriate information and advice about a range of topics that can help you to start a discussion. You can also signpost older children to Childline if they need additional support before or after a conversation.



Topics covered include:

- [feelings](#), including support on managing anxiety
- [bullying and cyberbullying](#), including tips on taking care of your mental health
- [friends, relationships and sex](#)
- [family relationships](#).

[Childline Kids](#) provides tailored information and advice for under 12s using age-appropriate language and with ideas about what to do about different feelings.



## FEELINGS

It's normal to have feelings about things going on around you. And sometimes you might not know why you feel a certain way.

If these feelings get too much, or they won't go away, we're here to help.



## PLAY HOW YOU FEEL

**WALL OF EXPRESSION**

Start →

AARGH!

**Angry or lonely?**

Write your worries on the wall of expression, then knock it down!

**BALLOON**

Play ▶

**Worried or scared?**

Play the Balloon game and feel your worries float away.

**Happy or hopeful?**

Use the Art box to create a tree of all the things you wish for.



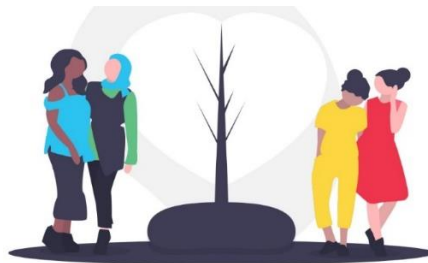
## Early Years & Childcare TRAINING PROGRAMME

Area	Training Courses and Workshops	Day	Dates	Start	End	Method of delivery	Cost
Ofsted Readiness	Looking Ahead to Ofsted	Thursday	12 January 2023	19:00	21:00	Zoom	Free
Learning & Development	Curriculum & Teaching	Thursday	19 January 2023	09:30	13:00	In person	£45
Learning & Development	Intermediate Safeguarding	Saturday	21 January 2023	09:30	13:00	In person	£45
Safeguarding & Welfare	Bitesize Webinar - FGM	Wednesday	25 January 2023	12:00	13:00	Zoom	Free
Learning & Development	Equality Diversity & Inclusion	Wednesday	01 February 2023	14:00	16:30	In person	£30
Safeguarding & Welfare	Intermediate Safeguarding	Thursday	02 February 2023	09:30	13:00	In person	£45
Safeguarding & Welfare	Bitesize Webinar - LADO & Managing Allegations	Wednesday	08 February 2023	12:00	13:00	Zoom	Free
Forum	Safeguarding Forum	Thursday	09 February 2023	19:00	21:00	In person	Free
Safeguarding & Welfare	Designated Safeguarding Person	Tuesday	28 February 2023	09:30	17:00	In person	£60
Safeguarding & Welfare	Safer Recruitment & Staff Supervision	Thursday	02 March 2023	09:30	12:30	In person	£45
Forum	Early Years Assembly	Tuesday	07 March 2023	18:30	20:00	MS Teams	Free
Safeguarding & Welfare	Bitesize Webinar - Positive Handling	Wednesday	15 March 2023	12:00	13:00	Zoom	Free
Safeguarding & Welfare	Designated Safeguarding Person	Saturday	18 March 2023	09:30	17:00	In person	£60
Safeguarding & Welfare	Domestic Abuse Awareness	Thursday	23 March 2023	09:30	12:30	In person	£45
Ofsted Readiness	Ofsted Trends	Monday	27 March 2023	19:00	21:00	Zoom	Free

### Cancellation Policy

Must be made in writing by e-mail at least 5 working days before the course  
[eyc.training@royalgreenwich.gov.uk](mailto:eyc.training@royalgreenwich.gov.uk)

Where cancellation is not received, and you do not attend the training you will be charged the full amount



### PROVIDER PEER NETWORK

Childminders and Groupcare Managers have an independent network of peer support

If you would like to join, send an email to [childcare-support@royalgreenwich.gov.uk](mailto:childcare-support@royalgreenwich.gov.uk) and you'll be linked in

## Paediatric First Aid Training Dates



Day	Dates	Start	Finish
Wednesday	11 January 2023	08:45	16:30
Saturday	14 January 2023	08:45	16:30
Wednesday	22 February 2023	08:45	16:30
Saturday	25 February 2023	08:45	16:30
Wednesday	15 March 2023	08:45	16:30
Saturday	18 March 2023	08:45	16:30

### IMPORTANT NOTICE

**You must complete the online part of PFA before you attend the in-person date. You will be sent a link in advance of the in-person date.**

You must arrive on time so leave good time for your journey. If you are late, you will not be permitted entry and will still be charged. This is to ensure you complete the hours required for certification.

There is an exam which you must pass before receiving your certificate on the day.

If you do not pass, you will need to do the course again to safely embed your knowledge and practice. You will have to re-book and pay for the course again.



### TO BOOK ALL TRAININGS

Most trainings are now in person so please check if via Zoom or in person

If you fail to attend training or fail to provide at least one week's notice of cancellation, you will be charged the full amount if your place cannot be filled

- 📄 For information about training or enquiries, email [eyc.training@royalgreenwich.gov.uk](mailto:eyc.training@royalgreenwich.gov.uk)
- 📄 Book via usual Direct Services to Schools below or the attached QR code
- 📄 [Courses \(royalgreenwich.gov.uk\)](https://servicestoschools.royalgreenwich.gov.uk/courses/pvi)  
<https://servicestoschools.royalgreenwich.gov.uk/courses/pvi>



### An Inspector Calls

<https://www.gov.uk/government/organisations/ofsted>



[Early years inspection handbook](#)

[Ofsted education inspection framework \(EIF\) inspections and the early years foundation stage \(EYFS\)](#)

<https://www.gov.uk/government/publications/guides-for-parents-how-early-years-settings-are-inspected>



## Department for Education

<https://www.gov.uk/government/organisations/department-for-education>



[Early years qualifications achieved in the United Kingdom](#)

Lists of qualifications that meet DfE's criteria for counting in the early years foundation stage framework staff: child ratios.

[Early years qualifications achieved outside the United Kingdom](#)

How you make an application for recognition of overseas qualifications to work in an early years setting in England.



## Department for Education

Open consultation

### Changes to the early years educator level 3 criteria

Give us your views

[Online Survey >](#)



<https://www.gov.uk/government/consultations/changes-to-the-early-years-educator-level-3-criteria>

The DfE are proposing revisions to the criteria for early years educator (EYE) level 3 qualifications.

You should read the early years educator level 3 criteria consultation document and [NCFE's written report](#) before completing the online survey

Complete survey here <https://consult.education.gov.uk/early-years-workforce/early-years-educator-level-3-criteria/> **Deadline: 23 January 2023**



Ofsted has published a set of guides for parents and carers explaining early years and childcare inspections in different types of settings in England.

<https://www.gov.uk/government/publications/guides-for-parents-how-early-years-settings-are-inspected>

These resources help explain the inspection process and judgements that Ofsted might make:

- [How Ofsted inspects childminders](#)
- [How Ofsted inspects nurseries and other types of daycare](#)
- [How Ofsted inspects before- and after-school care and holiday provision \(out of school settings\)](#)



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1. [Introduction](#)
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Guidance

## How Ofsted inspects nurseries and other types of daycare

Published 28 November 2022

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Guidance

## How Ofsted inspects before- and after-school care and holiday provision (out of school settings)

Published 28 November 2022



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**The Annual Report of His Majesty's Chief Inspector of  
Education, Children's Services and Skills 2021/22**



Ofsted

# **The Annual Report of His Majesty's Chief Inspector of Education, Children's Services and Skills 2021/22**

Presented to Parliament pursuant to section 121  
of the Education and Inspections Act 2006.

Ordered by the House of Commons to be printed on  
13 December 2022.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1122628/1357\\_Ofsted\\_Annual\\_Report\\_2021-22\\_WEB.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1122628/1357_Ofsted_Annual_Report_2021-22_WEB.pdf)

## **Highlights from the HMCI commentary**

“This report describes the shadow cast by the pandemic over education and children’s social care, and how that was addressed over the last year. In doing so, it reflects the considerable efforts made by everyone working in these sectors. I would like to record my thanks for their efforts in what was clearly another very difficult year.

As the year ended, and in the months since, there has been more turbulence, with an energy crisis and cost pressures facing households, the public sector and businesses alike. These new economic pressures have really started to bite this autumn and so are not reflected in this report. But we know they are already making life harder for the education and social care sectors and testing the resilience of both.

The impact of the pandemic and resulting restrictions have been well rehearsed. Our youngest children were hit particularly hard. They have lived much of their lives in a time of social distancing, mask-wearing and limited interaction. This delayed some children’s speech and language and slowed their social development. Children often took longer to settle at nursery and arrived at school with a wider range of starting points than normal.

