



Safeguarding & Child Protection Handbook

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Grass Roots Private Day Nursery Safeguarding Statement

- **Grass Roots Private Day Nursery** is a community and all those directly connected (staff, parents, families and children) have an essential role to play in making it safe and secure.
- **Grass Roots Private Day Nursery** recognises our moral and statutory responsibility to safeguard and promote the welfare of all children.
- **Grass Roots Private Day Nursery** recognises the importance of providing an ethos and environment within nursery that will help children to feel safe, secure and respected, encourage them to talk openly, and enable them to feel confident that they will be listened to. We are alert to the signs of abuse and neglect and follow our procedures to ensure that children receive effective support, protection and justice.

Our setting's core safeguarding principles are:

It is a whole setting responsibility to safeguard and promote the welfare of children as its paramount concern.

- All children (defined as those up to the age of 18) regardless of age, gender, ability, culture, race, language, religion or sexual identity, have equal rights to protection. All children have a right to be heard and to have their wishes and feelings taken into account.
- All staff understand safe professional practice and adhere to our code of conduct and other associated policies.
- All staff have a responsibility to recognise vulnerability in children and act on any concern in accordance with this guidance.

There are four main elements to our safeguarding policy

Prevention (e.g. positive, supportive, safe setting culture and pastoral opportunities for children and families, safer recruitment procedures);

Protection (by following the agreed procedures, ensuring all staff are trained and supported to respond appropriately and sensitively to safeguarding and child protection concerns);

Support (for all children, parents and staff, and where appropriate specific intervention for those who may be at risk of harm);

Working with parents and other agencies (to ensure appropriate communications and action are undertaken).

Please see our Child Protection and Safeguarding Policy for full details.

Parents and carers are welcome to read the Policy on request. Sometimes we may need to share information and work in partnership with other agencies when there are concerns about a child's welfare. We will ensure that our concerns about children are discussed with his/her parents/carers first unless we have reason to believe that such a move would be contrary to the child's welfare.

If a member of staff is concerned about a child's welfare, they will record their concern, and any observations or conversation heard, and report to the DSL as soon as possible, preferably the same day.

If a member of staff has concerns which relate to the actions or behaviour of another member of staff (which could suggest that s/he is unsuitable to work with children) then this will be reported to the DSL in confidence, who will refer the matter to the Owners. If this relates to the Nursery Manager the matter will be referred directly to the Owner.

Our Designated Safeguarding Leads (DSLs) are: ·

DSL: Lucy Pottinger

Deputy DSL: Caitlin Mitchell

Deputy DSL: Kayla Potter

Deputy DSL: Amy Murgatroyd

Definition of Safeguarding and Child Protection

Safeguarding and promoting the welfare of children is defined for the purposes of this handbook as:

- ★ protecting children from maltreatment;
- ★ preventing impairment of children's health or development;
- ★ ensuring that children are growing up in circumstances consistent with the provision of safe and effective care;
- ★ undertaking that role so as to enable those children to have optimum life chances and to enter adulthood successfully.



