



SAFEGUARDING CHILDREN POLICY

Including Prevent Duty

Aims

The welfare of the children at St Michael's Nursery remains paramount and therefore the protection of the child must remain our primary consideration.

What is Child Abuse?

There are many different types of child abuse and many ways in which the abuse can occur. It can happen to children at any age, from birth, right up until they are able to act independently, although with children developing at different rates, this will vary from child to child. In law, young people are children up to their 19th birthday. In this field we must always consider the children in our care, but also our colleagues, students and family members who may also be experiencing abuse themselves and may need support.

The five main forms of abuse are:

1. **Physical Abuse:**
2. **Sexual Abuse:, Neglect:.**
3. **Emotional Abuse:**
4. **Bruising and injuries on non-mobile children** Any bruises or injury in a non-mobile child must be suspected as child maltreatment regardless of explanation given.

Children with a disability are three times more likely to be abused, staff should be aware of this and consider if change in behaviour could be a sign of abuse and also to consider any injuries being a result of abuse. If the child is unable to speak, therefore unable to communicate any disclosures, an opportunity to communicate in another way will be needed.

Type of Abuse	Possible Indicators
Neglect The persistent failure to meet a child's basic physical and psychological needs, likely to result in the serious impairments of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:	Obvious signs of lack of care including: Problems with personal hygiene; Constant hunger; Inadequate clothing; Emaciation; Lateness or non-attendance at the setting; Poor relationship with peers;

provide food, clothing and shelter; protect a child from physical and emotional harm or danger; ensure adequate supervision; ensure access to appropriate medical care or treatment.	Untreated medical problems; Compulsive stealing and scavenging; Rocking, hair twisting, thumb sucking; Running away; Low self-esteem.
Physical Abuse May involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child . This can include excessive force when changing nappies, feeding or rocking aggressively to sleep	Physical signs that do not tally with the given account of occurrence conflicting or unrealistic explanations of cause repeated injuries delay in reporting or seeking medical advice.
Sexual Abuse Forcing or enticing a child 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, penetrative or non-penetrative acts and also includes involving children in watching pornographic material or watching sexual acts.	Sudden changes in behaviour Displays of affection which are sexual and age inappropriate Tendency to cling or need constant reassurance Tendency to cry easily Regression to younger behaviour – e.g. thumb sucking, acting like a baby Unexplained gifts or money Depression and withdrawal Wetting/soiling day or night Fear of undressing for PE
Emotional Abuse 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.	Rejection Isolation child being blamed for actions of adults child being used as carer for younger siblings affection and basic emotional care giving/warmth, persistently absent or withheld.

Other types of abuse we must be aware of;

1. **Female Genital Mutilation .** This can take place at any time from birth to just before marriage or during a woman’s first pregnancy, varying in differing cultures, so could be seen in nursery. Between October and December 2016, 2032 cases were reported to the NHS in the UK, 17% of these children were under 1 years old. We will be aware of being vigilant during intimate care for signs of female genital mutilation. We are aware that this is illegal in our country. **Forced marriage** is also illegal in the UK and we will be aware of conversations amongst our children and their siblings which might highlight concern. Staff training via Home Office links (‘Ending Female Genital Mutilation) provide useful information about this abuse. This will be referred to **MASH or phone police 101** if a disclosure is made or signs of FGM are noticed. In January 2019 it is known that ‘cutters’ will now come to the UK to visit families and the first offender has been imprisoned in the UK for committing FGM .

Warning signs that FGM is about to take place

Older visitor to the family. Reference to FGM in conversation. Child confides. Holiday. Parental disclosure.

If a girl has been subjected to FGM, signs and symptoms

Difficulty in walking/standing. Spending longer than usual in bathroom. Lengthy absence due to bladder/menstrual problems. Frequent urine infections. Noticeable behaviour changes upon returning. Asking for help but not explicit about the problem due to embarrassment or fear. In babies you may notice grazes/scratches/cuts/stitching at nappy changing.

2. **Honour Based Violence** is a violent crime or incident which may have been committed to protect or defend the honour of the family or community. Women and girls are the most common victims of HBV however it can also affect men and boys. Crimes of 'honour' do not always include violence, and might include; assault, forced marriage, domestic abuse, sexual or psychological abuse, being held against your will or taken somewhere you don't want to go, threats of violence.
3. **Fabricated and Induced Illness** Direct harm through induction of physical signs of ill health and indirect harm through hospitalisation, investigation and unnecessary treatments. This in turn brings psychological harm.
4. **Child Sexual Exploitation (CSE)** is a type of sexual abuse. Children in exploitive situations and relationships are receive something such as gifts ,money or affections as a result of performing sexual activities or others performing acts on them. **CSE online** – young people may be persuaded, or forced to send or post sexually explicit images of themselves, take part in sexual activities via a webcam or smartphone, have sexual conversations by text or online. **CSE in gangs** is used to exert power and control over members, initiate young people into the gang, exchange sexual activity for status or protection, entrap rival gang members by exploiting young girls and young women, inflict sexual assault as a weapon in conflict. For more information on sexual behaviours and a useful toolkit to assess the situation, the following link is useful <https://www.brook.org.uk/our-work/the-sexual-behaviours-traffic-light-tool> **We should be aware CSE can be inflicted on our youngest of children, in 2017 a case of a paedophile hacking a Peppa Pig online game to expose children to sexual content was discovered.**
5. **Breast ironing** – uses heated objects, such as stones and hammers to flatten a girl's breasts to stop them developing. Typically carried out between 11 and 15 years old, often done by victim's own family under 'misguided intention' of protecting her from rape and sexual harassment (according to the UN). In 2017 MPs are calling for this to become a criminal offence.
6. **E-safety** – children are at risk of abuse online, our e-safety policy details how to prevent his and advice on support for carers and parents. Staff have a mobile phone policy in place and we do not currently have children accessing internet in our nursery building. Staff must be aware of children's conversations or them making disclosure about what they have seen online.

