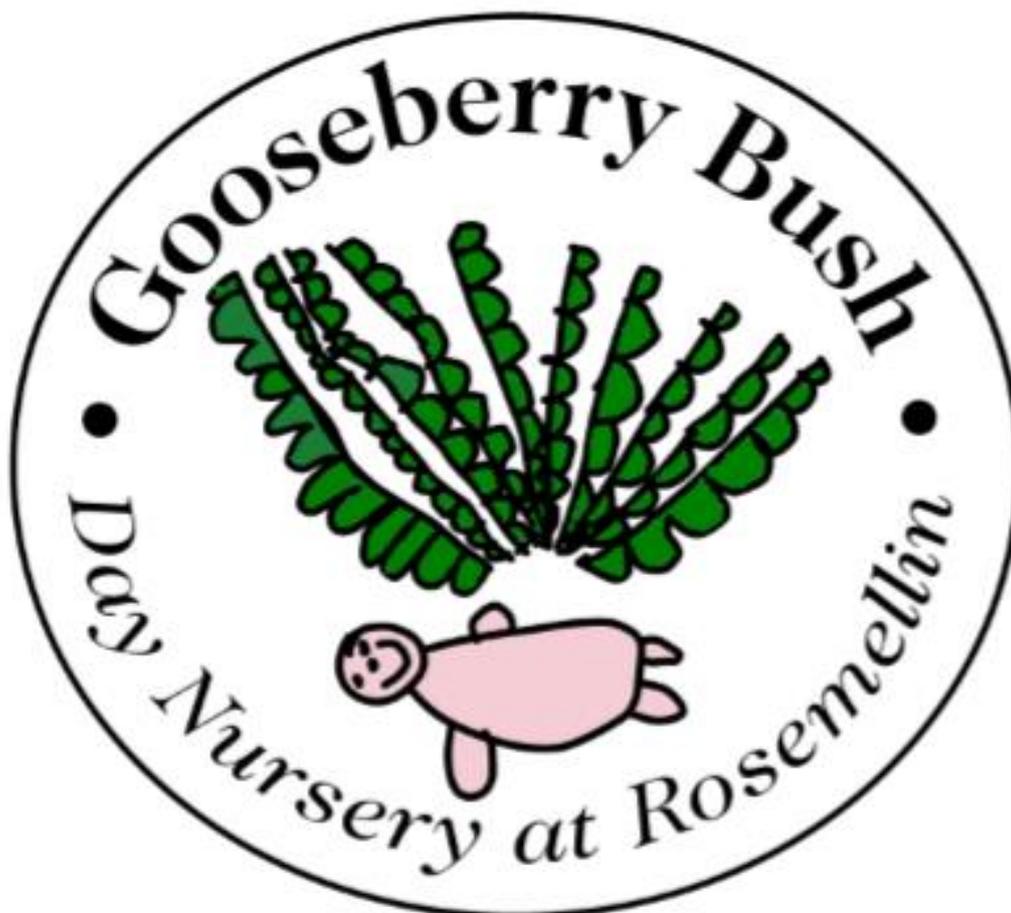


Safeguarding Policy



This policy was developed and adopted on: 15/2/2019

The Designated Safeguarding Lead (DSL) is: Claire Buscombe

The Deputy Designated Safeguarding Leads (DDSL) are: Jean Scoffin & Jenni Richards

The name of the nominated person for Children in Care is: Claire Buscombe

The Single Point of Contact (SPOC) for the Prevent agenda is: Claire Buscombe

The Child Sexual Exploitation Lead is: Claire Buscombe

The named Safeguarding Governor/Committee person is: Nick Lake

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1. Introduction and Context:

Our responsibilities

In order to fulfil our duty within the Framework for the Early Years Foundation Stage April 2017, we ensure we have in place arrangements that reflect the importance of safeguarding and promoting the welfare of children.

We give effect to our duty to safeguard and promote the welfare of children who attend our setting, where appropriate under the Children Act 1989 by:

- Creating and maintaining a safe learning environment for children and young people
- Identifying where there are child welfare concerns and taking action to address them, in partnership with other organisations where appropriate.

This policy develops procedures and good practice within our setting, to ensure that there is an understanding of the duty to safeguard and promote the welfare of all children and young people including those who are vulnerable (including vulnerable adults). We endeavor to provide a safe and welcoming environment where children, young people and parents are respected and feel valued. It provides evidence of how this will be implemented within our setting and within multi-agency working arrangements.

