



## 06 Safeguarding children, young people and vulnerable adults policy

Alongside associated procedures in 06.1-06.10 Safeguarding children, young people and vulnerable adults, this policy was adopted by Snitterfield Nursery School on 01.03.2022.

**Designated person/lead for safeguarding is:** Kathryn Cook and Helen Berry

**Designed officer is:** Louise Doherty

### Aim

We are committed to safeguarding children, young people and vulnerable adults and will do this by putting young people and vulnerable adult's right to be '*strong, resilient and listened to*' at the heart of all our activities.

The Early Years Alliance 'three key commitments' are broad statements against which policies and procedures across the organisation will be drawn to provide a consistent and coherent strategy for safeguarding children young people and vulnerable adults in all services provided. The three key commitments are:

1. The Alliance is committed to building 'a culture of safety' in which children, young people and vulnerable adults are protected from abuse and harm in all areas of its service delivery.
2. The Alliance is committed to responding promptly and appropriately to all incidents or concerns of abuse that may occur and to work with statutory agencies in accordance with the procedures that are set down in '*What to do if you are worried a child is being abused*' (HMG 2015) and '*No Secrets (updated by the Care Act 2014) and Working Together 2018*.'
3. The Alliance is committed to promoting awareness of child abuse issues throughout its training and learning programmes for adults. It is also committed to empowering children, young people, and vulnerable adults, through its curriculum, promoting their right to be '*strong, resilient and listened to*'.

NB: A 'young person' is defined as 16–19-year-old. In an early years setting, they may be a student, worker, or parent.

A 'vulnerable adult' (see guidance to the Care Act 2014) as: '*a person aged 18 years or over, who is in receipt of or may need community care services by reason of 'mental or other disability, age or illness and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation*'. In early years, this person may be a service user, parent of a service user, or a volunteer.

## Key Commitment 1

- We have a 'designated person', sometimes known as the designated lead for safeguarding, who is responsible for carrying out child, young person, or adult protection procedures.
- There designated person reports to a 'designated officer' responsible for overseeing all child, young person or adult protection matters.
- The 'designated person' and the 'designated officer' ensure they have links with statutory and voluntary organisations regarding safeguarding children.
- The 'designated person' and the 'designated officer' ensure they have received appropriate training on child protection matters and that all staff are adequately informed and/or trained to recognise possible child abuse in the categories of physical, emotional and sexual abuse and neglect.
- The 'designated person' and the 'designated officer' ensure all staff are aware of the additional vulnerabilities that affect children that arise from inequalities of race, gender, disability, language, religion, sexual orientation or culture and that these receive full consideration in child, young person or adult protection related matters.
- The 'designated person' and the 'designated officer' ensure that staff are aware and receive training in social factors affecting children's vulnerability including
  - social exclusion
  - domestic violence and controlling or coercive behaviour
  - mental illness
  - drug and alcohol abuse (substance misuse)
  - parental learning disability
  - radicalisation
- The 'designated person' and the 'designated officer' ensure that staff are aware and receive training in other ways that children may suffer significant harm and stay up to date with relevant contextual safeguarding matters:
  - abuse of disabled children
  - fabricated or induced illness
  - child abuse linked to spirit possession
  - sexually exploited children
  - children who are trafficked and/or exploited
  - female genital mutilation
  - extra-familial abuse and threats
  - children involved in violent offending, with gangs and county lines.

- The 'designated person' and the 'designated officer' ensure they are adequately informed in vulnerable adult protection matters.

