

**Safeguarding children and child protection**

**Policy statement**

Our setting will work with children, parents and the community to ensure the rights and safety of children and to give them the very best start in life. Our Safeguarding Policy is based on the three key commitments of the Pre-school Learning Alliance Safeguarding Children Policy.

**Procedures**

We carry out the following procedures to ensure we meet the three key commitments of the Alliance Safeguarding Children Policy.

*Key commitment 1*

We are committed to building a 'culture of safety' in which children are protected from abuse and harm in all areas of our service delivery.

Our designated person (a member of staff) who co-ordinates child protection issues is:

Dawn Locke

* Our designated officer (a member of the management team) who oversees this work is:

Michelle Tumblety Brown

* We ensure all staff are trained to understand our safeguarding policies and procedures and that parents are made aware of them too.
* All staff have an up-to-date knowledge of safeguarding issues, are alert to the signs and symptoms of abuse, and understand their professional duty to ensure safeguarding concerns are reported to the local authority children’s social work team or the NSPCC.
* 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.
* 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 criminal records 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.
* Enhanced criminal records and barred lists checks are carried out on anyone living or working on the premises.
* Volunteers do not work unsupervised.
* Information is recorded about staff qualifications, and the identity checks and vetting processes that have been completed including:
* the criminal records disclosure reference number;
* 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).
* All staff and volunteers are required to notify us if anyone in their household (including family members, lodgers, partners etc.) has any relevant convictions, court orders, reprimands and warnings or has been barred from, or had registration refused or cancelled in relation to any childcare provision (see above questions), or have had orders made in relation to care of their children.
* We notify the Disclosure and Barring Service 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.
* 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.
* The designated person in the setting has responsibility for ensuring that there is an adequate e-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.
* The designated officer will support the designated person to undertake their role adequately and offer advice, guidance, supervision and support.
* The designated person will inform the designated officer at the first opportunity of every significant safeguarding concern’s, however this should not delay any referrals being made to the children’s social worker services, the LADO, Ofsted or Riddor.

*Key commitment 2*

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 that are set down in 'What to do if you’re worried a child is being abused' (HMG 2015).

*Responding to suspicions of abuse*

* We acknowledge that abuse of children can take different forms - physical, emotional, and sexual, as well as neglect.
* 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 setting.
* We consider factors affecting parental capacity and risk, such as social exclusion, domestic violence, parent’s drug or alcohol abuse, mental or physical illness or 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 department.
* We are aware of other factors that affect children’s vulnerability such as, abuse of disabled children; fabricated or induced illness; child abuse linked to beliefs in spirit possession; sexual exploitation of children, such as through internet abuse; and Female Genital Mutilation and radicalisation; that may affect, or may have affected, children and young people using our provision.
* 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. 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 LSCB procedures.
* Where such evidence is apparent, the child's key person makes a dated record of the details of the concern and discusses what to do with the member of staff who is acting as the 'designated person'. The information is discussed with the parents, signed and stored in the child's personal file.
* In the event that a staff member or volunteer is unhappy with the decision made of the designated person in relation to whether to make a safeguarding referral they must follow escalation procedures.
* We refer concerns to the local authority children’s social care department and co-operate fully in any subsequent investigation. NB In some cases this may mean the police or another agency identified by the Local Safeguarding Children Board.
* We take care not to influence the outcome either through the way we speak to children or by asking questions of children.
* 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.
* We have a whistle blowing policy in place.

*Recording suspicions of abuse and disclosures*

* Where a child makes comments to a member of staff that give cause for concern (disclosure), or a member of staff observes signs or signals that give cause for concern, such as significant changes in behaviour; deterioration in general well-being; unexplained bruising, marks or signs of possible abuse or neglect; that member of staff:
* listens to the child, offers reassurance and gives assurance that she or he will take action;
* does not question the child;
* makes a written record that forms an objective record of the observation or disclosure that includes: the date and time of the observation or the disclosure; the exact words spoken by the child as far as possible; the name of the person to whom the concern was reported, with the date and time; and the names of any other person present at the time.
* These records are signed and dated and kept in the child's personal file, which is kept securely and confidentially.
* The member of staff acting as the 'designated person' is informed of the issue at the earliest opportunity, and within 1 working day.
* Where the Local Safeguarding Children Board stipulates the process for recording and sharing concerns, we include those procedures alongside this procedure and follow the steps set down by the Local Safeguarding Children Board, The ‘Effective Support for Children and Families in Somerset’ document is clearly displayed near the entrance for both parents and staff to read.

*Making a referral to the local authority children's social care team*

* The Pre-school Learning Alliance's publication Safeguarding Children contains procedures for making a referral to the local children's social care team, as well as a template form for recording concerns and making a referral.
* We keep a copy of this document alongside the procedures for recording and reporting set down by our Local Safeguarding Children Board, which we follow where local procedures differ from those of the Pre-school Learning Alliance.

*Escalation process*

* If we feel that a referral made has not been dealt with properly or that concerns are not being addressed or responded to, we will follow the LSCB escalation process.
* We will ensure that staff are aware of how to escalate concerns.