This policy has been read by all staff and signed to the effect that they have read and understood it.

There are three main elements to the safeguarding policy:

1. **PREVENTION** (positive and safe environment, careful and vigilant teaching, accessible support to pupils, good adult role models, safer recruitment)
2. **PROTECTION** (agreed procedures are followed, staff are trained and supported to respond appropriately and sensitively to safeguarding concerns).
3. **SUPPORT** (to children, who may have been at risk of significant harm and the way staff respond to their concerns and any work that may be required).

2: Our Principles:

The purpose of this policy is to provide a secure framework for all staff in safeguarding and promoting the welfare of those children who attend our setting. Our setting recognises that the safety and welfare of children is paramount and that we have a responsibility to protect children in all of our activities. We take all reasonable steps to ensure, through appropriate procedures and training, that all children, irrespective of sex, age, disability, race, religion or belief, sexual identity or social status, are protected from abuse. We will seek to:

- Create a safe and welcoming environment where children can develop their skills and confidence.
- Support and encourage other groups and organisations to implement similar policies.
- Recognise that safeguarding children is the responsibility of everyone, not just those who work with children.
- Ensure that any training or events are managed to the highest possible safety standards.
- Review ways of working to incorporate best practice. Including this policy being regularly reviewed and updated to reflect current best practice and Government expectations.
- Treat all children with respect regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity.
- Carefully recruit and select all employees, contractors and volunteers.
- Respond swiftly and appropriately to all complaints and concerns about poor practice or suspected or actual child abuse.
- Share information about concerns with agencies who need to know and involving parents and children appropriately
- Our setting maintains an attitude of 'it could happen here' at all times.

Key elements to this policy:

- Establishing positive, supportive, secure working practices that put children first.
- Ensuring we practice safer recruitment in checking the suitability of all staff who work in our setting.
- Keeping child protection issues at the forefront of our work and know who in the setting the DSL is.
- Ensuring that all staff implement procedures for identifying and reporting cases, or suspected cases of abuse and regularly reviews them. Please refer to Safe Recruitment Policy.
- Supporting children and young people in accordance with his/her agreed child protection plan or early help action plan.
- We will follow the procedures set out by the CIOS SCB and take account of all guidance issued by the DfE, OfSTED and other significant bodies.
- Ensure we have a DSL and a Deputy who have received appropriate training and support for their role and also have a clear job description and understanding of that role: DSL Level 3, Every 2 years - all staff level 2 annually.

- Develop effective links with relevant agencies and co-operate as required with their enquiries regarding child protection matters including attendance at case conferences, if appropriate.
- Keep written, dated and signed records of concerns about "vulnerable" children including chronologies, even where there is no need to refer the matter immediately. This includes the use of any screening tool that aids identification of Child Sexual Exploitation (CSE), Radicalisation, Female Genital Mutilation (FGM), on-line use or other such issues and that such records are securely placed.
- Follow procedures where an allegation is made against a member of staff and that such procedures are robust to deal with any allegation and that clear records of investigations and outcomes of allegations are held on staff files.
- Risk-assess any off-site activity, led by us, the setting.

3. Child Abuse:

There are four types of child abuse as defined in 'Working Together to Safeguard Children' (2018).

Please see Appendix A.

- 3.1 Physical Abuse
- 3.2 Emotional Abuse
- 3.3 Sexual Abuse
- 3.4 Neglect

4. Reporting your concerns

General Principles

In the first instance if a member of staff has a concern about a child they should report this immediately to the DSL.

The DSL may well have information that others members of staff do not know about a child and their family. Staff should be told on a 'need to know basis'.

However insignificant you think your concern might be pass it on to your DSL. It may only be a small bit of information but it helps to form a bigger picture.

If the DSL is not available then speak to the DDSL.

Please see Appendix B

If the DSL/DDSL are not available.

If there is an immediate concern about a child or their family **any member** of staff can phone the MARU for advice and guidance if the DSL/DDSL are not available.

Contact details: MARU 0300 1231116

If unsure contact MARU for advice and guidance.

Contacting MARU (for advice or when making a referral)

Ensure that you have as much factual information about the child as possible when you phone include:

- Full name
- D.O.B
- Address
- Family composition details (including names of parent(s) and siblings)
- Any key professionals working with the nursery
- Factual information about the concerns you have

Making a referral in writing:

You will need to back any phone call up in writing by completing the multi-agency referral form. This is available from the CIOS SCB website www.safechildren-cios.co.uk You must then send it in by secure email which is clearly highlighted on the referral form:

MARU Secure email: multiagencyreferralunit@cornwall.gcsx.gov.uk

Direct links to these websites and forms can be found on admins and managers desktops!

