



Registered Charity No. 1022409

1 Safeguarding children, young people and vulnerable adults policy and procedures

Designated person/lead for safeguarding is: Flora Lau

Back up Designated person is: Caz Schnull

Designed officer is: Emma George

1.3 Responding to safeguarding or child protection concerns

Our setting will work with children, parents and the community to ensure the rights and safety of children, young people* and vulnerable adults. Our Safeguarding Policy is based on the three key commitments of the Early Years Learning Alliance Safeguarding Children Policy.

We carry out the following procedures to ensure we meet the three key commitments of the Alliance Safeguarding Children Policy, which incorporates responding to child protection concerns.

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.

Key commitment 1 - Safeguarding roles

Staff and volunteers 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.

- Our Designated person and the suitably trained deputy ensure they have relevant links with statutory and voluntary organisations with regard to safeguarding.
- Designated person understand Buckinghamshire Safeguarding Children Partnership (BSCP) safeguarding procedures, attends relevant BSCP training at least every two years and refreshes their knowledge of safeguarding at least annually.
- All staff be transparent in how they lawfully proceed data
- All staff understand that safeguarding is their responsibility

- Designated person ensure all staff are trained and understand the principles of how to safeguarding policies and procedures work and that parents are made aware of them too.
- All staff have an up-to-date knowledge of safeguarding issues, are alert to potential indicators and signs of abuse and neglect and understand their professional duty to ensure safeguarding and child protection concerns are reported to the local authority children's social care team or the NSPCC. They receive updates on safeguarding at least annually.
- All staff are confident to ask questions in relation to any safeguarding concerns and know not to just take things at face value but can be respectfully sceptical.
- All staff understand the principles of early help (as defined in *Working Together to Safeguard Children*, 2018) and are able to identify those children and families who may be in need of early help and enable them to access it.
- All staff understand BSCP thresholds of significant harm and understand how to access services for families, including for those families who are below the threshold for significant harm.
- All staff understand their responsibilities under the General Data Protection Regulations and the Data Protection Act 2018 and circumstances under which they may share information about parents and their child with other agencies.
- All staff understand how to escalate their concerns in the event that they feel either the local authority and/or their own organisation has not acted adequately to safeguard and know how to follow safeguarding procedures to resolve disputes between staff and organisations.
- Children have a key person to build a relationship with, and are supported to articulate any worries, concerns or complaints that they may have in an age-appropriate way.
- All staff understand our policy on promoting positive behaviour and follow it in relation to children showing aggression towards other children.
- Adequate and appropriate staffing resources are provided to meet the needs of children.
- Applicants for posts within the setting are clearly informed that the positions are exempt from the Rehabilitation of Offenders Act 1974.
- Enhanced Disclosure and Barring Service (DBS) and barred lists checks and other suitability checks are carried out for staff and volunteers prior to their post being confirmed, to ensure that no disqualified person or unsuitable person works at the setting or has access to the children.
- Where applications are rejected based on information disclosed, applicants have the right to know and to challenge incorrect information.
- Volunteers must:
 - be aged 17 or over;
 - be considered competent and responsible;
 - receive a robust induction and regular supervisory meetings;
 - be familiar with all the settings policies and procedures;
 - be fully checked for suitability if they are to have unsupervised access to the children at any time.
- Information is recorded about staff qualifications, and the identity checks and vetting processes that have been completed including:
 - the criminal records disclosure reference number;

