



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

### 06.1 Responding to safeguarding or child protection concerns

**The Designated Safeguarding Lead is Kerri Mitchell / Haley Powell-Borge (Committee Safeguarding Lead), the Safeguarding Deputy is Anna Horner.**

#### **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 safeguarding lead or deputy.
- The designated safeguarding lead and deputy are 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 safeguarding lead or the deputy.
- The designated safeguarding lead ensures that all educators 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 designated safeguarding lead and deputy discuss 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 safeguarding lead, action to safeguard the child is taken first and the designated safeguarding lead is informed later. If the designated safeguarding lead is unavailable advice is sought from their line manager or equivalent.
- Issues which may require notifying to Ofsted are notified to the designated safeguarding lead to make a decision regarding notification. The designated safeguarding lead must remain up to date with Ofsted reporting and notification requirements.
- If there is an incident, which may require reporting to RIDDOR the designated safeguarding lead immediately seeks guidance from core committee. There continues to be a requirement that the designated safeguarding lead 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 safeguarding lead as soon as possible if there are safeguarding concerns about the circumstance of the injury.
- If there are concerns about the circumstances or explanation given, by the parent/carer and/or child, the designated safeguarding lead decides the course of action to be taken after reviewing 06.01a Child welfare and protection summary and completing 06.01b 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 safeguarding lead.
- If there are concerns about the nature of the injury, and it is unlikely to have occurred at the setting, the designated safeguarding lead decides the course of action required and 06.01b 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 safeguarding lead.
- If there is no cause for further concern, a record is made in the Accident Record, with a note that the circumstances of the injury are not known.
- If the injury is unlikely to have occurred at the setting, this is raised with the designated safeguarding lead
- The parent/carer is advised at the earliest opportunity.
- If the parent believes that the injury was caused at the setting this is still recorded in the Accident Record and an accurate record made of the discussion is made on the child's personal file.

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

- Concerns about the welfare of a child are discussed with the designated safeguarding lead without delay.
- A written record is made of the concern on 06.01b 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.

### **Recognising concerns, signs and indicators of abuse**

The four main categories of abuse as defined by the Department of Health 'Working Together to Safeguard Children' document 2018. Adults should be aware that the possible indicators are not definitive list although children's poor behaviour maybe a sign that they are suffering harm or that they have been traumatised by abuse, some children may present these behaviours for reasons other than abuse. All staff, volunteers at Stockland and Yarcombe Preschool are aware of the indicators of abuse and have up to date knowledge of safeguarding issues. They will be alert to the need to consult further if they suspect neglect or abuse of a child or children. As a setting we understand that children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others.

**Neglect** The persistent failure to meet a child's basic physical and psychological needs, likely to result in the serious impairments of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: provide food, clothing and shelter; protect a child from physical and emotional harm or danger; ensure adequate supervision; ensure access to appropriate medical care or treatment.

**Possible indicators of Neglect** Obvious signs of lack of care including:

Problems with personal hygiene, constant hunger, inadequate clothing, emaciation, lateness or non-attendance at the setting, poor relationship with peers, untreated medical problems, compulsive stealing and scavenging, rocking, hair twisting, thumb sucking, running away, low self-esteem. Etc.

### **Physical Abuse**

May involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child.

**Possible Indicators** Physical signs that do not tally with the given account of occurrence conflicting or unrealistic explanations of cause repeated injuries delay in reporting or seeking medical advice.

### **Sexual Abuse**

Forcing or enticing a child to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact,



penetrative or non-penetrative acts and also includes involving children in watching pornographic material or watching sexual acts.

**Possible indicators of Sexual Abuse** Sudden changes in behaviour, displays of affection which are sexual and age inappropriate, tendency to cling or need constant reassurance, Tendency to cry easily, regression to younger behaviour – e.g. thumb sucking, acting like a baby, unexplained gifts or money, depression and withdrawal, wetting/soiling day or night, fear of undressing for PE etc.

### **Emotional Abuse**

The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.

**Possible Indicators of Emotional Abuse** Rejection, isolation, child being blamed for actions of adults, child being used as carer for younger siblings, affection and basic emotional care giving/warmth, persistently absent or withheld.

### **Children who have special educational needs and/or disabilities**

All children have the right to be safe, yet research shows that disabled children are three times more likely to be abused. A number of factors have been identified as to reasons why these children are more at risk (see bullet points) and as a setting we are aware of these and endeavour to protect all our children.