Informing Parents

Settings should ensure they have spoken to the family about their concerns and proposed actions unless to do so would place the child at risk or when in exceptional circumstances; the decision not to inform parents/carers must be justified and the details recorded. If a child makes a disclosure or presents with an injury, it is imperative that advice is sought immediately prior to the child returning home and as soon as the setting become aware of this.

If the Child/Family are already known to Social Care

When a member of Staff, parent, practitioner, or another person has concerns for a child, and if the school are aware that the case is already open to social care then they should contact the allocated worker. If they do not know the name of the worker they can contact MARU who will provide contact details of the worker and/or their manager.

5. Allegations against staff:

Allegations against staff are covered in all basic training and induction training that takes place within our setting. Please see Appendix C

Never let allegations by a child or young person go unrecorded or unreported, including any made against you. If you receive a disclosure, about an adult colleague, it is important to

reassure the child that what he says will be taken very seriously and everything possible done to help.

If the allegation concerns the DSL, then the practitioner must inform LADO. In all situations regarding an allegation of abuse against a member of staff/volunteer/trustee the setting must not act alone and must seek advice and make a referral where necessary or seek impartial advice from the LADO.

As part of our safeguarding duties, the LADO Service has a statutory responsibility to manage and oversee allegations made against professionals and volunteers who work with children. All allegations and concerns should be referred to the LADO within 24 hours where advice and guidance can be provided in respect of balancing the responsibility to safeguard with the need to support staff in difficult situations.

The following issues need to be considered in partnership with LADO

- **What are** the safeguarding arrangements of the child or young person to ensure they are not in contact with the alleged abuser?
- contact the parents or carers of the child/young person if advised to do so by the LADO;
- consider the rights of the staff member for a fair and equal process of investigation;
- ensure that the appropriate disciplinary procedure is followed, including whether suspending a member of staff from work until the outcome of any investigation is deemed necessary;
- act on any decision made in any strategy meeting; and
- advise the Disclosure and Barring Service (DBS) and any other appropriate regulatory or professional body where a member of staff has been disciplined or dismissed as a result of the allegations founded, or would have been if they have resigned.

Contact details LADO: 01872 326536

6 Whistleblowing:

Please adhere to the nursery's 'Whistleblowing Policy'.

Whistleblowing Trustee Member: Nick Lake (Chairperson)

In the event that you do not feel able to follow the setting's whistle blowing policy but remain concerned you must discuss your concerns with an appropriate independent body. In this situation you could contact:

NSPCC Whistleblowing helpline: 0800 028 0285

Further contact details are contained within the revised Whistle blowing policy.

7 Prevent Duty

Please see Appendix D

Child Sexual Exploitation (CSE)

Child Sexual Exploitation is a form of child sexual abuse. It occurs where an individual or group take advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact, it can also occur through the use of technology. (DfE Child Sexual Exploitation February 2017).

All suspected or actual cases of CSE are a safeguarding concern in which Child Protection procedures must be followed; this will include a referral to MARU and where the risk is immediate to the police. If any staff are concerned about a child, they will refer to the Designated Safeguarding Lead/s and the CSE lead within the Nursery.

WE WILL COMPLETE the **Cornwall MACSE Person / Location of Concern Form** found in Safeguarding File.

Radicalisation/PREVENT

Our 'Prevent Lead' and staff (*Claire Buscombe, Jean Scoffin & Jenni Richards*) will attend the WRAP 3 training that they need to identify children, siblings and parents/carers or staff and volunteers at risk of radicalisation and how to refer them for further help if necessary through the **CORNWALL CHANNEL PROCESS** (*flowchart attached as an appendix*). Also found in Managers Office and Staff Room. We will not carry out unnecessary intrusion into our families' lives but our staff will take action when they observe behaviour of concern and share concerns at the earliest opportunity as part of this Safeguarding Policy. In the instance of a member of staff hearing a child/staff/volunteer/ third party worker, parent or carer make an anti-Semitic or discriminatory comment we would contact the local prevent lead and follow a Prevent action plan. Referrals might be made to Channel (this is a programme that provides support for individuals who are at risk of being drawn into terrorism where they are deemed to be within the pre-criminal space).

