

Safeguarding Policy and Procedure



Date of Adoption 13/12/22		
Reviewed:	Next review date:	Reviewed by:
April 2026	April 2027	C Butcher / S Pollard

Introduction

The Designated Safeguarding Lead, Clive Butcher, and Designated Safeguarding Trustee, Shaun Pollard, will review this safeguarding (Adult and Children) policy regularly to ensure it remains current and incorporates all revisions to local or national safeguarding guidance. This policy will be fully reviewed at least once a year to incorporate these changes.

The policy will incorporate information and expectations of the following:



Nottinghamshire
Safeguarding
Adults Board
Stop abuse and neglect

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Our Safeguarding Team

Role	Name	Contact Details
Designated Safeguarding Lead Volunteer	 Clive Butcher	safeguarding@sherwood-observatory.org.uk 07966001164
Designated Safeguarding Trustee (DSL NCC Certified 2026) Designated Teacher for Children in Care (NCC Certified 2026)	 Shaun Pollard	shaun.pollard@sherwood-observatory.org.uk 07479290320
Operational Safeguarding - Centre Manager/ Committee Member	 Tony Booth	tony.booth@sherwood-observatory.org.uk
Operational Safeguarding - Events & Visitor Support Officer	 Karen Barker	karen.barker@sherwood-observatory.org.uk

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Essential Safeguarding Contacts (Notts County Council and Safeguarding Partnership).

Role	Name	Contact Details
LA Safeguarding Children in Education Officer	Cheryl Stollery	0115 804104
LA Child Protection Contact/LADO	Eva Callaghan or covering LADO.	0115 8041272
MASH (Multi-agency Safeguarding Hub)		0300 500 80 90
MASH Consultation Line	Office hours	0115 977 4247
Emergency Duty Team (Children's Social care)	Outside of office hours	0300 456 4546
Police (to report a crime and immediate risk of harm or abuse to child)	101	In an emergency 999 (only)
NSPCC help/whistleblowing line	Line is available 8.00am to 8.00pm Monday to Friday	0800 028 0285- email: help@nspcc.org.uk

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Safeguarding statement

Sherwood Observatory is committed to safeguarding children and vulnerable adults, be they society members, guests or members of the public that we meet through the course of the society's activities. We recognise that:

- the welfare of the child or vulnerable adult is paramount
- all children and vulnerable adults, regardless of age, disability, gender reassignment, race, religion or belief, sex, or sexual orientation have a right to equal protection from all types of harm or abuse
- some children and vulnerable adults are additionally vulnerable because of the impact of previous experiences, their level of dependency, communication needs or other issues.

This policy and accompanying procedures are written to safeguard all children and vulnerable adults that our members may come into contact with during our activities including public events off and on site that the society attends.

This policy and procedure also provide guidance to all society members on what safeguarding is, who it applies to, how concerns should be reported, confidentiality, record keeping and supporting any society member involved in raising a safeguarding concern. There is also guidance on responsibilities when in contact with children or vulnerable adults during the course of society activities.

What is safeguarding?

Safeguarding is the term used by statutory services such as social services and the NHS, it means to prevent harm or further harm happening to those who are vulnerable due to being a child (under the age of 18) or by ability, for example, someone over the age of 18 with care needs. In simple terms this means that if we have a concern about the treatment or wellbeing of someone deemed vulnerable then members have a duty to report their concern appropriately within the society to the safeguarding lead who in turn may then report the concern to the local safeguarding board.

What is a safeguarding concern?

A concern is just that; a sense that something is not right in the welfare of a child or vulnerable adult, it could be based on observation, something that is disclosed or the behaviour of the child or vulnerable adult. Concerns don't must be anything more, no member should wait to report a concern until they are certain or because they feel they don't have 'evidence'. The purpose of raising a concern with the safeguarding lead is to ensure that an appropriate referral, if needed, is made to the local safeguarding boards and that the person reporting is given support over their concerns.

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Who do we safeguard?

Vulnerable adults and children as defined below:

- Child – anyone under the age of 18, this is the definition used in law.
- Vulnerable adult – A vulnerable adult as defined by statutory services: “...someone aged 18 or over: Who is, or may be, in need of community services due to age, illness or a mental or physical disability. Who is, or may be, unable to take care of him/herself, or unable to protect him/herself against significant harm or exploitation.”

What are we safeguarding vulnerable adults and children from?

There are 7 different types of abuse recognised within legal guidance and national policy:

1. Physical abuse
2. Sexual abuse
3. Psychological / Emotional abuse
4. Financial abuse
5. Neglect and acts of omission
6. Discriminatory abuse
7. Institutional (statutory service providers) abuse and a failure to act by professionals with a duty of care

Requirements of safeguarding

Our safeguarding policy requires you to:

- Ensure your own safety
- Involve the emergency services if there is a risk of immediate and serious harm to anyone
- Report any concerns to your any trustee or the safeguarding lead no matter how minor
- Act on your concerns in a timely manner – don't wait until you feel there is 'proof'

Our safeguarding policy requires the trustee committee to ensure:

- that all concerns are handled appropriately and sensitively
- there are society volunteers suitably trained via the local safeguarding boards in safeguarding
- that appropriate support is given to anyone raising a concern
- that suitable records are held confidentiality by the society of any concerns raised and subsequent actions by the society including any decision not to report

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What happens if a safeguarding referral is made?