Social care was also under pressure. For a long time, most children were out of daily sight of the teachers and others who would normally refer concerns to social care. Child protection services were braced for an influx of referrals. The surge was not as great as feared, but this was small comfort to a sector already stretched by an increasing number of children needing help. Those pressures have been exacerbated by unaccompanied children arriving from overseas, as well as worsening staff shortages and the greater complexity of many child protection referrals.

I noted last year, ‘Every generation gets one chance to enjoy its childhood and fulfil its potential. We must do all we can to make sure this generation is not denied its opportunity.’ This year we have been able to see how successfully the education and social care sectors have addressed the needs of this generation – and there is much to be commended

In early years, there was a focus on children’s speech and language, with turn-taking and sharing helping to build social skills. Schools used informal assessments to understand what children had missed. Reading and numeracy were emphasised at primary level.

This year we launched our new five-year strategy. It is not easy to anticipate the priorities and challenges of the years ahead. But we know we want to emphasise early years education. We want every child to have the best start in life. We must keep stressing the value of early education: from speech development to socialisation; physical dexterity to counting.

We inspect and regulate individual nurseries – but around half are part of a group, with many owned and operated by large national or international providers. There is no scrutiny of these owners.

From the earliest weeks of the pandemic, we expressed our concerns about children who were out of sight. When schools were closed to most children, we spoke about the risks for those enduring a chaotic home life. With the school experience now restored, there are children who continue to be largely invisible to authorities.

For the last six years we have highlighted the plight of children at unregistered, illegal schools. Most of these places offer, at best, a poor standard of education and a narrow curriculum. At worst, they are



simply unsafe. The government has indicated that it will give us greater powers to seize evidence and tackle illegal schools. This is very welcome and we hope the measures come to fruition.

Many of the problems highlighted in this report are either created or exacerbated by workforce and resourcing problems. If education and social care are to be resilient in the face of future challenges, these problems must be addressed.

There are a number of pressures on the early years sector. Registered childminder numbers have fallen, either because of a drop in demand as parents work from home, or as childminders take work in better-paying sectors. There are issues in the nursery sector too. We have seen nursery chains grow too fast and then face closure because they cannot recruit or retain high-quality staff. More nurseries lack enough qualified and experienced staff and become over-reliant on apprentices to fill gaps. That has a knock-on impact on the quality of their early education, as well as their safeguarding expertise.

Last year's report described the pandemic impact on education and social care and this year's report describes the extent of recovery. It remains a work in progress.

Early years providers are adjusting their work with the youngest children, within the context of cost-of-living pressures and demands for more affordable childcare.

We must also look forward. The economic outlook is uncertain and the cost of living is rising. This will affect sectors still recovering from the effects of the pandemic. The gains made over the last year must be consolidated quickly."

Yours sincerely

*Amanda Spielman*

**Amanda Spielman**  
His Majesty's Chief Inspector





## **Every child deserves the best start in life**

The experiences children have in their first five years are crucial for their future well-being, learning and development. High-quality early years education and care have a positive impact on children's attainment up to the end of secondary school. Disadvantaged children benefit significantly from good-quality pre-school experiences. This is why 'the best start in life' is one of our strategic priorities. We want to make sure that we have good evidence about what constitutes high-quality early years education, including curriculum and pedagogy, and act on it

### *Further reading*

B Taggart, K Sylva, E Melhuish and P Sammons, 'How pre-school influences children and young people's attainment and developmental outcomes over time', Department for Education, June 2015, pages 1 to 50; <https://www.gov.uk/government/publications/pre-school-influences-on-children-and-young-peoples-outcomes>

## **State of the nation**

At their most recent inspection, 96% of all EYR providers were judged good or outstanding. This is slightly lower than last year (97%). There is little difference between the proportion of good and outstanding childminders (97%) and nurseries and pre-schools (96%).

Of the EYR providers who had a full inspection this year, 83% were judged either good or outstanding overall. All of these providers were judged good or outstanding for their quality of education. The proportions of individual key judgements that were good or outstanding were: 83% for leadership and management; 84% for personal development; 86% for quality of education; and 87% for behaviour and attitudes

### **Overall effectiveness of providers over time**

When we resumed graded inspections, we prioritised providers that were:

- judged less than good at their last inspection (including those that received an interim visit in autumn 2020)
- registered recently and not previously inspected
- overdue for their first inspection
- not inspected in the last inspection cycle because of the pause in routine inspections.

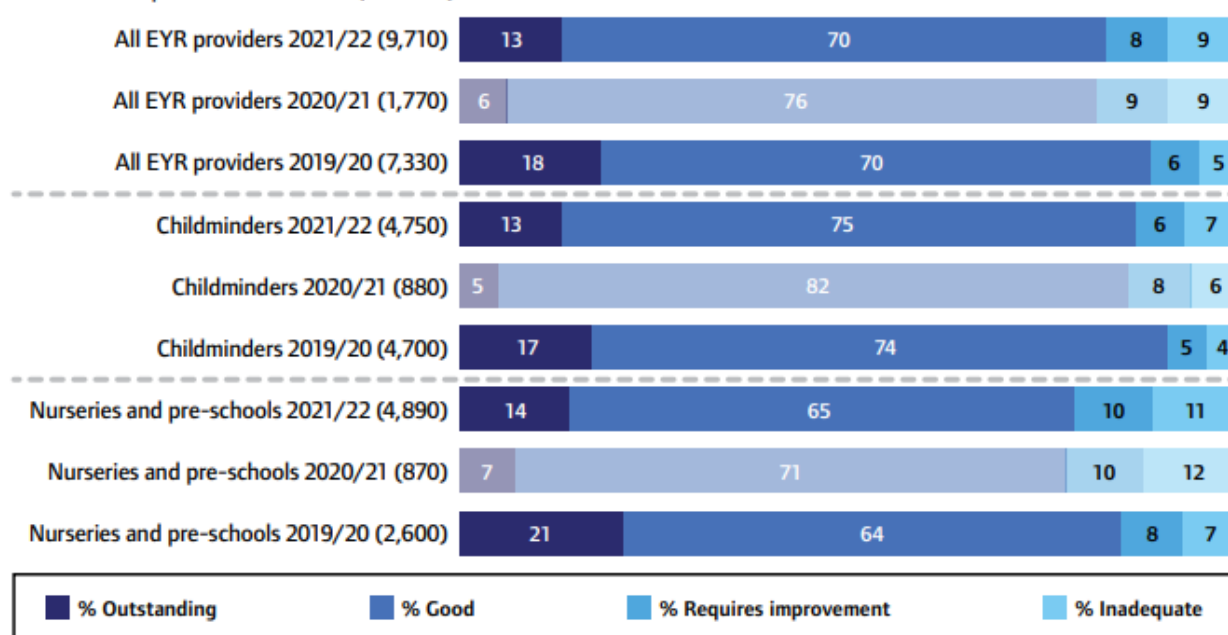
This selection process meant that fewer providers were judged good or outstanding in 2021/22 than in 2019/20. The gap in the quality of education also widened between outstanding and weaker providers. The fall in the proportion of good and outstanding judgements is not entirely unexpected, given that we prioritised providers that had not been inspected recently or were previously graded less than good

The proportion of EYR providers judged good or outstanding overall fell by six percentage points, from 89% in 2019/20 to 83% this year. 2019/20 was the last year of routine inspections before they were suspended in March 2020. The greatest decline has been among those providing education and care in

nurseries and pre-schools. The proportion of nurseries and pre-schools judged good or outstanding has fallen by six percentage points, from 85% in 2019/20 to 79% this year.

**Figure 4: Overall effectiveness of early years providers inspected, by year**

Number of inspections in brackets (rounded)



1. Includes 2021/22 inspections with a report published by 30 September 2022.

2. Data for 2020/21 has been included for reference but should be treated with caution, as inspection activity was limited due to the pandemic.

3. 'All EYR' includes nurseries and pre-schools, childminders, and childcare on domestic premises.

4. Percentages are rounded and may not add to 100.

## Impact of the pandemic

During the pandemic, children's absence from early years settings and delays in routine health checks meant that early speech and language problems were not picked up as they might have been previously.

Young children's communication and language development is still affected. Many providers have noticed delays in some children's speech and language development and they are making more referrals for specialist help with speech and language than previously.

The pandemic has also had a negative impact on children's personal, social and emotional development (PSED). Some children's social skills are less advanced than they might otherwise have been at their age. These include the skills needed to make friends, to become more confident and to communicate with adults. They have missed out on socialising with other children and adults, and lack confidence during social interactions. Some children are taking longer to settle into a nursery or with a childminder, and they need a lot of support to share and take turns. The foundations of future learning, and of thriving at school and beyond, include being able to share, take turns and build relationships with adults and other children. Without these skills, children may be less prepared for the Reception Year

## Pandemic recovery

Early years providers now focus more on addressing the gaps in children's learning. They are identifying the children who have missed opportunities in their learning, and are helping them to catch up by:

- creating more opportunities for interactions between adults and children that help children to develop speech and language
- refocusing their curriculum on language and communication, for children who have fallen behind in language development



- creating more opportunities for staff to read to children and talk to them about the books they read
- providing opportunities in day-to-day routines to develop social skills, including tasks such as cutting and sharing fruit and laying tables for lunch
- providing as many opportunities as they can for children to mix with others and build their confidence in social situations.