Claire Buscombe will respond to any concern about Radicalisation/Prevent as a Safeguarding concern and will report in the usual way using local safeguarding procedures. We will work in partnership, undertaking risk assessments where appropriate and proportionate

a. Additional contact details:

Concerns can be discussed with the Prevent Lead for Cornwall: Steve Rowell email: prevent@cornwall.gov.uk

MARU can also be contacted for advice: 0300 1231 116

If immediate and serious concerns call the police on 999

Female Genital Mutilation (FGM)

The Gooseberry Bush Day Nursery recognises and understands that there is a now a mandatory reporting duty for all practitioners to report to the police where it is believed an act of FGM has been carried out on a girl under 18 in the UK. Failure to do so may result in legal/disciplinary action being taken.

Staff will liaise with the Multi Agency Referral Unit and Police under section 47 of the Children Act 1989. Staff will receive training on FGM and use the signs and symptoms handout as a consistent guide to recognition of concerns.

If any child (under-18) or vulnerable adult has symptoms or signs of FGM, or we have good reason to suspect they are at risk of FGM having considered their family history or other relevant factors, we will refer using our standard existing safeguarding procedures, as is the procedure with all other instances of child abuse. This referral is initially to the Multi-Agency Referral Unit, whilst also contacting the police for advice. Additionally, when a person is identified as being at risk of FGM, this information must be shared with the GP and health visitor as part of safeguarding actions (See section 47 of the 1989 Children Act).

We have modified our admissions and risk assessed

Very Low -We have few pupils from the cultural heritage where FGM and forced marriage is more typical.

Action - close monitoring of the admissions information. Effective supervision of the children, good home - setting liaison practices, robust safeguarding procedures and multi-agency partnership work. Awareness and monitoring of all children and families (including those from the 'at risk' cultural groups, particularly those that voice a desire to follow a family/cultural tradition)

Potential indicators of FGM are contained within Appendix 4.

Please refer to Gooseberry Bush Day Nursery's Anti Bullying, Esafety/online safety/British Values policies.

Children with special educational needs and disabilities (SEND)

Children with special educational needs and disabilities (SEND) can face additional safeguarding challenges.

The Gooseberry Bush Day Nursery recognises that additional barriers can exist when identifying abuse and neglect in this group of children. These can include:

- Assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration;
- The potential for children with SEN and disabilities (SEND) being disproportionately impacted by behaviours such as bullying, without outwardly showing any signs; and
- Communication barriers and difficulties in overcoming these barriers.

The individual needs of every special educational needs or disabled child will be reviewed regularly and consideration given to any additional vulnerabilities they may have which could lead to safety and welfare concerns arising.

Should any concerns arise in relation to any child in relation to their safety and welfare the Gooseberry Bush Day Nursery will follow the same procedures as outlined within this policy and liaise with the DSL initially.

Eafety /online safety

Mobile phones, laptops, iPads, and other on-line type products are integrated into all our lives. Many are used within our setting. However, there are those that seek to use these for their own or others gratification. The link below provides more information on on-line safety and cover issues such as:

Bullying, including online bullying and prejudice-based bullying, racialisation and/or extremist behaviour

Child sexual exploitation and trafficking

The impact of new technologies on sexual behaviour, for example sexting.

<http://swgfl.org.uk/news/News/online-safety/Making-Sense-of-the-New-Online-Safety-Standards>

The Gooseberry Bush Day Nursery take online safety very seriously both in terms of our childrens and all of our staff. Please also refer to our setting's Esafety/online policy and the acceptable user policy for staff.

Young Carers

As a setting we recognise the needs of young carers in that they can be more vulnerable or placed at risk. We aim to be able to identify young carers and ensure they are supported to help reach their potential with an understanding that staff and volunteers may need to refer into early help services for an assessment of their needs via the Early Help Hub.

Private Fostering

A private fostering arrangement is when a child is cared for consecutively for 28 days or longer by someone who is not a member of that child's immediate family. In such a case the local authority should be informed.

If the setting is aware of such an arrangement being in place they must advise the family that the school have a responsibility to inform the local authority and encourage the family to advise the local authority themselves..

Advice or a referral can be made via MARU.

8 Confidentiality and Information Sharing:

If the information given relates directly to the safety and welfare of a child then the DSL must be informed immediately. They should then contact MARU.

