



Harvard Park Policies and Procedures:

**Child Protection and Safeguarding young people
and vulnerable adults**

17. Child Protection and Safeguarding young people and vulnerable adults

Policy Statement

Harvard Park is committed to safeguarding children, young people and vulnerable adults and will do this by putting young people and vulnerable adults rights to be '*strong, resilient and listened to*' at the heart of all our activities.

Our 4 commitments are broad statements against which policies and procedures across the organisation are drawn to provide a consistent and coherent strategy for safeguarding children, young people and vulnerable adults. The four commitments are:

1. We are committed to empowering children, young people and vulnerable adults, promoting their right to be '*strong, resilient, actively listened to and heard*'.
2. We uphold a culture of safety in which children, young people and vulnerable adults are protected from abuse and harm in all areas of its curriculum and service delivery.
3. We are committed to preventing harm and responding promptly and appropriately in all incidents or concerns of abuse that may occur. Working with statutory agencies to achieve the best possible outcomes for every child.
4. We are dedicated to increasing safeguarding confidence, knowledge and good practice throughout its training and learning programmes for adults, advocating support and representation for those in greatest need.

NB: A 'young person' is defined as a 16–19-year-old. In an early years setting, they may be a student, apprentice educator, or parent/carer. A 'vulnerable adult' (see guidance to the Care Act 2014) is defined as: '*a person aged 18 years or over, who is in receipt of or may need community care services by reason of 'mental or other disability, age or illness and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation*'. In early years, this person may be a service user, parent/carer of a service user, or a volunteer.

Procedures

We carry out the following procedures to ensure we meet our commitments and duty of care, which incorporates responding to child protection concerns.

Key commitment 1

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

Our Designated Safeguarding Lead (DSL) who co-ordinates child, young people and vulnerable adult protection issues is:

Carol Mayell supported by Elvia Acosta for Day Nursery, Feltham

Victoria Close supported by Jeanna Smith for Pre-School, Isleworth

When the setting is open, but the designated safeguarding lead is not on site, a suitably trained manager is always available for staff to discuss safeguarding concerns.

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

Tracey Milstead for Day Nursery, Feltham Nicki Saunders for Pre-School, Isleworth

- The DSL and officers ensure they have links with statutory and voluntary organisations regarding safeguarding.
- The DSL understands Hounslow Safeguarding Children Partnership safeguarding procedures, attends relevant training at least every two years and refreshes their knowledge of safeguarding at least annually.

We ensure all staff are trained to understand our safeguarding policies and procedures and that parents/carers are made aware of them too.

- All staff receive adequate training in child protection matters and have access to the setting's policy and procedures for reporting concerns of possible abuse and the safeguarding procedures of the Hounslow Safeguarding Partnership.
- All staff have adequate information on issues affecting vulnerability in families such as social exclusion, domestic violence, mental illness, substance misuse and parental learning disability, together with training that takes account of factors that affect children that arise from inequalities or race, gender, disability, language, religion, sexual orientation or culture.
- We use available curriculum materials for young children, taking account of information in the Early Years Foundation Stage (EYFS), that enable children to be strong, resilient, listened to and heard.
- All services seek to build the emotional and social skills of children and young people who are service users in an age-appropriate way, including increasing their understanding of how to stay safe.
- We adhere to the EYFS Safeguarding and Welfare requirements.

Key commitment 2

- All staff are trained in line with the Criteria set out in Annex C* of the EYFS (November 2025). Safeguarding training is refreshed annually and renewed every 2 years. The designated safeguarding lead (DSL) ensures, support, advice and guidance for all staff to meet their safeguarding responsibilities by regular supervision and 1:1 team briefings, newsletters and reviewing safeguarding procedures together.

