



Keeping Children Safe in Education Child Protection and Safeguarding Policy

“Safeguarding is everyone’s responsibility”

Key Information

- This policy was developed and adopted on: 10/09/19
- The policy will be reviewed by: February 2025
- The Designated Safeguarding Lead (DSL) is: Julie Elsworth
- The Deputy Designated Safeguarding Leads (DDSL) are: Elaine Williams, Denise Small, Lisa Taper
- The name of the nominated person for Children in Care is: Denise Small
- The Single Point of Contact (SPOC) for the Prevent agenda is: Julie Elsworth,
- The Child Sexual Exploitation Lead is: Lisa Taper

Updated 10/02/24 –

When referring to any of the documents listed within this policy we always use the most current and updated one online.

Attention: If you have a concern that might need an immediate referral please turn to page 12 point 5 and follow the guidelines listed and note telephone number for the MARU.

Should you have a concern about a member of staff please refer to Page 22 & 23 for guidelines and telephone number for the LADO.

In the event of a PREVENT referral see page 15.

In the event of discovery of FGM see section 6.3 page 17.

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1. Introduction and Context:

1.1 Our responsibilities

In order to fulfil our duty within the Framework for the Early Years Foundation Stage, 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.

The policy will be accessible to all visitors to the setting, parents and carers through the setting website and a hard copy will be available at reception and in our staff area.

We adhere to the content of the Working Together to Safeguard Children (***with particular regard to Page 62 please see below in blue print***).

Early Years and Childcare

14. Early years providers have a duty under section 40 of the Childcare Act 2006 to comply with the welfare requirements of the early years foundation stage (EYFS)⁴⁴. Early years providers must ensure that:

- they are alert to any issues of concern in the child's life
- they have and implement a policy and procedures to safeguard children. This must include an explanation of the action to be taken when there are safeguarding concerns about a child and in the event of an allegation being made against a member of staff. The policy must also cover the use of mobile phones and cameras in the setting, that staff complete safeguarding training that enables them to understand their safeguarding policy and procedures, have up-to-date knowledge of safeguarding issues, and recognise signs of potential abuse and neglect
- they have a practitioner who is designated to take lead responsibility for safeguarding children within each early years setting and who must liaise with local statutory children's services as appropriate. This lead must also complete child protection training

In all aspects of our safeguarding practice we adhere to the EYFS requirements and follow the procedures on the

<https://swcpp.trixonline.co.uk/> website. To ensure immediate access to the procedures, we have a shortcut to those procedures on the office desktop. We also have a copy of, and adhere to the, 'What do you do if you are Worried a Child is being abused' publication.

Aim

Our aim is to ensure as far as is possible that anyone, paid or voluntary, who seeks to work with children and young people through our organisational activities and who gains substantial access to them thereby is as safe to do so in Child Protection terms as our policy and procedure is robust and understood by all concerned and children are therefore safeguarded due to staff vigilance.

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).
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).

1.2 Meeting your communication needs

We want to ensure that your needs are met. If you would like this information in audio type, in Braille, large print, any other format or interpreted in a language other than English please inform the Designated Safeguarding Lead.

1.3 Terminology

- **Child** includes everyone under the age of 18 years old
- **All staff** – refers to all those staff working for or on behalf of the school, full time or part time, permanent or temporary, in either a paid or voluntary capacity.
- **Parent** – refers to birth parents and other adults in a parenting role, for example step parents, foster carers, and adoptive parents, any other person(s) who have legal parental responsibility for a child.
- **Governing Body** – refers to all forms of governance within a setting (nursery/preschool/afterschool club/holiday provision).
- **Safeguarding** and promoting the welfare of children refers to the process of protecting children from maltreatment, preventing the impairment of health or development, ensuring that children grow up in circumstances consistent with the provision of safe and effective care and taking action to enable all children to have the best outcomes.
- **Child protection** refers to the processes and action undertaken to protect children who have been identified as suffering, or being at risk of suffering significant harm.