Safeguarding boards understandably do not provide feedback on 'what happened next' in the event of making a referral but there are a range of possible outcomes that local safeguarding boards use; it may be that no action is required, or there may be a range of support measures put in place to assist the families or carers of the young person or vulnerable adult.

Safeguarding boards, in all but gross abuse, aim to support and maintain families and the care networks of children and vulnerable adults whilst keeping people safe. However, a safeguarding referral can be the information which leads to someone who is vulnerable and in dire need being protected from abuse or neglect. It could be that raising your concern results in a lifesaving intervention.

Procedure for working with children and vulnerable adults during society activities:

Current guidance indicates that DBS (Disclosure and Barring Service) checks on our volunteers are not always necessary, due to the irregular nature of our activities. However, as our activities become more consistent and regular, it has been agreed that DBS checks should be carried out where volunteers are working closely with children and vulnerable adults, especially where supervision from other responsible/accompanying adults is limited.

Situations to avoid are:

1. Being alone with a child for who you do not have any parental/guardian responsibility.
2. Sharing personal email addresses, telephone numbers, home addresses, or social media details with children or vulnerable adults.
3. Inviting or allowing children into your home, or other venue, for 'private' stargazing, etc.
4. Taking on a caregiving or supervisory role without formal processes being put in place first.
5. Engaging in rough physical or sexually provocative games, including horseplay.
6. Allowing or engaging in any form of inappropriate touching.
7. Allowing children to use inappropriate language unchallenged.
8. Making sexually suggestive comments to a child, even in fun.
9. Reducing a child to tears as a form of control.
10. Doing things of a personal nature for children that they can do for themselves.
11. Allowing allegations made by a child to go unchallenged, unrecorded or not acted upon.

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Good practice is promoted by:

1. Always working in an open environment, avoiding private or unobserved situations and encouraging open communication.
2. When attending externally organised events (school visits, etc.) or hosting group visits to the observatory, stipulating that the external group must provide the DBS checked adults (available on request) and that they must be always present.
3. Ensuring that parents/ carers take responsibility for their own children, (see below).
4. Always putting the welfare of children and vulnerable adults first.
5. Treating all equally with respect and dignity.
6. Maintaining a safe and appropriate distance with children.
7. Building balanced relationships based on mutual trust and empowering children to share in decision making.
8. Ensuring that if any form of manual / physical support (such as at a telescope) is required, it should be provided openly, and the child and parent must always be consulted, and their agreement gained.
9. Being an excellent role model-this includes not smoking or drinking alcohol in the company of young people.
10. Giving enthusiastic and constructive feedback rather than negative criticism.
11. Recognising the developmental needs and capacity of young people including any special educational needs or learning disabilities and not 'pushing 'them against their will.
12. If a member brings a junior member, they are responsible for their conduct, they must be always under supervision and ensure that they are not left alone or with a lone member who does not have parental/ guardian responsibility in any part of the premises or grounds.
13. Keeping a written record of any injury that occurs, along with details of any treatment given in the society's accident book (see below).

First Aid / Emergency Situations

Society members should take a common-sense approach to the administration of first aid to children. For example, if parents or guardians are present, they could administer the first aid if they are competent / confident to do so. If they do not feel able or willing, then first aid should be administered with their agreement. If the parents are not present first aid should be administered with the agreement of the child and recorded. Ideally, and if practical, a second adult should be present. The visit coordinators for the group should be informed and involved in all decision making if possible. In the event of serious or life-threatening situations first aid and life saving measures must be given regardless and the Emergency Services called.

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Safeguarding Procedures:

For society members:

- **Reporting:** If you have a safeguarding concern that does not involve a immediate risk of harm to the person you are concerned about, you need to report your concern to the society's safeguarding lead and/or Safeguarding team at the earliest opportunity.
- Follow the four 'Rs':
 - Recognise a safeguarding issue.
 - Respond to the concern.
 - Record the concern.
 - Report the concern.
- To report to the safeguarding lead if they are not present at the time, please use the contact details provided and email: safeguarding@sherwood-observatory.org.uk stating that you need to discuss a safeguarding concern, giving your name and ideally providing a phone number. The safeguarding lead will contact you at the first opportunity and arrange to discuss your concerns promptly. It is the responsibility of the safeguarding lead to make any referrals to the local safeguarding board if required. Please do not send any details regarding your concern or the identity of the young person or vulnerable adult in the email.
- **Confidentiality:** As part of handling a safeguarding concern appropriately we need to handle things confidentially. This means only discussing the details of your concerns with the safeguarding lead or a nominated volunteer in their absence. It also means not discussing or sharing information relating to the concern or the individual who you have concerns about with other members or people outside of the society (beyond professionals who have safeguarding duties). We ask this because oversharing concerns can further endanger a child or vulnerable adult and maintaining the safety and dignity of children and vulnerable adults is paramount.
- **Support:** Being party to something which gives you cause for concern about an individual's welfare is often distressing especially if you are not sure what to do with your concerns. The safeguarding lead or a nominated volunteer will provide initial support and, if you wish, signposting to services which can provide you with longer term support. As well as handling any further action to safeguard a child or vulnerable adult.