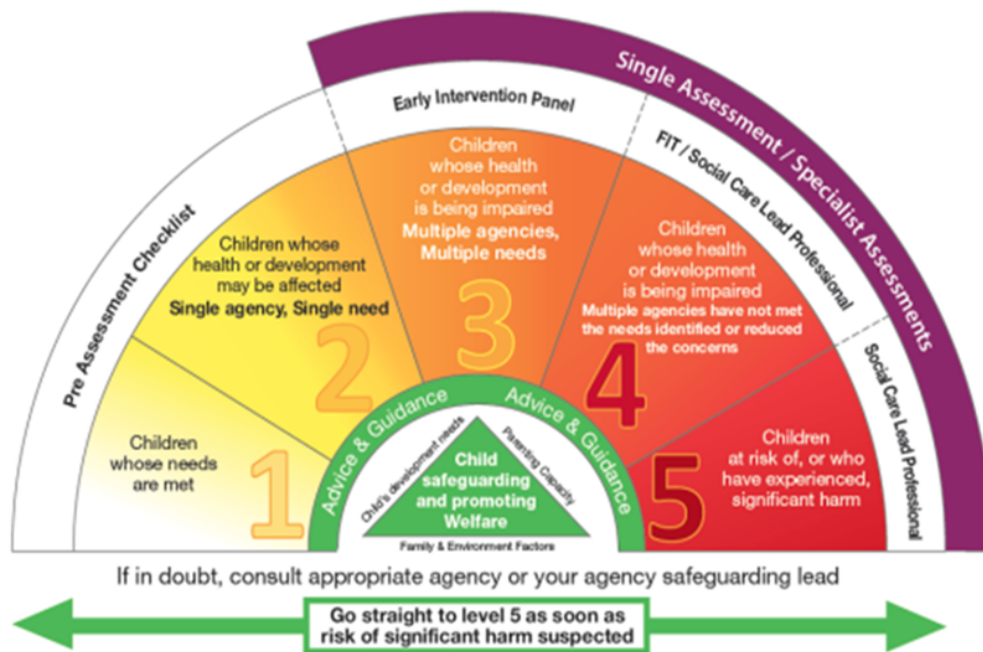
Types of Abuse

	Definitions of Abuse	Signs and Indicators
Emotional Abuse	Emotional Abuse is when a child is deprived of love, warmth and affection or is persistently treated negatively, inconsistently, inappropriately or is rejected.	<ul style="list-style-type: none"> ★ Very low self-esteem, often with an inability to accept praise or trust in adults. ★ Excessive clinging and attention seeking behaviour. ★ Over anxious - being excessively watchful, constantly checking or being over anxious to please. ★ Withdrawn and socially isolated.
Physical Abuse	Physical Abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning or suffocation. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.	<ul style="list-style-type: none"> ★ Bruising can be a concern when it is not in a normal 'bruising area' which can be caused through play. ★ Some of these may be in or around the mouth, appear as grasp or finger marks on arms or legs, or are in babies which are not mobile. ★ It is difficult to distinguish the marks on a child as accidental or non-accidental. This highlights the importance of vigilant documentation and the correct following of safeguarding procedures.
Sexual Abuse	Sexual Abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. Sexual activities may involve physical contact such as sexual intercourse or non-penetrative acts. It may also include non-contact activities such as involving children in the watching of pornography or sexual activities.	<ul style="list-style-type: none"> ★ Sexually explicit talk or play, especially in prepubescent children. ★ Sexual behaviour, such as pretending to have sex during play. ★ Sexually provocative relationships with adults. ★ Itching, redness, soreness or unexplained bleeding from a child's vagina or anus. ★ Bruising, cuts or marks to the genital area. ★ Repeated genital infections.
Neglect	Neglect is when there is a constant failure to meet the child's basic physical or physiological needs in a way that is likely to cause serious damage to the child's health or development. Neglect can include failing to provide a child with adequate food, shelter or clothing or failing to protect a child from harm or danger or failure to ensure access to appropriate medical care or treatment.	<ul style="list-style-type: none"> ★ Child frequently appearing hungry. ★ Child constantly appearing unkempt or inappropriately dressed for the weather or smelling. ★ Failure to seek medical attention. ★ Failure to prevent accidental injury.

The role of the Adult in Safeguarding Children

The Working Together to Safeguard Children document (2018) states that:

'Safeguarding is everyone's responsibility.'



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 (2017)

Early years providers should ensure that:

- ★ staff complete safeguarding training that enables them to recognise signs of potential abuse and neglect; and
- ★ they have a practitioner who is designated to take lead responsibility for safeguarding children within each early years setting and who should liaise with local statutory children's services agencies as appropriate. This lead should also complete child protection training.

Source: 'Working Together to Safeguard Children (2018)'

What Skills and Knowledge do you need?