Some providers have realised that children need to be better prepared for the start of the Reception Year. They are teaching children the PSED skills they will need to move successfully to school. These include helping children to make friends, building children's confidence and increasing their independence.

## **Early years curriculum and pedagogy**

Some early years providers have a better understanding than others of the concept of curriculum. These providers know to plan a curriculum that defines what they want children to learn and be able to do. However, the weakest providers often do not know what a coherent curriculum looks like, or how to implement it. Where providers struggle to implement a curriculum, this may be linked to recruitment issues and reliance on less-experienced staff.

One of the important messages in Early Years Research Review is that practitioners should prioritise curriculum planning, and decide what children need to learn, before they plan children's activities and experiences. Children's interests alone should not determine what they need to learn, but practitioners should be responsive to children's interests when deciding how to teach the curriculum. This is important so that children have the opportunity to develop new interests and learn new knowledge, and so that the curriculum does not begin to narrow for them.

The review also reiterates the importance of play, and skilful adult intervention in play, as part of high-quality learning in the early years. Explicit teaching followed up by practice and reinforcement through play can also be very effective, especially when introducing children to new knowledge.

### *Further reading*

'Reception curriculum in good and outstanding primary schools: bold beginnings', Ofsted, November 2017;  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/663560/28933\\_Ofsted\\_-\\_Early\\_Years\\_Curriculum\\_Report\\_-\\_Accessible.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/663560/28933_Ofsted_-_Early_Years_Curriculum_Report_-_Accessible.pdf)

'Teaching and play in the early years: a balancing act?', Ofsted, July 2015;  
<https://www.gov.uk/government/publications/teaching-and-play-in-the-early-years-a-balancing-act>.

Baby's brain begins now: conception to age 3', The Urban Child Institute;  
<http://www.urbanchildinstitute.org/why-0-3/baby-and-brain>.

## **Workforce challenges**

Many providers have faced ongoing challenges in recruiting and retaining qualified staff. Nurseries had problems retaining high-quality, qualified and experienced staff before the pandemic and this is getting worse. The early years sector is competing with, and losing out to, higher paid or more flexible employment. Staffing problems have not affected the profile of inspection judgements so far, but may affect quality in the future if experienced and qualified staff continue to leave. Many providers who leave the sector after a considerable time take with them a wealth of experience, knowledge and commitment to children

Problems with recruiting and retaining staff can lead to a lack of continuity and consistency in education and care for children. The EYFS framework highlights the importance of quality and consistency in providing the right foundation for children aged under five. Some providers are not managing the impact of staffing challenges as effectively as others, and in the best interests of children. We have seen examples where leaders had not considered having their better qualified, more experienced staff working with all ages of children, rather than just with older, pre-school children.

Our analysis has found a link between the number of staff in nurseries and pre-school settings with higher-level qualifications, and the quality of provision. Outstanding providers have, on average, nearly twice as many staff with a degree-level qualification as those receiving other inspection outcomes.

### **Early years apprenticeships**

Apprenticeships may provide a solution to the problems with recruiting qualified early years staff. However, it is too early to know the long-term impact of apprenticeships on the sector. There has been a large fall in the number of people beginning children's care, learning and development (levels 2 and 3), early years educator (level 3) and early years practitioner (level 2) apprenticeships since the standard and framework for each qualification level were introduced

There are also concerns about how providers support apprentices, and the training they receive. For example, employers may not always release apprentices for off-the-job training. Given the recruitment challenges in the sector, providers may also use unqualified, unskilled apprentices to replace the skilled, experienced practitioners they have lost.



# HELP PAYING FOR YOUR CHILDCARE



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You get an immediate response on whether you  
are eligible for a place



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Childcare  
Calculator >

Get an **estimate** of how much  
help you can get with Tax-Free  
Childcare and other offers.

<https://www.gov.uk/childcare-calculator>



Apply  
now >

<https://www.gov.uk/apply-for-tax-free-childcare>

Childcare  
**Choices**

<https://www.childcarechoices.gov.uk/>



## Keeping Children Safe

### Contact Children's Services

Emergency Duty Team (out of office hours only): 020 8854 8888

Referral team: 020 8921 3172

Email: [mash-referrals@royalgreenwich.gov.uk](mailto:mash-referrals@royalgreenwich.gov.uk)

**You don't need to be sure that a child or young person has been abused - it's OK to report a suspicion.**

### Early Years & Childcare



020 8921 3877



[childcare-support@royalgreenwich.gov.uk](mailto:childcare-support@royalgreenwich.gov.uk)



020 8921 4477



[safeguardingchildren@royalgreenwich.gov.uk](mailto:safeguardingchildren@royalgreenwich.gov.uk)

### LADO



020 8921 3930



[childrens-LADO@royalgreenwich.gov.uk](mailto:childrens-LADO@royalgreenwich.gov.uk)

Ofsted : 0300 123 4666 / [enquiries@ofsted.gov.uk](mailto:enquiries@ofsted.gov.uk)

DBS Regional Office : 0300 105 3081 / [Kiranpreet.rehal@dbs.gov.uk](mailto:Kiranpreet.rehal@dbs.gov.uk)

[DBSRegionaloutreach@dbs.gov.uk](mailto:DBSRegionaloutreach@dbs.gov.uk)



Prevent Team 020 8921 8340



[prevent@royalgreenwich.gov.uk](mailto:prevent@royalgreenwich.gov.uk)

This is the Greenwich Domestic Violence and Abuse Service.



Telephone: 020 8317 8273



Email: [info\\_gdva@h4w.co.uk](mailto:info_gdva@h4w.co.uk)

All children in Royal Greenwich, regardless of their background and circumstances, should have a happy and fulfilled childhood where they enjoy school and family life, learn, belong, grow and achieve so that they enter adulthood ready, willing and able to achieve their highest potential.



<https://www.gov.uk/government/news/urgent-safety-alert-issued-for-baby-self-feeding-products>

The Office for Product Safety and Standards has issued an Urgent Safety Alert for baby self-feeding products and is urging the public to stop using them immediately and dispose of them safely.

Businesses selling these products must immediately remove them from the market as they cannot comply with the safety requirements under the General Product Safety Regulations 2005.

Baby self-feeding products are designed to enable babies to bottle feed with little to no assistance from a caregiver. This creates a risk of serious harm or death from:

- Choking on the feed
- Aspiration pneumonia

Using self-feeding products is also inconsistent with [NHS guidance in relation to safe bottle feeding](#).

This action follows a previous safety alert about baby Self-Feeding Pillows / Prop Feeders published on 30 November 2022 and applies to all baby self-feeding products.

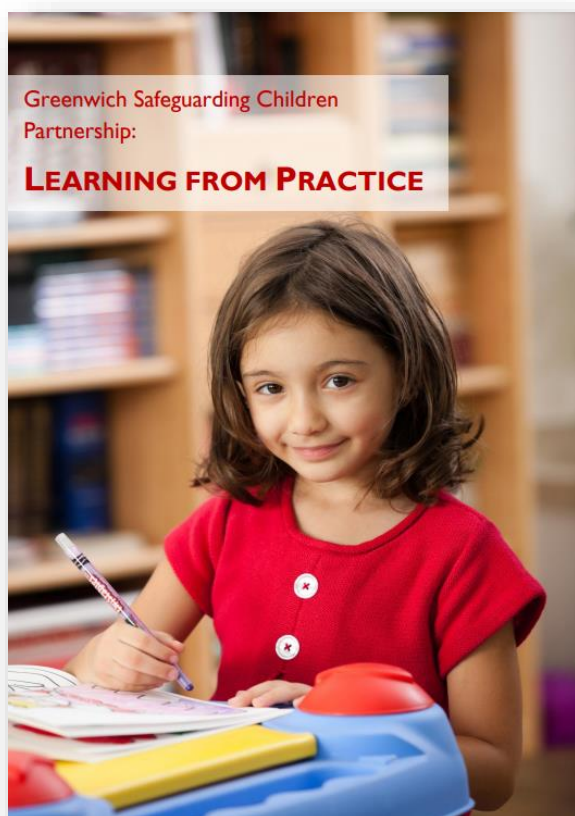
Consumers, local authority trading standards services and businesses are asked to take specific action to cease use or remove these products from the market as advised below.

## Action

OPSS has identified that this category of products will always be dangerous due to their design and intended use and can never be made safe.

## Consumers

Consumers should immediately stop using these products and dispose of them safely.



The GSCP has revised and published its Learning from Practice Document, adding in the Youth Justice Board notifiable incidents. The document outlines how the partnership respond to and learn from, serious incidents.