- a general reluctance of people to believe that disabled children are abused
- limited opportunities to seek help from someone else
- a skills gap between disability and child protection workers
- inadequate teaching about personal safety skills e.g. NSPCC pants campaign
- issues relating to the child's specific disability or special educational need, e.g. difficulties in communicating or an inability to understand what is happening

### **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 safeguarding lead. They do not further question or attempt to interview a child.
- If a child shows visible signs of abuse such as bruising or injury to any part of the body and it is age appropriate to do so, the key person will ask the child how it happened.
- When recording a child's disclosure on 06.01b 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 safeguarding lead 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 safeguarding lead, also completing 06.01b 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 safeguarding lead must always seek consent from the child's parents to share information with the relevant agency.

- If consent is sought and withheld and there are concerns that a child may become at risk of significant harm without early intervention, there may be sufficient grounds to over-ride a parental decision to withhold consent.



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

*\*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 safeguarding lead contacts the parents (only if agreed with social care) to inform them that a referral has been made, indicating the concerns that have been raised, unless social care advises that the parent should not be contacted until such time as their investigation, or the police investigation, is concluded. Parents are not informed prior to making a referral if:

- there is a possibility that a child may be put at risk of harm by discussion with a parent/carer, or if a serious offence may have been committed, as it is important that any potential police investigation is not jeopardised
- there are potential concerns about sexual abuse, fabricated illness, FGM or forced marriage
- contacting the parent puts another 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 safeguarding lead makes a professional judgment regarding whether consent (from a parent) should be sought before making a child protection referral as described above. They record their decision about informing or not informing parents along with an explanation for this decision. Advice will be sought from the appropriate children's social work team if there is any doubt.

### **Referring**

- The designated safeguarding lead or deputy follows their LSP procedures for making a referral.
- If the designated safeguarding lead or deputy are 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 safeguarding lead for support.
- Arrangements for cover (as above) when the designated safeguarding lead and deputy are not on-site are agreed in advance by the setting manager and clearly communicated to all staff.

### **Further recording**

- Information is recorded using 06.01b Safeguarding incident reporting form, and a short summary entered on 06.01a 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 06.01b Safeguarding incident reporting form, as above.
- The referral is recorded on 06.01a 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 safeguarding lead 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 safeguarding lead is responsible for reporting 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 safeguarding lead to complete 06.01c Confidential safeguarding incident report form.



- Further briefings are sent to the designated safeguarding lead when 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.

### **Safer Recruitment and Selection**

It is a requirement for all agencies to ensure that all staff recruited to work with children and young people are properly selected and checked. We will ensure that we have a member on every recruitment panel who has received the appropriate recruitment and selection training. That all of our staff are appropriately qualified and have the relevant employment history and checks to ensure they are safe to work with children in compliance with the Key Safeguarding Employment Standards. All staff and committee members are DBS checked.

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

- If an educator disagrees with a decision made by the designated safeguarding lead not to make a referral to social care they must initially discuss and try to resolve it with them.
- If the disagreement cannot be resolved with the designated safeguarding lead and the educator continues to feel a safeguarding referral is required then they discuss this with the committee safeguarding lead.
- 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

We are aware of the possibility of allegations being made against members of staff or volunteers that are working or may come into contact with children and young people whilst in our setting. Allegations will usually be that some kind of abuse has taken place such as inappropriate behaviour displayed, inappropriate sexual comments, excessive one to one attention beyond the requirements their role and responsibilities, inappropriate sharing or images. Allegations are made for a variety of reasons:

- Abuse has actually taken place.
- Something has happened to the child that reminds them of a past event – the child is unable to recognize that the situation and people are different; Children can misinterpret your language or your actions.
- Some children recognise that allegations can be powerful and if they are angry with you about something, they can make an allegation as a way of hitting out.
- An allegation can be a way of seeking attention.

