6. Safeguarding Children, Young People and Vulnerable Adults Procedures

6.1 Responding to Safeguarding or Child Protection Concerns

Our Designated Lead is:
Karen Illsley –Manager

Our Assistant Designated Lead is:
Karen Roberts – Assistant 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 lead or assistant designated lead.
- The setting manager is the named Designated Lead however is supported by the Assistant Designated Lead. 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 Lead or Assistant Designated Lead who then liaise if required.
- The Designated Lead 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 Lead at any time.
- The Assistant Designated Lead manages any safeguarding concerns in the Designated Leads absent. Advice is sought from Children's Services, our Early Years Consultant or the NSPCC helpline if required.
- Issues which may require notifying are done so by either the DSL or Assistant DSL..
- If there is an incident which may require reporting to the Health & Safety Executive the DSL and Assistant DSL are 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 https://hertfordshirescp.trixonline.co.uk/

- For any advice or support which is non urgent staff can email the HfL Education team (Dawn.macdougall@hfleducation.org or Emma.wild@hfleducation.org)
- If at any point a member of staff or the DSL's need additional support it can be found here https://www.hertfordshire.gov.uk/services/childrens-social-care/child-protection/hertfordshire-safeguarding-children-partnership/professionals-and-volunteers/professionals-and-volunteers.aspx#

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 DSL/Assistant DSL 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 DSL/Assistant DSL decides the course of action to be taken. All concerns are logged on 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 DSL/Assistant DSL who will contact the parent to enquire. An 'Injury Sustained at home' form will by completed and the parent requested to sign upon pick up.
- If the cause of the injury is not known, a record is made in the Accident Record, with a note that the circumstances and any discussions held.

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Responding to the signs and symptoms of abuse

- Concerns about the welfare of a child are discussed with the DSL/Assistant DSL 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 using the Continuum of Need for children and young threshold document (2025-2026):
  - Level 1: Thriving (universal and community support)
  - Level 2: Getting Early Help (targeted and additional support)
  - Level 3: Getting Intensive Help (intensive support)
  - Level 4: Getting Risk Help (specialist and statutory support)

This document can be found here https://www.hertfordshire.gov.uk/media-library/documents/childrens-services/hscb/professionals/continuum-of-needs-for-children-and-young-people.pdf

- The Children's Services 'Recognise, Respond, Refer' flowchart, which is displayed within the preschool, is followed

Informing parents when making a referral

- We will work in partnership with parents and carers and seek consent to share information whenever appropriate. However, where information may be required to safeguard a child, promote their welfare, fulfil a statutory duty or support effective multi-agency working, information must be shared without consent where there is a lawful basis to do so. The welfare and safety of the child will always be our paramount consideration, and all information-sharing decisions will be proportionate, justified and recorded.
- Where referrals are made for Specialist services because a practitioner believes a child is suffering, or is at risk of suffering, significant harm, it is good practice to seek parental consent and it will usually be appropriate to do so.
- For a small number of children, seeking parental consent would not be appropriate if the child would be placed at increased risk of significant harm through the action of gaining this consent, there would be an impact on a criminal investigation or a delay in making the referral would impact on the immediate safety of the child.
- The HSCP family leaflet is given to any family who we refer for specialist services.

Referring

- The designated lead on duty follows HSCP's procedures for making a referral.

- A 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

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 lead(s) is responsible for reporting to the Committee 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 lead 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 lead and the practitioner continues to feel a safeguarding referral is required, then they discuss this with the Committee and their Local Authorities Early Years Consultant
- 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 lead.
2. Staff who are unable to raise the issue with their manager/Designated lead should raise the issue the Chair of Committee.
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 lead 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 (PREVENT DUTY)

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 lead(s) are 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 duty guidance: Guidance for specified authorities in England and Wales(2023) https://assets.publishing.service.gov.uk/media/64f8498efdc5d10014fce6d1/14.258_HO_Prevent_Duty_Guidance_v5c.pdf
  - The Prevent duty: an introduction for those with safeguarding responsibilities (2023) https://www.gov.uk/government/publications/the-prevent-duty-safeguarding-learners-vulnerable-to-radicalisation/the-prevent-duty-an-introduction-for-those-with-safeguarding-responsibilities
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- The designated lead 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 Lead in line with localised process.

  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
  - Seek further advice from HCC Prevent Programme Manager via prevent@hertfordshire.gov.uk or the Police Prevent Team)
  - The department of education has a dedicated telephone helpline 020 7340 7264 which can be accessed. If the concern is not urgent they can also be contacted via email at counter.extremism@education.g-si.gov.uk

SHARE:

- Complete a referral to Children's, Schools & Families via https://www.hertfordshire.gov.uk/services/Childrens-social-care/Child-protection/Report-child-protection-concern.aspx. It is also best practice to complete a Prevent Referral directly to the Police using the 'Prevent Referral' form which can be found here https://assets.publishing.service.gov.uk/media/68385d2428c5943237ae6528/PREVENT+National+Referral+Form-+STATIC+VERSION2.pdf when raising concerns over a child in our care. This form is sent to preventreferrals@herts.police.uk
- If the concern is relating to an adult (parent/carer/staff member) the Prevent Referral (use link above) *has* to be completed and sent to Hertfordshire Prevent at preventreferrals@herts.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 lead must know how to refer concerns about risks of extremism/radicalisation to their HSCP safeguarding team or the Channel panel, as appropriate.
- The designated lead 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 lead 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 lead 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 DSL training and/or district workshops.
- The designated lead 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 leads 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.