9. Attendance at Child Protection Conference:

If a child or young person becomes the subject in a Child Protection Conference as a setting we may be asked to share information about the child or young person and his/her family. Usually this will be in the form of a written report requested by the assigned Social Worker or on behalf of them through the Contact Worker, the contents of which will be shared with parents/carers prior to the meeting.

10. Training:

All staff members will receive appropriate safeguarding and child protection training/briefings which will be regularly updated (annually). In addition, all staff members will receive safeguarding and child protection updates. These will be done as part of staff meetings where safeguarding will be a standing item on the agenda of every staff meeting and full committee/trustee meetings.

All staff will also, as part of our induction, be issued with information in relation to our Child Protection and Safeguarding Policy, Staff Code of Conduct, Behaviour policy.

Our DSL and DDSL(s) will undertake further multi-agency safeguarding training in addition to the whole setting training. This will be undertaken at least every two years and will update their awareness and understanding of the impact of the wider agenda of safeguarding issues. It will support both the DSL and DDSL to be able to better undertake their role and support the setting in ensuring our safeguarding arrangements are robust and achieving better outcomes for the children in our setting.

At least one member of our recruitment panel will have undertaken safer recruitment training. Best practice is that this is updated every 3 years to ensure that the setting are keeping up with changes made to recruitment processes and changes in safeguarding requirements when recruiting staff.

11. Photography and images:

The use of images and cameras policy forms part of this policy, it is listed as an appendix. See our E-Safety and Acceptable Use Policy, General Data Protection Regulation Policy and Parental Consent Booklets.

12. Supporting Staff:

Our setting recognise that all staff may find dealing with safeguarding and child protection concerns very difficult and upsetting. It may trigger memories of their own difficult childhood, or be an experience they have had as an adult, or a member of their family, or close friendship group has experienced - on returns to CP meeting, staff are invited to complete a staff's resilience form.

APPENDICES:

Appendix A: Signs and Indicators of Abuse summary: (We also use the detailed guide provided by CB Childcare Consultancy and this is used in staff training and also displayed on the staff room notice board) however this will give staff some indication of what to look out for as a guide.

Although these signs do not necessarily indicate that a child has been abused, they may help staff recognise that something is wrong.

If you have any concerns you must pass these to your DSL immediately.

Physical Abuse

Most children will collect cuts and bruises and injuries, and these should always be interpreted in the context of the child's medical / social history, developmental stage and the explanation given. Most accidental bruises are seen over bony parts of the body, e.g. elbows, knees, shins, and are often on the front of the body. Some children, however, will have bruising that is more than likely inflicted rather than accidental.

Important indicators of physical abuse are bruises or injuries that are either unexplained or inconsistent with the explanation given; these can often be visible on the 'soft' parts of the body where accidental injuries are unlikely, e.g. cheeks, abdomen, back and buttocks.

Occasionally a 'pattern' may be seen e.g. fingertip or hand mark. A delay in seeking medical treatment when it is obviously necessary is also a cause for concern. Other signs are hitting, shaking, throwing, poisoning, burning/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.

The physical signs of abuse may include:

- Unexplained bruising, marks or injuries on any part of the body.
- Multiple bruises- in clusters, often on the upper arm, outside of the thigh.
- Cigarette burns.
- Human bite marks.
- Broken bones.
- Burns- shape of burn, uncommon sites, friction burn

Changes in behaviour that can also indicate physical abuse:

- Fear of parents being approached for an explanation.
- Aggressive behaviour or severe temper outbursts.
- Flinching when approached or touched.
- Reluctance to get changed, for example in hot weather.
- Depression.

- *Withdrawn behaviour.*
- *Running away from home.*

Emotional Abuse

Emotional abuse can be difficult to identify as there are often no outward physical signs. Indications may be a developmental delay due to a failure to thrive (**also known as faltering growth**) and grow, however, children who appear well-cared for may nevertheless be emotionally abused by being taunted, put down or belittled. They may receive little or no love, affection or attention from their parents or carers.

Emotional abuse can also take the form of children not being allowed to mix or play with other children. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. 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 (including cyber 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, though it may occur alone.