In the event of e-safety incident – do not alert the offenders but contact the police. Do not disclose to any one other than the DSL about the incident and save online history if possible. Do not delete anything and **DO NOT COPY INDECENT IMAGES** (as you then become an offender also)

7. **Domestic Violence and Abuse, Parental Mental Health and Parental Substance Misuse** which may overlap in some cases. To be healthy and to develop normally, children must have their basic needs met.

If a parent is more concerned with funding an addiction, or is under the influence of drugs or alcohol, they are unlikely to be able to achieve this consistently. A disorganised lifestyle is a frequent consequence of substance misuse. Parents may fail to shop, cook, wash, clean, pay bills, attend appointments etc.

Substance misuse may affect a parent's ability to engage with their child. It may also affect a parent's ability to control their emotions. Severe mood swings and angry outbursts may confuse and frighten a child, hindering healthy development and control of their own emotions. Such parents may even become dependent on their own child for support. This can put stress on a child and mean they miss out on the experiences of a normal childhood. Other consequences of substance misuse – lost jobs, unsafe homes (littered with half empty bottles or discarded syringes), broken marriages, severed family ties and friendships, and disruption of efforts made by a local authority to help – are also likely to negatively affect a child.

Any professionals, carers, volunteers, families and friends who are in contact with a child in a drug / alcohol-misusing environment must ask themselves “What is it like for a child in this environment?”

7.Modern Slavery and Child Trafficking Like ‘Prevent Duty ’ (the prevention of people being drawn into extremism and terrorism) and child sexual exploitation, modern slavery is very much a safeguarding issue because it is about the exploitation and abuse of people. And like ‘Prevent’ and child sexual exploitation, it is something we *all* need to be aware of . (Devon and Cornwall Police) Modern slavery is where someone is held in domestic servitude (for example, a servant in a home) and/or forced to work for little or no pay. It includes human trafficking (moving people from one place to another to be exploited) and sexual exploitation (selling people for sex or pornography). A person or people who lack independence and seem to have their communication and movement controlled by another. That person may pretend to be an interpreter.

- A person or groups of people being taken to and from a place, for example in a van.
- A person or people working with ill health, exhaustion or injury. Poor physical appearance.
- A person or people who are isolated from the rest of the community.
- A person or people with a lack of personal possessions.
- Poor living accommodation. This can include caravans, sheds, tents, outbuildings, shipping containers.

A person is fearful, uncomfortable and unhappy. They may also be pretending to be OK

Signs which might make you consider a child is involved in Trafficking; their physical appearance, isolation, poor living conditions and few personal belongings. Restricted freedom of movement. They are reluctant to ask for help. Do you know if the adults have PR or consent, does the child have a valid passport? Is the child known to services (HV, children's centre, MASH)

Support is available for people who are enslaved and the local Police are working with partners in the voluntary and public sectors to help end Modern Slavery.

If you think you have been a victim of Modern Slavery or Sexual Exploitation, or you think someone else is this can be reported to Crimestoppers – 0800 555 111 Police – 101 (non-emergency) or 999 (if it is an emergency). If you are concerned about children in your care, please contact Devon Safeguarding Agency, in an emergency a MASH referral can be made.

8.County Lines County lines is the term used to describe urban gangs supplying drugs to other parts of the UK using dedicated mobile phone lines. The gangs are likely to exploit children and vulnerable adults in order to move and store drugs and money. To do this they will often use coercion, intimidation, violence and weapons.

The deal line is often treated as a ‘brand’ for the gangs who generally focus on supplying Class A drugs like heroin or crack cocaine.

- An operating base is an essential feature of county lines gangs. They will regularly exploit vulnerable people, by building up a debt or using threats and violence in order to take over a person's home. This practice is commonly referred to as 'cuckooing'. A child or young person going missing from school or home or significant changes in emotional well-being?
- A person meeting unfamiliar adults or a change to their behaviour
- The use of drugs and alcohol
- Acquiring money or expensive gifts they can't account for
- Lone children from outside of the area
- Individuals with multiple mobile phones or tablets or 'SIM cards'
- Young people with more money, expensive clothing, or accessories than they can account for
- Unknown or suspicious looking characters coming and going from a neighbour's house
- Relationships with controlling or older individuals or associated with gangs
- Suspicion of self-harm, physical assault or unexplained injuries

Be aware of vulnerable parents who may become subject to 'Cuckooing' – a gang takes over their house and uses them or family members to carry out drug runs. Nursery staff may consider why a child is often collected by a number of adults unknown to nursery or the family before.