What you do	Level of Skills and knowledge required	Frequency
<p>If you work with children and families at level one or two of the Continuum of Need or if you have not undertaken any Single, multi-agency training or e-learning in Safeguarding during the last three years</p>	<p>Foundation</p> <p>Awareness of:</p> <ul style="list-style-type: none"> ● Underpinning legislation, government guidance and local procedures ● Principles and Concepts of Safeguarding 'Everyone's Responsibility'; 'Early Intervention'; 'Child Protection'; 'Significant Harm' 'Children who are Looked After' ● Learning from Serious Case Reviews ● Definitions and Indicators of Abuse (including CSE, FGM) ● Child Development (and vulnerability); Impact of Abusive and Neglectful Parenting on children and young people; ● Thresholds of need and risk; ● Roles and responsibilities ● Allegations against staff; ● Support for staff <p>Skills in:</p> <ul style="list-style-type: none"> ● Responding to a concern about a child ● Managing a disclosure ● Making a referral 	<p>At Induction Minimum of 3 years if not completed any other Safeguarding or e-learning Safeguarding training</p> <p>Some staff will require more frequent safeguarding training dependent on their role, legal and organisational requirements and regulatory body.</p>
<p>If you work at level two, three or four of the Continuum of Need with children, young people and/or their parents/carers and you could potentially</p>	<p>Intermediate</p> <p>Requires all of the above and:</p> <ul style="list-style-type: none"> ● Impact of adult mental ill health, substance misuse, domestic abuse, physical ill-health and disability on 	<p>Minimum of 3 years Some staff will require more frequent safeguarding training dependent on their role, legal and organisational requirements and regulatory body.</p>

<p>contribute to assessing, planning, intervening and reviewing the needs of a child and parenting capacity where there are safeguarding concerns. Or you are a Senior Manager with responsibility for the strategic management of services; or an NHS board member or member of the LSCB.</p>	<p>family functioning and social circumstances; risks to children;</p> <ul style="list-style-type: none"> ● EISA, Early Intervention planning and processes (EI panel); ● Current thinking in safeguarding, local and national initiatives and developments <p>Skills in:</p> <ul style="list-style-type: none"> ● Engaging and developing working relationships with children and families; ● Gathering information from different sources for assessment purposes; ● Reflective practice and analysing information on which to base decisions and make plans for children and young people; ● Applying evidence based strategies to work with families to overcome resistance to intervention, family difficulties and to build resilience; ● Multi-agency working (including work with adult services); ● Giving/receiving safeguarding supervision dependent on role and organisation. 	
<p>If you work at level four or five of the Continuum of Need or undertake specialist or child protection work.</p>	<p>Advanced</p> <p>Requires skills and knowledge from all of the above and specialist knowledge and skills associated with the individual's professional discipline.</p>	<p>Minimum of 3 years Some staff will require more frequent safeguarding training dependent on their role, legal and organisational requirements and regulatory body.</p>

The Role of the Adult in Safeguarding Children

All practitioners need to ensure they are aware of and competent in the following areas when working with children:

- ★ Your ability and confidence to effectively communicate with and work alongside other agencies. Multi Agency working is an integral part of safeguarding children. 'Fears about sharing information cannot be allowed to stand in the way of the need to promote the welfare and protect the safety of children.' (Working Together to Safeguard Children, 2018). ★See *Duty to Refer section in CP and Safeguarding Policy* and for more information 'Information Sharing: guidance for Practitioners and Managers' (2008)
- ★ Confidentiality and the right to anonymity. Practitioners need to ensure they know how to record and document incidents and concerns appropriately. Knowledge of and working within legislation such as Data Protection Act 1998 and GDPR 2018. ★See *Confidentiality Policy*
- ★ Making promises to children that cannot be kept is going to damage trust and relationships between adults and children. Disclosures made by children must be dealt with appropriately. Disclosures - 'verbal or non-verbal communication by a child or young person about ill treatment, potential, current or in the past.' (Lindon, 2008, p98) ★See *Safeguarding policy for more guidance.*
- ★ Find out from your manager what support there is in setting regarding your involvement in a safeguarding issue. Is there a buddy system? Support from your manager and advice when needed? If you are in need or are aware of another member of staff that needs additional help, it would be advisable to signpost them to their GP.
- ★ Whistle blowing and the barriers that may stop adults and children reporting. Unfortunately there have been child tragedies in the past where there were many missed opportunities for children to be saved. Legislation and practice has been changed because of the deaths of Victoria Climbié and Hamzah Khan, to ensure everyone takes their role in safeguarding children seriously. ★See *Whistle Blowing Policy* and table below.