Changes in behaviour which can indicate emotional abuse include:

- *Neurotic/anxious behaviour e.g. sulking, hair twisting, rocking.*
- *Being unable to play.*
- *Fear of making mistakes.*
- *Sudden speech disorders.*
- *Self-harm.*
- *Fear of parent being approached regarding their behaviour.*
- *Development delay in terms of emotional progress.*
- *Overreaction to mistakes.*

Neglect

*It can be difficult to recognise neglect, however its effects can be long term and damaging for children. Our DSL's also use the **One Minute Guide to Neglect and the Cornwall Graded Care Profile** as additional guides when we have concerns about 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.*

It may include a failure to:

- *Provide adequate food, clothing and shelter.*
- *Protect a child from physical and emotional harm or danger.*

- *Ensure adequate supervision (including the use of inadequate care-givers); or*
- *Ensure access to appropriate medical care or treatment.*
- *It may also include neglect of, or unresponsiveness to a child's basic emotional needs.*

It is also impossible to recognise that aspects of neglect can be very subjective. We may need to challenge ourselves and others and remember that people can have different values and that there will be differences in how children are cared for which may be based on faith or cultural issues that are different to ours.

In respecting these differences we must not be afraid to raise our concerns if we believe the care being given to the child may be impacting on its safety and welfare.

The physical signs of neglect may include:

- *Being constantly dirty or 'smelly'.*
- *Constant hunger, sometimes stealing food from other children.*
- *Losing weight, or being constantly underweight (obesity may be a neglect issue as well).*
- *Inappropriate or dirty clothing*

Neglect may be indicated by changes in behaviour which may include:

- *Mentioning being left alone or unsupervised.*
- *Not having many friends.*
- *Complaining of being tired all the time.*
- *Not requesting medical assistance and/or failing to attend appointments*

Sexual Abuse

It is recognised that there is underreporting of sexual abuse within the family. All Staff and Governors/trustees/committee should play a crucial role in identifying / reporting any concerns that they may have through, for example, the observation and play of younger children and understanding the indicators of behaviour in older children which may be underlining of such abuse. Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact or non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males; women can also commit acts of sexual abuse, as can other children

All Staff and Governors/trustees/committee should be aware that adults, who may be men, women or other children, who use children to meet their own sexual needs abuse both girls and boys of all ages. Indications of sexual abuse may be physical or from the child's behaviour. In all cases, children who tell about sexual abuse do so because they want it to stop. It is important, therefore, that they are listened to and taken seriously.

The physical signs of sexual abuse may include:

- *Pain or itching in the genital area.*
- *Bruising or bleeding near genital area.*
- *Sexually transmitted disease.*
- *Stomach pains*
- *Discomfort when walking or sitting down.*

Changes in behaviour which can also indicate sexual abuse include:

- *Sudden or unexplained changes in behaviour e.g. becoming aggressive or withdrawn.*
- *Fear of being left with a specific person or group of people.*
- *Sexual knowledge which is beyond their age, or developmental level.*
- *Sexual drawings or language.*
- *Eating problems such as overeating or anorexia.*
- *Self-harm or mutilation, sometimes leading to suicide attempts.*
- *Saying they have secrets they cannot tell anyone about*
- *Acting in a sexually explicit way towards adults.*

Note: *A child may be subjected to a combination of different kinds of abuse. It is also possible that a child may show no outward signs and hide what is happening from everyone.*

Appendix B: Managing a Disclosure of Abuse

It is extremely important that if a child discloses that you know what to do. This will be explained by the DSL/DDSL during induction and will form a key part of any safeguarding training undertaken within setting. These are the key principles:

If:

- A child or young person discloses abuse, or
- You suspect a child may have been abused, or
- You witness an abusive situation involving another professional.

You RECORD AND REPORT:

- Respond without showing any signs of disquiet, anxiety or shock.
- Enquire casually about how an injury was sustained or why a child appears upset.
E.g. How did you?
- Confidentiality must never be promised to children, young people, or adults in this situation.
- Observe carefully the demeanor or behaviour of the child.
- Record in detail what has been seen and heard in the child's own words (after you have spoken to them, not during a disclosure).
- Do not interrogate or enter into detailed investigations: rather, encourage the child to say what **she/he** wants until enough information is gained to decide whether or not a referral is appropriate.
- Ensure if the child is complaining of being hurt/unwell this is reported immediately

Asking questions is fine to help understand what the issue is BUT you must ensure the questions are open and give the child the ability to clarify.

- It is important NOT to ask leading questions e.g. Did ----- Was it -----?.
- It is important to know when to stop asking questions and listen.
- It is important not to interrogate.

Types of Questions you can ask: TED

- Tell me? (tell me what happened)
- Explain to me? (explain what you meant by)
- Describe to me? (how it happened)

Remember you are only clarifying with the child if something concerning did happen or could have happened from the information they give you.