## **Key Commitment 2**

- There are procedures in place to prevent known abusers from coming into the organisation as employees or volunteers at any level.
- Safeguarding is the responsibility of every person undertaking the work of the organisation in any capacity.
- There are procedures for dealing with allegations of abuse against a member of staff, or any other person undertaking work whether paid or unpaid for the organisation, where there is an allegation of abuse or harm of a child. Procedures differentiate clearly between an allegation, a concern about quality of care or practice and complaints.
- There are procedures in place for reporting possible abuse of children or a young person in the setting.
- There are procedures in place for reporting safeguarding concerns where a child may meet the s17 definition of a child in need (Children Act 1989) and/or where a child may be at risk of significant harm, and to enable staff to make decisions about appropriate referrals using local published threshold documents.
- There are procedures in place to ensure staff recognise children and families who may benefit from early help and can respond appropriately using local early help processes and Designated persons should ensure all staff understand how to identify and respond to families who may need early help.
- There are procedures in place for reporting possible abuse of a vulnerable adult in the setting.
- There are procedures in place in relation to escalating concerns and professional challenge.
- There are procedures in place for working in partnership with agencies involving a child, or young person or vulnerable adult, for whom there is a protection plan in place. These procedures also take account of working with families with a 'child in need' and with families in need of early help, who are affected by issues of vulnerability such as social exclusion, radicalisation, domestic violence, mental illness, substance misuse and parental learning disability.
- These procedures take account of diversity and inclusion issues to promote equal treatment of children and their families and that take account of factors that affect children that arise from inequalities of race, gender, disability, language, religion, sexual orientation, or culture.
- There are procedures in place for record keeping, confidentiality and information sharing, which are in line with data protection requirements.
- We follow government and LSCB guidance in relation to extremism.
- The procedures of the Local Safeguarding Partners must be followed.

## **Key Commitment 3**

- All staff receive adequate training in child protection matters and have access to the setting's policy and procedures for reporting concerns of possible abuse and the safeguarding procedures of the Local Safeguarding Partners.
- All staff have adequate information on issues affecting vulnerability in families such as social exclusion, domestic violence, mental illness, substance misuse and parental learning disability, together with training that takes account of factors that affect children that arise from inequalities of race, gender, disability, language, religion, sexual orientation, or culture.
- We use available curriculum materials for young children, taking account of information in the Early Years Foundation Stage, that enable children to be *strong, resilient, and listened to*.
- All services seek to build the emotional and social skills of children and young people who are service users in an age-appropriate way, including increasing their understanding of how to stay safe.
- We adhere to the EYFS Safeguarding and Welfare requirements.



## 06.1 Responding to safeguarding or child protection concerns

**The designated person is Kathryn Cook, the back-up designated person is Helen Berry, the designated officer is Louise Doherty**

During Covid-19, staff remain alert (as per this procedure) to signs of neglect as a result of the extraordinary circumstances and the measures taken to curb the spread of the virus.

### Safeguarding roles

- All staff recognise and know how to respond to signs and symptoms that may indicate a child is suffering from or likely to be suffering from harm. They understand that they have a responsibility to act immediately by discussing their concerns with the designated person or a named back-up designated person.
- The manager and deputy are the designated person and back-up designated person, responsible for co-ordinating action taken by the setting to safeguard vulnerable children and adults.
- All concerns about the welfare of children in the setting should be reported to the designated person or the back-up designated person.

- The designated person ensures that all practitioners are alert to the indicators of abuse and neglect and understand how to identify and respond to these.
- The setting should not operate without an identified designated person at any time.
- The line manager of the designated person is the designated officer.
- The designated person informs the designated officer about serious concerns as soon as they arise and agree the action to be taken, seeking further clarification if there are any doubts that the issue is safeguarding.
- If it is not possible to contact the designated officer, action to safeguard the child is taken first and the designated officer is informed later. If the designated officer is unavailable advice is sought from their line manager or equivalent.
- Issues which may require notifying to Ofsted are notified to the designated officer to make a decision regarding notification. The designated person must remain up to date with Ofsted reporting and notification requirements.
- If there is an incident, which may require reporting to RIDDOR the designated officer immediately seeks guidance from the owners/directors/trustees. There continues to be a requirement that the designated officer follows legislative requirements in relation to reporting to RIDDOR. This is fully addressed in section 01 Health and Safety procedures.
- All settings follow procedures of their Local Safeguarding Partners (LSP) for safeguarding and any specific safeguarding procedures such as responding to radicalisation/extremism concerns. Procedures are followed for managing allegations against staff, as well as for responding to concerns and complaints raised about quality or practice issues, whistle-blowing and escalation.