1.4 Acronyms used in this policy:

DSL –Designated Safeguarding Lead

DDSL – Deputy Designated Safeguarding Lead

MARU – Multi Agency Referral Unit

CSE –Child Sexual Exploitation

FGM –Female Genital Mutilation

KCSIE –Keeping Children Safe in Education

CIOS SCP – Cornwall Isles of Scilly Safeguarding Children Partnership

LADO – Local Authority Designated Officer

1.5 Key Documents:

This is an overarching policy and should be read in conjunction with the following documents:

‘Working Together to Safeguard Children, which is statutory guidance to be read and followed by all those providing services for children and families, including those in education. The guidance is available via the following link:

<http://www.workingtogetheronline.co.uk/index.html>

“Keeping Children Safe in Education”, which is the statutory guidance for Schools and Colleges. The guidance is available via the following link (deemed best practice for early years to follow): <https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>

‘What to do if worried a child is being Abused: Advice for Practitioners’. The guidance is available via the following link:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419604/What_to_do_if_you_re_worried_a_child_is_being_abused.pdf

“Information Sharing: Advice for Practitioners providing Safeguarding Services to Children, Young People, Parents and Carers”. . The guidance is available via the following link:

https://assets.publishing.service.gov.uk/media/623c57d28fa8f540eea34c27/Information_sharing_advice_practitioners_safeguarding_services.pdf

“The Prevent Duty Departmental, advice for Schools and child care providers. The guidance is available via the following link:

<https://www.gov.uk/government/publications/protecting-children-from-radicalisation-the-prevent-duty>

Multi agency Statutory Guidance on Female Genital Mutilation. The guidance is available via the following link:

<https://www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation>

Multi agency Statutory Guidance for dealing with Forced Marriage: This guidance is available via the following link:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/322307/HMG_MULTI_AGENCY_PRACTICE_GUIDELINES_v1_180614_FINAL.pdf

Child Sexual Exploitation – Further guidance is available

https://assets.publishing.service.gov.uk/media/5a7f8e3640f0b62305b87dbc/CSE_Guidance_Core_Document_13.02.2017.pdf

<https://ciossafeguarding.org.uk/scp/p/subgroups/child-sexual-abuse-csa-group>

[Child Sexual Exploitation Definition and a guide for Practitioners DfE February 2017](#)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/591903/CSE_Guidance_Core_Document_13.02.2017.pdf

Guidance for Safer Working Practice for those working with Children and Young People in Education settings. This guidance is available via the following link:

<https://www.gov.uk/government/publications/safeguarding-children-and-safer-recruitment-in-education/safeguarding-children-and-safer-recruitment-in-education>

Additional information has been included from Somerset County Council Exemplar Safeguarding Policy (September 2016) and Derbyshire County Council Exemplar Safeguarding Policy (October 2016).

Furthermore, we will follow the procedures set out by:

The South West Child Protection Procedures:

<https://swcpp.trixonline.co.uk/>

<https://ciossafeguarding.org.uk/scp>

This policy should also be read in conjunction with the following policies linked to safeguarding within the setting which can include:

Anti-bullying	E safety/online	Health and Safety
Acceptable user (for staff)	Visitors	Bring Your Own Device (BYOD)
Behaviour for Learning	Educational visits	Children in Care
Whistleblowing	Radicalisation	Single Equality Scheme
Physical restraint	Social Media	Staff Code of Conduct
Supporting children with medical conditions	Mobile phone	

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.

2.1 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.
- 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 (see training section) and also have a clear job description and understanding of that role.
- 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. Early Help:

There are situations which may occur in a family’s life where they may benefit from additional support that cannot be provided solely by universal services.

These can include when a child:

- Is disabled and has specific additional needs.
- Has special educational needs.

- Is a young carer.
- Is showing signs of engaging in anti-social or criminal behaviour.
- Is in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health, domestic violence;
- Is showing early signs of abuse and/or neglect.
- Is showing signs of displaying behaviour or views that are considered to be extreme.

These children are therefore more vulnerable; this Setting will identify who their vulnerable children (or vulnerable adults) are, ensuring **ALL** Staff know the processes to secure advice, help and support where needed. In the first instance a discussion should take place with the DSL and a record kept of this discussion. If further advice is needed or the setting wishes to make a referral then they would contact the Early Help Hub.

