02. SAFEGUARDING CHILDREN, YOUNG PEOPLE, & VULNERABLE ADULTS

The ASK Designated Safeguarding Lead (DSL) is**: KATIE LANGLEY**

Aim

We are committed to safeguarding children, young people, and vulnerable adults and will do this by putting young people and vulnerable adult's right to be '*strong, resilient and listened to*' at the heart of all our activities.

Our 'four 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 key 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 our curriculum and service delivery.
3. We are committed to preventing harm and responding promptly and appropriately to all incidents or concerns of abuse that may occur, and to work 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 out training and learning programmes for adults, advocating support and representation for those in greatest need.

NB: A 'young person' is defined as 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.

Key Commitment 1

- 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 Children's 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 of 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, that enable children to be *strong, resilient,* and *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). Our training providers are LB Hounslow Early Years and High Speed Training.
- Safeguarding training is refreshed annually and renewed every two years. The Designated Safeguarding Lead ensures support, advice, and guidance for all staff to meet their safeguarding responsibilities by:
- Regular supervision, 1:1 Team briefings, 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 of factors that affect children that arise from 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.

Key Commitment 3

- We have a Designated Safeguarding Lead 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, sexual, neglect, and domestic.
- 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
  - 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 matters.

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. Designated Safeguarding Leads 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 child protection concerns

The Designated Safeguarding Lead is Katie Langley, the back-up Designated Safeguarding Lead is Rukhsana Mahmood, the Designated Officer is Mark Stewart.

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 Designated Safeguarding Lead and back-up Designated Safeguarding Lead are 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 in their absence.
- The Designated Safeguarding Lead ensures that all educators at ASK are alert to the indicators of abuse and neglect and understand how to identify and respond to these.
- The setting should not operate without an identified Designated Safeguarding Lead at any time.
- The Designated Safeguarding Lead informs the Designated Officer about serious concerns as soon as they arise and they agree the action to be taken, seeking further clarification if there are any doubts that the issue is safeguarding.
- If it is not possible to contact the Designated Officer, action to safeguard the child is taken first and the Designated Officer is informed later. If the Designated Officer is unavailable, advice is sought from their line manager or equivalent.
- Issues which may require notifying to Ofsted are notified to the Designated Officer to decide regarding notification. The Designated Safeguarding Lead and Designated 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 Officer immediately seeks guidance from the owners/directors/trustees as appropriate. There continues to be a requirement that the Designated Officer follows legislative requirements in relation to reporting to RIDDOR.
- ASK follows procedures of the 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 whistleblowing and escalation.

Responding to marks or injuries observed

- If a member of staff at ASK 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 and completes a 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 a 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 individual child's 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 who informs the Designated Officer.
- The parent/carer is advised at the earliest opportunity.
- If the parent/carer believes that the injury was caused at the setting, this is still recorded in the Accident Record and an accurate record 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 a 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 that 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 at ASK 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.
- When recording a child's disclosure on a 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 Hounslow Safeguarding Children's Partnership 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 at ASK 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 (Tier 2/3*)

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

**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/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 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/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 judgment regarding whether consent (from a parent/carer) 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.

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 020 8583 6600 option 2 or 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

Escalation process

- Safeguarding records are kept up to date and made available for confidential access by the Designated Officer to allow continuity of support during closures or holiday periods.
- There may be situations 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 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

- Information is recorded using either Tapestry or a safeguarding incident form.
- 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 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, on-site and/or in Tapestry.
- 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 Social Care are recorded in the child's file, with date, time, the name of the Social Care worker, and what was said.
- Safeguarding records are kept up to date and made available for confidential access by the Designated Officer to allow continuity of support during closures or holiday periods.

Professional disagreement/escalation process

- If a member of staff at ASK 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, then they discuss this with the Designated Officer.
- If issues cannot be resolved, the whistle-blowing policy should be used (03. Whistleblowing).
- 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 or deliberately induces illness in a child (this used to be called Munchausen's Syndrome by Proxy. However, it 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 or not 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 as a result 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. That 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 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 on 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. All staff are aware that it is our responsibility to report concerns. It is not our 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

- change their eating habits
- have difficulty in making or sustaining friendships
- showing signs of emotional/mental ill health
- appear fearful
- be reckless with regard to their own or other's 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.

Female genital mutilation (FGM)

Staff 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 Leads should contact the police immediately as well as refer to children's services by calling the Front Door Team on 020 8583 6600 option 2 or option 3 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. Local Safeguarding Partners (LSP) guidance must be followed in relation to FGM, and the Designated Officer 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

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

Children and young people vulnerable to extremism or radicalisation

ASK has a duty to identify and respond appropriately to concerns of any child or adult at risk of being drawn into terrorism. LSPs 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 at ASK 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
  - Prevent Strategy (HMG 2011) 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
- The Designated Safeguarding Lead at ASK 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 at ASK 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 at ASK 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 at ASK are aware of their responsibilities with regard to equality and inclusion and children's rights. 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 at ASK 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 consent should be sought on a case-by-case basis. The Designated Safeguarding Lead at ASK is 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 at ASK are 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. The Designated Safeguarding Lead at ASK is familiar with the LSP guidance and procedures in relation to safeguarding children affected by gang activity and ensure this is followed where relevant.