### **Responding to marks or injuries observed**

- If a member of staff observes or is informed by a parent/carer of a mark or injury to a child that happened at home or elsewhere, the member of staff makes a record of the information given to them by the parent/carer in the child's personal file, which is signed by the parent/carer.
- The member of staff advises the designated person as soon as possible if there are safeguarding concerns about the circumstance of the injury.
- If there are concerns about the circumstances or explanation given, by the parent/carer and/or child, the designated person decides the course of action to be taken after reviewing 06.1a Child welfare and protection summary and completing 06.1b Safeguarding incident reporting form.
- If the mark or injury is noticed later in the day and the parent is not present, this is raised with the designated person.

- If there are concerns about the nature of the injury, and it is unlikely to have occurred at the setting, the designated person decides the course of action required and 06.1b Safeguarding incident reporting form is completed as above, taking into consideration any explanation given by the child.
- If there is a likelihood that the injury is recent and occurred at the setting, this is raised with the designated person.
- If there is no cause for further concern, a record is made in the Accident Record, with a note that the circumstances of the injury are not known.
- If the injury is unlikely to have occurred at the setting, this is raised with the designated person
- The parent/carer is advised at the earliest opportunity.
- If the parent believes that the injury was caused at the setting this is still recorded in the Accident Record and an accurate record made of the discussion is made on the child's personal file.

### **Responding to the signs and symptoms of abuse**

- Concerns about the welfare of a child are discussed with the designated person without delay.
- A written record is made of the concern on 06.1b Safeguarding incident reporting form as soon as possible.
- Concerns that a child is in immediate danger or at risk of significant harm are responded to immediately and if a referral is necessary this is made on the same working day.

### **Responding to a disclosure by a child**

- When responding to a disclosure from a child, the aim is to get just enough information to take appropriate action.
- The practitioner listens carefully and calmly, allowing the child time to express what they want to say.
- Staff do not attempt to question the child but if they are not sure what the child said, or what they meant, they may prompt the child further by saying *'tell me more about that'* or *'show me again'*.
- After the initial disclosure, staff speak immediately to the designated person. They do not further question or attempt to interview a child.
- If a child shows visible signs of abuse such as bruising or injury to any part of the body and it is age appropriate to do so, the key person will ask the child how it happened.
- When recording a child's disclosure on 06.1b Safeguarding incident reporting form, their exact words are used as well as the exact words with which the member of staff responded.
- If marks or injuries are observed, these are recorded on a body diagram.

### **Decision making (all categories of abuse)**

- The designated person makes a professional judgement about referring to other agencies, including Social Care using the Local Safeguarding Partnership (LSP) threshold document:
  - Level 1: Child's needs are being met. Universal support.
  - Level 2: Universal Plus. Additional professional support is needed to meet child's needs.
  - Level 3: Universal Partnership Plus. Targeted Early Help. Coordinated response needed to address multiple or complex problems.
  - Level 4: Specialist/Statutory intervention required. Children in acute need, likely to be experiencing, or at risk of experiencing significant harm.
- Staff are alert to indicators that a family may benefit from early help services and should discuss this with the designated person, also completing a cause for concern form that will be kept in the safeguarding folder.

**Seeking consent from parents/carers to share information before making a referral for early help (Tier 2/3\*)**

Parents are made aware of the setting's Privacy Notice which explains the circumstances under which information about their child will be shared with other agencies. When a referral for early help is necessary, the designated person must always seek consent from the child's parents to share information with the relevant agency.

- If consent is sought and withheld and there are concerns that a child may become at risk of significant harm without early intervention, there may be sufficient grounds to over-ride a parental decision to withhold consent.
- If a parent withholds consent, this information is included on any referral that is made to the local authority. In these circumstances a parent should still be told that the referral is being made beforehand (unless to do so may place a child at risk of harm).