- There are procedures in place to prevent known abusers from coming into the organisation as employees or volunteers at any level.
- Safeguarding is the responsibility of every person undertaking the work of the organisation in any capacity.
- There are procedures for dealing with allegations of abuse against a member of staff, or any other person undertaking work whether paid or unpaid for the organisation, where there is an allegation of abuse or harm of a child. Procedures differentiate clearly between an allegation, a concern about quality of care or practice and complaints.
- There are procedures in place for reporting abuse of children or a young person in the setting.
- There are procedures in place for reporting safeguarding concerns where a child may meet the s17 definition of a child in need (Children Act 1989) and/or where a child may be at risk of significant harm, and to enable staff to make decisions about appropriate referrals using Hounslow Safeguarding Children's Partnership threshold documents.
- There are procedures in place for reporting abuse of a vulnerable adult in the setting.
- There are procedures in place in relation to escalating concerns and professional challenge.
- There are procedures in place for working in partnership with agencies involving a child, or young person or vulnerable adult, for whom there is a protection plan in place. These procedures also take account of working with families with a 'child in need' and with families in need of early help, who are affected by issues of vulnerability such as social exclusion, radicalisation, domestic violence, mental illness, substance misuse and parental learning disability.
- These procedures take account of diversity and inclusion issues to promote equal treatment of children and their families and that take account factors that affect children that arise for inequalities of race, gender, disability, language, religion, sexual orientation or culture.
- There are procedures in place for record keeping, confidentiality and information sharing, which are in line with data protection requirements.
- We follow government and Hounslow Safeguarding Children's Partnership guidance in relation to extremism.
- The procedures of Hounslow Safeguarding Children's Partnership must be followed.

***Annex C: Criteria for effective safeguarding training**

1. Training is designed for staff caring for 0–5-year-olds and is appropriate to the age of the children being cared for.
2. The safeguarding training for all practitioners and assistants must cover the following areas:
 - What is meant by the term safeguarding.
 - The main categories of abuse, harm and neglect.
 - The factors, situation and actions that could lead to contribute to abuse, harm or neglect.
 - How to work in ways that safeguard children from abuse, harm and neglect.

Key commitment 3

- We have a 'designated safeguarding lead person', who is responsible for carrying out child, young person or adult protection procedures.
- The 'designated safeguarding lead' is responsible for overseeing all child, young person or adult protection matters.
- The 'designated safeguarding lead' ensures they have links with statutory and voluntary organisations regarding safeguarding children.
- The 'designated safeguarding lead' ensures they have received appropriate training on child protection matters and that all staff are adequately informed and/or trained to recognise child abuse in the categories of physical, emotional and sexual abuse and neglect.
- The 'designated safeguarding lead' ensures all staff are aware of the additional vulnerabilities that affect children that arise from inequalities of race, gender, disability, language, religion, sexual orientation or culture and that these receive full consideration in child, young person or adult protection related matters.
- The 'designated safeguarding lead' ensures that staff are aware and receive training in social factors affecting children's vulnerability including, but not limited to:
 - Social exclusion
 - Domestic violence and controlling or coercive behaviour
 - Mental illness
 - Drug and alcohol abuse (substance misuse)
 - Parental/carer learning disability
 - Radicalisation
- The 'designated safeguarding lead' ensures that staff are aware and receive training in other ways that children may suffer significant harm and stay up to date with relevant contextual safeguarding matters:
 - Abuse of disabled children
 - Fabricated or induced illness
 - Child abuse linked to spirit possession
 - Sexually exploited children
 - Children who are trafficked and/or exploited
 - Female genital mutilation (FGM)
 - Extra-familial abuse and threats
 - Children involved in violent offending, with gangs and county lines.
- The 'designated safeguarding lead' ensures they are adequately informed in vulnerable adult protection.

Key commitment 4

- There are procedures in place to ensure staff recognise children and families who may benefit from early help and can respond using local early help processes. The 'designated safeguarding

lead' or DSL should ensure all staff understand how to identify and respond to families who may need early help.

- Staff are supported to make the right decisions that enable timely and appropriate action to be taken.
- Designated safeguarding leads contribute towards local safeguarding arrangements to ensure that the views of the sector are heard at the highest level.

Responding to safeguarding or children protection concerns

Day Nursery, Feltham: the designated safeguarding lead is Carol Mayell, and the deputy safeguarding lead is Elvia Acosta.

Pre-School, Isleworth: the designated safeguarding lead is Victora Close and the deputy safeguarding lead is Jeanna Smith.

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 a named back-up designated safeguarding lead.
- The manager and deputy are the designated safeguarding lead and back-up designated safeguarding lead, responsible for co-ordinating action taken by the setting to safeguard vulnerable children and adults. The designated safeguarding lead is also responsible for liaising with local statutory children's services and with the Hounslow Safeguarding Children's Partnership.
- All concerns about the welfare of children in the setting, at home, or elsewhere should be reported to the designated safeguarding lead or the back-up designated safeguarding lead.
- 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 safeguarding lead at any time.
- The managing director of the designated safeguarding lead is the designated officer
- The designated safeguarding lead informs the designated safeguarding 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 safeguarding officer, action to safeguard the child is taken first and the designated safeguarding officer is informed later. If the designated safeguarding officer is unavailable advice is sought from their line manager or equivalent.
- Issues which may require notifying Ofsted are notified to the designated safeguarding officer to decide regarding notification. The designated safeguarding lead and designated