<https://www.greenwichsafeguardingchildren.org.uk/wp-content/uploads/2022/11/Learning-From-Practice-inc.-RR-guidance-Sept-2022.pdf>

## WHAT IS A SERIOUS SAFEGUARDING INCIDENT?

Working Together to Safeguarding Children 2018 defines a serious child safeguarding incident as one in which:

- The abuse or neglect of a child is known or suspected AND
- The child has died or been seriously harmed

Serious harm includes (but is not limited to) serious and/or long-term impairment of a child's mental health or intellectual, emotional, social or behavioural development.

## WHAT IS A YOUTH JUSTICE BOARD NOTIFIABLE INCIDENT?

The Youth Justice Board defines a notifiable incident as:

- A child is charged with committing:
  - o Attempted Murder/Murder/Manslaughter

The Greenwich Safeguarding Children Partnership is committed to supporting a mutual and reflective learning culture within and across all partners.

We want to use this culture to bring about changes that will lead to improved practice for children and families and a reduction in child abuse, neglect and, exploitation. We know that because of the nature of child abuse or serious incidences in the community children may die or be seriously harmed even when practice is excellent and, in some cases, despite the good work being done by front line staff.

We recognise that there is always room for learning and improvement and that there are situations where errors or failings within the system, or by individuals, may contribute to challenges in safeguarding children.

Much of our learning comes from cases. Historically this learning and our resources have been focused on safeguarding incidents that required formal statutory reviews including community safeguarding and public protection incidents which required notification to the Youth Justice Board.

While we will continue to learn from these incidents, we will use our new freedom as a partnership to ensure that the way we capture the learning is proportionate and meaningful. This means that we may recommend a review by the national Child Safeguarding Practice Review Panel, commission a local child safeguarding practice review for publication, or consider whether a single or multi agency audit might provide the most useful learning.



o Rape o Grievous Bodily Harm or Wounding with or without intent – section 18/20

o A Terrorism related offence

Or

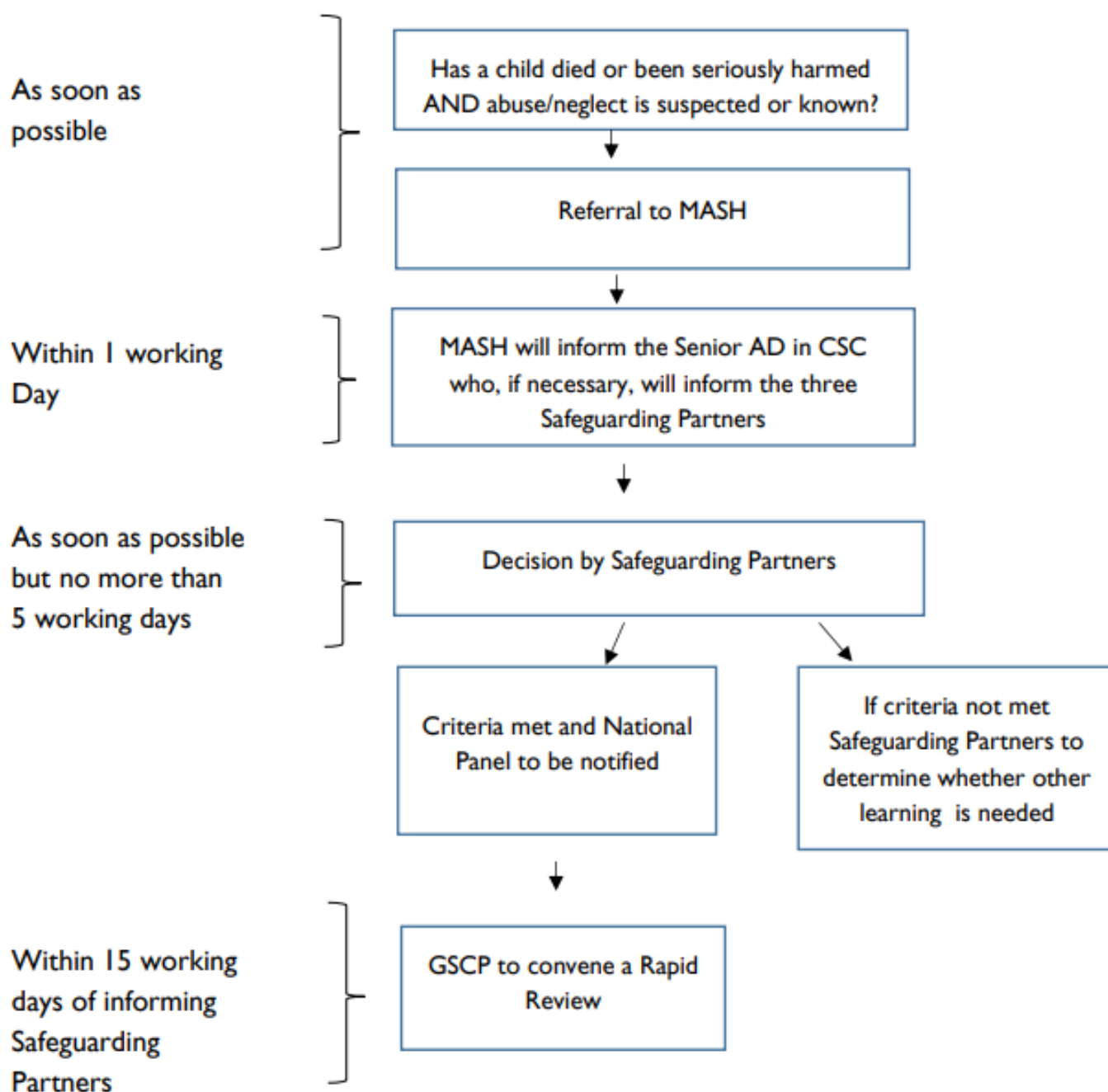
• A child dies while on the Youth Offending Team caseload or up to 20 days following the end of the Youth Offending Team supervision

## HOW TO MAKE A REFERRAL ABOUT A SERIOUS SAFEGUARDING INCIDENT

In Royal Greenwich, the Multi Agency Safeguarding Hub (MASH) is the designated single point of contact for serious safeguarding concerns, including those where a child has died or been seriously injured, and abuse or neglect is suspected.

If a practitioner in any agency believes that a child has suffered significant harm due to abuse and neglect they should make a referral to the MASH as soon as possible after the serious incident occurs.

### WHAT HAPPENS NEXT?





<https://learning.nspcc.org.uk/media/2987/learning-from-case-reviews-unseen-men.pdf>

The NSPCC has produced a summary of key issues and learning for improved practice around ‘unseen’ men. Men can play a vital role in their children’s development and wellbeing and have a major influence on the children they care for. However, an analysis of serious case reviews shows that male caregivers sometimes go ‘unseen’ by services involved with children due to:

- a lack of professional engagement and curiosity
- an over-focus on the quality of care children receive from their mothers
- inadequate information sharing between services.

Two main types of unseen men (sometimes referred to as ‘hidden’ men) have been identified in these case reviews:

- men who posed a risk to a child, which resulted in the child suffering serious harm or death
- men who could have protected and nurtured the child in their life but were overlooked by professionals.

The NSPCC briefing is based on learning from a sample of case reviews published since 2020 that highlight the issue of professionals not identifying or assessing key men involved in the care of children who died or suffered harm

# Professional Curiosity

Children and young people affected by abuse or neglect rarely tell us so directly – they may be frightened or ashamed, and often they don't realise that their lives are different to anyone else's. This makes it difficult for professionals to identify children who are experiencing or at risk of abuse – to do so we need to be curious about their lives, observant of their behaviour and to really listen to what they are saying to us.

Professional curiosity means exploring every possible indicator of abuse or neglect and trying to understand what the life of that child is like on a day to day basis – their routines, thoughts, feelings and relationships with family members. A professional may have the opportunity to identify abuse and neglect even if they come into contact with a family for an unrelated reason.

In order to be truly curious about a child's life professionals also need to maintain an attitude of respectful uncertainty. This means applying a critical eye to the information given by a child's carers rather than just accepting things on face value.

- Does the explanation given make sense?
- Is there other information which sheds doubt on their account?
- Is it possible to independently verify the information given?

It is important to acknowledge that we all work in an environment of uncertainty. Nobody can see into the future or know what happens behind closed doors and therefore practitioners need to adjust their understanding of the child's situation in order to take into account changing information and different perspectives.

Practitioners also need to be aware that we all carry a level of unconscious bias and that our own culture and background impact on the way we interpret family life. Cultural competence seeks to understand family dynamics and lifestyles in a holistic manner and avoids over-simplifying the impact of culture. An example of common over-simplification would be assuming that it is always best to allocate a family to a worker from the same country or community, when for some this could increase the sense of stigma and make it more difficult for families to be open and honest

## GSCB audit findings

The GSCB conduct thematic audits to learn about multi-agency practice in key areas of focus. Below are some examples of places where greater curiosity is warranted.