Additional guidance can also be accessed by using the CIOS SCB multi agency threshold document.

Within Cornwall the Early Help Hub is the first point of contact when considering additional support for children and their families

- Support is provided: from pre-birth to the age of 18 (or 25 when the young person has additional needs) when the child, young person or family has needs that are not met solely by universal services.
- It is single point of access for professionals, families and young people to access Early Help Services in Cornwall.
- The triage team decides which Early Help service best meets the needs identified in the request for help. It is then allocated to the appropriate service within 48 hrs.

Contact details:

- **Telephone: 01872 322277**
- **Email: earlyhelp@cornwall.gov.uk**
- **Website: www.cornwall.gov.uk/earlyhelp**

4. Child Abuse:

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

4.1 Physical Abuse

May involve 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.

4.2 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 insofar as they meet the needs of another person. 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.

4.3 Sexual 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.

4.4 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.

If you are to refer a child or young person because of possible neglect, always check back to see if there have been any previous concerns. The Children Act 1989 talks about

how the persistent neglect of very basic needs is likely to cause impairment in the child or young person's development.

Signs and Indicators which may assist in the identification of some forms of abuse can be found in Appendix A and within CB Childcare Consultancy Signs, Symptoms and Considerations guidance.

4.5 Bullying

Bullying and forms of bullying including prejudice based and cyber bullying is also abusive which will include at least one, if not two, three or all four, of the defined categories of abuse [**refer to Bullying Policy**].

5. Reporting your concerns

5.1 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' (see confidentiality Section 7).

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.

5.2 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 the concerns arise out of office hours contact 01208 251300

If they are unsure they can contact MARU for advice and guidance.

5.3 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 school
- Factual information about the concerns you have

5.4 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

<https://ciossafeguarding.org.uk/scp>

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

5.5 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.

5.6 Resolution of Professional Differences

In the event that the setting disagrees with the actions or decisions of another agency we will consider using the Resolution of Professional Differences policy also referred to as the escalation policy. Please see Resolving Professional Differences policy and flow chart

<https://ciossafeguarding.org.uk/assets/1/resolving-professional-differences-and-flowchart.pdf>

5.7 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.

6. **Specific Safeguarding Issues:**

There are specific issues that have become critical issues in Safeguarding that Settings will endeavour to ensure **ALL** their staff are familiar with; having processes in place to identify, report, monitor and which are included within teaching:

- Bullying including cyber bullying
- Child Sexual Exploitation (CSE) **Child criminal exploitation – County Lines**
- Domestic Violence
- Drugs
- Fabricated or induced illness
- Faith abuse
- Female Genital Mutilation (FGM)
- Forced Marriage
- Gangs and Youth Violence
- Gender based violence/Violence against women and girls (VAWG)
- Hate
- Mental Health
- Private Fostering
- Preventing Radicalisation
- Online abuse/Sexting
- Teenage Relationship abuse
- Trafficking
- Missing children and vulnerable adults
- Child sexual abuse within the family
- Poor parenting, particularly in relation to babies and young children
- Children with family members in prison
- Homelessness
- So called 'Honour-based' violence
- Peer on peer abuse
- Sexual violence and sexual harassment between children in schools
- Serious violence

The DSL will join the **contextual safeguarding network** (www.contextualsafeguarding.org.uk) and be familiar with the process of understanding the vulnerabilities that could lead to potential harm in the community, rather than within the home of a child.

Contextual Safeguarding has been developed by Carlene Firmin at the University of Bedfordshire over the past six years to inform policy and practice approaches to safeguarding adolescents. Contextual Safeguarding is an approach to understanding, and responding to, young people's experiences of significant harm beyond their families. It recognises that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse. Parents and carers have little influence over these contexts, and young people's experiences of extra-familial abuse can undermine parent-child relationships. This concept will be included in our staff training.

Schools and Colleges can access broad government guidance on the issues listed above via <https://www.gov.uk/childcare-parenting/preventing-neglect-abuse-and-exploitation> and local procedures and strategies are available on ciossafeguarding.org.uk

<https://ciossafeguarding.org.uk/scp>

We will incorporate signs of abuse and specific safeguarding issues into briefings, staff induction training, and ongoing development training to all Staff. Annex A of KCSIE provides more detail on the following:

6.1: 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).