safeguarding officer 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 officer immediately seeks guidance from the owners/directors/ trustees as appropriate. This continues to be a requirement that the designated safeguarding officer follows legislative requirements in relation to reporting to RIDDOR.
- We follow procedures of Hounslow Safeguarding Children's Partnership for safeguarding and any specific safeguarding procedures such as responding to radicalisation/extremism concerns. Procedures are followed for managing allegations against staff, as well as for responding to concerns and complaints raised about quality or practice issues, through whilst blowing and escalation.

Responding to marks or injuries observed

- If a member of staff observes or is informed by a parent/carer or a mark of 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 circumstance or explanations given by the parent/carer and/or child, the designated safeguarding lead decides the course of action to be taken and completing a safeguarding incident reporting form.
- If the mark or injury is noticed later in the day and the parent/carer is not present, this is raised with the designated safeguarding lead.
- If there are concerns about the nature of the injury, and is unlikely to have occurred at the setting, the designated safeguarding lead decides the course of action required and safeguarding incident reporting form is completed as above, taking into consideration any explanations 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 on an Accident sheet, 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 informed and advised at the earliest opportunity. If the setting is informed, an existing injury sheet is competently filled out and filed in the child's file.
- If the parent/carer believes that the injury was caused at the setting, this is still recorded on the Accident sheet, and an accurate record of the discussion is made and, on the child's, personal file.

Responding to 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 of 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

- We understand that children are not always ready or able to talk about their experiences of abuse and/or may not always recognise they are being abused.
- When responding to a disclosure from a child, the aim is to get just enough information to take appropriate action.
- The member of staff 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 *'can you show me again'*.
- After the initial disclosure, staff speak immediately to the designated safeguarding lead. They do not further question or attempt to interview the child.
- When recording a child's disclosure on Safeguarding incident reporting form, their exact words are used as well as the exact words with which the member of staff responded.
- If marks or injuries are observed, these are recorded on a body diagram.

Decision making (all categories of abuse)

- The designated safeguarding lead makes a professional judgment about referring to other agencies, including Social Care using the Hounslow Safeguarding Children's Partnership Threshold document.
- 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 a Safeguarding Incident reporting form if they have not already done so.

Seeking consent from parents/carers to share information before making a referral for early help

Parents/Carers are made aware of the settings 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/carers 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/carer decision to withhold consent.
- If a parent/carer withholds consent, this information is included on any referral that is being made to the local authority. In this circumstance, a parent/carer should still be told that the referral is being made beforehand (unless to do so may place a child at risk of harm).

Informing parents/carers when making a child protection referral

In most circumstances consent will not be required to make a child protection referral, because even if consent is refused, there is still a professional duty to act upon concerns and make a referral. When a child protection referral has been made, the designated safeguarding lead contacts the parents/carers (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/carer should not be contacted until such time as their investigation, or the police investigation, is concluded. Parents/Carers are not informed prior to making a referral if:

- There is a possibility that a child may be put at risk or 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/carer 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/carers to seek their consent may cause delay to the referral being made.

The designated safeguarding lead makes a professional judgement regarding whether consent (from a parent/carer) should be sought before a child protection referral as described above. They record their decision about informing or not informing parents/carers along with an explanation for this decision. Advice will be sought from the appropriate children's social work team if there is any doubt.

Support to families

- We believe in building trusting and supportive relationships with families, staff and volunteers.
- We make clear to parents/carers our role and responsibilities in relation to child protection, such as for the reporting of concerns, information sharing, monitoring of the child, and always liaising 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, after any investigation.

- If any child with a known child protection plan at the setting has a safeguarding concern raised or is absent without explanation, this will be referred to their Social Worker with urgency and as soon as possible.
- We will engage with any child in need plan or early help plan as agreed.
- Confidential records kept on a child are shared with the child's parents/carers 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 Hounslow Safeguarding Children Partnership.
- Our 'Safeguarding children young people and vulnerable adults' policy is available to parents and carers as appropriate including displaying on the early years and setting website (if applicable).