- The role of Fathers and other significant men: there is a lack of understanding of the role that male figures play in many children's lives. It is common to read the line "Father is supportive" on assessment forms with no real explanation of what that means for the child on a daily basis.
- Considering the impact on siblings, particularly in cases where there are concerns about the exploitation of children.
- Routine enquiry about familial relationships – many services are only exploring if there are clear indicators or allegations of DV rather than thinking about the impact of relationships in a more holistic manner.



In order to effectively apply the principles of professional curiosity it is crucial that practitioners maintain an open mind – this includes being willing to think the unthinkable. People who abuse children do not fit any particular profile. They are not always aggressive and obstructive, may be charismatic, well-educated and sociable. It is natural for a practitioner to want to believe the best of a family, and thinking the unthinkable does not mean assuming the worst. It means keeping an open mind, and being able to think objectively about the evidence presented.

#### Barriers to curiosity

1. Losing focus on the child through over-identifying with carers
2. Over-optimism
3. Making assumptions
4. Being afraid to raise concerns / question families
5. Time constraints (e.g. due to workload)
6. Lacking the confidence or assertiveness to ask sensitive questions
7. Unconscious bias

#### How to be curious

1. Explain at the first visit that you may have to ask personal or sensitive questions
2. Never disregard information because it does not fit with your understanding – be open to the unexpected and willing to change your opinion
3. Do not make presumptions about what is happening in a family home
4. Ask questions in an open and relaxed manner – explain that the intention is not to interrogate but to understand
5. Beware of inconsistent explanations, vague or retracted disclosures
6. Do not discount concerns just because they are unproven – concerns may be both valid and impossible to substantiate
7. Explanations from the family need to be collated with observation and other sources of information – is the overall picture consistent?
8. Home visits should include seeing the whole home, especially where the child sleeps
9. Think family – who else has an important role in the child's life? Are they also vulnerable?
10. Seek consent to speak to the professional network– serious case reviews repeatedly find that had all of the information held by different agencies been collated it would have led to a much clearer picture of the risk to the child
11. Be aware of how your own background, culture and beliefs impact on the way you interpret a situation
12. Seek a second opinion – talk any doubts through with an appropriate colleague, i.e. (depending on your role) your designated safeguarding lead, in peer or line supervision or via the MASH consultation line (020 8921 2267)

It is important to ask ourselves whether any of these barriers may be impacting on our ability to be curious – if in doubt speak to your manager or safeguarding lead.



<https://www.csacentre.org.uk/knowledge-in-practice/practice-improvement/education-resources/>

With over half a million children estimated to experience some form of sexual abuse each year, the Centre of Expertise on Child Sexual Abuse has launched a new suite of free education resources, designed specifically for education settings to support identification and response to concerns of child sexual abuse.

These resources have been designed by education professionals, for education professionals:

- [Communicating with children: A guide for education professionals when there are concerns about sexual abuse or behaviour](#)
- [Communicating with parents and carers: A guide for education professionals when there are concerns about sexual abuse or behaviour](#)
- [Safety Planning in Education: A guide for professionals supporting children following incidents of harmful sexual behaviour](#)
- [Signs and Indicators Template](#)



<https://youtu.be/Ox7PiWaqbnc>

## Greenwich Clinical Child Sexual Abuse Pathway

An allegation or suspicion of child sexual abuse (CSA) must be acted upon robustly. It is a difficult area for staff to manage. CSA includes physical contact (both penetrative and non-penetrative acts), non-contact activities such as exposure to sexually explicit material, and child sexual exploitation (CSE). The exact prevalence of CSA is unknown, however, it is clear that much goes unreported. In a survey of 18 – 24-year-olds, 11% considered themselves to have been sexually abused. This pathway aims to simplify the process and make the referral pathway and sources of advice available clear. This pathway is for all staff who work with children, or with adults who have children and has been updated with time frames and accountability for referrals to the HAVEN.

<https://www.greenwichsafeguardingchildren.org.uk/wp-content/uploads/2022/12/CSA-including-therapeutic-response-pathway-2022.pdf>

<https://www.greenwichsafeguardingchildren.org.uk/wp-content/uploads/2022/12/AGW-and-Genital-Herpes-pathway-Greenwich-Final-22-11-2022.pdf>



<https://enough.campaign.gov.uk/guidance-and-resources-for-teachers>



Teachers and childcare practitioners play a vital role in supporting children to develop healthy, positive relationships, learn how to treat others with kindness and stand up against abusive or unkind behaviour.

High quality teaching about relationships can show children how to respect other people's boundaries, how to communicate in a healthy way with an understanding of consent, and how to challenge stereotypes.

This resource page is part of the government's 'ENOUGH' campaign to tackle violence against women and girls, the Home Office has added a resources page for teachers and school staff to the campaign website

You can find social media assets here

## Remember the 3Rs



### Recognise

There are many different [forms of abuse](#), which means that the signs will be different for each child in each case. There are some common signs that indicate something might be having an impact on a child or young person's life, and while these signs don't necessarily mean that they are being abused, it's always good to assess the situation and maintain an open mind.

Some of these indicators could include:

- Sudden and unexplained changes in behaviour
- Becoming withdrawn or anxious
- Frequent absences from school
- Self-harming



### Respond

If you have any concerns about a child's welfare, you should immediately follow your organisation's child protection policy and speak to the designated safeguarding lead (DSL) or designated safeguarding person (DSP).

If you have concerns that a child may be experiencing abuse, it is important that you speak to the child. This shows them that you have noticed that something is not right and may help them feel more comfortable talking to you.

If a child has disclosed that they've experienced abuse, you should reassure them that what they say will be taken seriously, that they will be supported and kept safe. A child should never be given the impression that they are creating a problem by reporting any form of abuse and/or neglect. Nor should a child ever be made to feel ashamed for making a report.



### Refer

Where appropriate, it's important that a referral to children's social care is made if concerns escalate.



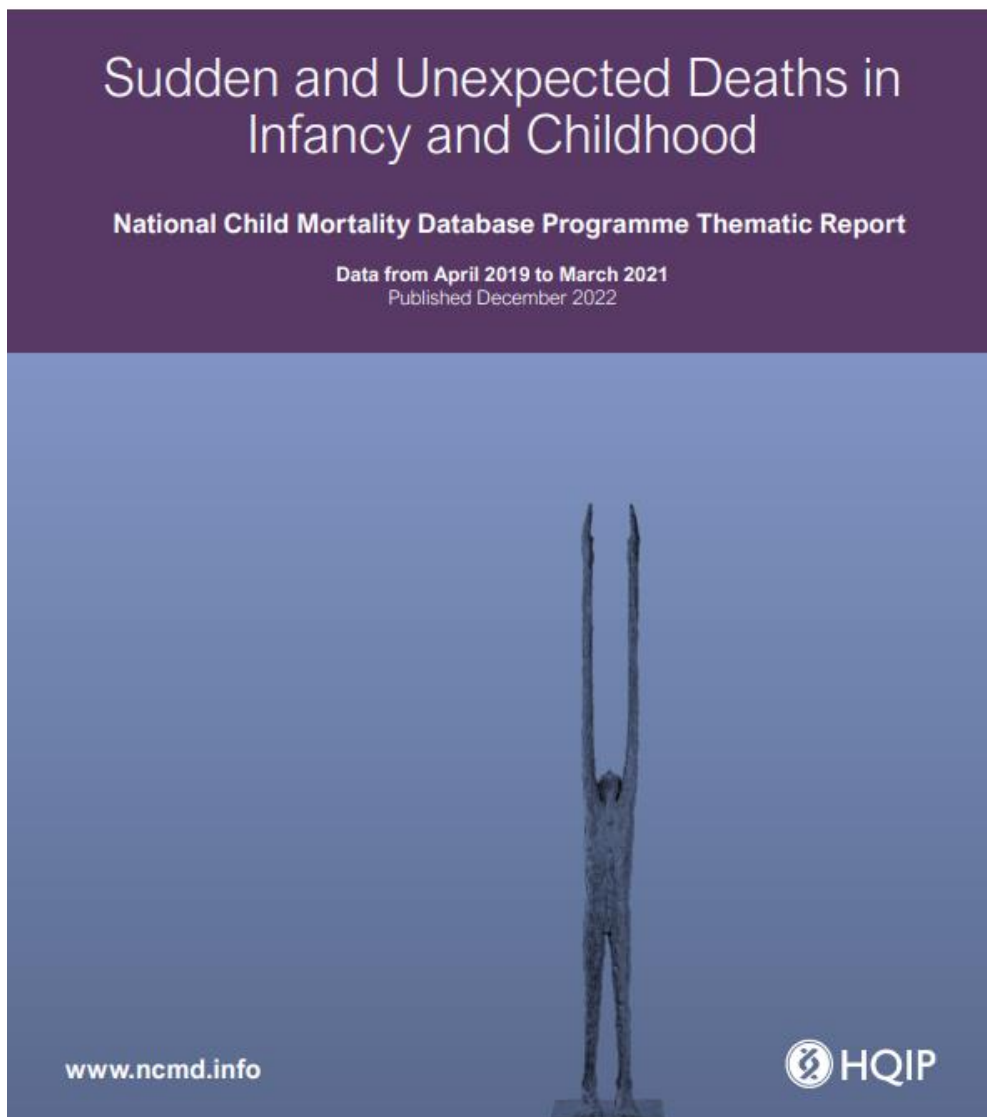


## **The London Safeguarding Children Procedures Updates**

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

The London Safeguarding Children Procedures are normally updated on a 6-monthly basis. The most recent update took place on 3 October 2022 and the changes can be viewed in the section Amendments & Archives.