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 pupil, they will refer to the Designated Safeguarding Lead/s and the CSE lead within the nursery.

In addition, the setting would access the CSE tool kit on the South West Child Protection Procedures website. ciossafeguarding.org.uk

<https://ciossafeguarding.org.uk/scp>

We will complete a referral form and email it to MultiAgencyReferralUnit@cornwall.gcsx.gov.uk if we have information about local Missing and/or a Child Sexual Exploitation group of concerns relating to potential perpetrators of Child Sexual Exploitation and / or locations, venues or vehicles relating to actual/potential sexual exploitation of children to alert the Police, or in the event of crime or immediate concerns for child safety; we will call 999. The Police will consider this information immediately; the Multi-Agency Advice Team (MAAT) will collate any other

relevant information and along with any other police information, this will then be considered at the relevant MACSE Group.

Potential indicators of CSE are contained within Appendix A.

6.2 Radicalisation/PREVENT

The DfE have published guidance stating that education settings must promote British values i.e learning right from wrong, taking turns, sharing and challenging negative attitudes and stereotypes ([see documents below](#)). Ofsted will be required to inspect our setting against these criteria's as part of our safeguarding duty. Our '**Prevent Lead**' and staff 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 on safeguarding notice board*). 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 as deemed necessary. 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**). If a person is suspected to be within criminal activity and this is made known to us, we will contact the police by calling **101** (non-emergency) or **0800 789 321** (anti-terrorist hotline). This information has been taken from the guidance document and our policy on this will comply with the requirements under The Counter-Terrorism and Security bill March 2015.

Support documents:

[HM Prevent duty guidance](#)

[DfE Promoting fundamental British values as part of SMSC in schools; Departmental advice for maintained schools \(see in British Values folder\)](#)

[DfE The Prevent duty; Departmental advice for schools and childcare providers](#)

[Cornwall Channel referral process document](#)

We will ensure **ALL** staff adhere to their duties in the Prevent guidance to prevent radicalisation (<https://www.gov.uk/government/publications/protecting-children-from-radicalisation-the-prevent-duty>)

The management will:

- Establish or use existing mechanisms for understanding the risk of extremism
- Ensure staff understand the risk and build capabilities to deal with issues arising
- Communicate the importance of the duty
- Ensure **All** Staff implement the duty.

Setting staff receive training to help to identify signs of extremism. Opportunities are provided in the curriculum to enable children to discuss and learn about issues of religion, ethnicity and culture and the setting follows the DfE advice Promoting fundamental British Values as part of SMCS (spiritual, moral, social and cultural education) in Schools. See our British Values Policy.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/380595/SMSC_Guidance_Maintained_Schools.pdf

Ensure the risks of Radicalisation **are** referred to within all relevant policies including visitors anti bullying and e-safety.

Julie Elsworth 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 seek to work in partnership, undertaking risk assessments where appropriate and proportionate to risk, building our children's resilience to radicalisation.

When reviewing our PREVENT duties we would consider the guidance contained on the Safer Cornwall website (link below).

<http://safercornwall.co.uk/preventing-crime/preventing-violent-extremism/>

What can we do to help our children understand these issues and help protect them?

- Provide a safe space for them to debate controversial issues.
- Help them to build resilience and the critical thinking they need to be able to challenge extremist arguments.
- Give them confidence to explore different perspectives, question, and challenge.

The setting is committed to providing effective filtering systems and this will include monitoring the activities of children when on-line in the setting or using 3G or 4G access (ie parents waiting outside to collect). We follow the guidance set out in Annex C (KCSIE) Please refer to First Steps Internet/esafety/online safety pledge.

All staff in the first instance should contact the SPOC (Single Point of Contact) within the setting with any concerns.

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

Emergency Out of Hours: Tel No: 01208 251300

If immediate and serious concerns call the police on 999

6.3 Female Genital Mutilation (FGM)

First Steps recognises and understands that there is a new 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.