*Informing parents*

* Parents are normally the first point of contact. Concerns are discussed with parents to gain their view of events, unless it is felt that this may put the child in greater danger.
* Parents are informed when we make a record of concerns in their child’s file and that we also make a note of any discussion we have with them regarding a concern.
* If a suspicion of abuse warrants referral to social care, parents are informed at the same time that the referral will be made, except where the guidance of the Local Safeguarding Children Board does not allow this, for example, where it is believed that the child may be placed in greater danger.
* This will usually be the case where the parent is the likely abuser
* If there is a possibility that advising a parent beforehand may place a child at greater risk the designated person should seek advice from children’s social work services, about whether or not to advise parents beforehand, and should record and follow the advice given.

*Liaison with other agencies*

* We work within the Local Safeguarding Children Board guidelines.
* The current version of 'What to do if you’re worried a child is being abused' available for parents and staff and all staff are familiar with what they need to do if they have concerns.
* We have procedures for contacting the local authority regarding child protection issues, including maintaining a list of names, addresses and telephone numbers of social workers, to ensure that it is easy, in any emergency, for the setting and children's social care to work well together.
* In the event a child is absent from pre-school (and the parents/carers have not informed us), we will make every effort to contact the parents/carers to find out the reason, a log of this will be kept. In the event no contact can be made after two absences, we will try to contact the other contact number on the child’s records. After this two members of staff (or committee member) will visit the home address to ascertain the situation. The Local Safeguarding Board will be contacted if we feel this is necessary.
* We notify Ofsted of any incident or accident and any changes in our arrangements which may affect the well-being of children or where an allegation of abuse is made against a member of staff (whether the allegations relate to harm or abuse committed on our premises or elsewhere). Notifications to Ofsted are made as soon as is reasonably practicable, but at the latest within 14 days of the allegations being made.
* Contact details for the local National Society for the Prevention of Cruelty to Children (NSPCC) are also kept.

*Allegations against staff*

* We ensure that all parents know how to complain about the behaviour or actions of staff or volunteers within the setting, or anyone living or working on the premises occupied by the setting, which may include an allegation of abuse.
* We respond to any inappropriate behaviour displayed by members of staff, volunteer or any other person living or working on the premises, which includes:
* inappropriate sexual comments;
* excessive one-to-one attention beyond the requirements of their usual role and responsibilities, or inappropriate sharing of images.
* We follow the guidance of the Local Safeguarding Children Board when responding to any complaint that a member of staff or volunteer within the setting, or anyone living or working on the premises occupied by the setting, has abused a child.
* We ensure that all staff or volunteer know how to raise concerns about a member of staff or volunteer within the setting. We respond to any concerns raised by staff and volunteers who know how to escalate their concerns if they are not satisfied with our response
* We respond to any disclosure by children or staff that abuse by a member of staff or volunteer within the setting, or anyone living or working on the premises occupied by the setting, may have taken, or is taking place, by first recording the details of any such alleged incident.
* We refer any such complaint immediately to the Local Authority Designated Officer (LADO) to investigate:

|  |  |
| --- | --- |
| *Emergency Duty Team 0300 123 2327* |  |

* We also report any such alleged incident to Ofsted, as well as what measures we have taken. We are aware that it is an offence not to do this.
* We co-operate entirely with any investigation carried out by children’s social care in conjunction with the police.
* Where the management team and children’s social care agree it is appropriate in the circumstances, the member of staff or volunteer will be suspended for the duration of the investigation. This is not an indication of admission that the alleged incident has taken place, but is to protect the staff, as well as children and families throughout the process.

*Disciplinary action*

Where a member of staff or volunteer has been dismissed due to engaging in activities that caused concern for the safeguarding of children or vulnerable adults, we will notify the Disclosure and Barring Service of relevant information, so that individuals who pose a threat to children and vulnerable groups can be identified and barred from working with these groups.

*Key commitment 3*

We are committed to promoting awareness of child abuse issues throughout our training and learning programmes for adults. We are also committed to empowering young children, through our early childhood curriculum, promoting their right to be strong, resilient and listened to.

*Training*

* Training opportunities are sought for all adults involved in the setting to ensure that they are able to recognise the signs and signals of possible physical abuse, emotional abuse, sexual abuse and neglect and that they are aware of the local authority guidelines for making referrals.
* Dawn Locke receives training in accordance with that recommended by the Local Safeguarding Children Board. She has completed ‘Working Together to Safeguard Children’ (11.10.17).
* We ensure that all staff know the procedures for reporting and recording any concerns they may have about the provision.
* Staff are kept up to date on the following:

County lines

Cuckooing

Child exploitation

Human trafficking

FGM

Contextual safeguarding

Private fostering

*Planning*

* The layout of the rooms allows for constant supervision. For group provision: No child is left alone with staff or volunteers in a one-to-one situation without being visible to others.
* The use of personnel mobile phones is prohibited. They are locked away at all times.