*\*Tier 2: Children with additional needs, who may be vulnerable and showing early signs of abuse and/or neglect; their needs are not clear, not known or not being met. Tier 3: Children with complex multiple needs, requiring specialist services in order to achieve or maintain a satisfactory level of health or development or to prevent significant impairment of their health and development and/or who are disabled.*

**Informing parents when making a child protection referral**

In most circumstances consent will not be required to make a child protection referral, because even if consent is refused, there is still a professional duty to act upon concerns and make a referral. When a child protection referral has been made, the designated person contacts the parents (only if agreed with social care) to inform them that a referral has been made, indicating the concerns that have been raised, unless

social care advises that the parent should not be contacted until such time as their investigation, or the police investigation, is concluded. Parents are not informed prior to making a referral if:

- there is a possibility that a child may be put at risk of harm by discussion with a parent/carer, or if a serious offence may have been committed, as it is important that any potential police investigation is not jeopardised
- there are potential concerns about sexual abuse, fabricated illness, FGM or forced marriage
- contacting the parent puts another person at risk; situations where one parent may be at risk of harm, e.g. domestic abuse; situations where it has not been possible to contact parents to seek their consent may cause delay to the referral being made

The designated person makes a professional judgment regarding whether consent (from a parent) should be sought before making a child protection referral as described above. They record their decision about informing or not informing parents along with an explanation for this decision. Advice will be sought from the appropriate children's social work team if there is any doubt. Advice can also be sought from the designated officer.

### **Referring**

- The designated person or back-up follows their LSP procedures for making a referral.
- If the designated person or their back-up is not on site, the most senior member of staff present takes responsibility for making the referral to MASH
- If a child is believed to be in immediate danger, or an incident occurs at the end of the session and staff are concerned about the child going home that day, then, MASH the Police and/or social care are contacted immediately.
- If the child is 'safe' because they are still in the setting, and there is time to do so, the senior member of staff contacts the setting's designated officer for support.
- Arrangements for cover (as above) when the designated person and back-up designated person are not on-site are agreed in advance by the setting manager and clearly communicated to all staff.

### **Further recording**

- Information is recorded using the Green Cause for Concern forms and additional information is attached to this form, dated, signed by member of staff recording and pages are clearly numbered. Discussion with parents and any further discussion with social care is recorded. If recording a conversation with parents that is significant, regarding the incident or a related issue, parents are asked to sign and date it a record of the conversation. It should be clearly recorded what action was taken, what the outcome was and any follow-up.

- If a referral was made, copies of all documents are kept and stored securely and confidentially (including copies in the child's safeguarding file).
- Each member of staff/volunteer who has witnessed an incident or disclosure should also make a written statement to be attached to the green cause for concern form.
- The referral is recorded on the green cause for concern form
- Follow up phone calls to or from social care are recorded in the child's file; with date, time, the name of the social care worker and what was said.
- Safeguarding records are kept up to date and made available for confidential access by the designated officer to allow continuity of support during closures or holiday periods.

### **Reporting a serious child protection incident**

The designated person is responsible for reporting to the designated officer and seeking advice if required prior to making a referral as described above.

- Further briefings are sent to the designated officer when updates are received until the issue is concluded.

\*\* Tier 3: Children with complex multiple needs, requiring specialist services in order to achieve or maintain a satisfactory level of health or development or to prevent significant impairment of their health and development and/or who are disabled. Tier 4: Children in acute need, who are suffering or are likely to suffer significant harm.

### **Professional disagreement/escalation process**

### **If a practitioner disagrees with a decision made by the designated person not to make a referral to social care they must initially discuss and try to resolve it with them.**

- If the disagreement cannot be resolved with the designated person and the practitioner continues to feel a safeguarding referral is required then they discuss this with the designated officer.
- If issues cannot be resolved the whistle-blowing policy should be used, as set out below.
- Supervision sessions are also used to discuss concerns but this must not delay making safeguarding referrals.

### **Whistleblowing**

The whistle blowing procedure must be followed in the first instance if:

- a criminal offence has been committed, is being committed or is likely to be committed

- a person has failed, is failing or is likely to fail to comply with any legal obligation to which he or she is subject. This includes non-compliance with policies and procedures, breaches of EYFS and/or registration requirements
- a miscarriage of justice has occurred, is occurring or is likely to occur
- the health and safety of any individual has been, is being or is likely to be endangered
- the working environment has been, is being or is likely to be damaged;
- that information tending to show any matter falling within any one of the preceding clauses has been, is being or is likely to be deliberately concealed

There are 3 stages to raising concerns as follows:

1. If staff wish to raise or discuss any issues which might fall into the above categories, they should normally raise this issue with their manager/Designated Person.
2. Staff who are unable to raise the issue with their manager/Designated Person should raise the issue with their line manager's manager/Designated Officer.
3. If staff are still concerned after the investigation, or the matter is so serious that they cannot discuss it with a line manager, they should raise the matter with Louise Doherty Chair of board of trustees.