Key amendments include the risk of sudden unexpected death in infancy (SUDI) and how professionals will address these risks with the parents and allegations against staff or volunteers. The Police, Crime, Sentencing and Courts Act 2022 has extended the definition of Position of Trust within the Sexual Offences Act 2003 section 22A to include anyone who coaches, teaches, trains, supervises or instructs a child under 18, on a regular basis, in a sport or a religion. Safer recruitment and selection; and management of adults that work with children includes additional checks for schools in accordance with KCSIE 2022 to include the need for an online search as part of their recruitment process as part of their due diligence - recommended best practice to all providers.



<https://www.ncmd.info/publications/sudden-unexpected-death-infant-child/>

**This report draws on data from the National Child Mortality Database (NCMD) to investigate sudden, unexpected and unexplained deaths in both infants and children and young people, and to draw out learning and recommendations for service providers and policymakers.**

When a child dies suddenly and unexpectedly, it represents a devastating loss for the parents, wider family and the child's whole community.

This NCMD thematic report, the fourth published by the NCMD programme, aims to quantify the number of sudden unexpected deaths of infants and children in England, the proportion of these deaths that remain unexplained following review by a Child Death Overview Panel (CDOP), and the demographics and characteristics of these children. It provides detailed analysis based on the unique data collected and held by the NCMD, as well as testimonies from the lived experience of families and comprehensive recommendations for policymakers and professionals to ensure positive change in the future.

The figures detailed in this report represent precious lives lost and many families who endure the life-long impact of the lack of an explanation for why their child died. It is our hope that the publication will make a difference towards ensuring that no family has to go through this in the future.

### **Key findings in brief**

- Of all 6,503 infant and child deaths occurring between April 2019 and March 2021 in England, 30% (n=1,924) occurred suddenly and unexpectedly, and of these 64% (n=1,234) had no immediately apparent cause.

### **Infant deaths (under 1 year)**

- **There was a link between unexplained deaths of infants and deprivation.** A significantly larger proportion of unexplained deaths were of infants living in the most deprived neighbourhoods (42%) than those in the least deprived neighbourhoods (8%).
- **There was a strong link between sudden, unexpected infant deaths and sleeping arrangements.** Where it was known, 98% (n=124/127) of unexplained deaths occurred when the infant was thought to be asleep, and of those, 52% (n=64/124) of deaths occurred while the sleeping surface was shared with an adult or older sibling. Of the 64 deaths where the sleeping surface was shared, for 60% this sharing was unplanned and at least 92% were in hazardous circumstances e.g., co-sleeping with an adult who had consumed alcohol or on a sofa. Of the 124 deaths that occurred during apparent sleep, at least 75% identified one or more of the following risk factors related to the sleeping arrangements: put down prone (face down) or side; hazardous co-sleeping; inappropriate sleeping surface when sleeping alone; inappropriate items in the bed.
- Unexplained deaths among infants were more common in males (64%) than females (36%), and were strongly associated with low birthweight, prematurity, multiple births, larger families, admission to a neonatal unit, maternal smoking during pregnancy, young maternal age, parental smoking and parental drug misuse.

### **Child deaths (1-17 years)**

- **Both explained and unexplained deaths in this age group were associated with a history of convulsions.** Where data were available (n=30), there was a history of convulsions recorded in 27% of children whose deaths remained unexplained in this age group. This incidence was similar to children whose deaths went on to be explained.
- Sudden and unexpected child deaths in this age group were highest in the most deprived neighbourhoods.
- For sudden and unexpected deaths that occurred during 2020 and had been fully reviewed by a CDOP (n=204), 84% went on to be explained by other causes.
- There were at least 32 unexplained deaths in 2020 of children in this age group.

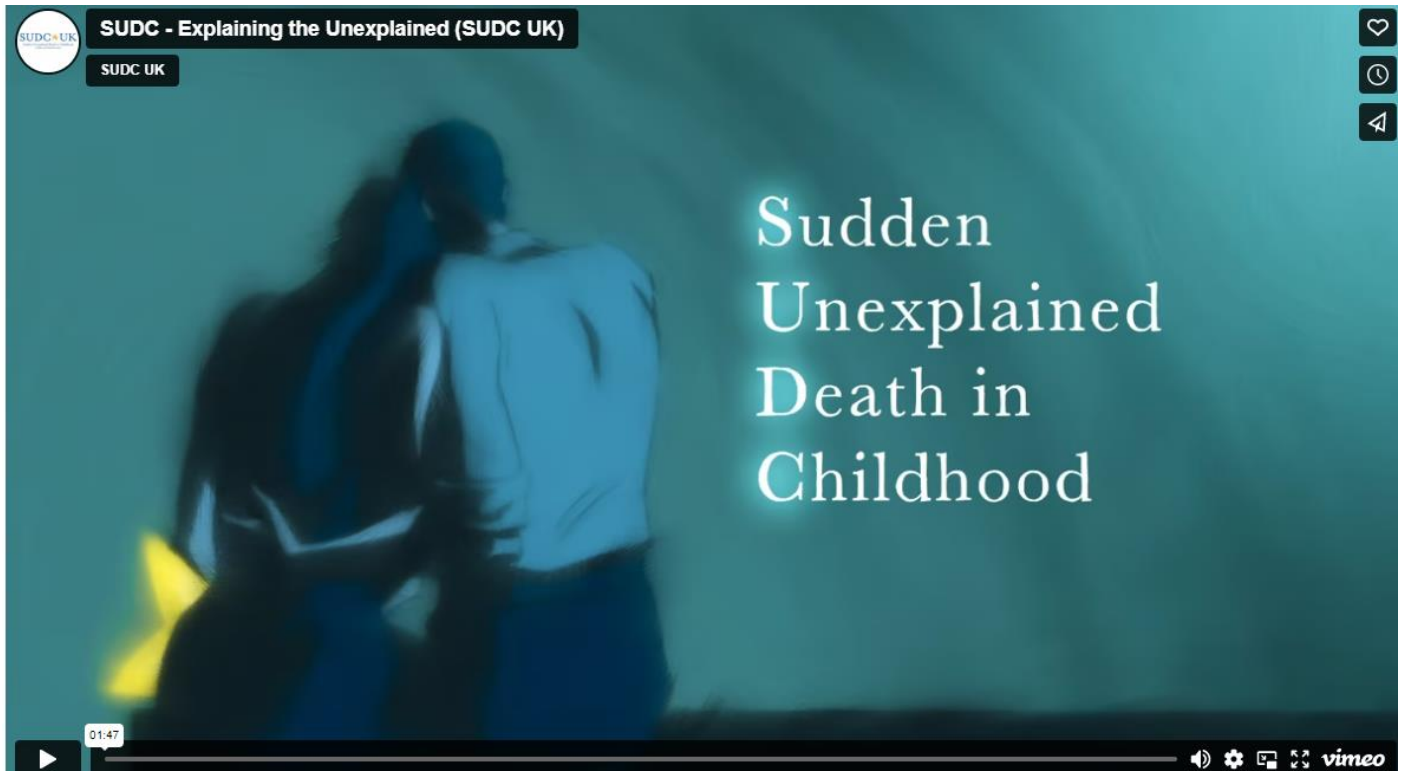
# SUDC★UK

Sudden Unexplained Death in Childhood

an affiliate of the SUDC Foundation

<http://sudc.org.uk/>

SUDC is the sudden and unexpected death of a child between 1 and 18 years of age, which remains unexplained after a thorough investigation is conducted. This short video explains the tragedy of Sudden Unexplained Death in Childhood.



<https://vimeo.com/409815534>





<https://learning.nspcc.org.uk/media/1345/learning-from-case-reviews-neglect.pdf>

Neglect is a serious form of harm. Both families and professionals can become overwhelmed and demoralised by issues of neglect. Children may experience repeated attempts by professionals to try and improve the situation.

Published case reviews highlight that professionals face a big challenge in identifying and taking timely action on neglect.

The learning from these reviews highlights that professionals from all agencies must be able to:

- recognise physical, emotional, medical and educational neglect
- understand the cumulative and long term impact of neglect
- take timely action to safeguard children.