In 2019 County Lines is now a genuine problem in rural areas of Devon.

8.Radicalisation and Extremism (Prevent Duty)

From 1 July 2015 all schools and registered early years childcare providers are subject to Prevent Duty in the exercise of their functions, to have "due regard to the need to prevent people from being drawn into terrorism".

Protecting children from the risk of radicalisation should be seen as part of schools' and 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.

Children, students, family members who are at risk of radicalisation may have low self-esteem, or be victims of bullying or discrimination. Extremists might target them and tell them they can be part of something special, later brainwashing them into cutting themselves off from their friends and family. Be aware of your colleagues/ students/volunteers/ work experience pupils and parents – any of us can be radicalised.

Signs to watch out for include, isolating themselves from family and friends, increased secretiveness, especially around internet use. There may be a sudden disrespectful attitude towards others or increased levels of anger. Be aware of chat about holidays, long holidays, secret holidays or unexplained absence.

The might be unwillingness or inability to discuss their views or talking as if from a scripted speech.

However, these signs don't necessarily mean a child is being radicalised – it may be normal teenage behaviour or a sign that something else is wrong.

We should recognise that extremism is not only linked to religion or culture but could also include opinions about Travellers, right wing groups, rights groups against such topics as farming and badger culling, and political subjects such as Brexit.

Staff should be vigilant for children presenting challenging behaviour and inappropriate language , either of which cause concerns of extremism and concerns must be treated as a child protection concern with usual reporting procedure to Designated Safeguarding Lead.

If you notice any change in a child's behaviour and you're worried, tell your Designated Safeguarding Lead. Ring 101 and ask for Prevent Team or proceed through MASH referrals.

Through promoting Fundamental British Values we will help to build children's resilience to radicalisation as a foundation for their future. See our Promoting British Values in the Early Years Policy.

For early years childcare providers, the statutory framework for the Early Years Foundation Stage sets standards for learning, development and care for children from 0-5, thereby assisting their Personal, Social and Emotional Development and Understanding of the World.

Prevent Duty; *Risk Assessment*

At St. Michael's we will continue to assess the risk of children in our care being drawn into terrorism, including support for extremist ideas that are part of terrorist ideology. We will liaise through regular DCC network meetings, local media, and our local safeguarding board to gain a general understanding of the risks affecting children and young people in North Devon.

With support from our local safeguarding board (DCYFP) , safeguarding forums and our EYA, gain an understanding of how to identify individual children who may be at risk of radicalisation and what to do to support them.

We are aware of the increased risk of online radicalisation, as terrorist organisations such as ISIS seek to radicalise young people through the use of social media and the internet, and will be aware of conversations we have with children, their interest in computers, mobile phones and social networking (particularly our school age children at breakfast and afterschool club, our work experience pupils and students on training).

As with managing other safeguarding risks, staff should be alert to changes in children's behaviour which could indicate that they may be in need of help or protection. Children at risk of radicalisation may display different signs or seek to hide their views. Nursery staff should use their professional judgement in identifying children who might be at risk of radicalisation and act accordingly.

Even very young children may be vulnerable to radicalisation by others, whether in the family or outside, and display concerning behaviour and, as with any other safeguarding risk, they must take action when they observe behaviour of concern. (ie to inform the Nursery DSL immediately, who will contact DCFP for guidance through the next steps. A MASH referral will be made immediately if a child is clearly in immediate danger. Records will be kept as for any other child protection concern.

Effective engagement with parents / the family is also important as they are in a key position to spot signs of radicalisation. It is important to assist and advise families who raise concerns and be able to point them to the right support mechanisms.

Prevent Duty ; *Staff Training*

Senior DSLs have attended Workshop to Raise Awareness of Prevent (WRAP). DSLs will keep up to date with media and DCC information and safeguarding forums and cascade this information and local concerns to the nursery team at regular updates at staff meetings. All staff have participated in Home Office Prevent Duty Training.

Prevent Duty and IT

The children do not have access to internet in our nursery, and out of school children are not able to access the wireless broadband through portable devices. The out of school coordinator closely monitors the use of these devices and will be mindful of conversations with children discussing their internet use/videos they have seen.

General advice and resources for settings on internet safety are available on the UK Safer Internet Centre website.

As with other online risks of harm, every member of nursery staff needs to be aware of the risks posed by the online activity of extremist and terrorist groups.

We all need to be aware that children may hear or see news coverage of distressing events and will need support from their family and carers at nursery. There are video clips online to guide staff on 'how to talk to children' for such circumstances.

Fundamental British Values are so important to help children build resilience to radicalisation and these are respected in our everyday ethos and throughout play and routine.

Awareness of staff who may become involved in extremism.

As with the care of our children, as a team we will also be aware of any changes in the behaviour of our colleagues, volunteers, students, work experience students and parents. In the case any of our team is concerned about an individual becoming involved in extremism, they should report this to the DSL. This would be reported to LADO (for volunteers and staff). In the case of students and school work experience pupils Nursery DSL would contact respective College/ School DSL and discuss further referral to MASH.

If you suspect child abuse:

Always remember to never make assumptions, especially when dealing with children with disabilities or impairments, as there may be indicators of possible abuse being mistakenly attributed to the child's impairment.