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

All referrals should be submitted via the online portal, using one of the following ways:

- **Urgent referrals** – those intending to submit urgent or emergency referrals should first telephone the Front Door team on **0208 583 660** , option 2, option 3 to determine professional accountability and complete the referral.
- **Non-urgent referrals** – submit the referral directly via the portal <https://earlyhelp.hounslow.gov.uk/web/portal/pages/home> .
- **Out of hours**: after 5:00pm weekdays or weekends, call **0208 583 3895** and ask to speak to the duty social worker.

Escalation Process

- There may be situation where professionals differ in their opinions. 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 Hounslow Safeguarding Children's Partnership escalation policy, updated in September 2024 <https://www.hscb.org.uk/wp-content/uploads/2024/09/HSCP-Escalation-Policy-2024.pdf> .
- We will ensure that staff are aware of how to escalate concerns.
- We will follow local procedures published by Hounslow Safeguarding Children Partnership to resolve professional disputes.
- This policy does not replace any single agency escalation or complaint policies and should be used in conjunction with our internal policies and procedures.

Further recording

- Discussion with parents/carers and any further discussion with social care is recorded. If recording a conversation with parents/carers that is significant, regarding the incident or a related issue, parents/carers are asked to sign and date a record of the conversation. It should be clearly recorded with 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 a Safeguarding incident reporting form, as above.
- Follow up phone calls to or from the social care are recorded in the child's file; with the 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 closure or holidays periods.

Professional disagreement/escalation process

- If a member of staff 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 member of staff continues to feel a safeguarding referral is required, they discuss this with the designated officer.
- If issues cannot be resolved, the whistle-blowing policy should be used – policy 28 of this pack.
- Supervision sessions are also used to discuss concerns, but this must not delay making safeguarding referrals.

Categories of abuse

Physical abuse

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 (this used to be called Munchausen's Syndrome by Proxy, however, is now more usually referred to as fabricated or induced illness).

Emotional abuse

Emotional abuse is 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 for meeting the needs of another person. It may feature age – or developmentally-inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying, causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

Sexual abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether the child is aware of what is happening. The activities may involve physical contact, including penetrative and non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy because of maternal substance misuse. Once a child is born, neglect may involve a parent or carer failing to provide adequate food and clothing or shelter, including exclusion from home or abandonment; failing to protect a child from physical and emotional harm or danger; failure to ensure adequate supervision, including the use of inadequate care-takers; or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

(Definitions taken from Working Together to Safeguard Children 2023)

Domestic abuse

Domestic abuse can encompass a wide range of behaviours and may be a single incident or a pattern of incidents. The abuse can be, but is not limited to, psychological, physical, sexual, financial or emotional. Children can be victims of domestic abuse. They may see, hear or experience the effects of abuse at the home and/or suffer domestic abuse in their own intimate relationships (teenage relationship abuse). All of which can have a detrimental and long-term impact of their health, well-being, development and ability to learn.

Indicators of abuse and what you might see

It is vital that staff are aware of the range of behavioural indicators of abuse and report any concerns to the designated safeguarding lead (DSL). We are aware that it is our/your responsibility to report concerns. It is not our/your responsibility to investigate or decide whether a child has been abused.

A child who is being abused and/or neglected may:

- Have bruises, bleeding, burns, fractures or other injuries
- Show signs of pain or discomfort
- Look unkempt and uncared for
- Changes in their eating habits
- Have difficulty in making or sustaining friendships
- Showing signs of emotional/mental ill health

- Appear fearful
- Be reckless regarding their own or others safety
- Self-harm
- Frequently be absent or arrive late
- Show signs of not wanting to go home
- Display a change in behaviour – from quiet to aggressive, or happy-go-lucky to withdrawn
- Become disinterested in play activities
- Be constantly tired or preoccupied
- Be wary of physical contact
- Display sexual knowledge or behaviour beyond that normally expected for their age.

We understand that there are indicators of child abuse; however, these should not be considered as a definitive list but used when considering the possibility of abuse in children, young people or vulnerable adults.

Female Genital Mutilation (FGM)

Staff should be alert to symptoms that would indicate FGM has occurred, or may be about to occur, and take appropriate safeguarding action. Designated safeguarding leads 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 to 15 years of age, statistics indicate that in half of countries who practice FGM, girls were cut before the age of 5 years. LSP (Local Safeguarding Partnerships) 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/carers are reluctant to allow children 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:

- o NSPCC 24-Hour FGM helpline: 0800 028 3550 or email fgmhelp@nspcc.org.uk

- Government help and advice: <https://www.gov.uk/female-genital-mutilation-help-advice>

Children and young people vulnerable to extremism or radicalisation

Early years settings, school 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.