What to do if there are signs, suspicions or a disclosure of abuse:

All employees and volunteers of Grass Roots Private Day Nursery have been trained to look for signs of abuse and are knowledgeable of their role and responsibility in child protection and safeguarding children.

If throughout daily conversations with a child, an employee or volunteer has reason to suspect that the child is being physically, sexually, emotionally abused or neglected (or a child makes a disclosure to the employee or volunteer) then they must:

Follow the guidance of the Spontaneous Allegations and ABE Guidance - General Principles 2019

Listen to what the child has to say and act as a good role model.

Ensure that they do not make suggestions as to what has happened and do not question the child other than to clarify what the child has to say.

Never ask leading questions.

Write down what the child has to say. Stating the time, place and date as soon as they can.

Note down the child's demeanour before, during the disclosure and after.

Never make assumptions, all evidence must be factual and straight to the point.

Was the allegation repeated? If so was it consistent? Has there been a change in behaviour or have they acted out since the allegation?

Inform the safeguarding designated lead who will liaise with MAST

★See also Child Protection and Safeguarding Handbook

Barriers to disclosures

Barriers to Children Telling	Barriers to Adults Telling
Language - Child may not be able to talk due to age or disability. The child may not speak English and their home language may not be spoken by a practitioner.	Practitioners may be fearful of the consequences if they are wrong.
The child may be ashamed or embarrassed about the abuse or neglect they are subjected to.	Practitioners may have a lack of knowledge, training or setting procedures.
The child may have a fear of not being believed.	They may have had a bad previous experience.
The child may have loyalty or love for their abuser.	They may be friends or have a relationship with the adult that they suspect is abusing or being neglectful.
The child may have been threatened by their abuser and is fearful of the repercussions of disclosing.	They may be concerned that people will call them a 'grass'
Staff may be too busy to listen to the child so there is never an opportunity for them to tell someone.	The paperwork may be overwhelming and they may not have the skills to complete them.
They may not have built a relationship with any staff members and therefore have no one that they trust.	They may be too busy and forget to document the issue.
They may have a fear that they will be removed from their home if they tell.	They may be fearful of making it worse for the child.
The child might think that the abuse is normal.	The practitioner may find it hard to believe.



How to promote children's awareness of their own safety

Lindon (1998) suggests that settings incorporate 'safeguarding' into planning, for example, ensuring that there is:

- ★ A quiet area where children can talk in private to staff.
- ★ Time for children to have quiet moments with practitioners. Staff should never be too busy.
- ★ An emphasis on key workers building a good relationship with parents and children.
- ★ Safety activities in planning, i.e., road safety, fire safety, healthy eating and the importance of exercise.