Forced marriage/honour-based violence

Educators at ASK are aware that forced marriage is a marriage in which one or both spouses do not consent to the marriage but are forced into it and will act accordingly as detailed below. 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 helpful will include things likes, names, addresses, passport numbers, national insurance numbers, details of travel arrangements, dates and location of any proposed wedding, names and dates of birth of prospective spouses, details of where and with whom they may be staying, etc. Forced marriage can be linked to honour-based violence, which includes assault, imprisonment, and murder. Honour-based violence can be used to punish an individual for undermining what the family or community believes to be the correct code of behaviour.

In an emergency police should be contacted on 999.

Forced Marriage Unit can be contacted either by professionals or by potential victims seeking advice in relation to their concerns. The contact details are:

- Telephone: +44 (0) 20 7008 0151
- Email: fmu@fco.gov.uk
- Email for outreach work: fmuoutreach@fco.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 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 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 their line manager.

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 setting's values and helps keep children safe. It protects adults from potential false allegations or misunderstandings.

If it is not clear that a concern meets the local authority threshold, the Designated Safeguarding Lead should contact the LADO for clarification.

In most instances, low-level concerns about staff conduct can be addressed through supervision, training, or disciplinary processes where an internal investigation may take place.

Identifying concerns about serious harm, or abuse

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

- behaved 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 may pose a risk of harm to children
- behaved or may have behaved in a way that indicates they may not be suitable to work with children

Informing

- All staff report allegations to the Designated Safeguarding Lead.
- The Designated Safeguarding Lead alerts the Designated Officer for their setting. If the Designated Officer is unavailable the Designated Safeguarding Lead 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 taken to ensure the safety of the children and staff in the setting, and what is acceptable in terms of fact-finding.
- 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.
- The Designated Safeguarding Lead must take steps to ensure the immediate safety of children, parents, and staff on that day within the setting.
- We refer any allegations to the Safeguarding Advice and Allegations Management (SAAM). The Duty systems include the Child Protection Chairs who are the people who take part in the SAAM Duty structure. They identify designated officer (LADO) cases.
- Duty desk on: 020 8583 5730
- LADO: Sarah Paltenghi 020 8583 3423 / Grace Murphy 020 8583 4933
- 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 local arrangements.
- 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.
- 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 Safeguarding Lead has taken to ensure the safety of the children and staff attending the setting

- The Designated Safeguarding Lead records details of discussions and liaison 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 children, parents/carers and staff, is assured. It may be that 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 given.
- The Designated Safeguarding Lead ensures staff fill in a safeguarding incident reporting form.
- If, after discussion with the Designated Safeguarding Lead, the LADO decides that the allegation is not obviously false, and there is 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 Officer/line manager 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 named 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 also offer a view about what would be a proportionate response in relation to the accused person.
- 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 a 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 or ceases to be a volunteer.

Allegations against agency staff

Any 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.

- If a member of staff has concerns that the Designated Safeguarding Lead has behaved in a way that indicates they are not suitable to work with children as listed above, this is reported to the Designated Officer following the setting's whistleblowing process, who will investigate further.
- During the investigation, the Designated Officer/line manager will identify another suitably experienced person to take on the role of Designated Safeguarding Lead.

Recording

- A record is made of an allegation/concern, along with supporting information using the setting's safeguarding management software, or it is entered on the file of the child (if the allegation involves a specific child or children), and the Child Welfare & Protection Summary is completed and placed in the front of the child's file.
- 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

- 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 at ASK believes at any time that children may be in danger due to the actions or otherwise of 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 children has not been taken, they must speak to the Designated Officer/line manager.

- If there are still concerns then the whistleblowing procedure must be followed, as set out in Responding to Safeguarding or Child Protection Concerns.

Legal references

Primary legislation

Children Act 1989 – s 47

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 Crime Act 2015

Criminal Justice and Court Services Act (2000)

Human Rights Act (1998)

Equalities Act (2006)

Equalities Act (2010)

Disability Discrimination Act (1995)

Data Protection Act (2018)

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 practitioners (DfE 2024)

The Team Around the Child (TAC) and the Lead Professional (CWDC 2009)

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 a 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)

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

This policy was adopted by:	ASK Kindergarten & Clubs
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Signatory:	Mark Stewart
Role of Signatory:	Owner & Ofsted Registered Provider