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For the committee:

- **Safeguarding** is important; it can be life saving for those at risk of harm and organisations can ultimately face criminal investigations if it transpires that they failed to act when aware of safeguarding concerns or incidences of abuse.
- **Training:** It is important that at least two volunteers hold up to date certificates in safeguarding from the local safeguarding boards, all trustees and volunteers are encouraged to access free safeguarding training via both the local adult and children's safeguarding boards.
- **Record keeping:** Simple but accurate records should be kept of concerns raised, the date any observations were made or conversations had and the date that the information was recorded, the name and contact details of the person raising the concern, the detail of their concerns and any actions taken by the person reporting or the committee subsequently, as well as any identifying details of the individual the concerns relate to. Be aware these records can be accessed by a court via the police (but only if they are in possession of an appropriate court order). These records must be kept in strict confidence; the details, beyond assurance that the concern is being handled appropriately, are not for discussion or distribution at committee meetings, society meetings or in any other format beyond appropriate safeguarding referrals. Information should not be shared or stored electronically due to the risk of data breaches and written records should be kept within a locked room within a locked box or cupboard only accessible by the current officers in the roles of safeguarding lead, chair and secretary. Records of safeguarding concerns need to be kept for 25 years.
- **Reporting concerns externally:** It is the role of the safeguarding lead to make referrals to the Multi Agency Safeguarding Hub (MASH) via either telephone 0300 500 8080, or in an emergency outside of office hours please call the emergency duty team on tel: 0300 456 4546. In the absence of the safeguarding lead an appropriately trained volunteer or the trustees must make the safeguarding referral. If in doubt, refer! Please remember you will need to be able to provide some identifying details of the individual the concerns relate to e.g. a name and sufficient identifying information about the child or vulnerable adult. Identifying information could be all or some of the individuals address, their school or any visiting group they are known to be a member of.
- **Support:** we have a duty to ensure our members are supported in the event of raising a safeguarding concern. They may feel uncomfortable about raising a concern or be distressed by the information they have become party to. We need to respond with care in a calm, confidential and considered manner. It may be appropriate to check in with the member more than once after your initial conversation, in a considerate

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Safe staff and safe recruitment

- The Trustees will ensure that all safer working practices and recruitment procedures are followed according to the guidance set out in KCSiE 2025 Part Three policy and practice guidance.
- Managers, staff and lead volunteers will be appropriately trained in safer working practices and will have access to safer recruitment training.
- Statutory pre-employment checks and references from previous employers are essential parts of the recruitment process. We will ensure we adopt the appropriate procedures to conduct the required checks, and where any concerns arise, we will seek advice and act in accordance with national guidance.
- Our provision has recruitment, selection, and vetting procedures in place by KCSiE 2025 Part Three. It maintains a single central record (SCR) that is reviewed regularly and updated by KCSiE 2025 Part Three.
- Staff will have access to advice on the boundaries of appropriate behaviour and will be aware of the Provision Employee Code of Conduct, which includes contact between staff and pupils outside the work context. Low-level concerns will be included in our Code of Conduct from 1 September 2024 in line with KCSiE Part Four Section Two. Staff can access a copy of this through SharePoint.
- Newly appointed staff and volunteers will be informed of our arrangements for safer working practices by leadership before beginning working and contact with pupils.
- In the event of any complaint or allegation against a staff member, the Designated Safeguarding Trustee(or the Designated Safeguarding Lead) will be notified immediately. If it relates to the DST/DSL, the Chair of Trustees will be informed immediately. We will respond to all allegations robustly and appropriately in collaboration with the Local Authority Designated Officer (LADO), LADO Allegation Officers and HR Business Partner or HR Service.
- The Safeguarding Children in Education Officer (SCiEO), LADO, and, where appropriate, the leadership team will provide advice and support.
- All new employees will be appropriately inducted to their roles.

Safeguarding Training

- All our staff are aware of the systems and resources available within Sherwood Observatory, and these are explained to them as part of staff induction. This includes our Safeguarding policy, the employee code of conduct, the role of the Designated Safeguarding Leads, and Keeping Children Safe in Education 2025.

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- When staff start employment or volunteer opportunities, we have an induction checklist to ensure they receive the information and training required to support them and keep children safe. This training is provided face to face and through SSS training.
- All our staff receive safeguarding and child protection training, which is updated every three years. In addition, all staff members receive online child protection and safeguarding updates when required, but at least annually. This is provided by SSS Training.
- All our staff know how to make referrals to children's social care, understand their role in these assessments, and work in partnership with safeguarding agencies.
- All our staff know what to do if a child is raising concerns or makes a disclosure of abuse and/or neglect.
- Staff will maintain confidentiality whilst consulting with the Designated Safeguarding Lead and children's social care. Our staff will never promise a child that they will not tell anyone about a disclosure or allegation, recognising this may not be in the child's best interest.