All suspected or actual cases of FGM are a Safeguarding concern in which safeguarding procedures will be followed; this will include a referral to the police and to Children's Social Care via MARU. If any staff are concerned about a child, they will refer to the Safeguarding Designated Lead/s within the Setting unless there is a good reason not to do so. Female Genital Mutilation (FGM): all adults within our setting, need to be alert to the possibility of a girl being at risk of FGM, or already having suffered FGM in line with our child protection requirements. There is a range of potential indicators that a child or young person may be at risk of FGM, and we use the signs and symptoms handout as a guide. Victims of FGM are likely to come from a community that is known to practise FGM, therefore we will be aware of and understand girls who would be 'at risk' by using the Unicef Map of prevalence within our admissions procedure. Girls at risk of FGM may not yet be aware of the practice or that it may be conducted on them, so sensitivity should always be shown when approaching the subject. Warning signs that FGM may be about to take place, or may have already taken place, can be found on pages 11-12 of the Multi-Agency Practice Guidelines for FGM. 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 will follow the HM Government Multi-Agency Practice Guidelines: Female Genital Mutilation chapter nine and adhere to the Mandatory Reporting Requirements under FGM legislation. Risk Assessment and actions –

- **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, using the MAP of FGM prevalence. Effective supervision of the pupils, good home – setting liaison practices,

robust safeguarding procedures and multi-agency partnership work, provision of a setting counsellor and provision of the Family Support Team. 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 A.

6.4 Peer on Peer Abuse (for holiday and out of school provision)

All staff should be aware that safeguarding issues can manifest themselves via peer on peer abuse. The reasons for this are complex and are often multi-faceted. We understand that we need as a setting to have clear mechanisms and procedures in place to identify and report incidents or concerns. We aim to reduce this behaviour and any related incidents with an expectation to eliminate this conduct in the setting. Peer on peer abuse is a Safeguarding concern and will require a discussion with the DSL who will seek advice from agencies and professionals including reference to the safeguarding procedures. This will involve in the first instance having a conversation with MARU.

Peer on peer is most likely to include, but may not be limited to:

- Language seen as derogatory, demeaning, inflammatory;
- Bullying, including cyberbullying;
- Gender based violence
- sexual assaults and harassment
- sexting.

We are working hard as a setting to be proactive and to challenge this type of abuse. We aim to use approaches in our planning and reference to our associated policies to address and tackle peer on peer abuse.

Please refer to First Steps Anti Bullying, esafety/online safety/British Values policies.

6.5 Children with special educational needs and disabilities (SEND)

Children with special educational needs and disabilities (SEND) can face additional safeguarding challenges. The setting may need to devise a policy /procedure that meets the individual needs of a child. This will be written in conjunction with the parent(s) and staff working with the child. The child where they are of sufficient understanding should have the policy/procedure discussed with them. All staff need to be confident in its use.

First Steps 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 First Steps will follow the same procedures as outlined within this policy and liaise with the DSL initially.

6.6 esafety /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, radicalisation 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>

First Steps take online safety very seriously both in terms of our children's and all of our staff. Please also refer to our setting's e-safety/online policy and the acceptable user policy for staff.

6.6.1 Filtering

First Steps is adhering to the guidance within the revised KCSIE Annex C and this is reflected within our e-safety policy.

6.7 Domestic Abuse

Domestic abuse may take many forms. Witnessing the physical and emotional suffering of a parent may cause considerable distress to children and both the physical assaults and psychological abuse suffered by adult victims who experience domestic abuse can have a negative impact on their ability to look after their children. Children can still suffer the effects of domestic abuse, even if they do not witness the incidents directly. However in up to 90% of incidents involving domestic violence where children reside in the home, the children are in the same or the next room. Children's exposure to parental conflict, even where violence is not present, can lead to serious anxiety and distress among children. Children can see setting as a safe retreat from problems at home or alternatively not attend the setting through a perceived need to be at home to protect abused parents or siblings.

Domestic abuse can therefore have a damaging effect on a child's health, educational attainment and emotional well-being and development. The potential scale of the impact on children is not always easy to assess but may manifest itself as behavioral, emotional or social difficulties, including poor self-esteem, withdrawal, absenteeism, adult-child conflict. Children sometimes disclose what is happening or may be reluctant to do so hoping that someone will realise something is wrong.