Neglect is not meeting a child's basic physical and psychological needs (Department for Education, 2018; Department of Health, 2017; Scottish Government, 2021; Wales Safeguarding Procedures Project Board, 2020).

It is a form of child abuse that can have serious and long-lasting impacts on a child's life - it can cause serious harm and even death.

The four main types of neglect are:

- **physical neglect:** not meeting a child's basic needs, such as food, clothing or shelter; not supervising a child adequately or providing for their safety
- **educational neglect:** not making sure a child receives an education
- **emotional neglect:** not meeting a child's needs for nurture and stimulation, for example by ignoring, humiliating, intimidating or isolating them
- **medical neglect:** not providing appropriate health care (including dental care), refusing care or ignoring medical recommendations (Horwath, 2007).

Neglect can happen at any age, sometimes even before a child is born. If a mother has mental health problems or misuses substances during pregnancy, for example, she may neglect her own health and this can damage a baby's development in the womb (Haynes et al, 2015).

## Recognising child neglect

### Signs and indicators

There's often no single indicator that a child is being neglected. You may notice more than one sign and your concerns might become more frequent if problems are mounting up. This could indicate that a child and their family need support.

Children who are neglected may:

- live in an unsuitable home environment, for example in a house that isn't heated throughout winter
- be left alone for a long time
- be smelly or dirty
- wear clothing that hasn't been washed and/or is inadequate (for example, not having a winter coat)
- seem particularly hungry, seem not to have eaten breakfast or have no packed lunch/lunch money.

They may suffer from poor health, including:

- untreated injuries
- medical and dental issues
- repeated accidental injuries due to lack of supervision
- untreated and/or recurring illnesses or infections
- long term or recurring skin sores, rashes, flea bites, scabies or ringworm

- anaemia.

Babies and young children may:

- have frequent and untreated nappy rash
- be failing to thrive (not reaching developmental milestones and/or not growing at an appropriate rate for their age).

A child who is experiencing neglect may display unusual behaviour, or their behaviour may change. You may notice or become aware that a child:

- has poor language, communication or social skills
- withdraws suddenly or seems depressed
- appears anxious
- becomes clingy
- is aggressive
- displays obsessive behaviour
- shows signs of self-harm
- is particularly tired
- finds it hard to concentrate or participate in activities
- has changes in eating habits
- misses school
- starts using drugs or alcohol
- isn't brought to medical appointments such as vaccinations or check-ups.

### **Risk and vulnerability factors**

Any child can suffer neglect, but research shows that some children are more vulnerable including those who:

- have a disability
- are born prematurely or with a low birth weight
- have complex health needs
- are in care
- are seeking asylum.

All families come under pressure from time to time. Although many parents are able to provide loving care for their children during difficult periods, increased or continued stress can affect how well a parent can look after their child.

Research shows that parents with a low income, or living in poorer neighbourhoods, are more likely to feel chronically stressed than other parents (Jütte et al, 2014); and parents who are facing complex problems such as domestic abuse or substance misuse can struggle to meet their children's needs (Haynes et al, 2015).

If parents are feeling particularly isolated, this can make it harder for them to ask for help and increases the risk of child abuse or neglect (Jütte et al, 2014).

### Recording concerns

Neglect is a long-term pattern of behaviour. Adults who are concerned that a child's needs are not being met should record individual incidents to build up an overview of the child's lived experience. These records should be shared with other agencies as appropriate and used to decide what support a child and their family need.



## NEGLECT

Every child and young person has the right to be looked after properly. If you're not getting the important things you need at home, you could be being neglected.

<https://www.childline.org.uk/info-advice/bullying-abuse-safety/abuse-safety/neglect/>

<https://youtu.be/wrLOLBHPEO4>

## HOW CAN I TELL IF SOMEONE I KNOW IS BEING NEGLECTED?

If you think a friend is being neglected, there are things you can do to help them. But it's not always clear if someone's experiencing neglect or not. If you're worried about someone, you could see if you notice any of these things:

- they seem like they haven't washed, are dirty or smelly, or their clothes seem dirty
- they are hungry or asking for other people's food
- they often come to school with no lunch money or packed lunch



- their parents don't seem to know where they are or what they are doing
- they often don't turn up for school, or they often arrive late
- they don't seem to have many friends
- they get sent to school even when they are really unwell



### **Domestic abuse**

The Crown Prosecution Service (CPS) has published revised guidance on domestic abuse which includes the update confirming children affected by domestic abuse will be recognised as victims of domestic abuse.

Children affected by domestic abuse will be automatically treated as victims regardless of whether they were present during violent incidents

**Kate Brown, CPS Domestic Abuse lead, said:** "Growing up in a violent and toxic home has a hugely damaging and long-lasting impact on children.

"Today's guidance, which recognises them as victims, not only offers them automatic support but means the effect on them is considered as part of the justice process.

"There's no doubt that having a clear understanding of the family dynamic and how a young victim may respond to the criminal justice process, will help us bring more abusers to court."

Given the complexities of these offences, the guidance highlights the importance of challenging assumptions and recognising the vulnerability of a victim who may not realise they are in a relationship with a suspect of abuse or who may disengage with the criminal justice process.

Prosecutors are asked to work with Independent Domestic Violence Advisors and other support groups to best support victims, and to consider further evidence such as CCTV, witness statements or medical records – in an evidence-led prosecution – to help build a robust case

<https://www.cps.gov.uk/cps/news/children-classed-domestic-abuse-victims-under-new-guidance>

### **Family violence**

The Crown Prosecution Service (CPS) has published an analysis of a sample of non-fatal strangulation cases in the UK. The new analysis reveals that in 38% of cases a child was present.

Children were present in more than a third of non-fatal strangulation offences, according to analysis of a sample of cases by the Crown Prosecution Service.

Prosecutors were given additional powers to charge violent abusers with non-fatal strangulation and non-fatal suffocation in June when new legislation came into force.

The CPS has taken a sample of non-fatal strangulation cases to see how the law is being used almost six months on.

It revealed that in 38% of cases a child was present, with some being in the same room or subject to abuse while the offending was taking place.

In 69% of cases the victim was the suspect's partner and 13% of victims were the suspect's ex-partner.\*

Victim accounts regularly described feeling as if they were going to die, fall unconscious or see 'stars'. One victim was lifted by the throat for 20 seconds, another was grabbed by the throat and told by the defendant 'I'm going to kill you.'

**Kate Brown, Domestic Abuse lead for the CPS, said:** "Victims are left fearing for their life in these cases, and we are clear that we take this offending very seriously.

"To see so many children exposed to this kind of violence, often against their own mum, must have a huge impact on them. This is something our prosecutors are trained to consider as we're building our case.

"This type of offending doesn't often happen in isolation, suspects may show aggression and violence, regularly leaving victims with serious physical injuries and psychological trauma.

"We are working with our partners to ensure that whenever our legal test is met, we are pursuing non-fatal strangulation and suffocation prosecutions and holding these violent offenders to account."

The further violence associated with this type of offending was clear as 72% were also charged with assault and 13% charged with threats to kill.

Prosecutors will continue charging non-fatal strangulation or suffocation where there is sufficient evidence in order to further protect victims and their family from repeated offending.

Bernie Ryan, Chief Executive of the Institute for Addressing Strangulation, said: "The Institute for Addressing Strangulation welcomes the action taken by the CPS to review these cases 6 months after the introduction of the offence of non-fatal strangulation.

"The Institute for Addressing Strangulation will continue to work with the CPS and other agencies to raise awareness of the offence, the risks associated with strangulation and the support available to survivors."

[Children are often present during non-fatal strangulation, CPS analysis shows](#)

## County lines



The 2018 Home Office Serious Crime Strategy states the NPCC definition of a County Line is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas [within the UK], using dedicated mobile phone lines or other form of “deal line”. They are likely to exploit children and vulnerable adults to move [and store] the drugs and money and they will often use coercion, intimidation, violence (including sexual violence) and weapons.

A common feature in county lines drug supply is the exploitation of young and vulnerable people. The dealers will frequently target children and adults - often with mental health or addiction problems - to act as drug runners or move cash so they can stay under the radar of law enforcement.

<https://www.nationalcrimeagency.gov.uk/what-we-do/crime-threats/drug-trafficking/county-lines>



### What does county lines mean?

County lines is a form of criminal exploitation. It is when criminals befriend children, either online or offline, and then manipulate them into drug dealing. The 'lines' refer to mobile phones that are used to control a young person who is delivering drugs, often to towns outside their home county.

<https://www.childrenssociety.org.uk/what-we-do/our-work/child-criminal-exploitation-and-county-lines/what-is-county-lines>

### Children as young as seven are targeted

Young people aged 14-17 are most likely to be targeted by criminal groups but there are reports of seven year olds being groomed into county lines.

Primary school children are seen as easy targets because they're less likely to get caught. The grooming might start with them being asked to 'keep watch' but it soon escalates to them being forced to stash weapons, money, or become drug couriers.

