



6. Safeguarding Children, Young People and Vulnerable Adults Procedures

6.1 Responding to Safeguarding or Child Protection Concerns

Our Designated Person(s) IS:
Karen Roberts – Assistant Manager

Our Designated Officer is:
Karen Illsley - Manager

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 Assistant manager is the named designated person however works in partnership with the Designated Officer. They are 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, who then shares the information with the Designated Officer.
- 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 ensures the designated officer is reported to 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 Children's Services, their Early Years Consultant or the NSPCC helpline.
- 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 the Health & Safety Executive the designated person is responsible for doing so.

- The setting follows the procedures of the HSCP 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.
- The HSCP procedures can be found here <http://hertsscb.proceduresonline.com/index.htm>

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 requests an 'Injury Sustained at Home' form be completed.
- 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. All concerns are logged in a Safeguarding Incident Report 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, taking into consideration any explanation given by the child. All concerns are logged on a Safeguarding Incident report form
- If there is no cause for concern, a record is made in the Accident Record, with a note that the circumstances of the injury are not known.
- 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 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 will record what was said. When recording a child’s disclosure their exact words are used as well as the exact words with which the member of staff responded and they 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.
- 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 Hertfordshire Safeguarding Partnership (HSCP) 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.
- The Children’s Services ‘Recognise, Respond, Refer’ flowchart is followed

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 child abuse linked to faith or belief.
- 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 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 follows HSCP's procedures for making a referral.
- If a designated person is not on site, the designated officer is responsible for making the referral.
- A Child Protection referral/contact form is completed which can be found here; <https://www.hertfordshire.gov.uk/services/Childrens-social-care/Child-protection/Report-child-protection-concern.aspx> The setting is required to log in, in order to access the relevant documentation.
- Once the contact form has been submitted a reference number is allocated which can be tracked by telephoning 0300 123 4043
- 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 the Police and/or Children's Services are contacted immediately. Children's Services are contactable on 0300 123 4043
- 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.

Further recording

- Any further information and/or discussion with parents or Children's Services 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 the 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.
- The referral is printed once complete and kept in the Safeguarding folder
- Follow up phone calls to or from Children's Services are recorded in the child's file; with the date and 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 from Children's Services on 0300 123 4043, if required, prior to making a referral as described above.

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.

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 the Chair of Committee/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 Ofsted.

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

Staff can also contact the Whistleblowing Charity 'Public Concern at Work' for advice on whistleblowing dilemmas on 020 7404 6609

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 and 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 and statistics indicate that, in half of countries who practise FGM, girls were cut before the age of 5. HSCP 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.

Child Abuse linked to faith or belief

Practitioners undertake training to be alert to the possible signs and symptoms of child abuse linked to faith or belief. This cover FGM, as mentioned above but also covers;

- Witchcraft or spirit possession
- The evil eye or djinns
- Ritual or multi murders
- Use of magic or witchcraft to create fear
- Breast flattening/ironing
- Child trafficking and modern slavery

Criminal Exploitation

Criminal exploitation is child abuse where children and young people are manipulated and coerced into committing crimes. Practitioners need to be aware of criminal exploitation such as;

- County lines (urban gangs persuade, coerce or force children and young people to store drugs and money and/or transport them to suburban areas, market towns and coastal towns
- Cuckooing
- Sexual exploitation and trafficking
- Gang and knife crime.

Organised criminal gangs will groom young children and vulnerable families. They will bribe them with rewards and money, befriend them, and threaten them, or coerce them.

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. HSCP 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 HSCP 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

- Prevent Strategy (HMG 2011) 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
- The designated person should follow HSCP guidance in relation to how to respond to concerns regarding extremism and ensure that staff know how to identify and raise any concerns using the Notice, Check and Share procedure:-

NOTICE:

- Observe concern, listen to disclosure.
- Record concern on organisations safeguarding recording form.
- Talk with Prevent Designated Safeguarding Person in line with localised process.
- Seek advice from your HCC Prevent Programme Manager at sophie.lawrence@hertfordshire.gov.uk or call on 07773094897.

CHECK:

- Speak with the person to get a better understanding of what they are saying
- Are there any reasons for the change in behavior?
- If appropriate check with parent unless it could put the child / young person at further risk of harm
- Talk with Prevent Designated Safeguarding Person who may seek further advice (from HCC Prevent Programme Manager or Police Prevent Team)

SHARE:

- Complete Prevent Referral (see appendix) and send to Hertfordshire Prevent at prevent@herts.pnn.police.uk
 - Remember: consent is NOT needed when making Prevent referrals.
 - Consent will be sort if concern is adopted by the Channel Panel
 - Update your organisation's recording systems.
- The designated person must know how to refer concerns about risks of extremism/radicalisation to their HSCP 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.

- Staff are provided with any updates to their responsibility as and when published. Information is disseminated by the designated persons after attending DSP training and/or district workshops.
- The designated person should understand the perceived terrorism risks in relation to the area that they deliver services in.

Parental consent for radicalisation referrals

HSCP 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 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 HSCP 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.

Further guidance

NSPCC 24-hour FGM helpline: 0800 028 3550 or email fgmhelp@nspcc.org.uk
Government help and advice: www.gov.uk/female-genital-mutilation

<https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/>

<https://www.eyalliance.org.uk/british-values-0>