Domestic abuse is included in our staff training as there is an increased focus on the damaging impact of domestic abuse on the well-being of children.

6.8 Looked after children (children in care)

The most common reason for children becoming looked after is as a result of abuse and/or neglect. We ensure that staff have the skills, knowledge and understanding necessary to keep children in care safe. KCSIE

A designated children in care lead has been appointed from the senior leadership team. See front cover of this document

The designated child in care lead will ensure that appropriate staff have the information they need in relation to a child's looked after legal status (whether they are looked after under voluntary arrangements with consent of parents or on an interim or full care order) and contact arrangements with birth parents or those with parental responsibility. They are also responsible for ensuring that they also have information about the child's care arrangements and the levels of authority delegated to the carer by the local authority looking after him/her. The designated children in care lead will have details of the child's social worker. They will have drawn up an individual education plan in consultation with the children in care education support service (CICES).

The designated child in care lead will attend regular training/briefings provided by Cornwall Council regardless of whether there are currently children within the school who are in care.

6.9 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.

6.10 Forced Marriage (for holiday and out of school provision)

The UK Government describe this as taking someone, usually overseas, to force them to marry (whether or not the **forced marriage** takes place) or marrying someone who lacks the mental capacity to consent to the marriage (Coercion may include physical, psychological, financial, sexual and emotional pressure). It may also involve physical or sexual violence and abuse.

Arranged marriage is common in some cultures. The families of both spouses take a leading role in arranging the marriage, however the choice of whether or not to accept the arrangement remains with the prospective spouses. Children may be married at a very young age and well below the age of consent in England. ALL Staff should be particularly alert to suspicions or concerns raised by a child. Since June 2014 forcing someone to marry has become a criminal offence in England and Wales under the Anti-Social Behaviour, Crime and Policing Act

If at any time the setting had a concern regarding a child who this may apply too immediate contact will be made with MARU for guidance and advice.

6.12 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.

6.13 Modern Slavery and Human Trafficking

The above are offences under the Modern Slavery Act 2015. These offences include holding a person in a position of slavery, servitude forced or compulsory labour, or facilitating their travel with the intention of exploiting them soon after.

Although human trafficking often involves an international cross-border element, it is also possible to be a victim of modern slavery within your own country.

It is possible to be a victim even if consent has been given to be moved.

Children cannot give consent to being exploited therefore the element of coercion or deception does not need to be present to prove an offence.

If you hold information that could lead to the identification, discovery and recovery of victims in the UK, you can contact the Modern Slavery Helpline 08000 121 700.

Advice or referral can be made via MARU (0300 1231 116) or for Vulnerable Adults (0300 1234 131).

7. Confidentiality and Information Sharing:

Confidentiality needs to be discussed and fully understood by all those working with children, particularly in the context of child protection. No adult must ever guarantee confidentiality to any individual including parents, children, colleagues. Staff should make children aware that if they disclose information that may be harmful to themselves or others, then certain actions will need to be taken.

Wherever possible, consent should be obtained before sharing personal information with third parties. In some circumstances, obtaining consent may not be possible or in the best interest of the child or young person, e.g., where safety and welfare of that child or young person necessitates that the information should be shared. The law permits the disclosure of confidential information necessary to safeguard a child or children. Disclosure should be justifiable in each case, according to the particular facts of the case, and legal advice should be sought if in doubt.

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.

8. Record Keeping:

Well-kept records are **essential** to good safeguarding and child protection practice. We are clear about the need to record any concerns held about children or young people, the status of such records and when these records should be passed over to other agencies.

In our work with children and their families, we recognise the importance of:

- Keeping clear detailed up to date written records of concerns about children and young people. This includes a chronology.
- Ensuring all records are kept secure and in a locked location.
- Ensuring records are passed on to the receiving setting/school if a child or young person transfers. In line with current local authority guidance.
- Ensuring all records are clear, factual and jargon free.

9. Allegations against staff:

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

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.

