

6 Safeguarding children, young people and vulnerable adults procedures

06.01 Responding to safeguarding or child protection concerns

The Designated Safeguarding Lead (DSL) is **Mrs Jo Robinson**.

The Deputy Designated Safeguarding Lead (DDSL) is **Mrs Kerry Butwell**.

The Safeguarding Trustee (DST), is **Mrs Jessica Slaughter**.

In the absence of all of the above, **Mrs Chesca Hollingsworth (SENCo)** is L3 Safeguarding Trained.

KEY:

DSL = Designated Safeguarding Lead

DDSL = Deputy Designated Safeguarding Lead (DDSL)

DST = The Safeguarding Trustee

DDSL-L3 = Mrs Chesca Hollingsworth (SENCo)

Purple Form = 06.01a – Safeguarding Concerns Record Form – Purple Form

Existing Injury Form = 06.01b - Existing Injury Form

Body Map = 06.01c - Detailed Body Map

Parent = Parent / Main Carers

Staff = Team Member / 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 DSL and/or the DDSL.
- The setting manager is the DSL and the business manager is the DDSL. They are responsible for co-ordinating action taken by the setting to safeguard vulnerable children and adults. They are also responsible for liaising with local statutory children's services and with the Local Safeguarding Partners.
- All concerns about the welfare of children in the setting, at home, or elsewhere should be reported to the DSL and/or DDSL.
- The DSL and/or DDSL ensure that all staff 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 safeguarding lead at any time.
- The Designated Safeguarding Trustee is **Mrs Jessica Slaughter**.
- The DSL and DDSL inform each other about serious concerns as soon as they arise and agree the action to be taken, seeking further clarification if necessary.
- If it is not possible to contact the DSL and/or DDSL, action to safeguard the child is taken first and the DSL & DDSL are informed later. If the designated leads are unavailable, advice is sought from DDSL-L3, Mrs Chesca Hollingsworth, (SENco), L3 safeguarding trained, and/or the Safeguarding trustee.
- Issues which may require notifying to Ofsted are notified to the DSL & DDSL to decide regarding notification. The DSL & DDSL must remain up to date with Ofsted reporting and notification requirements.
- If there is an incident, which may require reporting to RIDDOR the DSL &/or DDSL seeks guidance from the board of trustees as appropriate. There continues to be a requirement that the DSL/DDSL follow legislative requirements in relation to reporting to RIDDOR. This is fully addressed in section 01 Health and Safety procedures.
- All settings follow procedures of their Local Safeguarding Partners (LSP) for safeguarding and any specific safeguarding procedures such as responding to radicalisation/extremism concerns. Procedures are followed for managing allegations against staff, as well as for responding to concerns and complaints raised about quality or practice issues, through whistleblowing and escalation.

Responding to marks or injuries observed

- If a staff member observes, or is informed by a parent of a mark or injury to a child that happened at home or elsewhere, the staff member requests that an existing injury form is completed and signed by the parent. This is uploaded to the child's file on Tapestry.
- The staff member advises the DSL &/or DDSL 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, DSL &/or DDSL decide the course of action to be taken after reviewing the existing injury form.
- If the mark or injury is noticed later in the day and the parent is not present, this is raised with DSL &/or DDSL. An existing injury form is completed by the practitioner and requests the parent sign on collection.
- If there is a likelihood that the injury is recent and occurred at the setting, this is raised with the DSL and/or DDSL and an Accident Form completed with injury cause not known.
- If the parent believes that the injury was caused at the setting, this is still recorded on the Accident Form and an accurate record made of the discussion added. This is uploaded to Tapestry.

Responding to the signs and symptoms of abuse


- Concerns about the welfare of a child are discussed with the DSL &/or DDSL without delay.
- A written record is made of the concern on a Purple 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 staff member listens carefully and calmly, allowing the child time to express what they want to say.
- The TED method is used to support what the child said, or what they meant..

Safeguarding

How to Support When a Child Makes a Disclosure



Actively Listen

- Create a safe, trusting space for the child.
- Accept what the child says without judgement.
- Listen to the child's words and the phrases they use (voice of the child).
- Recognise signs of abuse and non-verbal clues.
- Give the child time to share.
- Show you care – focus on the child and use open body language.
- Be aware of your own emotional reaction and stay calm.
- Resist the urge to speculate, jump to conclusions or solve the problem yourself.

Find Out and Support

T - Tell me more...

E - Explain...



D - Describe...

- Communicate in a way that is appropriate to the child's age and level of understanding.
- Ask non-leading questions to find out more. The acronym 'TED' can help you to structure this:
- Validate the child's emotions by offering support, e.g. reassuring them that they've done nothing wrong, acknowledging how hard it must have been to talk about this.
- Explain you will need to tell the member of staff who's in charge of keeping children safe. Don't ask them to repeat the information themselves.
- Reassure the child that it's your job to support them and keep them safe.


Act Immediately

- Follow your setting's procedures for recording safeguarding concerns.
- Record full details of the disclosure by using the child's own words and include any actions you have taken. If using paper, write in pen and include your name, signature, the date and time.
- Share the information with the DSL (or the DDSL/other senior staff member) straight away.
- Remember, GDPR regulations do not prevent information sharing when it comes to safeguarding children.
- If you feel the concern has not been dealt with appropriately, escalate it to the headteacher or your local authority.
- If you fear the child is in imminent danger, contact the safeguarding team in your local authority or the police.
- Recognise your own needs. Taking a disclosure from a child can be emotionally challenging – what support do you need?