- certificate of good conduct or equivalent where a UK DBS check is not appropriate;
 - the date the disclosure was obtained; and
 - details of who obtained it.
- All staff and volunteers are informed that they are expected to disclose any convictions, cautions, court orders or reprimands and warnings which may affect their suitability to work with children (whether received before or during their employment with us).
 - We notify the DBS of any person who is dismissed from our employment or resigns in circumstances that would otherwise have led to dismissal for reasons of a child protection concern.
 - Procedures are in place to record the details of visitors to the setting. Everybody is asked to read our mobile procedure synopsis which is on a card next to the signing in sheet.
 - Security steps are taken to ensure that we have control over who comes into the setting so that no unauthorised person has unsupervised access to the children.
 - Steps are taken to ensure children are not photographed or filmed on video for any other purpose than to record their development or their participation in events organised by us. Parents sign a consent form and have access to records holding visual images of their child.
 - Any personal information is held securely and in line with data protection requirements and guidance from the ICO.
 - Designated person in the preschool have responsibility for ensuring that there is an adequate online safety policy in place.
 - We keep a written record of all complaints and concerns including details of how they were responded to.
 - We ensure that robust risk assessments are completed, that they are seen and signed by all relevant staff and that they are regularly reviewed and updated, in line with our health and safety policy.
 - Designated person will support staff to undertake their role adequately and offer advice, guidance, supervision and support.
 - All staff will inform the Designated person at the first opportunity of any significant safeguarding concern, and this should not delay any referrals being made to The First Response Team, police, the Local Authority Designated Officer (LADO) and The Ofsted or RIDDOR.
 - 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 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 chapter 3 Health and Safety procedures.
 - Preschool follow procedures of Buckinghamshire Safeguarding Children Partnership (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.

Key commitment 2 - Responding to concerns

We are committed to responding promptly and appropriately to all incidents, allegations or concerns of abuse that may occur and to work with statutory agencies in accordance with the procedures '*What to do if you're Worried a child is being Abused?*' (HMG 2015) and the care act 2014

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 Child welfare and protection summary and completing 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 preschool, the designated person decides the course of action required and 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 preschool, 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 preschool, this is raised with the designated person
- The parent/carer is advised at the earliest opportunity.

Responding to suspicions of abuse

- We acknowledge that abuse of children can take different forms - physical, emotional, and sexual, as well as neglect.
- We ensure that all staff have an understanding of the additional vulnerabilities that arise from special educational needs and/or disabilities, plus inequalities of race, gender, language, religion, sexual orientation or culture, and that these receive full consideration in relation to child, young person or vulnerable adult protection.
- When children are suffering from physical, sexual or emotional abuse, or experiencing neglect, this may be demonstrated through:
 - significant changes in their behaviour;
 - deterioration in their general well-being;
 - their comments which may give cause for concern, or the things they say (direct or indirect disclosure);
 - changes in their appearance, their behaviour, or their play;
 - unexplained bruising, marks or signs of possible abuse or neglect; and
 - any reason to suspect neglect or abuse outside the preschool.

- We are aware of the 'hidden harm' agenda concerning parents with drug and alcohol problems and consider other factors affecting parental capacity and risk, such as social exclusion, domestic violence, radicalisation, mental or physical illness and parent's learning disability.
- We are aware that children's vulnerability is potentially increased when they are privately fostered and when we know that a child is being cared for under a private fostering arrangement, we inform our local authority children's social care team.
- We are prepared to take action if we have concerns about the welfare of a child who fails to arrive at a session when expected. The Designated person will take immediate action to contact the child's parent to seek an explanation for the child's absence and be assured that the child is safe and well. If no contact is made with the child's parents and the Designated person has reason to believe that the child is at risk of significant harm, the relevant professionals are contacted immediately and BSCP procedures are followed. If the child has current involvement with social care the social worker is notified on the day of the unexplained absence.
- We are aware of other factors that affect children's vulnerability that may affect, or may have affected, children and young people using our provision, such as abuse of children who have special educational needs and/or disabilities; fabricated or induced illness; child abuse linked to beliefs in spirit possession; sexually exploited children, children who are trafficked and/or exploited, radicalisation, Female Genital Mutilation, extra-familial abuse and threats, children involved in violent offending, with gangs and county lines
- In relation to radicalisation, we follow the Prevent Duty guidance for England and Wales published by the Home Office and BSCP procedures on responding to radicalisation.
- All staff completed The Prevent online training course and the Prevent Referrals online training to ensure they are familiar with the local protocol and procedures for responding to concerns about radicalisation.
- We are aware of the mandatory duty that applies to teachers, including early years practitioners, and health workers to report cases of Female Genital Mutilation to the police.
- We also make ourselves aware that some children and young people are affected by gang activity, by complex, multiple or organised abuse, through forced marriage or honour-based violence or may be victims of child trafficking and county line. While this may be less likely to affect young children in our care, we may become aware of any of these factors affecting older children and young people who we may come into contact with.
- Where we believe that a child in our care or that is known to us may be affected by any of these factors, we follow the procedures below for reporting child protection concerns and follow the BSCP procedures. We take account of the need to protect young people aged 16-19 as defined by the Children Act 1989. This may include students or school children on work placement, young employees or young parents. Where abuse is suspected we follow the procedure for reporting any other child protection concerns. The views of the young person will always be taken into account, but the setting may override the young person's refusal to consent to share information if it feels that it is necessary to prevent a crime from being committed or intervene where one may have been, or