Staff responsibilities

All staff have a crucial role to play in identifying concerns, recognising children's vulnerability to harm and risk of abuse and provide support and early help for children and vulnerable adults.

Helplines and reporting

- Children can talk to a ChildLine counsellor 24 hours a day about anything worrying them by ringing 0800 11 11 or in an online chat at www.childline.org.uk/get-support/1-2-1-counsellor-chat.
- Where staff members feel unable to raise an issue with their employer or feel they have a genuine concern that is not being addressed, we acknowledge they may wish to consider whistleblowing channels. Likewise, if parents and carers are concerned about their child, they can contact the NSPCC Helpline by ringing 0800 028 028 0295 or by emailing help@nspcc.org.uk.

Appendix 1 - NCC LA Flow Chart 2024-2025 'What to do if you are worried a child is being abused or at risk of harm or neglect.

Appendix 2 -Template: Body Maps Guidance

A place to add any Provision, academy, college or AP additional guidance, policies, or documents, e.g., Child-on-Child Abuse Policy.

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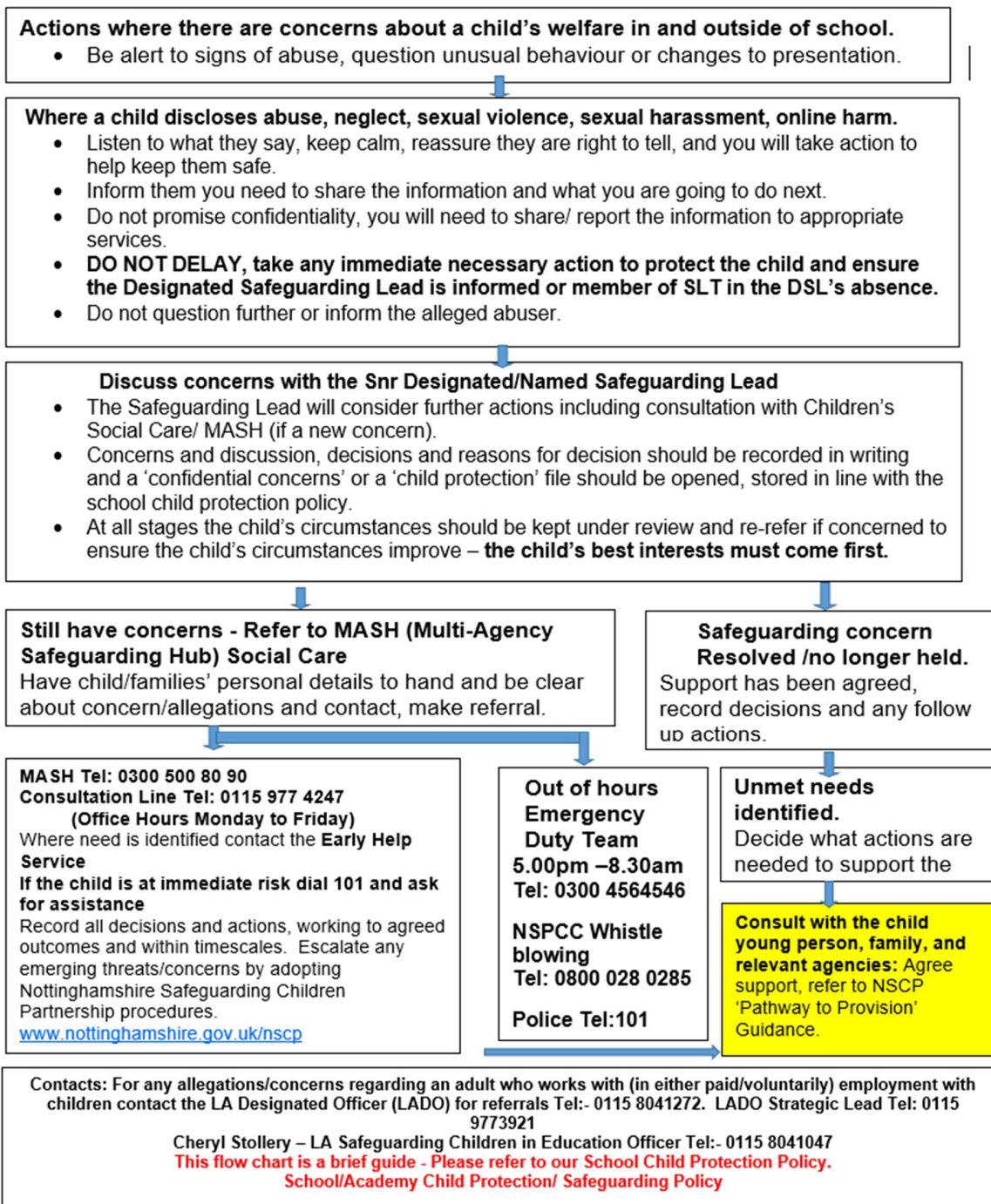
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Appendix 1

Sherwood Observatory Child Protection & Safeguarding Flow Chart

What to do if you are worried a child is being abused, at risk of harm or neglect



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Appendix 2

Body Map Guidance for Provisions

Medical assistance should be sought where appropriate.

