

## 6 Safeguarding children, young people and vulnerable adults procedures

### 06.1 Responding to safeguarding or child protection concerns

#### 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 officer or designated person.
- All concerns about the welfare of children in the setting should be reported to the designated person or officer.
- If there is an incident, which may require reporting to RIDDOR the designated person immediately seeks guidance from designated officer.
- 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, 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 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 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 person/officer, is drawn on a body illustration and recorded.
- If there are concerns about the nature of the injury, and it is unlikely to have occurred at the setting, the designated person decides the course of action required and 06.1b Safeguarding incident reporting

#### Responding to the signs and symptoms of abuse

- Concerns about the welfare of a child are discussed with the designated person/officer without delay.
- A written record is made of the concern on 06.1b 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 educator 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/officer. 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 06.1b 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 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 should discuss this with the designated person, also completing 06.1b 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**

Parents have access to the setting's Privacy Notice which explains the circumstances under which information about their child will be shared with other agencies. Information is also given in the Registration Form, which is signed when a child starts at the setting.

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 parents disagree, if there are concerns that a child may become at risk of significant harm without early intervention, there may be sufficient grounds to over-ride a parental decision to withhold consent.

- If a parent withholds consent, this information is included on any referral that is made to the local authority. In these circumstances a parent should still be told that the referral is being made beforehand (unless to do so may place a child at risk of harm).

*\*Tier 2: Children with additional needs, who may be vulnerable and showing early signs of abuse and/or neglect; their needs are not clear, not known or not being met. Tier 3: Children with complex multiple needs, requiring specialist services in order to achieve or maintain a satisfactory level of health or development or to prevent significant impairment of their health and development and/or who are disabled.*

### **Informing parents when making a child protection referral**

In most circumstances consent will not be required to make a child protection referral, because even if consent is refused, there is still a professional duty to act upon concerns and make a referral. When a child protection referral has been made, the designated person contacts the parents (only if agreed with social care) to inform them that a referral has been made, indicating the concerns that have been raised, unless social care advises that the parent should not be contacted until such time as their investigation, or the police investigation, is concluded. Parents are not informed prior to making a referral if:

- there is a possibility that a child may be put at risk of harm by discussion with a parent/carer, or if a serious offence may have been committed, as it is important that any potential police investigation is not jeopardised
- there are potential concerns about sexual abuse, fabricated illness, FGM or forced marriage
- contacting the parent puts another person at risk; situations where one parent may be at risk of harm, e.g. 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/officer 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.

### **Referring**

- The designated person/officer follows their 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 care are contacted immediately.
- Arrangements for cover (when the designated person and officer are not on-site) are agreed in advance by the setting manager/Safeguarding Officer and clearly communicated to all staff.

### **Further recording**

- Information is recorded using 06.1b Safeguarding incident reporting form, and a short summary entered on 06.1a 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 06.1b Safeguarding incident reporting form, as above.
- The referral is recorded on 06.1a 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 06.1c Confidential safeguarding incident report form**

- For child protection concerns at Tier 3 and 4\*\* it will be necessary for the designated person/officer to complete 06.1c Confidential safeguarding incident report form

\*\* Tier 3: Children with complex multiple needs, requiring specialist services in order to achieve or maintain a satisfactory level of health or development or to prevent significant impairment of their health and development and/or who are disabled. Tier 4: Children in acute need, who are suffering or are likely to suffer significant harm.

### **Professional disagreement/escalation process**

- If an educator 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 educator 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**

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

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

### **Further guidance**

NSPCC 24-hour FGM helpline: 0800 028 3550 or email [fgmhelp@nspcc.org.uk](mailto:fgmhelp@nspcc.org.uk)

Government help and advice: [www.gov.uk/female-genital-mutilation](http://www.gov.uk/female-genital-mutilation)

Channel Duty guidance: Protecting people vulnerable to being drawn into terrorism

[www.gov.uk/government/publications/channel-and-prevent-multi-agency-panel-pmap-guidance](http://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](http://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](http://www.gov.uk/government/publications/protecting-children-from-radicalisation-the-prevent-duty)

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.

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](mailto:fmufco.gov.uk)
- Email for outreach work: [fmuo Outreach@fco.gov.uk](mailto:fmuo Outreach@fco.gov.uk)

### **Further guidance**

[Accident Record](#) (Early Years Alliance 2019)

Multi-agency practice guidelines: Handling cases of Forced Marriage (HMG 2014)

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