Safeguarding – remember, it could happen here.

visit [twinkl.com/leaders](https://www.twinkl.com/leaders)



- After the initial disclosure, staff speak immediately to the DSL and/or DDSL.
- 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, DSL &/or DDSL will ask the child how it happened.
- When recording a child's disclosure on the purple form, exact words are quoted.
- If marks or injuries are observed, these are recorded on 06.01c - Detailed Body Map

Decision making (all categories of abuse)

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

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

Parents/carers 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 as part of the registration pack. When a referral for early help is necessary, the DSL and/or DDSL may 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/carer 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/carers 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 DSL and/or DDSL contacts the parents (only if agreed with social services) to inform them that a referral has been made, indicating the concerns that have been raised, unless social services 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, 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 e.g. risk of harm or abuse
- gaining consent may cause delay to the referral being made

The DSL and/or DDSL make a professional judgment regarding whether consent should be sought before making a child protection referral as described above.

Referring

- The DSL and/or DDSL follow the LSP procedures for making a referral.
- 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 services 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 DSL and/or DDSL for support.
- If the DSL and/or DDSL are not on site, the DDSL-L3 takes responsibility for making the referral to social services.

Further recording

- Information is recorded using the setting's management software programs including Tapestry, Parenta and CPOMs as well as the purple forms. Discussion with parents and/or social services is recorded.
- If a referral was made, all documents are kept and stored securely and confidentially in the children's safeguarding file, and/or on CPOMs.
- Staff who have witnessed an incident or disclosure should also make a written statement on purple form.
- Follow up phone calls to or from social services are recorded in the safeguarding file and/or CPOMS.
- Safeguarding records are kept up to date and made available for confidential access by the DSL and/or DDSL to allow for continuity of support during closures or holiday periods.

Reporting a Serious Child Protection Incident and/or Concern

- The DSL and/or DDS are responsible for making a referral as necessary for child protection concerns at Tier 3 and 4.

Professional disagreement/escalation process

- If a staff member disagrees with a decision made by the DSL and/or DDSL not to make a referral to social services, they must initially discuss and try to resolve it with them.
- If the disagreement cannot be resolved with the DSL and/or DDSL and the staff member continues to feel a safeguarding referral is required, then they discuss this with the safeguarding trustee.
- If issues cannot be resolved the whistle-blowing policy should be used, as set out below.
- Supervision sessions are also used to discuss concerns, but this must not delay making safeguarding referrals.

Whistleblowing

The whistleblowing 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. This includes non-compliance with policies and procedures, breaches of EYFS and/or registration requirements
- an injustice 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 2 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 the DSL and/or DDSL.
2. Staff who are unable to raise the issue with the DSL and/or DDSL should raise the issue with the Safeguarding trustee.

After a concern has been raised, the DSL, DDSL or DST, will decide how to respond in a reasonable and appropriate manner. Normally this will involve making internal enquires first, but it may be necessary to carry out an investigation.

N.B. Whilst it is hoped that such disclosures will never be necessary, the setting management recognises that it may find itself in circumstances which are new to it. Each case will be treated on its own merits.

Managers/Trustee Responsibilities

Managers/trustee notified of concerns under this policy are expected to:

- ensure that concerns raised are taken seriously;
- treat the matter in confidence, within the parameters of the case;
- where appropriate, investigate properly and make an objective assessment of the concern;
- keep the person raising the concern updated with progress, without breaching confidentiality;
- ensure that the action necessary to resolve a concern is taken;
- take appropriate steps to ensure that the staff member's working environment and/or working relationships are not prejudiced by the fact of disclosure.

If an issue cannot be resolved and the staff member 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

Contextual Safeguarding:

The DSL and/or DDSL familiarise themselves with and follow LSP procedures regarding all contextual safeguarding concerns.

- The DSL and/or DDSL ensure that staff know how to identify and raise any concerns in relation to these types of concerns.
- The DSL and/or DDSL follow LSP guidance in relation to how to respond to and report these concerns.

Female genital mutilation (FGM)

Staff are alert to symptoms that would indicate that FGM has occurred, or may be about to occur, and take appropriate safeguarding action. The DSL and/or DDSL should contact the police immediately as well as refer to children's services if they believe that FGM may be about to occur.

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 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. 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 DSL and/or DDSL familiarise themselves with LSP procedures, as well as online guidance including the prevent duty.
- The DSL and/or DDSL follow LSP guidance in relation to how to respond to concerns regarding extremism and ensure that staff know how to identify and raise any concerns in relation to this with them.
- The DSL and/or DDSL also ensure that all staff are aware of their responsibilities with regard to equality and inclusion and children's rights.

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.

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 0324 539, and/or Police on 101.

Concerns about children affected by Gang Activity / Serious Youth Violence / Cuckooing

The DSL and/or DDSL are aware that children can be put at risk by gang activity, both through participation in and as victims of gang violence. The DSL and/or DDSL are familiar with relevant guidance and procedures.

Forced Marriage / Honour based Violence / Witchcraft

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. Forced marriage can be linked to honour-based violence, which includes assault, imprisonment and murder.

In an emergency police should be contacted on 999.