*Curriculum*

* We introduce key elements of keeping children safe into our programme to promote the personal, social and emotional development of all children, so that they may grow to be strong, resilient and listened to and so that they develop an understanding of why and how to keep safe.
* We create within the setting a culture of value and respect for individuals, having positive regard for children's heritage arising from their colour, ethnicity, languages spoken at home, cultural and social background.
* We ensure that this is carried out in a way that is developmentally appropriate for the children.

*Confidentiality*

* All suspicions and investigations are kept confidential and shared only with those who need to know. Any information is shared under the guidance of the Local Safeguarding Children Board.

*Support to families*

* We believe in building trusting and supportive relationships with families, staff and volunteers.
* We make clear to parents our role and responsibilities in relation to child protection, such as for the reporting of concerns, information sharing, monitoring of the child, and liaising at all times with the local children’s social care team.
* We will continue to welcome the child and the family whilst investigations are being made in relation to any alleged abuse.
* We follow the Child Protection Plan as set by the child’s social care worker in relation to the setting's designated role and tasks in supporting that child and their family, subsequent to any investigation.
* Confidential records kept on a child are shared with the child's parents or those who have parental responsibility for the child in accordance with the Confidentiality and Client Access to Records procedure and only if appropriate under the guidance of the Local Safeguarding Children Board.
* In the event of family disputes, both legal parents are legally allowed to collect their child/children unless we receive a written court order advising us otherwise.

**Legal framework**

*Primary legislation*

* Children Act (1989 s47)
* Protection of Children Act (1999)
* Data Protection Act (1998)
* The Children Act (Every Child Matters) (2004)
* Safeguarding Vulnerable Groups Act (2006)
* Childcare Act 2006

*Secondary legislation*

* Sexual Offences Act (2003)
* Criminal Justice and Court Act 2015
* Equalities Act (2010)
* Data Protection Act (1998) Non Statutory Guidance
* Childcare (Disqualification) Regulations 2009
* Children and Families Act 2014
* Serious Crime Act 2015

**Further guidance**

* Working Together to Safeguard Children (2018, is on the pc)
* EYFS 2017
* Effective Support for Children and Families in Somerset 2017
* Inspecting Safeguarding 2016
* What to do if you’re Worried a Child is Being Abused (DfE 2015))
* Framework for the Assessment of Children in Need and their Families (DoH 2000)
* The Common Assessment Framework for Children and Young People: A Guide for Practitioners (CWDC 2010) now referred to as ‘Early Help Assessment’.
* Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004 (HMG 2007)
* Information Sharing: Guidance for Practitioners providing Safeguarding Services (DfE 2018, is on the pc)
* Disclosure and Barring Service: [www.gov.uk/disclosure-barring-service-check](http://www.gov.uk/disclosure-barring-service-check)
* Keeping Children Safe in Education (2016)
* South west Child protection Procedures

**Safeguarding children, young people and vulnerable adults procedures**

**Responding to safeguarding or child protection concerns**

**The designated person is** Dawn Locke, **the back-up designated person is** Lynn Hughes, **the committee designated officer is**  Michelle Tumblety-Brown

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.

**Safeguarding roles**

* All staffrecognise 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 personor a named back-up designated person.
* The manager and deputy are the designated person and back-up designated person,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 person or the back-up designated person.
* The designated person 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 person at any time.
* The line manager of the designated person is the designated officer.
* The designated person informs the designated officer about serious concerns as soon as they arise and agree the action to be taken, seeking further clarification if there are any doubts that the issue is safeguarding.
* If it is not possible to contact the designated officer, action to safeguard the child is taken first and the designated officer is informed later. If the designated officer is unavailable advice is sought from their line manager or equivalent.
* Issues which may requirenotifying 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 owners/directors/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 (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.
* 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 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 setting, 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 setting, this is raised with the designated person
* 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 person 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 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 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 (Tier 2/3\*)**

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 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).

*\*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. 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 follows their LSP 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 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 person and back-up designated person are not on-site are agreed in advance by the setting manager 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**

* 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 Tier 3 and 4\*\* it will be necessary for the designated person to complete 06.1c Confidential safeguarding incident report form and send it to the designated officer.
* Further briefings are sent to the designated officerwhen updates are received until the issue is concluded.

\*\* 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 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.

**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 [insert name and contact details of most senior person].

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

**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. LSCB 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

**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)

**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. LSP’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 LSP 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](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)
* The designated person should 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 designated person must know how to refer concerns about risks of extremism/radicalisation to their LSP 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 *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 person 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.
* The designated person should understand the perceived terrorism risks in relation to the area that they deliver services in.

**Parental consent for radicalisation referrals**

LSP 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 requirementto 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 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 LSP 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 LSP 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 likes, 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](mailto:fmu@fco.gov.uk)
* Email for outreach work: [fmuoutreach@fco.gov.uk](mailto: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>

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| This policy was adopted by | Cranmore and Doulting Pre-School | *(name of provider)* |
| On |  | *(date)* |
| Date to be reviewed | Annually | *(date)* |
| Signed on behalf of the provider |  | |
| Name of signatory |  | |
| Role of signatory (e.g. chair, director or owner) |  | |

**Other useful Pre-school Learning Alliance publications**

* Safeguarding Children (2013)
* Safeguarding through Effective Supervision (2013)