Children with disabilities are more vulnerable to bullying, intimidation and abuse.

DO	DON'T
Allow the child to do the talking.	Give undertakings of absolute confidentiality.
Listen – take the child seriously.	Interpret what you have been told, just record it.
Remain calm and caring	Make false promises, e.g. that you will keep the 'secret'.
Record the conversation as soon as possible afterwards to use the child's own words (not yours).	Allow your own feelings, such as anger, pity, shock, to surface.
Refer to your DSL. Share your concerns – you are not expected to handle it alone	Ask leading questions – allow child to tell their own story.

Tell the child what you are going to do.	Postpone or delay the opportunity to listen.
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Recruitment and Selection Procedures

All staff including volunteer and student placements working with the children undergo statutory checks to ensure they are suitable to do so. Additional recent character and employment references must be received and staff, volunteers are not employed until a clear enhanced DBS is received. Work experience students, who are classed as minors and therefore would not have DBS check, from local schools are never left unsupervised and do not carry out intimate care procedures. We are aware of our responsibility to safeguard students when they are on our premises, as we would the children in our care.

Responsibilities and Accountability

Staff are aware of their responsibilities, ie; there are clear lines of accountability and arrangements for monitoring and supervising staff performance. The 'What to do is you are worried' 2015 booklet is accessed in our staff cloakroom and on our staff noticeboard. Staff supervision takes place regularly for each member of staff, which also contains questions of suitability for continual work in childcare, the Nursery Manager has also trained as a Mental Health First Aider (Feb 2019).

During supervision, training needs will be discussed as well as going through standard procedures and also any safeguarding concerns the member of staff may have themselves. Safeguarding is a permanent item of agenda on every staff meeting (team leader, whole team, SENCO and board)

We will seek out training opportunities for all adults involved in the group to ensure that they recognise the symptoms of possible physical abuse, neglect, emotional abuse and sexual abuse.

All staff will receive Level II Safeguarding Training, renewing every two years – this can be through DCC or Babcock face-to-face training or certificated e-learning.

DSLs will receive Level III Safeguarding Training (local specific), and attend refresher training every three years. The Leading DSLs will attend the annual NDNA safeguarding conference to update knowledge and keep up to date with changes. Termly Provider Network meetings are also attended for updates in all fields.

Up to date information is received from subscription to Ofsted emails, NSPCC emails and the weekly DCC Bulletin received by email.

All staff will receive Prevent Duty online training through the Home Office Website

FGM training will be given to staff via the Home Office video.

Safeguarding is on every agenda; team leader meetings (to share any concerns to DSLs), senior staff meeting (senior staff are DSLs therefore children currently on safeguarding file or at watch or new concerns, are all discussed) (weekly), whole staff meetings (half termly) . At whole staff meetings this will be to share updates and to refresh our knowledge.

January 2017 Manager and Deputy attended Provider Network Meeting which included briefing on Strength Based Approach (DSH)

Summer 2018 Manager and Deputy attended Early Help Roadshow (multiagency)

March 2019 Manager attended Level 3 Refresher

Whistleblowing

We recognise that children cannot be expected to raise concerns in an environment where staff fail to do so. All staff should be aware of their duty to raise concerns about the attitude or actions of colleagues and appropriate advice will be sought from the LADO or Safeguarding Team where necessary. A separate whistleblowing policy explains the procedure for this and who should be contacted.

Prevent abuse by means of good practice

Adults will not be left with children on their own for long periods of time. However should there be an occasion where this is necessary, ie a toileting accident, when the Nursery Nurse should advise colleagues what has happened and what he/she is going to do, and another member of staff to be nearby, or if necessary available to supervise the care.

The parent should be advised at the end of the day what action was taken and an incident form will be completed and signed by the parent to acknowledge intimate care has been given, above and beyond what would normally be carried out for each age-group.

For instance, a Kindergarten child has soiled themselves and needs bathing/washing intimately – two staff would be present and write the account. (This is mentioned in the Entry Form permissions page, along with changing a child's clothing)

When a child needs help with changing (ie dressing up/for a play/ outside clothing/ change in temperature/water play) adults will give help appropriate to the child's stage of development and to be aware of a child's privacy and respect of their wishes.

Children will be encouraged to use their independence through adult support. This will include making choices and in finding names for their own feelings. This will enable children to have the self-confidence to resist inappropriate approaches.

The layout of the rooms/outside areas and/or deployment of staff allows constant supervision of all children.

February 2019 CCTV in cot room (an area where a member of staff may be alone with a child while they check on sleeping children – to protect the children and the staff member)

Adverse Childhood Experiences (ACEs)

There are 3 direct and 6 indirect experiences that have an impact on childhood development. The more adversity a child experiences the more likely it is to impact upon their mental and physical health. Evidence suggests children exposed to 4 or more adverse experiences are more likely to participate in risk taking behaviours and find it more difficult to make changes.

The 3 direct ACEs; physical abuse, verbal abuse and sexual abuse

The 6 indirect ACEs; parental separation, domestic violence, mental illness, alcohol abuse, drug abuse, incarceration.