to prevent harm to a child or adult. Sharing confidential information without consent is done only where not sharing it could be worse than the outcome of having shared it.

- All staff are also aware that adults can also be vulnerable and know how to refer adults who are in need of community care services.
- We have a whistleblowing policy in place.
- Staff/volunteers know they can contact the organisation Public Concern at Work for advice relating to whistleblowing; if they feel that the organisation has not acted adequately in relation to safeguarding, they can contact the NSPCC whistleblowing helpline.

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 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 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 Buckinghamshire Safeguarding Children Partnership (BSCP) threshold document:
 - Level 1: Universal support – Children whose needs are met within universal services.
 - Level 2: Additional Services – Children with additional needs showing early signs of vulnerability requiring early help.
 - Level 3: Comprehensive Support – Children in need who require statutory or specialist services and targeted early help.

- Level 4: Statutory/specialist support – Children who are suffering or likely to suffer 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 Safeguarding incident reporting form if they have not already done so.

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

Parents are made aware of the preschool'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).

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 seek advice from The First Response Team and follows the BSCP 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 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 preschool, and there is time to do so, the senior member of staff contacts the preschool'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 preschool manager and clearly communicated to all staff.

Further recording

- Information is recorded using Safeguarding incident reporting form, and a short summary entered on Child welfare and protection summary. 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 on Safeguarding incident reporting form, as above.
- The referral is recorded on Child welfare and protection summary.
- 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 using Confidential safeguarding incident report form

- The designated person is responsible for reporting to the designated officer and seeking advice if required prior to making a referral as described above.
- For child protection concerns at Level 3 and 4 it will be necessary for the designated person to complete Confidential safeguarding incident report form and send it to the designated officer.
- Further briefings are sent to the designated officer when updates are received until the issue is concluded.

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.
- We take account of the need to protect young people aged 16-19 as defined by the Children Act 1989. This may include students or school children on work placement, young employees or young parents. Where abuse is suspected we follow the procedure for reporting any other child protection concerns. The views of the young person will always be taken into account, but the setting may override the young person's refusal to consent to share information if it feels that it is necessary to prevent a crime from being committed or intervene where one may have been, or to prevent harm to a child or adult. Sharing confidential information without consent is done only where not sharing it could be worse than the outcome of having shared it.

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 the committee chair.

Ultimately, if an issue cannot be resolved and the member of staff believes a child remains at risk because the preschool 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

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. BSCP 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 preschool 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 preschool (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
Government help and advice: www.gov.uk/female-genital-mutilation

Children and young people vulnerable to extremism or radicalisation

Early years preschools, 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 person 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 person should follow 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 person must know how to refer concerns about risks of extremism/radicalisation to their BSCP 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 *Prevent e-learning training* from the UK government website.
- The designated person 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 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 up preschool 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 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 BSCP 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
- Email for outreach work: 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

This policy was adopted on

6th September 2023

Date to be reviewed

6th September 2024

Signed by committee chairperson

Signed by preschool manager