Then report to your DSL or DDSL immediately. **If they are not available contact MARU.**

Staff MUST NOT

- *Investigate suspected/alleged abuse themselves;*
- *Evaluate the grounds for concern;*
- *Seek or wait for proof;*
- *Discuss the matter with anyone other than the designated staff or MARU*
- *Speak to the parents until you have had a conversation with your DSL/MARU*
- *Ask the child to repeat the information to anyone including the DSL/DDSL*
- *Promise to keep it a secret.*

APPENDIX C: Procedures if an allegation is made against a setting staff member (including volunteers and governors/trustees/committee).

- Never let allegations by a child or young person go unrecorded or unreported, including any made against you. There are very clear procedures that are there to protect children but also to ensure as much protection as possible against a potential false allegation involving a member of staff.
- Any allegations should be reported to the head teacher regardless as to whether they are the designated safeguarding lead as they are ultimately responsible for all staff within the setting.
- If the allegation concerns the Manager, then the Chair of committee/trustees should be informed immediately.
- In all situations there should be a discussion with the Local Authority Designated Officer (LADO) or if they are not available then MARU can be contacted for advice and guidance. If they feel a referral should be made then they will advise you to complete the appropriate referral form. Please follow the link to:
- <http://www.safechildren-cios.co.uk/health-and-social-care/childrens-services/cornwall-and-isles-of-scilly-safeguarding-children-partnership/policies-procedures-and-referrals/>
- This should then be sent in via MARU
- If you receive a disclosure, about an adult colleague, it is important to reassure the child that what *she/he* says will be taken very seriously and everything possible done to help.
- If you are a large setting you may have more than one DDSL. If this is the case ensure that there is excellent communication between the Safeguarding team within the setting and that all records are kept centrally and available to be accessed by the designated safeguarding staff. In addition assign a Senior Safeguarding Lead that offers professional guidance to the team.
- **Governing Body**
- You should adapt to meet the requirements of your own governance but ensure you are still meeting the requirements of Part 2 of KCSIE (September 2018) this includes:

Contact LADO in all cases : 01872 326536

Appendix D Prevent Duty Policy (This forms part of our Safeguarding Policy)

At the Gooseberry Bush in order for us to fulfil the Prevent duty, it is essential that staff are able to identify children who may be vulnerable to radicalisation, and know what to do when they are identified. Protecting children from the risk of radicalisation should be seen as part of childcare providers' wider safeguarding duties, and is similar in nature to protecting children from other harms (e.g. drugs, gangs, neglect, sexual exploitation), whether these come from within their family or are the product of outside influences. **Therefore the practitioners need to protect and safeguard young children and families deemed at risk of radicalisation with the intent to prevent from being drawn into terrorism.**

As from July 1st, 2015 it is a legal requirement for All Early Years Providers to have in operation the Prevent Duty Policy. This is a statutory compliance requirement resulting in punitive consequences for any non-compliance.

This Policy is intended to serve as a guidance for Practitioners to recognise the signs of those who are at risk and also to inform parents of our legal requirement to put this policy into operation.

The prevent duty policy is part of our wider safeguarding duties in keeping children safe from harm, and this new policy reinforces our existing duties by spreading understanding of the prevention of radicalisation

Staff Responsibilities and what this means in practice:

- All practitioners must be able to identify risk to children who may be vulnerable to radicalisation.
- Practitioners can demonstrate that they are actively protecting children and young people from extremist/ terrorist ideology
- There is no single way of identifying an individual who is likely to be susceptible to a terrorist ideology, but staff should be alert to changes in children's behaviour, including even very young children, which could indicate they may be in need of help or protection.
- These behaviours can be evident during circle time, role play activities and quiet times. Quiet times are a good time for children to make disclosures as this is the period that children are closest to their key persons.
- People from any walks of life can be drawn into radicalisation and not necessarily from a particular religion or ethnicity. Terrorism is not promoted by any religion.
- The Prevent duty does not require childcare providers to carry out unnecessary intrusion into family life but we are required to take action when we have observed behaviour of concern.
- The management team to attend the Prevent Duty (WRAP3) training and cascade to all employees.
- Ensure all practitioners understand the risk and build capabilities within the nursery to deal with any concerns.