What can we do to make a difference ? To have an awareness of a child's ACEs and support early intervention through Early Help and supporting a child's emotional and mental wellbeing.

To not become involved in parental conflict, nursery should put the child's best interest first.

Further information about ACES

https://www1.bps.org.uk/system/files/user-files/Division%20of%20Clinical%20Psychology/public/ACES%20and%20social%20injustice%20_DCP%20SW.pdf

Behaviour Management

Staff should keep a record of any behaviour or incident that could compromise them as a professional for example; a child makes any allegation against them or another member of staff, or touches a member of staff or a child in an inappropriate manner. This should be recorded on the nursery Safeguarding Children Form and reported to the DSL and from there the LADO procedure will be followed.

For an incident for managing behaviour, staff should complete an incident form and ask parents to sign at the end of the day. Physical intervention is only to be used in the event of a child hurting another child/adult or themselves, or in times of danger – in such an instance this will be recorded on an accident form, highlighted ‘incident’ and discussed with the parent at home time, and the parent will sign acknowledgement of the event. Corporal punishment (slapping, smacking or shaking) will never be acceptable practices and would be reported to Local Authority Designated Officer (Police) if staff were found, or accuse, of such practice.

However, Nursery staff do not penalise any children for their behaviour and in fact will often give cuddles in most circumstances to reinforce the sense of security the children have lost during such time.

Cuddles are also given to all children, who consent, within the nursery at any time; for example, when asked by a child, or when recognised as needing comfort and reassurance by nursery staff.

For more details please see our Behaviour Management Policy.

Confidentiality

- We recognise that all matters relating to child protection are confidential.
- The DSL will disclose personal information about a child or young person to other members of staff on a need to know basis only.
- However, all staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children.
- All staff must be aware that they cannot promise a child to keep secrets which might compromise the child’s safety or well-being or that of another.
- We will always undertake to share our intention to refer a child to MASH (multi agency safeguarding hub) with their parents /carers consent unless to do so could put the child at greater risk of harm, or impede a criminal investigation. If in doubt, we will consult with the DCFP Safeguarding Team or MASH Consultation Line on this point.
- We will take no names to consultation with MASH to discuss concerns we may have, but we understand that if they then ask for a name we will disclose those details and it will become an enquiry.

Documentation is readily available to all staff for reference;

‘What to do if you are worried a child is being abused’ March 2015 – staff room, staff cloakroom, all staff given a copy

‘Working together to safeguard children’ 2015 nursery office, and updated 2018 edition

‘Prevent Duty’ June 2015 staff notice board and nursery office

‘Mandatory Reporting of Female Genital Mutilation’ October 2015

Prevent Duty, revised edition July 2015

Information Sharing July 2018

Keeping children safe in education Sep 2018

April 2017 EYFS (pg 16 and 17, 3.4-3.77)

Inspecting Safeguarding (Ofsted) in Early Years Setting

Inspectors Handbook (Ofsted)

Procedure

- The Nursery Procedure is to inform the Designated safeguarding leads of any signs of injury/concern noted during the day, these are recorded on ‘Safeguarding Children Observational Sheets’. Completed sheets are stored in a locked filing cabinet in the nursery office, accessed by DSLs only.

Injuries from home (pre-existing)

- All injuries noticed as a child arrives at nursery (bruises, cuts, grazes etc) must be recorded on an accident sheet, making it clear the accident happened at home, and signed by the parent at the time, or when the parent collects. This is to protect staff from being accused of injury happening at nursery and also for DSL to track and raise concerns as necessary.
- The DSLs should ALWAYS be informed whenever there is a concern about a child. Any suspicion that abuse is occurring or has occurred must be communicated without delay to the Designated safeguarding lead

- **St. Michael’s Nursery**

- Designated safeguarding lead and director Sarah Sexon LIII
- Designated safeguarding lead Emma Hedge LIII
- The Director with safeguarding responsibility is Mrs Sarah Sexon LIII
- Threshold Tool Early Help assessment tool – Early Help assessment officer; Sarah Sexon and Emma Hedge

Early Help

If it is felt the child’s needs can be met within the nursery, or by other professionals already involved with the family (Health Visitor, GP, Portage). With consent from parents, appropriate contact may be made and an Early Help meeting may also be arranged with the linked professionals. Early Help is the extra support a family can get if needed, providing a way to prevent a problem, or change things for a family before the problem becomes more serious.

It is not a specific service or team, it's an approach that brings together people from a range of services and teams who will work together with the whole family to help improve the situation for everyone.

It can offer support to families from pre-birth to adolescents with all sorts of issues from parenting, employment and school attendance to emotional wellbeing or anti-social behaviour

By identifying and building on the strengths of a family the team of professionals can help and support the to find long term solutions to issues, as well as developing skills to help manage any future challenges.

There will be one main point of contact. This could be someone the family already have a good relationship with such as a youth worker or health visitor.

They will be known as the lead worker and they help access the services needed quickly and easily. The information the family provide will only be shared with the people who need to know about it, and only with permission.

With consent, this information will be added to the child's Early Help profile, reached via secure access shared only with the professionals who have been given consent to do so.

The family will be central to drawing up their goals, and no decisions are made without the family's involvement.