Local Safeguarding Partnerships or 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: <https://www.gov.uk/government/publications/channel-and-prevent-multi-agency-panel-pmap-guidance>
 - Prevent Strategy (HMG 2011): <https://www.gov.uk/government/publications/prevent-strategy-2011>
 - The prevent duty for school and childcare providers: <https://www.gov.uk/government/publications/the-prevent-duty-safeguarding-learners-vulnerable-to-radicalisation>
- 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 are aware of their responsibilities regarding equality and inclusion and children's rights. Training is available from the Early Year Alliance. If available in the area, the designated safeguarding lead should complete WRAP (or equivalent) training and support staff to access the training offered by local authorities. WRAP training covers local arrangements for dealing with concerns that a child may be a risk of extremism and/or radicalisation.
- The designated safeguarding lead should understand the perceived terrorism risks in relation to the area that they deliver the service in.

Parental consent for radicalisation referrals

LSP procedures are followed in relation to whether parental consent is necessary 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 local agencies responsible for safeguarding, as to whether consent should be sought on a case-by-case basis. Designated safeguarding leads 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 reading this.

If there is a concern that a person is already involved in terrorist activity, this must be reported to the Anti-Terrorist Hotline: **0800 789 321** , Text or Phone: **0800 0324 539**. The 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 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 leads should be familiar with their LSP guidance and procedures in relation to safeguarding children affected by gang activity and ensure this is followed and 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 a 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 helpful 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:

- Telephone: **+44 (0) 20 7008 0151**
- Email: fmufco.gov.uk
- Email for outreach work: fmufcooutreach.gov.uk

Concerns and allegations of serious harm or abuse against staff, volunteers or agency staff

Concerns may come from a parent/carer, child, colleague, or the public. Allegations or concerns must be referred to the designated safeguarding lead without delay – even if the person making the allegation later withdraws it.

What is a low level concern?

The NSPCC defines a low-level concern as 'any concern that an adult has acted in a way that:

- Is inconsistent with the staff code of conduct, including inappropriate conduct outside of work
- Doesn't meet the threshold of harm or is not considered serious enough ... to refer to the local authority.

Low level concerns are a part of a spectrum of behaviour. This includes:

- Inadvertent or thoughtless behaviour
- Behaviour that might be considered inappropriate depending on the circumstances.
- Behaviour which is intended to enable abuse.

Examples of such behaviour could include:

- Being over friendly with children
- Having favourites
- Adults taking photographs of children on their personal mobile phone
- Engaging with a child on a one-to-one basis in a secluded area or behind a closed door
- Using inappropriate sexualised, intimidating or offensive language'

(NSPCC – responding to low level concerns about adults working in education)

Responding to low-level concerns

Any concerns about the conduct of staff, students, or volunteers must be shared with the designated safeguarding lead and recorded. The designated safeguarding lead should be informed of all concerns, including those that may initially be considered 'low-level' and make the final decision on how to respond. Where appropriate this can be done in consultation with manager or managing director.

Reporting concerns about the conduct of a colleague, student or volunteer contributes towards a safeguarding culture of openness and trust. It ensures that adults consistently model the settings values and helps keep children safe. It protects adults from potential false allegations or misunderstanding. If it is not clear that a concern meets the local authority threshold, the designated safeguarding lead should contact LADO for clarification.

Identifying concerns about serious harm, or abuse

An allegation against a member of staff, volunteer or agency staff constitutes as serious harm or abuse if they:

- Behave in a way that has harmed, or may have harmed a child
- Possibly committed a criminal offence against, or related to, a child
- Behaved towards a child in a way that indicates they pose a risk of harm to children
- Behaved or may have behaved in a way that indicated they may not be suitable to work with children.

Informing

- o All staff report allegations to the designated safeguarding lead.
- o The designated safeguarding lead alerts the designated officer for their setting. If the designated officer is unavailable, the designated person contacts their equivalent until they get a response – which should be within 3-4 hours of the event. Together they should form a view about what immediate actions are to be taken to ensure the safety of the children and staff in the setting, and what is acceptable in terms of fact-finding.
- o It is essential that no investigation occurs until and unless the LADO has expressly given consent for this to occur, however, the person responding to the allegation does need to understand what explicitly is being alleged.
- o The designated safeguarding lead must take steps to ensure the immediate safety of children, parents/carers and staff on that day withing the setting.
- o We refer any allegations to the Safeguarding Advice and Allegations Managements (SAAM). The Duty systems include the Child Protection Chairs who are the people who take part in the SAMM Duty structure. They identify designated officer (LADO) cases.
- Duty Desk: **0208 583 5730**
- LADO: Sarah Paltenghi – **0208 583 3423/ 07970 198 380** / Grace Murphy – **0208 583 4933**
- o The LADO is contacted as soon as possible and within one working day. If the LADO is on leave or cannot be contacted, the LADO team manager is contacted and/or advice sought from the point of entry safeguarding team/mash/point of contact, according to the local arrangements.
- o A child protection referral is made if required. The LADO, line managers and local safeguarding children's services can advise on whether a child protection referral is required.
- o The designated safeguarding lead asks for clarification from the LADO on the following areas:

- What actions the designated safeguarding lead must take next and when and how the parents/carers of the child are informed of the allegation.
 - Whether or not the LADO thinks a criminal offence may have occurred and whether the police should be informed and if so, who will inform them.
 - Whether the LADO is happy for the provider to pursue an internal investigation without input from the LADO, or how the LADO wants to proceed.
 - Whether the LADO thinks the person concerned should be suspended, and whether they have any other suggestions about the actions the designated person has taken to ensure the safety of the children and staff attending the setting.
- The designated safeguarding lead records details of discussions and liaisons with the LADO including dates, type of contact, advice given, actions agreed and updates on the child's case file.
 - Parents/Carers are not normally informed until discussion with the LADO has taken place, however in some circumstances the designated safeguarding lead may need to advise parents/carers of an incident involving their child straight away, for example if the child has been injured and requires medical treatment.
 - Staff do not investigate the matter unless the LADO has specifically advised them to investigate internally. Guidance should also be sought from the LADO regarding whether suspension should be considered. The person dealing with the allegation must take steps to ensure that the immediate safety of the children, parents/carers and staff is assured. It may be in the short-term measures other than suspension, such as requiring a staff member to be office based for a day, or ensuring they do not work unsupervised, can be employed until contact is made with the LADO and advice is given.
 - The designated safeguarding lead ensures staff fill in a safeguarding incident reporting form.
 - If after a discussion with the designated safeguarding lead, the LADO decides that the allegation is not obviously false, and there is a cause to suspect that the child/ren is suffering or likely to suffer significant harm, then the LADO will normally refer the allegation to children's social care.
 - Notification to Ofsted is required for any allegations made against a member of staff, therefore the designated safeguarding lead will inform Ofsted as soon as possible, but no later than 14 days after the event has occurred. The designated safeguarding lead will liaise with the designated safeguarding officer/managing director about notifying Ofsted.
 - Ofsted must be updated of the actions taken by the setting, even if the LADO decides the allegation does not meet their threshold for investigation. If the designated officer is unavailable their equivalent must be contacted, for providers registered with a childminding agency, this may be the name person within the agency.
 - Avenues such as performance management or coaching and supervision of staff will also be used instead of disciplinary procedures where these are appropriate and proportionate. If an

allegation is ultimately upheld, the LADO may offer a view about what would be a proportionate response in relation to the accused person.

- The designated safeguarding lead must consider revising or writing a new risk assessment where appropriate, for example if the incident related to an instance where a member of staff has physically intervened to ensure a child's safety, or if an incident relates to difficulty with the environment such as where parents/carers and staff are coming and going, and doors are left open.
- All allegations are investigated even if the person involved resigns and ceases to be a volunteer.

Allegations against agency staff

All allegations against agency staff must be responded to as detailed in this procedure. In addition, the designated safeguarding lead must contact the agency following advice from the LADO.

Allegations against the designated safeguarding lead (DSL)

- If a member of staff has concerns that the designated safeguarding lead has behaved in a way that indicates they're not suitable to work with children as listed above, this is reported to the designated officer following the settings whistleblowing process, who will investigate further.
- During the investigation, the designated officer/managing director will identify another suitably experienced person to take on the role of designated safeguarding lead.
- If an allegation is made against the designated officer/managing director, then the owners/directors/trustees are informed.

Recording

- A record is made of an allegation/concern, along with supporting information using the settings safeguarding management software or is entered on the file of the child, (if the allegation involves a specific child or children).
- If the allegation refers to more than one child, this is recorded in each child's file.
- If relevant, a child protection referral is made, with details held on the child's file.

Disclosure and Barring Service (DBS)

- If a member of staff is dismissed because of a proven or strong likelihood of child abuse, inappropriate behaviour towards a child, or other behaviour that may indicate they are unsuitable to work with children such as drug or alcohol abuse, or other concerns raised during supervision when the staff suitability checks are done, a referral to the Disclosure and Barring Service is made.