If an allegation is made against an adult in a position of trust whether they be members of staff or volunteers this should be brought to the immediate attention of the Designated Safeguarding Lead who will advise the Chair of the Committee. In the case of the allegation being made against the Designated Safeguarding Lead this will be brought to the immediate attention of the Chair of the Committee. The Designated Safeguarding Lead /Chair of the Committee will need to discuss with the Local Authority Designated Officer (LADO) the nature of the allegations made against the adult, in order for the appropriate action to be taken. This may constitute an initial evaluation meeting or strategy discussion depending on the allegation being made. All allegations must be taken seriously and objectively and dealt with in a timely manner, in the case of an allegation the Chair of the Committee will need to:

- Refer to the Local Authority Designated Officer (LADO) guidance [Managing allegations - Devon Childrens' and Families Partnership \(dcfp.org.uk\)](#) and submit the [LADO notification form](#).
- Consider safeguarding arrangements of the child or young person to ensure they are away from the alleged abuser.
- Contact the parents or carers of the child/young person if advised to do so by the LADO.
- Consider the rights of the staff member for a fair and equal process of investigation.



- Advise Ofsted of allegation within 14 days of the allegation
- Ensure that the appropriate disciplinary procedures are followed including whether suspending a member of staff from work until the outcome of any investigation if this is deemed necessary.
- Act on any decision made in any strategy meeting.
- Advise the Disclosure and Barring Service where a member of staff has been removed, dismissed or would have been removed had they a result of the allegations being founded.

A copy of [What to do if you are worried a Child is being Abused](#) booklet is kept with this policy. This sets out the guidelines on dealing with incidents, disclosures and the procedures that must be followed.

### **Confidentiality**

- We recognise that all matters relating to child protection are confidential.
- The Designated Safeguarding Lead will disclose personal information about a child or young person to other members of staff on a need to know basis only.
- However, all staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children.
- All staff must be aware that they cannot promise a child to keep secrets which might compromise the child's safety or well-being or that of another.
- We will always undertake to share our concerns with parents and guardians and their consent is sought in accordance with Early help and MASH procedures unless doing so would increase the risk of harm to the child. If in doubt regarding sharing information with parents and guardians, we will consult with the MASH consultation team.

### **Training**

All members of staff and volunteers will have access to safeguarding training at least every three years in line with Devon Children and Families Partnership (DCFP). We will also, as part of our induction, issue information in relation to our Safeguarding policy as well as any policies related to safeguarding and promoting our children/young people's welfare to all newly appointed staff and volunteers. There will also be regular safeguarding updates via training, regular emails and forums.

Our Designated Safeguarding Lead will undertake further safeguarding training, Group 3 DCFP Multi-agency Safeguarding course or Group 3 Refresher Courses. This will be undertaken at least every three years which updates their awareness and understanding of the impact of the wide agenda of safeguarding issues. This will support both the Designated Safeguarding Lead and deputy Designated Safeguarding Lead to be able to better undertake their role and support the setting in ensuring our safeguarding arrangements are robust and achieving better outcomes for the children in our setting.



Our Chair of the Committee will have access to safeguarding training and will also undertake additional awareness training at least every three years. They will also be advised to undertake additional training to support their employers' role in Handling Allegations against adults who work with children and young people, including our staff and volunteers.

Our safeguarding arrangements are reported on an annual basis to our Chair of the Committee and our Safeguarding policy is reviewed annually, in order to keep it updated in line with local and national guidance/legislation.

### **Mobile Phones and Mobile technology**

Stockland & Yarcombe Preschool has policies and procedures in place with regard to the use of mobile phones and mobile technology i.e. ipad's, smart watches, laptops, cameras in the setting and on visits etc. All staff must leave their phones in their bags in the staff cupboard and only access them during any breaks. In an emergency staff can use the preschool's phone to make contact and staff should give the Preschool number for emergency contact purposes.

Smart watches should not be worn if they are attached to a phone and allows messaging to happen. Preschool has a staff laptop available for staff to use, this is password protected and should only be taken home with management agreement.

iPads should ALWAYS remain on site, they are password protected and Tapestry is further protected. Tapestry should only be accessed through a work device and not on personal equipment at home.

No cameras or recording devices that belong to staff should be used with/by the children.

### **Annex 1: Safeguarding Issues**

***The following Safeguarding issues are all considered to be child Protection issues and should be referred immediately to the most relevant agency. The issues featured below are linked to guidance and local procedures which can be found at [Devon Children and Families Partnership](#)***

### **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 safeguarding lead 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 safeguarding lead 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 safeguarding lead must know how to refer concerns about risks of extremism/radicalisation to their LSP safeguarding team or the Channel panel, as appropriate.
- The designated safeguarding lead should also ensure that they and all other staff working with children and young people understand how to recognise that someone may be at risk of violent extremism.
- The designated safeguarding lead 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 safeguarding lead 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 safeguarding lead 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 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 safeguarding lead 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**

Educators 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 safeguarding lead 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.