Body Maps should be used to document and illustrate visible signs of harm and physical injuries.

Always use a black pen (never a pencil), and do not use correction fluid or any other eraser.

Do not remove clothing for the examination unless the injury site is freely available because of treatment.

*At no time should an individual teacher/member of staff or Provision be asked to or consider taking photographic evidence of any injuries or marks to a child's person; this type of behaviour could lead to the staff member being taken into managing allegations procedures, the body map below should be used by recording guidance. Any concerns should be reported and recorded without delay to the appropriate safeguarding services, e.g., MASH or the child's social worker if there is already an open case for social care.

When you notice an injury to a child, try to record the following information in respect of each mark identified, e.g. red areas, swelling, bruising, cuts, lacerations and wounds, scalds, and burns:

- The exact injury site on the body, e.g., upper outer arm/left cheek.
- Size of injury - inappropriate centimetres or inches.
- Approximate shape of injury, e.g. round/square or straight line.
- Colour of injury - if more than one colour, say so.
- Is the skin broken?
- Is there any swelling at the site of the injury or elsewhere?
- Is there a scab/any blistering/any bleeding?
- Is the injury clean, or is there grit/fluff etc.?
- Is mobility restricted as a result of the injury?
- Does the site of the injury feel hot?
- Does the child feel hot?
- Does the child feel pain?
- Has the child's body shape changed, or are they holding themselves differently?

Notably, the date and time of the recording must be stated, as well as the name and designation of the person making the record. Add any further comments as required.

Ensure first aid is provided and recorded where required.

A copy of the body map should be kept on the child's child protection file.

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BODYMAP

(This must be completed at the time of observation)

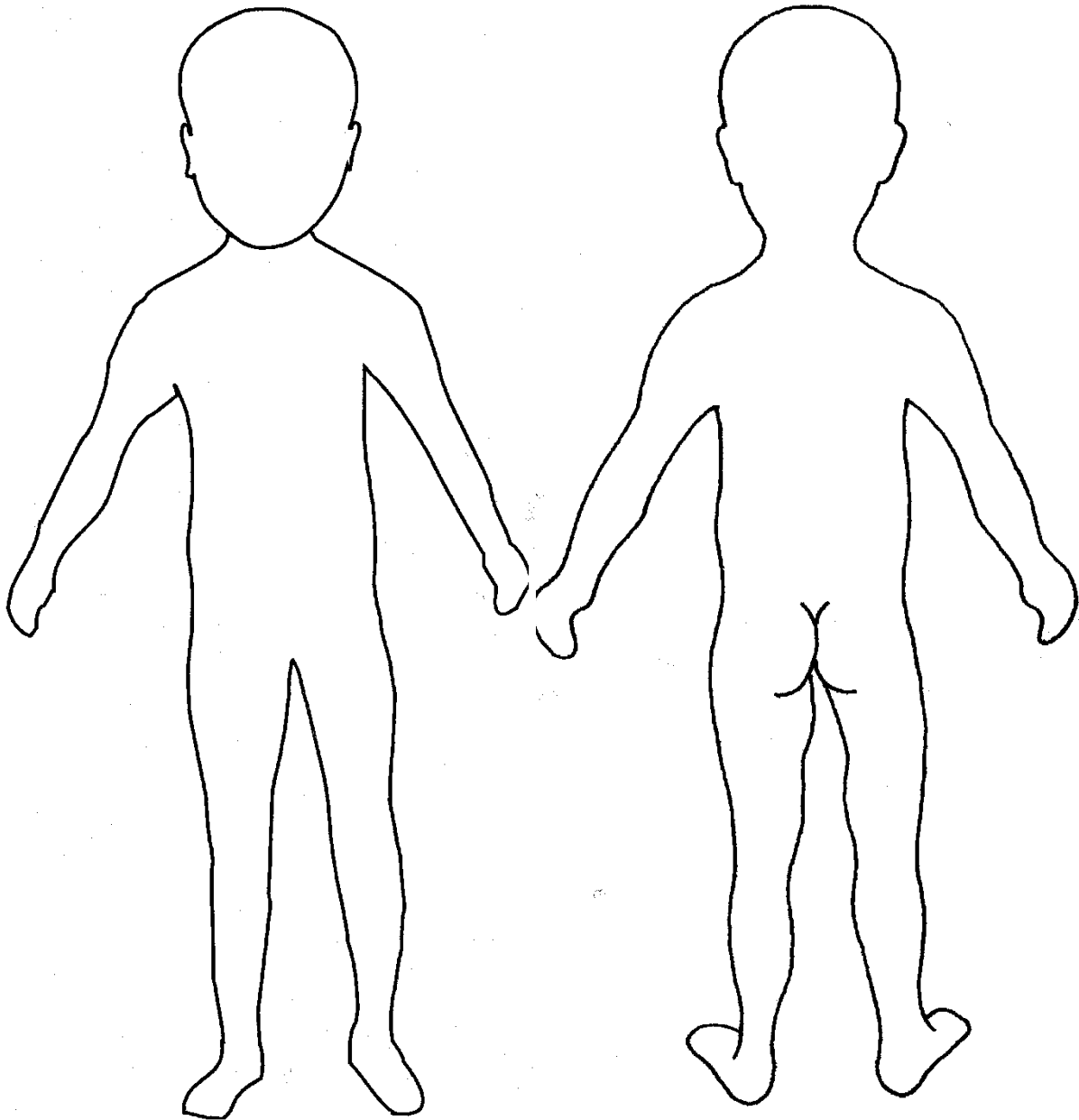
Names for
Child:

