



Hyde Heath Pre-school

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Registered Charity Number 1020591

Hyde Heath Infant School, Weedon Hill, Hyde Heath, Amersham, Bucks, HP6 5RW

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06 Safeguarding children, young people and vulnerable adults procedures

06.1 Responding to safeguarding or child protection concerns

The designated lead is Claire Rutherford **the back-up designated lead is** Samantha Smith, **the designated officer on the committee is** Gabi Clarke

Telephone Numbers for Bucks BSCP – First Response – 01296 383 962

Lado - 01296 382 070

[Report a concern about a child | Buckinghamshire Council \(buckscc.gov.uk\)](https://www.buckscc.gov.uk)

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.

1. We are 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 our service delivery.
2. We are committed to responding promptly and appropriately to all incidents or concerns of abuse that may occur
3. We are committed to promoting awareness of child abuse issues throughout training and learning programmes for adults.

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' 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.

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.
- The manager and deputy are the designated lead, 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.
- The 'designated person' ensures 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 lead' ensures 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 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.
- There are procedures in place to prevent known abusers from coming into the organisation as employees or volunteers at any level. DBS checks are paramount.
- 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.
- Issues which may require notifying to Ofsted are notified to the designated lead to make a decision regarding notification. The designated lead must remain up to date with Ofsted reporting and notification requirements.
- If there is an incident, which may require reporting to RIDDOR the designated lead immediately seeks guidance from the 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 (BSCP) 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 lead 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 lead 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 lead.
- If there are concerns about the nature of the injury, and it is unlikely to have occurred at the setting, the designated lead decides the course of action required, 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 lead.
- 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 lead
- 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 lead without delay.
- A written record is made of the concern.
- 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 lead. 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 lead will ask the child how it happened.
- When recording a child's disclosure, 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 lead makes a professional judgement about referring to other agencies, including Social Care using the Local Safeguarding Partnership (BSCP) continuum of need:
 - Level 1: Early Help - Child's needs are being met. Universal support.
 - Level 2: Early Help. Additional professional support is needed to meet child's needs.
 - Level 3: Comprehensive Support. Statutory Support. Coordinated response needed to address multiple or complex problems.
 - Level 4: Specialist/Statutory Support. 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 lead.

Seeking consent from parents/carers to share information before making a referral for early help

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 lead 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).

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 lead 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 lead 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 lead 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 lead or back-up follows their BSCP procedures for making a referral – through Buckinghamshire.
- If the designated lead or their back-up is not on site, the most senior member of staff present takes responsibility for making the referral to social care.
- 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 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 lead and back-up designated lead are not on-site are agreed in advance by the setting manager and clearly communicated to all staff.

Further recording

- Information is recorded using our report form, and a short summary entered. 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 in the child's safeguarding file.

- Each member of staff/volunteer who has witnessed an incident or disclosure should also make a written statement on our incident reporting form, as above.
- The referral is recorded.
- 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.

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 leads 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 lead 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.

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. BSCP'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 lead is required to familiarise themselves with BSCP 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 lead should follow BSCP (BSCP) 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 lead must know how to refer concerns about risks of extremism/radicalisation to BSCP (Bucks) 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 and Committee complete *The Prevent Duty courses*
- The designated lead should understand the perceived terrorism risks in relation to the area that they deliver services in.

Parental consent for radicalisation referrals

BSCP 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 lead, 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. 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 BSCP (Bucks) procedures should be followed regarding this.

If there is a concern that a lead 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 leads should be familiar with their BSCP (Bucks) 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: fmufco.gov.uk
- Email for outreach work: fmuoutreach@fco.gov.uk

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 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

All serious allegations must be reported to LADO - Lado - 01296 382 070

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 lead 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 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 the chair of the committee or LADO.