- To work in partnership with Prevent coordinators, Police and Cornwall Local authority (refer to what to do if you have concerns).
- There are certain terminology used by Muslim families such as, Inshallah, alhumdillah, marshallah, allah ho akbar. These phrases are not an indication of any form of radicalisation. (This is worth mentioning as it is one of the concerns from the Muslim community).
- People dress codes like hijabs, nikabs, abayas and jilbabs are not indicative factors that they are at risk of being radicalised.
- Ensure visiting speakers at nursery are appropriate and supervised.
- All computers have appropriate filters for staff and public use.
- Any persons or groups using the premises will not provide a platform to hold meetings for extremists and to disseminate extremist views.

Promoting Fundamental British Values

Please refer to the Gooseberry Bush's promoting British values policy for full details.

- Building children's resilience to radicalisation Nursery can build children's resilience by providing a safe environment for debating controversial issues and helping them to understand how they can influence and participate in decision-making. Nurseries are already expected to promote the spiritual, moral, social and cultural development of children and, within this, fundamental British values
- The best way to help children resist extremist views or challenge views such as creationism is to teach them to think critically and become independent learners, which is fundamental to the Characteristics of Effective Learning and Teaching embedded in the EYFS
- We endeavour to support our children through the EYFS by providing playful learning opportunities to help them develop positive diverse and communal identities, as well as their well-being, their empathy and emotional literacy, while continuing to take action to eradicate inequalities, bullying, discrimination, exclusion, aggression and violence; all of which fosters and secures, children's pro-social behaviours and responsible citizenship and real sense of belonging.

What to do if you suspect that children are at the risk of radicalisation:

- Using the Safeguarding Procedures for the Gooseberry Bush Day Nursery practitioners need to discuss with the nursery designated safeguarding officer, and where deemed necessary, the families and with children's social care. In Prevent priority areas, the local authority will have a Prevent lead who can also provide support. In Cornwall the Local Prevent Lead is Robert Rowell and Phil Martin and can be contacted by email on prevent@cornwall.gov.uk or channelssw@avonandsomerset.pnn.police.uk
- MARU can also be contacted along with the local police force dial 101 (the non-emergency number). They will then talk in confidence about the concerns and help to access support and advice.

- The Department for Education has dedicated a telephone helpline (020 7340 7264) to enable staff to raise concerns relating to extremism directly. Concerns can also be raised by email to counter.extremism@education.gsi.gov.uk. Please note that the helpline is not intended for use in emergency situations, such as a child being at immediate risk of harm or a security incident, in which case the normal emergency procedures should be followed.

In case of an incident happening at nursery, please refer to our 'Lockdown' Policy.

Child Sexual Exploitation (CSE)

Many aspects of CSE take place online so it may be difficult to identify this within the setting. The behaviours also need to be considered within the context of the child's age and stage of development. As they get older this may be more difficult to identify. However abuse indicators may include:

- *Children talking about having lots of 'friends' online whom when asked they do not know personally*
- *Disengagement from education*
- *Using drugs or alcohol*
- *Unexplained gifts/money*
- *Repeat concerns about sexual health*
- *Decline in emotional wellbeing*
- *Talking about physically meeting up with someone they met online*
- *Posting lots of images of themselves online*
- *Going missing*
- *Talking about friendships with older young people/adults*
- *Engagement with offending*
- *Exclusion or unexplained absences from home or school*
- *Isolation from peers/social network*
- *Frequently in the company of older people - association with 'risky' adults*
- *Accepting lifts or being picked up in vehicles*
- *Physical injury without plausible explanation*
- *No parental supervision/monitoring of online activity*
- *Poor school attendance*
- *Secretive behaviour*
- *Self harm or significant changes in emotional well-being*
- *Concerning use of internet or other social media*
- *Returning home late*
- *Chronic tiredness*

Female Genital Mutilation (FGM)

Although situations of FGM may be unusual it is important that you do not assume it could not happen here. 5 -8 year old girls are the most vulnerable, ALL GIRLS before puberty

Indicators may include:

- Days absent
- Not participating in physical activities they perhaps normally would
- In pain/has restricted movement/frequent and long visits to the toilet/broken limbs
- Confides that she is having a special procedure, cut or celebration
- Unauthorised and or extended leave, vague explanations or plans for removal of a female in a high risk category especially over the summer period
- Plans to take a holiday which may be unauthorised, unexplained or extended in a country known to practice FGM
- Parents from a country who are known to practice FGM.

This policy was created by the GBDN on: 15/2/2019

Reviewed on:

Reviewed on:

Signed by the Manager, on behalf of GBDN: 