Date of
Birth:

Name of
Worker:

Agency:

Date and time of
observation:

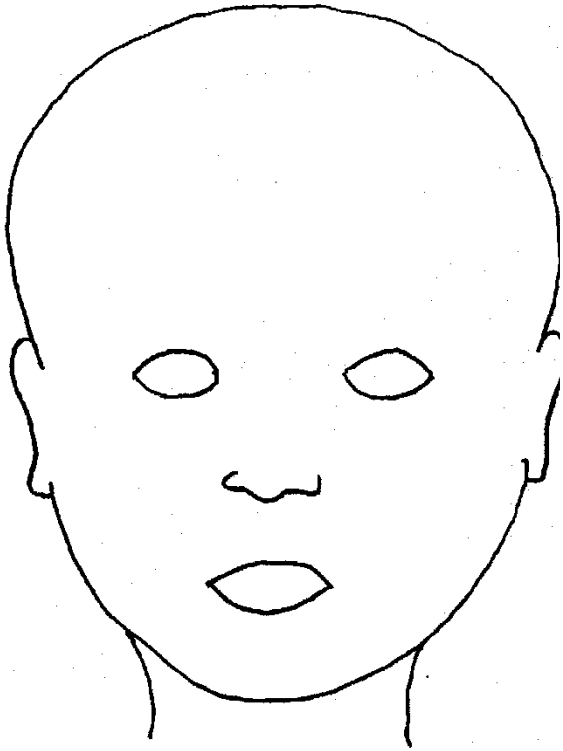


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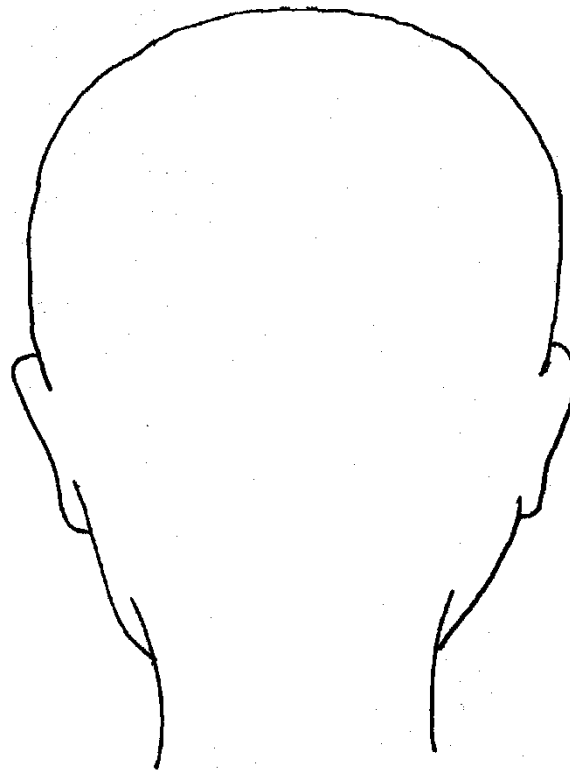


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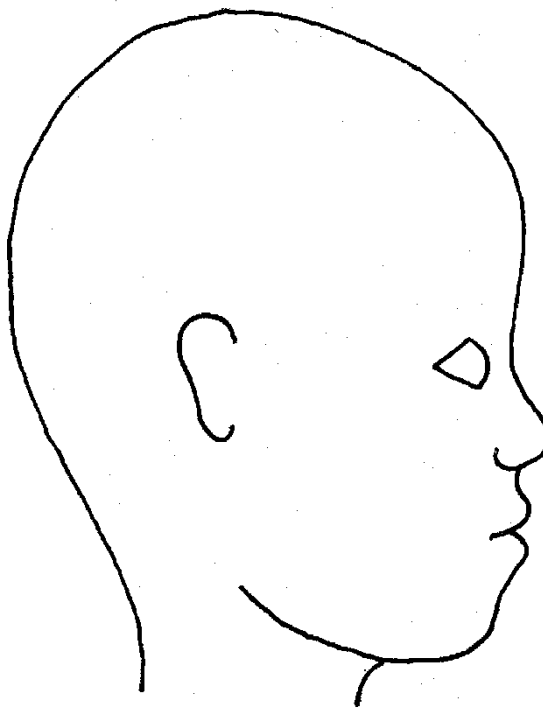
Date of observation: _____