In all instances the manager & directors must be informed. If the Manager/Owner is not available then the DSL should be advised.

If the allegation concerns the Manager/Owner then the LADO must be informed. In all situations regarding an allegation of abuse against a member of staff/volunteer the setting must not act alone and must seek advice and make a referral where necessary or seek impartial advice from the LADO.

In such circumstances our Manager, or Owner (if the allegation is against a senior staff member) will contact the LADO for advice.

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

- 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

If a referral needs to be made then this must go through MARU who will then pass it on to the LADO team. The referral form can be found at:-

<https://www.cornwall.gov.uk/lado>

<https://www.cornwall.gov.uk/health-and-social-care/childrens-services/child-protection-and-safeguarding/allegations-against-people-who-work-with-children/lado-referral-form-guidance/>

10. Whistleblowing:

Please adhere to our provisions Whistle blowing policy.

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.

11. Key Safeguarding Roles and Responsibilities: (see Appendix D)

11.1 Designated Safeguarding Lead (DSL)

There is a legal obligation for all settings to have a designated safeguarding lead. We follow the guidance in Annex B of KCSIE, which outlines the key responsibilities of the DSL. See adopted job description in DSL staff files.

11.2 Deputy Designated Safeguarding Lead (DDSL)

As above we also follow the guidance in Annex B of KCSIE which outlines the key responsibilities of the DSL and DDSL.

12. Safer Recruitment

Our provision operates safer recruitment procedures including making sure that:

- statutory duties to undertake required checks on staff who work with children are complied with in line with the Disclosure and Barring Service requirements for Regulated Activity; Teachers' Prohibition Orders; the Child Care Act 2006 and Childcare (Disqualification) Regulations 2009
- statutory guidance relating to volunteers is followed
- at least one member of the recruitment panel members have undertaken safe recruitment training through an accredited training programme.

We hold a Single Central Record (SCR) which demonstrates we have carried out the range of checks required by law on our staff.

Our setting complies with the requirements of KCSIE, - Part 3

Our setting is EXEMPT from the requirements of the Childcare (Disqualification) Regulations 2009 within the Childcare Act 2006 as it DOES NOT OPERATE on domestic premises.

13. 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.

Our attending staff are familiar with the Signs of Safety process, access the www.signsofsafety.net website for reference and follow the Child Protection Conference Procedures (incorporating Signs of Safety) for Cornwall. Child protection conferences will be attended by the DSL or DDSL. In exceptional circumstances another member of staff may attend with them. The reason this responsibility is not delegated is because the DSL has the overall training and accountability to act on behalf of the setting including agreeing their role in any child protection plan as well as the possible allocation of resources.

Occasionally, there may be information which is confidential and which will be shared in a closed meeting prior to the conference. If this is necessary, the chair of the conference will discuss the matter with parents/carers beforehand.

When any child becomes the subject of a conference, local procedures require all other children in the family are considered. It may well be that staff will be required to provide information on children with whom there appear to be no direct concerns.

Staff may contribute to the process of risk assessment and the decision about the child being in receipt of a child protection plan. This will be undertaken using the signs of safety model. For more information about signs of safety discuss with the allocated social worker or the independent chair prior to the meeting and visit www.signsofsafety.net website.

14. Training:

All members of our workforce have been provided with, and signed to say that they have read and understood, Part 1 of KCSIE, have been provided with and signed to say they have read and understood Part 2 of KCSIE. Impact of this information exchange is tested through a knowledge quiz and all results are collated and monitored by the nominated training staff member. Further training is provided if the outcome of the quiz indicates a staff member needs more support to understand any aspect of their child protection and responsibilities understanding.

All staff members will receive appropriate safeguarding and child protection training/briefings which will be regularly updated (minimum of yearly). 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.

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 and Part 1 of KCSIE, Key contacts, and What to do if a Child discloses Abuse.

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.

Our Governing Body will have access to basic safeguarding training within the setting. We will recommend and encourage them to undertake training specifically on the safeguarding responsibilities of the governing body in line with Part 2 of KCSIE.

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.

15. Photography and images:

The use of images and cameras policy forms part of this policy, it is listed as an appendix.