Northern Devon: Earlyhelpnorthsecure-mailbox@devon.gov.uk

Early Help Customer Service Centre on 0345 1551071 . They are open Monday to Friday 8am–8pm and Saturdays 9am–1pm

Details of local community services and groups can be found at [Pinpoint Devon](#).

MASH Enquiry

- After discussion with other professionals it if felt referral is necessary, the MASH Enquiry Form with as much detail as possible with permission from parents/carers, The information we provide will support threshold decisions and contribute to a single assessment or DAF (Devon Assessment Framework) if this has not been done already.
- This Referral Form will be posted to Devon Children and Families Partnership, Social Care Office, Civic Centre, Barnstaple, North Devon. Or by secure email to mash referral team to mashsecure@devon.gcsx.gov.uk or post it to:
Multi-Agency Safeguarding Hub
PO Box 723
Exeter
EX1 9QS
- If we are unsure about referrals, or how to respond to information, professionals employed within the nursery can contact the Devon Safeguarding Hub

Melissa Filby ; Local Manager Torridge and North Devon

01271 388901 or 07969684711

Melissa.filby@devon.gov.uk

The consultation service can now be accessed by phoning **0345 155 1071** and asking for MASH Consultation. This is the My Devon Customer Service number and therefore you will need to be asked to be redirected. Out of Hours for MASH 0845600388

Enquiry form (for referral) is available from www.devon.gov.uk/mash-enquiryform.doc

- Nursery Staff who feel the Designated Person has not reacted following raised concerns should contact the Social Care office (MASH) themselves, see telephone number above.
- If urgent action is needed, for example a child is in immediate danger or needs accommodation, telephone the MASH 0345 155 1071 and give as much information as is needed. Our information will be passed immediately to a manager who will decide the action needed and will normally respond to the DSL at nursery within one hour. You must follow up your telephone call by sending a completed referral mashsecure@devon.gcsx.gov.uk within 48 hours. Email the MASH enquiry form to the secure email address ***The parents would not be notified in the case of an emergency if the child would be put in further danger.***

Information on Devon's Safeguarding Services can be accessed by everyone www.devon.gov.uk/index/cyps.htm. This gives comprehensive guidance on all child protection procedures, roles and responsibilities and what services are offered.

The consultation service can now be accessed by the My Devon Customer Service number ask to be redirected to Melissa Filby, Helen Stephenson or Sue Bolt **01271 388901 or 07969684711 or 0345 155 1071**

Devon Safeguarding Hub can be contacted at the Civic Centre, Barnstaple on

URGENT SAFEGUARDING ENQUIRIES 0345 155 1071

Email mashsecure@devon.gcsx.gov.uk

POST Multi-Agency Safeguarding Hub, PO BOX 723 , EXETER, EX1 9QS

Social Services (out of hours) 0845 6000 388

LADO contact on Exeter 01392 384964 – accusation against a member of staff.

FGM phone 101 or MASH referral

FGM Helpline 0800 0283550

[OFSTED Helpline Number 0300 123 1231](http://www.ofsted.gov.uk)

When a member of Staff is accused of abuse

Should you suspect a member of staff of abusing a child in their care or a parent or a child makes a disclosure, you must report this immediately to the Designated safeguarding Lead or Director with safeguarding responsibility.

This will then be communicated without delay to the *LADO (Local Authority Designated Officer)* 01392 384964, who will then consider if suspension is necessary pending investigation.

LADO are also able to offer advice to the DSL.

It is the duty of our Nursery 'to make a referral to the Disclosure and Barring Service where a member of staff is dismissed (or would have been, had the person not left the setting first) because they have harmed a child or put a child at risk of harm.' (EYFS 2017)

DBS contact number for referral 03000 200 190

email dbsdispatch@dbs.gsi.gov.uk

Should the Nursery Manager be suspected of abusing a child in her care, you must report this immediately to the DSL (other than the manager) or Director with safeguarding responsibility. The same procedure will take place as for any other member of staff accused on child abuse.

Ofsted will be informed of any allegations or serious harm or abuse by any person living, working or looking after children at the premises (whether the allegations relate to harm or abused committed on the premises or elsewhere). This will be done as soon as reasonably practical, but at the latest within 14 days of the allegation being made. We understand failure to do so commits an offence.

The Manager/Director will also inform Disclosure and Barring Services of any allegations taken up by LADO and found to be child protection concern by that individual.

Support for Nursery Staff

Any Nursery staff that report any signs or symptoms of abuse and is not taken seriously by the Designated safeguarding leads or Director with safeguarding responsibility, can report directly to Social Services themselves through MASH referral (see above how to make referral)

Nursery staff may also go to the Designated Officers to talk openly as regards the concerns they have had reporting the case of child abuse and talk to them as a confidante or contacting one of the helplines as attached to this but remembering to keep names and family names anonymous.

If Social Services do not respond to referral for Child Safeguarding issue, go to the Police Protection Team.

Support families

Information about safeguarding is available to parents in our reception hallway. Children are read stories such as 'Penpig' (online safety) and posters are displayed for afterschool club children to find out information.

Posts shared by DCC and the Children's Centres are shared on our Nursery Face Book Page.