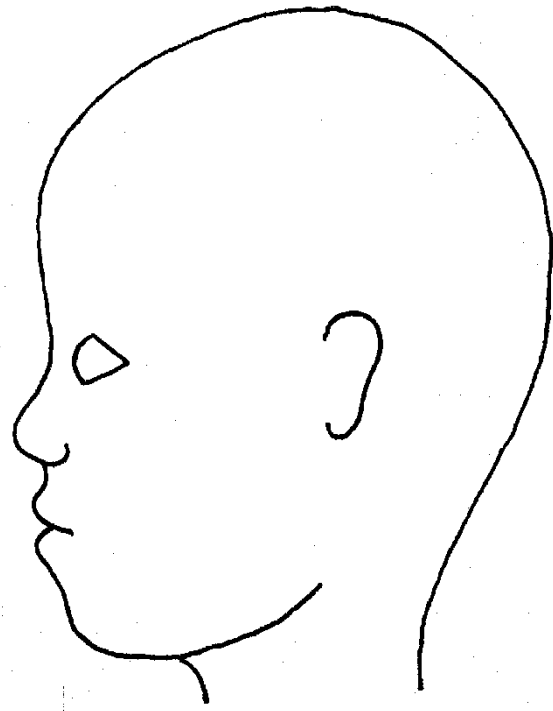
FRONT



BACK



RIGHT



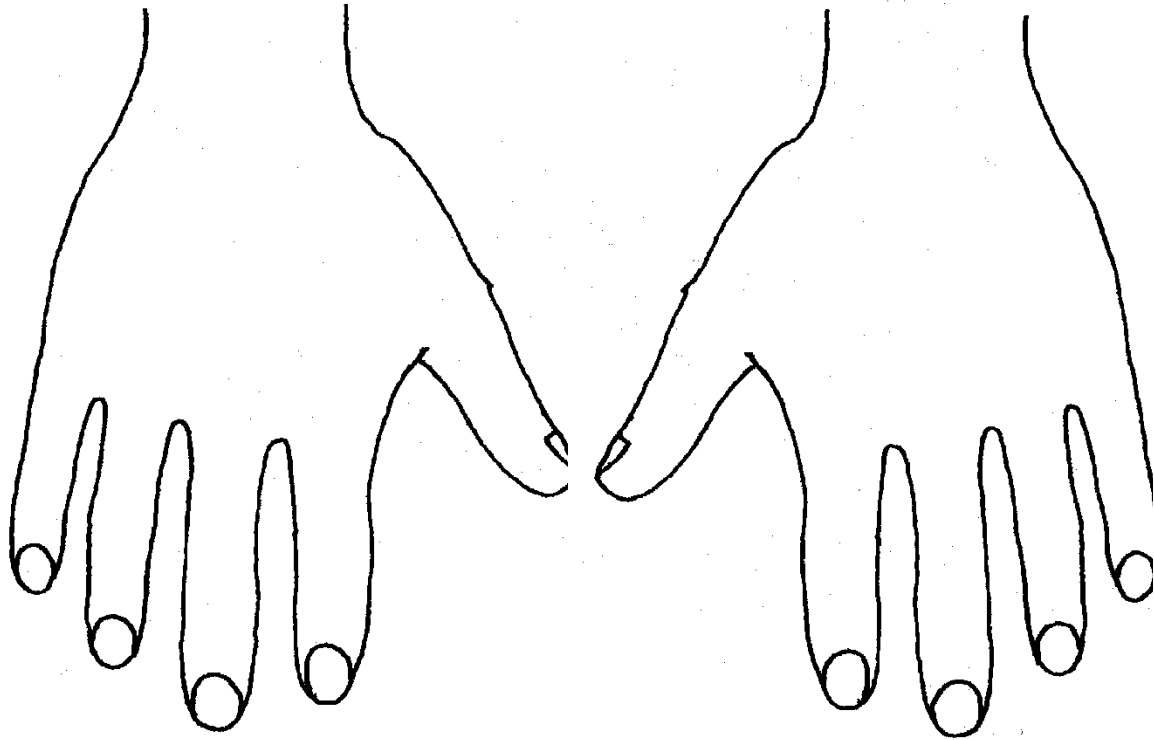
LEFT

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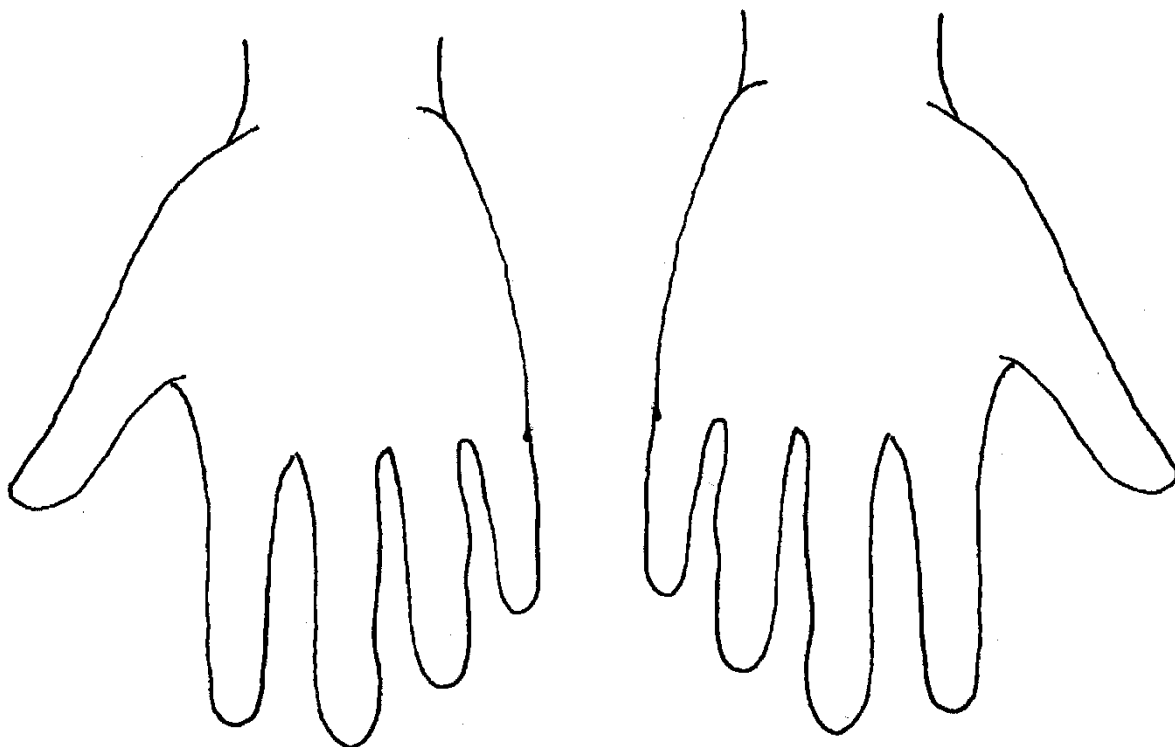
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Date of observation: _____



R
BACK

L



R PALM

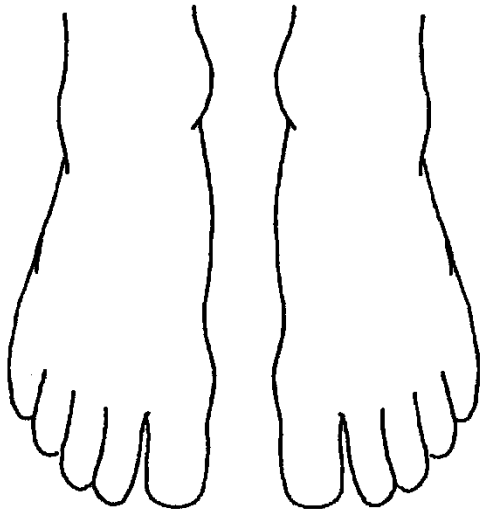
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Name of Child: _____