We can all help children stay safe by:

Promoting a child's self-esteem
Improving the self-confidence of children
Raising children's awareness of personal safety
Help children to be assertive
Encourage children to be respectful and courteous to others
Encourage them to be gentle in the treatment of others
Protect them from extremist views and radicalisation (*See Child Protection and Safeguarding Policy*)

We must NOT:

Confuse or frighten children, i.e. stranger danger
Adults should think about whether they have the qualities to deal with sensitive matters
No decisions should be made until parents, practitioners and other relevant professionals have been informed and involved.
**See also Child Protection and Safeguarding Policy*

What children have said that they need from an effective safeguarding system

- vigilance: to have adults notice when things are troubling them
- understanding and action: to understand what is happening; to be heard and understood; and to have that understanding acted upon
- stability: to be able to develop an ongoing stable relationship of trust with those helping them
- respect: to be treated with the expectation that they are competent rather than not
- information and engagement: to be informed about and involved in procedures, decisions, concerns and plans
- explanation: to be informed of the outcome of assessments and decisions and reasons when their views have not met with a positive response
- support: to be provided with support in their own right as well as a member of their family
- advocacy: to be provided with advocacy to assist them in putting forward their views
- protection: to be protected against all forms of abuse and discrimination and the right to special protection and help if a refugee

From 'Working together to safeguard children (2018)'

Female Genital Mutilation (FGM)

What is it?

Female genital mutilation (FGM) is the partial or total removal of external female genitalia for non-medical reasons. It's also known as female circumcision, cutting or Sunna. Religious, social or cultural reasons are sometimes given for FGM. However, FGM is child abuse. It is dangerous and it is a criminal offence. There are no medical reasons to carry out FGM. It doesn't enhance fertility and it doesn't make childbirth safer. It is used to control female sexuality and can cause severe and long-lasting damage to physical and emotional health.

What are the main types of female genital mutilation?

The World Health Organisation classifies FGM into four major types:

Type 1 - removing some or all of the clitoris

Type 2 - removing some or all of both the clitoris and the small labia (the "lips" that surround the vagina).

Type 3 - removing some or all of the female genitalia, including the clitoris. Sewing the edges together to leave a small hole.

Type 4 - all other types of harm, including cutting, burning, scraping, pricking and stretching the female genitals.

Short term effects include;

Severe pain, shock, bleeding, wound infections, inability to urinate, damage to other organs & possibly death.

Long-term consequences include:

Vaginal & pelvic infections; menstrual problems; difficulties passing urine & persistent urine infections; kidney damage & possible failure; cysts & abscesses; infertility, complications during pregnancy & childbirth; the need for later surgery.

Girls and women who have been subjected to FGM may also suffer psychological harm, including depression, anxiety, flashbacks, substance misuse and/or self-harm. Partner agencies should notify the Local Authority

What does the law say about FGM?

FGM is illegal and must never be carried out either here or abroad. It is also illegal to help someone to carry out FGM in any way. Anyone found guilty of this faces up to 14 years in prison. It is an offence to arrange for a child to be taken abroad for FGM, and for UK nationals or permanent UK residents to abet, counsel, procure or undertake FGM abroad, even in countries where the practice is legal.

What should practitioners do?

Practitioners, particularly those working in schools and in health services, should also be aware of and consider potential indicators that FGM may be taking place or has already taken place, such as:

Preparations for the child to take a long holiday - arranging vaccinations or planning an absence from school;

A change in the child's behaviour after a prolonged absence from school, including being withdrawn, crying or being away from class for long periods;

The child has bladder or menstrual problems, and/ or may have difficulty walking, sitting or standing.

Persons working in "regulated professions" (healthcare professionals, teachers and social workers) are required to notify the police if they discover that an act of FGM appears to have been carried out on a girl under 18 years of age.

For more information:

West Yorkshire Police: 101 website advice and referral form:

<https://www.westyorkshire.police.uk/advice/child-protection/female-genital-mutilation/female-genital-mutilation>

Calderdale Multi Agency Screening Team 01422 393336

West Yorkshire Procedures:

<http://westyorkscb.proceduresonline.com/chapters/p.fem.gen.mut.html>

You can also find details of specialist FGM clinics and services at

www.nhs.uk/fgm

Department of Health leaflet about FGM (PDF, 248Kb) - other language formats are available to download from

<http://www.nhs.uk/NHSEngland/AboutNHSservices/SexualHealth-Services/Pages/fgm-reources.aspx>

Peer on Peer Abuse

There is no clear boundary between incidents that should be regarded as abusive and incidents that are more properly dealt with as bullying, sexual experimentation, etc. This is a matter of professional judgement.