16. 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.

The setting hopes in such situations that the individual staff member would be able to talk to a member of the senior leadership team in the setting who can make enquiries into what support may be available for the individual member of staff.

There are many organisations within Cornwall who offer support services to individuals on a range of very sensitive issues e.g. Domestic Abuse, Sexual Abuse (current and historic) drug and alcohol misuse, mental health. More information can be accessed via MARU or the Early Help Hub.

In addition the member of staff should be able to access support through:

- **Their own GP.**
- **The Samaritans Telephone: 116 123**
- **NSPCC HELPLINE Telephone: 0808 800 5000 (not just there for children)**

The DSL will take responsibility for updating this policy and information, and notifying all staff of key changes.

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.

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.

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.

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 our 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

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.

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.

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.

All Staff 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.

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.

Appendix B: Dealing with 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:

- Tell me? (tell me what happened)
- Explain? (explain what you meant by)
- Where did this happen/where were you?
- When did this happen?

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).

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 DSL 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, the DSL 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.

<https://www.cornwall.gov.uk/lado>

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.

Appendix D: Key Roles and Responsibilities

Designated Safeguarding Lead (DSL):

The setting has a job description and follows the guidance within Annex B: KCSIE which includes:

- Being a central point of contact for all staff
- Confident in knowing what to do and where to go if you have concerns
- Ensure records are kept up to date, safely and securely
- That all staff are aware of their safeguarding responsibilities
- Be the initial point of contact for external agencies in relation to safeguarding issues
- Promote awareness of safeguarding in relation to the children, all staff, the governing body and parents

Deputy Designated Safeguarding Lead (DDSL): As above. They will be trained to the same level of the DSL .

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

Appendix E: Key Messages from Serious Case Reviews (SCR) – NOW RENAMED SAFEGUARDING PRACTICE REVIEWS

When children die or are seriously injured consideration is given as to whether there needs to be a serious case review (SCR). The purpose is to identify what information we had, what actions were taken, and what if anything we can learn from this that may improve practice in the future.

Messages from serious case reviews nationally and locally are published on a regular basis the following are some of the key messages which from a setting perspective we need to be aware of, they include:

- You can never age bruising
- Ensure you observe children as much as you can in natural light if you are concerned about bruising or marks
- If you see an injury to one child always consider the siblings
- Cases where Interpreters/culture/communication/travellers/language/religion were involved
- Parents with a mental health problem/ leaning disability/ stress/postnatal depression
- Where Domestic Abuse is present
- Disguised compliance/resistant families/hard to reach families/professional challenge
- Children with chronic illness/serious health conditions
- Unsupported and socially isolated parents
- Poor information gathering, sharing and recording within schools as well as with other agencies.

- Assessing the complete circumstances of the child and family, including their history.
- Critically analysing all information.
- Ensuring the needs of the child are paramount above those of the parents.
- Appropriate representation is needed at key meetings- Child Protection Case Conferences
- Effective multi-agency working
- Staff to be curious, inquisitive and ask more questions
- Reflection and constructive challenge for staff when working with vulnerable children and young people
- Staff to observe safer working practices.

Appendix F:

Mobile phone/Cameras/ipads/iwatches policy for First steps and Blues club

Policy statement:

Our setting will work with children, parents and the community to ensure the rights and safety of children and to give them the very best start in life.

Staff:

Staff of First Steps are not permitted to use their mobile phone, iwatches or other devices during their working day. All devices can only be used during break times and in the staff room or off the nursery site.

All devices are to be kept in the office in their named storage section.

Under no circumstances should devices be taken into any of the classrooms and should never be used to take any images of children.

A mobile phone is used when groups leave the setting on arranged outings. This enables staff to contact the setting or emergency services should the need arise.

Students:

Students and volunteers will be asked to switch their mobile phone on to silent and to be kept in a named storage section in the office and can only be used during break times in the staff room.

Visitors:

On signing into the setting a member of staff will ensure all mobile phones are turned off or put on to silent and to be kept in their bag/pockets at all times.

If a member of staff sees a parent/carer using their mobile phone within the setting they will ask politely for them to end their call and put the mobile phone away.