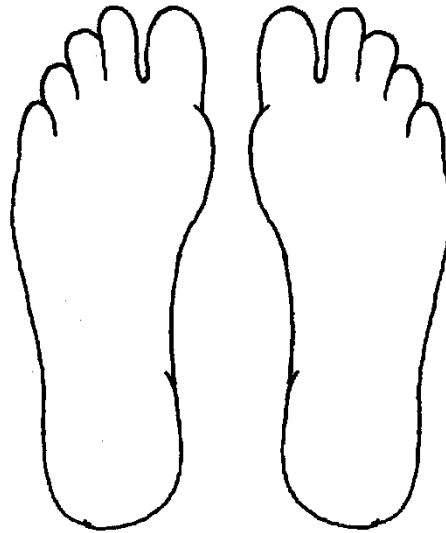
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R

TOP

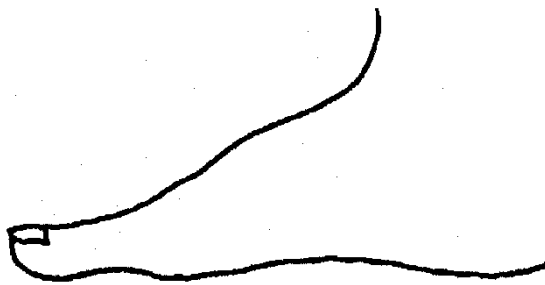
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R

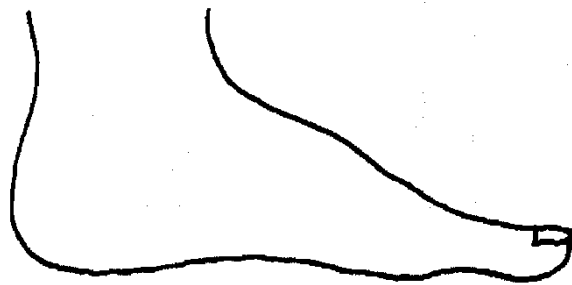
BOTTOM

L



R

INNER



L



R

OUTER



L

Printed Name and
Signature of worker: _____

Date: _____
Time: _____

Role of Worker _____

Other information: _____

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