If one child or young person causes harm to another, this should not necessarily be dealt with as abuse: bullying, fighting and harassment between children are not generally seen as child protection issues. However, it may be appropriate to regard a child's behaviour as abusive if:

- there is a large difference in power (for example age, size, ability, development) between the children concerned; or
- the perpetrator has repeatedly tried to harm one or more other children; or
- there are concerns about the intention of the alleged perpetrator.

If the evidence suggests that there was an intention to cause severe harm to the victim, this should be regarded as abusive, whether or not severe harm was actually caused.

For the child who has displayed harmful behaviour.

In this circumstance it is important to find out why the child has behaved in such a way. Particular support from identified services may be necessary through a CAF/strengthening families/early help referral and the young person may require additional support from family members.

Once the support required to meet the individual needs of the child has been put in place, it is important that the young person receives a consequence for their behaviour. This may be in the form of restorative justice e.g. making amends with the child they have targeted if this has been some form of bullying.

Even following the conclusion of any investigation, the behaviour that the child has displayed may continue to pose a risk to others, in which case an individual risk assessment may be required. This should be completed via a multi-agency response to ensure that the needs of the child and the risks towards others are measured by all of those agencies involved including the child and their parents. This may mean additional supervision of the child or protective strategies if the child feels at risk of engaging in further inappropriate or harmful behaviour.

Radicalisation and the Prevent Duty

There are growing concerns that children and young people are being targeted via social media sites to promote and engage them in extremist views and in viewing content that glorifies violence. In some cases, this influences and radicalises the young person so that extreme content is normalised. It is important that these risks and threats are considered for every child, right across the country, including places that have traditionally seen themselves as not being at risk - the Internet does not recognise these places and neither should we.

Under Section 26 of the Counter Terrorism and Security Act 2015, 'we at Grass Roots Private Day Nursery have a duty to identify children who may be vulnerable to radicalisation and know what to do when identified.' The Prevent Duty 2015

If you have a Prevent concern please contact prevent@calderdale.gov.uk

Our role in PREVENT is to stop people becoming terrorists and supporting violent extremism.



Useful Links

If there are concerns about a child's immediate safety then the Multi Agency Screening Team (MAST) must be contacted immediately on 01422 393336 and/or contact the police.

Calderdale Safeguarding Children Partnership

Princess Building, Princess Street, Halifax, HX1 1TS Tel: 01422 394074

NSPCC

www.nspcc.co.uk

Documents:

Spontaneous Allegations and ABE Guidance - General Principles 2019

Working Together to Safeguard Children, 2018

Information Sharing: guidance for Practitioners and Managers (2008)

Policies to refer to

(Found in managers office or website)

Safeguarding and child protection Policy

Confidentiality Policy

Whistle Blowing Policy

Safeguarding and Child Protection Contact Telephone Numbers

If you think a child in Calderdale is being abused or mistreated or you have concerns about a child's well-being you should call and speak to someone at one of the following numbers:

MAST (Multi-Agency Screening Team): 01422 393336 (in normal working hours)

Multi-agency Screening Team (MAST), Princess Building, Princess Street, Halifax
HX1 1TS

Out of hours call the Emergency Duty Team (EDT) on: 01422 288000

NSPCC Helpline 0808 800 5000, email help@nspcc.org.uk , text 88858 (free service), or complete online form

The Local Authority Designated Officers (LADO)

Cathy Dempsey, Sharon Harris or Vicki Cross

Email: cpadmin@calderdale.gov.uk Tel: 01422 394055

OFSTED - 0300 1231231

This handbook will be reviewed by management annually, who are responsible for ensuring the dissemination of this handbook and policy to all staff, volunteers and parents.