### **Domestic Abuse**

The Government defines domestic abuse as “**Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members regardless of gender or sexuality**”.

Staff need to understand what is required of them if children are members of the household where domestic abuse is known or suspected to be taking place. Our policy includes action to be taken regarding referrals to the Police and Children and Young People’s Services and any action to be taken where a member of staff is the alleged perpetrator or victim of domestic abuse. At Stockland and Yarcombe Preschool we will follow our safeguarding policy and report any suspected concerns regarding Domestic Abuse to the relevant agency.

### **Female Genital Mutilation (FGM)**



FGM is child abuse and a form of violence against women and girls, and therefore should be dealt with as part of existing child safeguarding/protection structures, policies and procedures.

Educators should be alert to symptoms that would indicate that FGM has occurred, or may be about to occur, and take appropriate safeguarding action. Designated safeguarding lead 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 safeguarding lead is informed regarding specific risks relating to the culture and ethnicity of children who may be attending their setting and shares this knowledge with staff.

Symptoms of FGM in very young girls may include difficulty walking, sitting or standing; painful urination and/or urinary tract infection; urinary retention; evidence of surgery; changes to nappy changing or toileting routines; injury to adjacent tissues; spends longer than normal in the bathroom or toilet; unusual and /or changed behaviour after an absence from the setting (including increased anxiety around adults or unwillingness to talk about home experiences or family holidays); parents are reluctant to allow child to undergo normal medical examinations; if an older sibling has undergone the procedure a younger sibling may be at risk; discussion about plans for an extended family holiday

### **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)

### **Child sexual exploitation (CSE)**

The sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people, (or a third person or persons) receive something, (e.g. food, accommodation, drugs, alcohol, cigarettes, affections, gifts, money) as a result of them performing and/or others performing on them, sexual activities. Child sexual exploitation can occur through the use of technology without the child's immediate recognition; for example, being persuaded to post sexual images on the internet/mobile phones without immediate payment or gain. In all cases those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidations are common, involvement in exploitative



relationships being characterised in the main by the child's or young person's limited availability of choice, resulting from their social/economic and/or emotional vulnerability.

**Good practice – Individuals** Recognise the symptoms and distinguish them from other forms of abuse

- Treat the child/young person as a victim of abuse
- Understand the perspective / behaviour of the child/young person and be patient with them
- Help the child/young person to recognise that they are being exploited
- Collate as much information as possible
- Share information with other agencies and seek advice / refer to Social Care

**Good practice – Organisations**

- Ensure robust safeguarding policies and procedures are in place which cover CSE
- Promote and engage in effective multi-agency working to prevent abuse
- Work to help victims move out of exploitation
- Cooperate to enable successful investigations and prosecutions of perpetrators

### **Peer on Peer Abuse**

Children can abuse other children, and this is referred to as 'peer on peer abuse' this can take many forms including those listed in the table above as well as bullying, sexual violence and harassment etc. Staff will raise concerns when there are issues of peer on peer abuse and Designated Safeguarding Lead's will consider what support might be needed for both the victim and perpetrators.

### **Forced marriage**

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 educators 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 *Policies & Procedures for the EYFS 2021 (Early Years Alliance 2022)*



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: [fm@fco.gov.uk](mailto:fm@fco.gov.uk)
- Email for outreach work: [fmoutreach@fco.gov.uk](mailto:fmoutreach@fco.gov.uk)

### **Under-age Marriage**

In England, a young person cannot legally marry until they are 16 years old (without the consent of their parents or carers) nor have sexual relationships.

### **Ritualistic Abuse**

Some faiths believe that spirits and demons can possess people (including children). What should never be considered is the use of any physical or psychological violence to get rid of the possessing spirit. This is abusive and will result in the criminal conviction of those using this form of abuse even if the intention is to help the child.

### **Sexually Active under Eighteen years old**

It is acknowledged by those working with young people that most young people under the age of 18 will have an interest in sex and sexual relationships. The Protocol for Sexually Active Young People under 18 years old has been designed to assist those working with children and young people to identify where these relationships may be abusive, and the children and young people may need the provision of protection or additional services.