Ultimately, if an issue cannot be resolved and the member of staff believes a child remains at risk because the setting or the local authority have not responded appropriately, the NSPCC have introduced a whistle-blowing helpline 0800 028 0285 for professionals who believe that:

- their own or another employer will cover up the concern
- they will be treated unfairly by their own employer for complaining
- if they have already told their own employer and they have not responded

If a staff member is concerned about another member of staff they can fill out a staff Cause for concern form (yellow form) and give directly to DSL.

If a member of staff feels the complaint is still not being dealt with they are able to contact the LADO

### Female genital mutilation (FGM)

Practitioners should be alert to symptoms that would indicate that FGM has occurred, or may be about to occur, and take appropriate safeguarding action. Designated persons should contact the police immediately as well as refer to children's services local authority social work if they believe that FGM may be about to occur.

It is illegal to undertake FGM or to assist anyone to enable them to practice FGM under the Female Genital Mutilation Act 2003, it is an offence for a UK national or permanent UK resident to perform FGM in the UK or overseas. The practice is medically unnecessary and poses serious health risks to girls. FGM is

mostly carried out on girls between the ages of 0-15, statistics indicate that in half of countries who practise FGM girls were cut before the age of 5. LSCB guidance must be followed in relation to FGM, and the designated person is informed regarding specific risks relating to the culture and ethnicity of children who may be attending their setting and shares this knowledge with staff.

Symptoms of FGM in very young girls may include difficulty walking, sitting or standing; painful urination and/or urinary tract infection; urinary retention; evidence of surgery; changes to nappy changing or toileting routines; injury to adjacent tissues; spends longer than normal in the bathroom or toilet; unusual and /or changed behaviour after an absence from the setting (including increased anxiety around adults or unwillingness to talk about home experiences or family holidays); parents are reluctant to allow child to undergo normal medical examinations; if an older sibling has undergone the procedure a younger sibling may be at risk; discussion about plans for an extended family holiday

### **Further guidance**

NSPCC 24-hour FGM helpline: 0800 028 3550 or email [fgmhelp@nspcc.org.uk](mailto:fgmhelp@nspcc.org.uk)

Government help and advice: [www.gov.uk/female-genital-mutilation](http://www.gov.uk/female-genital-mutilation)

### **Children and young people vulnerable to extremism or radicalisation**

Early years settings, schools and local authorities have a duty to identify and respond appropriately to concerns of any child or adult at risk of being drawn into terrorism. LSP's have procedures which cover how professionals should respond to concerns that children or young people may be at risk of being influenced by or being made vulnerable by the risks of extremism.

There are potential safeguarding implications for children and young people who have close or extended family or friendship networks linked to involvement in extremism or terrorism.

- The designated person is required to familiarise themselves with LSP procedures, as well as online guidance including:
  - Channel Duty guidance: Protecting people vulnerable to being drawn into terrorism  
[www.gov.uk/government/publications/channel-and-prevent-multi-agency-panel-pmap-guidance](http://www.gov.uk/government/publications/channel-and-prevent-multi-agency-panel-pmap-guidance)
  - Prevent Strategy (HMG 2011) [www.gov.uk/government/publications/prevent-strategy-2011](http://www.gov.uk/government/publications/prevent-strategy-2011)
  - The prevent duty: for schools and childcare providers  
[www.gov.uk/government/publications/protecting-children-from-radicalisation-the-prevent-duty](http://www.gov.uk/government/publications/protecting-children-from-radicalisation-the-prevent-duty)
- The designated person should follow LSP guidance in relation to how to respond to concerns regarding extremism and ensure that staff know how to identify and raise any concerns in relation to this with them.
- The designated person must know how to refer concerns about risks of extremism/radicalisation to their LSP safeguarding team or the Channel panel, as appropriate.