If it is felt that a family needs support to manage family life, perhaps it is becoming stressful and support is needed financially/ with parenting skills/ general advice, nursery will help families to gain support from our Children's Centre. This can be done by nursery referral with signed permission from the parent/carer.

The Nursery will take every step in its power to create trusting relationships between families and staff.

Strength based approach is a new model launched by Devon Safeguarding Hub in February 2017. 'This is a robust approach to balancing risks and strengths, identifying and building on the assets around the child and harnessing those to take risks. Family networks are involved at the heart of the planning process as children on child protection plans often still live within the family units. The approach to involved the family is therefore sensible and necessary'. (Mark Gurrey – DCFP Independent Chair 2018)

Where abuse at home is suspected, the Nursery will continue to welcome the child and family while any investigation takes place by MASH or the police/social worker. And we will work fully with the outside agencies involved.

With the agreement that the care of the child is paramount, the Nursery will do all in its power to support and work with the child's family.

Nursery staff will attend Child in Need Meetings, Family Group Conferences, TAF (Team around the family) meetings, PEP meetings as called and will assist in completion of DAF forms as needed.

If you have made a referral to the MASH you should always give the parents or carers of the child a copy of the leaflet '[MASH - information for parents and carers](#)' [factsheet](#) , copies of which should be kept in the nursery office. Parents should always be given this information when a referral has been made unless it's a serious child protection concern and doing so would put the child at risk.

Confidentiality

Confidential records kept on a child will be kept in a locked filing cabinet, and every effort will be made by Nursery Staff to handle information discreetly. However, if there is an allegation about a child who may be at risk, Devon Social Services must ensure that a thorough investigation into the child's situation takes place at once. In exceptional circumstances the evidence of an individual may be required in a court of law. The name of any person expressing concern can be kept confidential, but parents/carers may find out the identity of the source of the referral from the information supplied.

Concern forms are kept in a safeguarding file, to be accessed by the DSL only, locked in the filing cabinet in the nursery office .

Nursery Contacts

Safeguarding Role	Role	Name	Contact
Designated Safeguarding Lead / Director with Safeguarding responsibility	Nursery Manager & Director	Sarah Sexon	01271 327074 sarah@stmichaels-nursery.org
Designated Safeguarding Lead*	Deputy Manager	Emma Hedge	01271 327074 emmah@stmichaels-nursery.org
	Nominated Person	Mr Gordon Gurr	01271 327074 Or email available from office
	Director to report to for Whistleblowing	Mr Alan Sides	alan@stmichaels-nursery.org mobile: 0795 608 2605

***DSL will always be contactable, if not on site a named DSL will be contactable via mobile phone.**

Promoting British Values in our nursery

Through the EYFS and our planning of activities and daily routine, we focus on children's personal, social and emotional development. In an age appropriate way we ensure children learn right from wrong, mix and share with other children and value other's views, know about similarities and differences between themselves and others, and challenge negative attitudes and stereotypes.

- democracy.
- the rule of law.
- individual liberty.
- mutual respect for and tolerance of those with different faiths and beliefs and for those without faith.

Our Promoting Fundamental British Values Policy has been long fulfilled in our ethos and vision at St. Michael's. Our behaviour management procedure is well established and highlights already many of these values.

COVID 19 UPDATE (October 2020) updated April 2021

See St Michael's Nursery Document; 'COVID 19 opening Risk Assessment and procedure'

'What to do if a child (or staff member) is displaying symptoms of coronavirus (Covid 19) '

Our comprehensive risk assessment covers all areas of nursery and actions to be taken to minimise transition of COVID 19 at nursery and actions to be taken in the case of a child or member of staff with symptoms/positive case of COVID 19

Staff will keep their safeguarding training updated and, in the absence of group trainings , online training will be made available. Training to keep updated; Safeguarding at levels appropriate to the role, FGM, Prevent and to be kept up to date with knowledge and news regarding Safeguarding and Covid 19

<https://learning.nspcc.org.uk/safeguarding-child-protection/coronavirus>

Our team works together to actively look for signs of harm given the greater risk of harm that some children may have been exposed to through the coronavirus (COVID-19) pandemic. Staff must ensure they are confident in all signs and symptoms of abuse and confidently report to Designated Safeguarding Leads (Sarah Sexon , Emma Hedge) . If there is a concern that a child is in need or suffering or likely to suffer from harm, all staff must follow the child protection procedure as usual.

The team on duty are aware of the designated safeguarding leads and know how to contact them if they are off site.

Vulnerable Children

In the case of vulnerable children, particularly those with social workers, we will continue to encourage these children to attend regularly and notify their social worker if they stop attending.

The Manager and Deputy will make regular contact with children and their families who may need extra support during 'stay at home' times , and also keep in touch with their outside agencies who may be able to offer virtual support if not home visits.

Definition of a vulnerable child to be recorded on daily returns for Department for Education (from DCC)

Children in Need

Children in Care

Children with a Child Protection Plan

Children with an Education, Health and Care Plan

Children with a Social Worker

Children on Right for Children the Early Help system

March 2021, DCC have introduced '**Making Every Contact Count**' – effective partnership working for vulnerable children and young people in Devon. Half termly forms to be completed for children who have a social worker.