### **Honour Based Violence**

'Honour based violence' is a crime or incident, which has or may have been committed to protect or defend the honour of the family and/or community'. It is important to be alert to signs of distress and indications such as self-harm, absence from setting, infections resulting from female genital mutilation, isolation from  
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peers, being monitored by family, not participating in setting activities, unreasonable restrictions at home. Where it is suspected that a child/young person is at risk from Honour based violence we will report those concerns to the appropriate agency in order to prevent this form of abuse taking place.

### **Trafficked Children**

Child trafficking involves moving children across or within national or international borders for the purposes of exploitation. Exploitation includes children being used for sex work, domestic work, restaurant/sweatshop, drug dealing, shoplifting and benefit fraud. Where we are made aware of a child is suspected of or actually being trafficked/exploited we will report our concerns to the appropriate agency.

### **Private Fostering**

Private fostering is an arrangement made between the parent and the private foster carer, who then becomes responsible for caring for the child in such a way as to safeguard and promote his/her welfare. A privately fostered child means a child under the age of 16 (18 if a disabled child) who is cared for and provided with accommodation by someone other than:

- A parent.
- A person who is not a parent but has parental responsibility.
- A close relative.
- A Local Authority.

for more than 28 days and where the care is intended to continue. It is a statutory duty for us to inform the Local Authority via MASH where we are made aware of a child or young person who may be subject to private fostering arrangements.

### **E-Safety**

Children and young people can be exploited and suffer bullying through their use of modern technology such as the internet, mobile phones and social networking sites. In order to minimize the risks to our children and young people Stockland and Yarcombe Preschool will ensure that we have in place appropriate measures such as security filtering, and an acceptable use policy linked to our E-Safety policy. We will ensure that staff are aware of how not to compromise their position of trust in or outside of the setting and are aware of the dangers associated with social networking sites.

Our E-safety policy will clearly state that mobile phone, camera or electronic communications with a child or family at our setting is not acceptable other than for approved setting business. Where it is suspected that a child is at risk from internet abuse or cyber bullying, we will report our concerns to the appropriate agency.



## **Annex 2: Further guidance and contact details**

### **Multi-Agency Safeguarding Hub – MASH**

MASH contributes to improved outcomes for safeguarding children because it has the ability to swiftly collate and share information held by the various agencies and to provide a multi-agency risk assessment of each case for 'actual or likely harm'.

- Manages contacts and enquiries received from any source (usually CYPS and Police VIST *vulnerable incident screening tool*)
- Develops a document recording the concern information and all other agencies information available within agreed timescales and a social worker manager makes an informed decision using all of the available information.
- Develops concern information into a social care referral if services are required under section 17 or section 47 of The Children Act 1989
- Liaises with the Early Help for children and young people who need services but do not meet The Children Act 1989 threshold
- Provides consultation line to agency enquirers about thresholds, appropriate action to be undertaken and services.

[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](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/322307/HMG_MULTI_AGENCY_PRACTICE_GUIDELINES_v1_180614_FINAL.pdf)

### **Useful Contacts:**

[Devon Children and Families Partnerships](#)

[South West Child Protection Procedures](#)

[Devon Early Years and Childcare Service](#)

[Child Exploitation and Online Protection Agency](#)

[NSPCC](#)

[CHILDWISE - a leading specialist in research with children and young people - ABOUT](#)

**Multi-agency Safeguarding Hub (MASH) 0345 155 1071**

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email: [mashsecure@devon.gov.uk](mailto:mashsecure@devon.gov.uk)

**MASH Consultation Line** 0345 155 1071 (ask for Consultation Line)

**Early Help co-ordination centre** 0345 155 1071 (ask for Early Help)

[Early Help information](#)

**Out of hours for CYPS (Social Care):**

5pm -9am and at weekends and public holidays, please contact:

Emergency Duty Service 0845 6000 388 (low-rate call)

**Police Central Referral Unit:** 0845 605 116

**EYCS Consultation Service:**

If you have concerns about a child but are unsure whether to make a MASH enquiry. The numbers are:

Nikki Phillips – Locality Manager for Exeter and East Devon 01392 383000

Melissa Filby – Locality Manager for Northern and Mid Devon 01392 383000

Susan Bolt - Locality Manager for South West Devon 01392 383000

**Devon Children and Families Partnership**

DCFP Office: 01392 383000

**Child Protection Chairs and Local Authority Designated Officers** for managing allegations against staff:

Allegations against staff LADO Referral Co-ordinator 01392 384964

[Training and Resources on managing allegations](#)

**Devon's Domestic Abuse Helpline** 0345 155 1074