Escalating and whistleblowing concerns

- If a member of staff believes at any time that children may be in danger due to the actions or otherwise a member of staff or volunteer, they must discuss their concerns immediately with the designated safeguarding lead.
- If after discussions with the designated safeguarding lead, they still believe that appropriate action to protect the children has not been taken, they must speak to the designated officer/managing director.
- If there are still concerns then the whistle-blowing procedure must be followed, as set out in responding to safeguarding or child protection concerns.

Primary Legislation: Legal references

Children Act (1989) – s47

Protection of Children Act (1999)

Care Act (2014)

Children Act (2004) – s11

Children and Social Work Act (2017)

Safeguarding Vulnerable Groups Act (2006)

Counter-Terrorism and Security Act (2015)

General Data Protection Regulation (2018)

Data Protection Act (2018)

Modern Slavery Act (2015)

Sexual Offences Act (2003)

Serious Crimes Act (2015)

Criminal Justice and Court Services Act (2002)

Human Rights Act (1998)

Equalities Act (2006) and (2010)

Disability Discrimination Act (1995)

Freedom of Information Act (2000)

Working Together to Safeguard Children (HMG 2023)

Statutory Framework for the Early Years Foundation Stage (2025)

What to Do if You are Worried a Child is Being Abused (HMG 2015)

Prevent Duty guidance for England and Wales: guidance for specified authorities in England and Wales on the duty of schools and other providers in the Counterterrorism and Security Act (2015) to have due regard to the need to prevent people from being drawn into terrorism (HMG 2015)

Keeping Children Safe in Education (2024)

Education inspection Framework (Ofsted 2024)

The framework for the assessment of children in need and their families (DoH 2000)

The Common Assessment Framework (2006)

Statutory guidance on inter-agency working to safeguard and promote the welfare of children (DfE 2015)

Further guidance

Information sharing advice for safeguarding practitioner (DfE 2024)

The Team Around the Child (TAC) and the Lead Professional (CWDC 2010)

The Common Assessment Framework (CAF) – guide for practitioners (CWDC 2010)

Multi-Agency Statutory Guidance on Female Genital Mutilation (HMG 2016)

Multi-Agency Public Protection Arrangements (MAPPA) (Ministry of Justice, National Offender Management Service and HM Prison Service 2014)

Safeguarding Children from abuse linked to Belief in Spirit Possession (HMG 2010)

Safeguarding Children in whom Illness is Fabricated or Induced (HMG 2007)

Safeguarding Disabled Children: Practice Guidance (DfE 2009)

Safeguarding Children who may have been Trafficked (DfE and Home Office 2011)

Child sexual exploitation: definition and guide for practitioners (DfE 2017)

Holding Cases of Forced Marriage: Multi-Agency Practice Guidelines (HMG 2014)

Arrangements for Safeguarding and Child Protection at Harvard Park Day Nursery and Pre-School during an Infectious Disease Outbreak.

Context

This addendum of the Harvard Park Safeguarding, and Child Protection policy contains details of our individual safeguarding arrangements in the following areas:

Key contacts: Remain as per our Safeguarding Policy.

Vulnerable children

Vulnerable children and young people include those who:

- are assessed as being in need under section 17 of the Children Act 1989, including children and young people who have a child in need plan, a child protection plan or who are a looked-after child.
- have an education, health and care plan (EHCP).
- have been identified as otherwise vulnerable by educational providers or local authorities (including children's social care services), this might include:
 - children and young people on the edge of receiving support from children's social care services or in the process of being referred to children's services
 - adopted children or children on a special guardianship order
 - those at risk of becoming NEET ('not in employment, education or training')
 - those living in temporary accommodation
 - those who are young carers
 - those who may have difficulty engaging with remote education at home (for example due to a lack of devices or quiet space to study)

- care leavers
- others at the provider and local authority's discretion including pupils and students who need to attend to receive support or manage risks to their mental health.

For more information, refer to guidance [Emergency planning and response for education, childcare, and children's social care settings - GOV.UK \(www.gov.uk\)](#)

The management team, especially the Designated Safeguarding Lead (DSL) know who our most vulnerable children are. There is an expectation that vulnerable children will attend an educational setting, so long as they do not have underlying health conditions that put them at increased risk.