Children coping with COVID 19

Children in our care may have been at home for prolonged periods of time and will need support to make the transition from home to nursery , staff may notice change in mood or behaviour. Parents will be offered short transition visits, garden visits and chat to the team about what will help to settle back at nursery. Staff have made videos of stories and activities and photos on our website and Facebook page are recommended to parents to look at with children before they return as a reminder of nursery and the team.

All staff to be aware that children may be experiencing a variety of emotions in response to the COVID 19 outbreak; anxiety stress or low mood. This may be especially so with vulnerable children , including those with a social worker.

Children may need extra support, staff to be vigilant for signs of severe anxiety or depression.

Other children may not be experiencing any challenges.

Attending the setting, with routines, reassurance, time to talk and play with adults and children, all benefit the child's well being

Resources to support children are available at

<https://mindedforfamilies.org.uk>

Safeguarding and welfare requirements still apply, including those child protection procedures.

Children with SEND

Time and care is needed to support children with SEND returning to nursery ,planning and consideration for children who may find any change in routine/environment will be needed. Team to remain alert that children may have additional or worsened social, emotional and mental health needs as a result of COVID 19. To be aware that their development may have been further delayed or missed diagnosis .

Emma Hedge remains our nursery SENDCo and will work with outside agencies as the children return and arranging support from other professionals and guidance to keyworkers.

Safety online and COVID 19

Although children do not have access to internet themselves at nursery, staff may in this period use various apps/film clips with children. These apps and websites must be checked ahead of using them with children to ensure no inappropriate ads/pop ups/ language/images form part of the clip.

A member of staff must always be with the children and supervising the internet use .

Closure of Bubble or Nursery

In the event of a bubble self-isolating or nursery closure,local authority, outside agencies and children's social workers will be informed that vulnerable children are at home and not attending nursery, in some cases these children may need alternative provision made available by the local authority.

Sharing information

Providers must continue to regard data protection and GDPR appropriately, however this does not prevent sharing of information for purposes of keeping children safe.

Information_sharing_advice_practitioners_safeguarding_services

We will not share details with families of children or staff who are being tested for , or have been diagnosed as a positive case of, COVID 19.

It may be required by NHS Track and Trace system for us to provide contact details if a case of Coronavirus arises in our nursery. There is an obligation to support the Government planning and we will provide details as requested to do so.

In event of Local Lockdown, we will be guided by Department for Education and our local authority action to take.

In the event of partial closure and minimal places at nursery our priority will be as follows;

1. Children of critical workers and vulnerable children
2. Then 3 & 4 year olds who will transition to school in September 2021
3. Followed by younger age groups

Suitability of staff

Staff who have been absent due to furlough will return to an induction of covid safe working .

The member of staff will sign a suitability and disqualification form and (for those on the DBS update system) a check of their DBS status will be checked.

Recruiting new staff – usual recruitment procedures for new staff; references and DBS check following interview.

In the event of shortage of staff, due to illness/self isolation, and all other in house avenues have been exhausted – we will seek advice from Local Authority to arrange suitable cover.

Summary

- Always put the child first
- Think the unthinkable
- Keep accurate records
- Share information
- Work in partnership
- Seek advice if you are unsure

Signed *SASexon* Nursery Manager, Designated Safeguarding Lead , Designated Director with Safeguarding Responsibility

Review Date 14.4.2021

Date 8th October 2020

Date 18th April 2019

Signed *S A Sexon* Designated Safeguarding Lead (Nursery Manager)

Date 18th April 2019

Revised date: January 2014

Review date: September 2014

Revised 21st Sept 2014

Review Date March 2015

Reviewed 7th June 2019

Revised Date 10.10.15

Reviewed February 2019

Review Date April 2016

Reviewed 4th March 2019

Reviewed Date September 2017

Reviewed 4th April 2019

Reviewed Date March 2018

Reviewed May 2018

CONTACT NUMBERS AND HELPLINE NUMBERS

South West Child Protection Procedures www.swcpp.org.uk

-Devon Early Years and Childcare Service www.devon.gov.uk/eyscs

Child Exploitation and Online Protection Agency www.ceop.org.uk

NSPCC Safe (Safe Activities for Everyone) Network www.safenetwork.org.uk

Alcoholics Anonymous	08009177650
North Devon Drug and Alcohol Service	01271 859044
Childline	0800 1111 (free)
Devon and Exeter Racial Equality Council	
(racial issues)	01392 422565
Local Rep	01271 830756
NHS Helpline	111
North Devon Family Mediation Service	
(Family Mediation & Counselling)	01271 320761
North Devon District Hospital	01271 322577
Rape Crisis Line	www.rapecrisis.org.uk
Rape and Sexual Abuse	National Male Helpline 08088005005 Female Helpline 08088005007
Samaritans (24 hour service)	01271 374343
Victim Support	08081689111
Women's Refuge NDADA	01271 321946
NSPCC	0808 800 5000 (free)
Woman's Aid National Domestic Violence Helpline	Freefone 08082000247

Shelterline	0808 800 444
Careline (housing/homelessness)	0181 514 1177
Gingerbread Advice Line (single parent support)	0207 4285400
Child Maintenance Support	0800 0835130
Citizens Advice Bureau – Barnstaple	03444111444
FGM Helpline	0800 028 3550