- The designated person should also ensure that they and all other staff working with children and young people understand how to recognise that someone may be at risk of violent extremism.
- The designated person also ensures that all staff complete *The Prevent Duty in an Early Years Environment* and *Understanding Children's Rights and Equality and Inclusion in Early Years Settings* online EduCare courses.
- If available in the area, the designated person should complete WRAP (or equivalent) training and support staff to access the training as offered by local authorities. WRAP training covers local arrangements for dealing with concerns that a child may be at risk of extremism and/or radicalisation.
- The designated person should understand the perceived terrorism risks in relation to the area that they deliver services in.

### **Parental consent for radicalisation referrals**

LSP procedures are followed in relation to whether parental consent is necessary prior to making a referral about a concern that a child or adult may be at risk of being drawn into terrorism. It is good practice to seek the consent of the person, or for very young children, the consent of their parent/carer prior to making a referral, but it is not a requirement to seek consent before referring a concern regarding possible involvement in extremism or terrorism if it may put a child at risk, or if an offence may have been or may be committed. Advice should be sought from line managers and local agencies responsible for safeguarding, as to whether or not consent should be sought on a case-by-case basis. Designated persons should be mindful that discussion regarding potential referral due to concerns may be upsetting for the subject of the referral and their family. Initial advice regarding whether an incident meets a threshold for referral can be sought from the relevant local agency without specific details such as names of the family being given in certain circumstances.

Consent is required prior to any individual engaging with a Channel intervention. Consent is usually sought by Channel partners, but LSP procedures should be followed regarding this.

If there is a concern that a person is already involved in terrorist activity this must be reported to the Anti-Terrorist Hot Line 0800 789 321-Text/phone 0800 0324 539. Police can be contacted on 101.

### **Concerns about children affected by gang activity/serious youth violence**

Practitioners should be aware that children can be put at risk by gang activity, both through participation in and as victims of gang violence. Whilst very young children will be very unlikely to become involved in gang activity they may potentially be put at risk by the involvement of others in their household in gangs, such as an adult sibling or a parent/carer. Designated persons should be familiar with their LSP guidance and procedures in relation to safeguarding children affected by gang activity and ensure this is followed where relevant.

### **Forced marriage/Honour based violence**

Forced marriage is a marriage in which one or both spouses do not consent to the marriage but are forced into it. Duress can include physical, psychological, financial, sexual and emotional pressure. In the cases of some vulnerable adults who lack the capacity to consent coercion is not required for a marriage to be forced. A forced marriage is distinct from an arranged marriage. An arranged marriage may have family involvement in arranging the marriages, but crucially the choice of whether to accept the arrangement remains with the prospective spouses.

Forced marriage became criminalised in 2014. There are also civil powers for example a Forced Marriage Protection Order to protect both children and adults at risk of forced marriage and offers protection for those who have already been forced into marriage.

Risks in relation to forced marriage are high and it is important that practitioners ensure that anyone at risk of forced marriage is not put in further danger. If someone is believed to be at risk it is helpful to get as much practical information as possible, bearing in mind the need for absolute discretion, information that can be helpful will include things like names, addresses, passport numbers, national insurance numbers, details of travel arrangements, dates and location of any proposed wedding, names and dates of birth of prospective spouses, details of where and with whom they may be staying etc. Forced marriage can be linked to honour-based violence, which includes assault, imprisonment and murder. Honour based violence can be used to punish an individual for undermining what the family or community believes to be the correct code of behaviour.

In an emergency police should be contacted on 999.

Forced Marriage Unit can be contacted either by professionals or by potential victims seeking advice in relation to their concerns. The contact details are below.

- Telephone: +44 (0) 20 7008 0151
- Email: [fmu@fco.gov.uk](mailto:fmu@fco.gov.uk)
- Email for outreach work: [fmuoutreach@fco.gov.uk](mailto:fmuoutreach@fco.gov.uk)

### **Further guidance**

Accident Record (Early Years Alliance 2019)

Multi-agency practice guidelines: Handling cases of Forced Marriage (HMG 2014)

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/322307/HMG\\_MULTI\\_AGENCY\\_PRACTICE\\_GUIDELINES\\_v1\\_180614\\_FINAL.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/322307/HMG_MULTI_AGENCY_PRACTICE_GUIDELINES_v1_180614_FINAL.pdf)