Harvard Park will continue to work with and support early years educators and children's social workers in protecting our vulnerable children. This includes working with outside agencies such as: Children's Services and the Early Years team for monitoring looked-after and previously looked-after children. The lead person for this is: Victoria Close supported by Jeanna Smith at Pre School and Carol Mayell at Day Nursery.

In circumstances where a parent/carer does not want to bring their child to an educational setting, and their child is considered vulnerable, Harvard Park or any other professional involved with the family will explore the reasons for this directly with the parent.

Where parents/carers are concerned about the risk of the child contracting the infectious disease during an outbreak, for example COVID-19, Harvard Park or any other professional involved with the family will talk through these anxieties with the parent/carer following the advice set out by Public Health England. Parents/carers will be signposted to the DfE Helpline if necessary.

Attendance monitoring

- All children for whom on-site provision is being provided should be recorded in line with our attendance procedures. Please refer to the attendance policy.
- We follow the [SCV/ Vulnerable Attendance Flowchart](#).
- We follow government guidance on shielding for children who are deemed as clinically extremely vulnerable.
- Harvard Park and social workers will agree with parents/carers whether children in need should be attending – Harvard Park will then follow up on any children that were expected to attend, who does not.
- Harvard Park will also follow up with any parent or carer who has confirmed their child's attendance and subsequently does not attend. Phone calls will be made to the parents/carers in these circumstances.
- To support the above, Harvard Park will, when communicating with parents/carers confirm emergency contact numbers are correct and ask for any additional emergency contact numbers where they are available.

- In all circumstances where a vulnerable child does not take up their place at nursery, or discontinues, Harvard Park will notify their social worker or any other professional involved with the family.

Supporting children who are not attending

Harvard Park is committed to ensuring the safety and wellbeing of all its children.

Where the DSL has identified a child to be on the edge of social care support, we will ensure that a robust communication record plan is in place for that child.

The communication record plan will include all contact with the parent/ child; phone contact, door-step visits (if applicable and safe), and other individualised contact methods.

Harvard Park and its DSL will work closely with their managing director to maximise the effectiveness of any communication plan. This plan will be reviewed regularly and where concerns arise, the DSL will consider any referrals as appropriate.

Harvard Park recognises that early years providers are a protective factor for children, and the current circumstances, can affect the emotional wellbeing and mental health of children and their parents/carers.

Further guidance

Working Together to Safeguard Children (HMG 2023)

What to do if you're Worried a Child is Being Abused (HMG, 2015)

Framework for the Assessment of Children in Need and their Families (DoH 2000)

Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004

Hidden Harm – Responding to the Needs of Children of Problem Drug Users (ACMD, 2003)

Information Sharing: Advice for Early years educator providing Safeguarding Services (DfE 2018)

Disclosure and Barring Service: www.gov.uk/disclosure-barring-service-check

Revised Prevent Duty Guidance for England and Wales (HMG, 2015)

Inspecting Safeguarding in Early Years, Education and Skills Provision

Access to personal records (regarding child protection)

Parents/carers may request access to any records held on their child and family following the procedure below: -

- Any request to see the child's personal file by a parent or person with parental responsibility must be made in writing to the setting director or manager. A Subject Access Request Form must be filled out and submitted.
- The setting's director or manager prepares the file for viewing.
- All third parties are written to, stating that a request for disclosure has been received and asking for their permission to disclose to the person requesting it. Copies of these letters are retained on the file.

- 'Third Parties' include all family members who may be referred to in the records.
- It also includes workers from any other agency, including social services, the health authority, etc. It is usual for agencies to refuse consent to disclose, preferring the individual to go directly to them.
- The setting manager or managing director goes through the file and removes any information which the third party has refused consent to disclose. This is best done with a thick black marker, to score through every reference to the third party and information they have added to the file.
- What remains is the information recorded by the setting, detailing the work initiated and followed by them in relation to confidential matters. This is called the 'clean copy'.
- The 'clean copy' is photocopied for the parents/carers who are then invited in to discuss the contents. The file should never be given straight over but should be gone through by the setting director or manager, so that it can be explained.
- Legal advice may be sought before sharing a file, especially where the parent has possible grounds for litigation against the setting or another (third party) agency.

All the undertakings above are subjected to the paramount commitment of the setting, which is to the safety and well-being of the child. Please also see Confidentiality and client access to records and the Privacy Notice.

This Policies and Procedures pack was adjusted by Harvard Park.

Date meeting was held on 30/04/2026

Signed on behalf of the Directors and Proprietors

Nicki Saunders and Tracey Milstead