### Children are not the problem

This may sound obvious but only recently has there been some recognition of the fact that [a child caught up in county lines is a victim of exploitation](#). Often they are treated as criminals, not victims. Fortunately, attitudes are changing. However, gender, age, ethnicity and background can still affect how professionals respond to children.

### Signs of child exploitation

Ask yourself, is a young person:

- Travelling alone, particularly in school hours, late at night or frequently?

- Looking lost or in unfamiliar surroundings?
- Anxious, frightened, angry or displaying other behaviours that make you worried about them?
- In possession of more than one phone?
- Carrying lots of cash?
- Potentially under the influence of drugs or alcohol?
- Being instructed or controlled by another individual?
- Accompanied by individuals who are older than them?
- Seen begging in a public space?



<https://learning.nspcc.org.uk/child-abuse-and-neglect/county-lines#skip-to-content>

**Phrases** that young people may use to refer to county lines include:

- 'running a line',
- 'going OT/out there'
- 'going country'
- 'going cunch'.

## **Grooming**

The grooming process involves the gang:

- seeking out a child to exploit
- observing the child for vulnerabilities
- finding out what the child's needs and wants are
- manipulating the child into believing that being in the gang can fulfil these needs.

Factors that make a county lines gang more likely to target, groom and exploit a child include:

- the child having experienced neglect, physical and/or sexual abuse in the past
- social isolation or social difficulties
- poverty
- homelessness or insecure accommodation status
- connections with other people involved in gangs
- having a learning disability
- having mental health problems
- having substance misuse issues
- being in care or having a history of being in care
- being excluded from mainstream education





## NEWS

The BBC has written a news story looking into county lines operations across the UK. The news story details the experiences of young people who had been criminally exploited as children and hears from organisations that provide support.

[County lines: 'I was 11 and in a drugs gang - why did nobody save me?'](#)



The Observer has published an article on reports from headteachers about the potential link between the cost of living crisis and increasing numbers of children and young people being recruited into county lines gangs. Potential contributing factors identified include: schools reducing the number of staff on playground and lunchtime duty, making them less able to stop gang members approaching children; gangs targeting economically deprived areas; and young people becoming increasingly vulnerable to exploitation due to increased stresses at home.

[Burgers and coats: county lines gangs exploit hardship to recruit UK kids](#)

### Child poverty

The National Youth Advocacy Service (NYAS) has published a report into child poverty in England and Wales. The report provides a brief look at the scale of child poverty in England and Wales and which measures are in place to tackle it.

[Across the borders: child poverty in England and Wales](#)

### Early years

Children in Wales's Early Years Action Group has published a position paper setting out the impact of the cost of living crisis on babies and young children. The paper argues that children in their early years are particularly vulnerable to the impacts of poverty, as it both limits their access to opportunities and increases the stress on their parents and carers at a critical time for the development of their relationship and attachment. Recommendations include: the Welsh Government should ensure expectant and new parents have access to the right support at the right time, services which support children and families should be protected and the impact of poverty on children's outcomes should be monitored to ensure interventions are having the desired effect.

[The early years matter](#)

[Early Years Action Group position paper: cost of living crisis \(PDF\)](#)

### Child safeguarding practice review

The Child Safeguarding Practice Review Panel has published reports looking at learning from serious child safeguarding incidents in England in 2021. Publications include: the Panel's annual report for 2021, an analysis of local child safeguarding practice reviews (LSCPRs) by the University of East Anglia and the University of Birmingham and guidance providing examples of rapid reviews to illustrate points of good practice. NSPCC Learning will be publishing a summary of key findings from these reports in the new year.

[Expert panel calls for stronger child protection measures](#)  
[Child Safeguarding Practice Review Panel: annual report 2021](#)  
[Annual review of local child safeguarding practice reviews \(PDF\)](#)  
[Child safeguarding rapid review examples](#)

## **Serious case reviews**

The Department for Education (DfE) has published two reports on serious case reviews (SCRs) in England. Learning for the future is an overview of SCRs between 2017 and 2019. It includes analysis of key themes from reviews, including: neglect, challenges to practice and listening to the child's voice. The second report, Serious case reviews 1998 to 2019, examines government-commissioned periodic overviews of SCRs and aims to give a final summary of practice challenges during that period. NSPCC Learning will be producing two CASPAR briefings from these reports in the new year.

[Serious case reviews: analysis, lessons and challenges](#)

## **Online sexual exploitation**

The Internet Watch Foundation (IWF) has announced its collaboration with cyber safety technology company White Bullet to identify and minimise digital advertising appearing on pages which promote or contain child sexual abuse images and videos.

[White Bullet collaborates with Internet Watch Foundation \(IWF\) to reduce child sexual exploitation online](#)

## **Black children and adoption**

Coram has published a report from the Adoption and Special Guardianship Leadership Board looking at racial disparity in adoption in England. Findings include: Black children are overrepresented in the care system, wait longer for adoption than White children and are less likely to be adopted. The report sets out a strategy to reduce disparity through: recruiting Black adopters and matching Black children, rebuilding trust between Black communities and the social work sector and resourcing interracial adoption.

[Ending racial disparity in adoption](#)

[Ending racial disparity in adoption report](#)



## Case reviews published in 2022

<https://learning.nspcc.org.uk/case-reviews/recently-published-case-reviews>

Recently published case reviews

[Local child safeguarding practice review: Child N.](#)

Unnamed safeguarding children partnership (2022)

[Child safeguarding practice review: executive summary report: Liam.](#)

South Tees Safeguarding Children Partnership (2021)

[Child safeguarding practice review: Kingfisher.](#)

South Tees Safeguarding Children Partnership (2021)

[Child safeguarding practice review: Child J.](#)

South Tyneside Safeguarding Children Partnership (2021)

[Warrington child safeguarding practice review: executive summary – Case AB: the handling of a case involving allegations of intra-familial sexual abuse among five families.](#)

[Child practice review report CTMSB 04/21: extended child practice review: Child T.](#)

Cwm Taf Morgannwg Safeguarding Board (2022)



<https://www.greenwichsafeguardingchildren.org.uk/>

## Register here for our newsletter

**Name \***

**Email \***

**Interest**

You can select one or more interest groups below

**Submit**

<https://www.greenwichsafeguardingchildren.org.uk/news-2/>

# NSPCC Learning

Sign up to NSPCC newsletter safeguarding here

<https://learning.nspcc.org.uk/newsletter/email-subscriptions-safeguarding-child-protection>



## Royal Greenwich Children's Services

### Useful Safeguarding Contacts and Telephone Numbers

Children's Services Front Door (Safeguarding, Social Care & FaASS previously Early Help)	
'Multi Agency Safeguarding Hub' (MASH) <a href="mailto:MASH-referrals@royalgreenwich.gov.uk">MASH-referrals@royalgreenwich.gov.uk</a>	020 8921 3172
Safeguarding Consultation Line	020 8921 2267
Social Care and Safeguarding Emergency Duty Team <a href="mailto:Childrens-Out-Of-Hours@royalgreenwich.gov.uk">Childrens-Out-Of-Hours@royalgreenwich.gov.uk</a>	020 8854 8888
Local Authority Designated Officer - Winsome Collins Manager	
<a href="mailto:childrens-LADO@royalgreenwich.gov.uk">childrens-LADO@royalgreenwich.gov.uk</a>	020 8921 3930
Rachel Walker – DO PVI's/ CMs	020 8921 3930
Laura Lhumbis –DO Schools	
Greenwich Safeguarding Children Partnership	
Greenwich Safeguarding Children Partnership website <a href="http://www.greenwichsafeguardingchildren.org.uk">http://www.greenwichsafeguardingchildren.org.uk</a>	020 8921 4477
Prevent	
Adam Browne – Prevent Co-ordinator	020 8921 8321/ 8340
Confidential Anti-Terrorist Hotline	0800 789 321
Police 999	
CAIT - Child Abuse Investigation Team	0207 230 3705
Ofsted	
Ofsted enquiries, complaints, investigation, and enforcement	0300 123 1231
Royal Greenwich Early Years	
Early Years & Childcare	020 8921 3877
Families Information Service	020 8921 6921
Support, Advice & Signposting	
NSPCC	0808 800 5000/ 0800 136 663
Childline	0800 1111
Samaritans	08457 909090
Family Lives - Parentline	0808 800 2222
Young Minds – Parent Helpline	0808 802 5544
CAMHS	0203 260 5211
Greenwich 0 to 4 Health Visiting Service <a href="mailto:bromh.greenwich0to4@nhs.net">bromh.greenwich0to4@nhs.net</a>	0300 330 5777
Children with Disabilities	
Disabled Children's Social Work & Occupational Therapy	020 8921 2599
Disabled Children's Keyworker Team	020 8921 4939
SEND Assessment & Review Service	020 8921 8029
SEND Outreach Support Services	020 8921 3311