

Leaside Under Fives Kindergarten

Leaside Walk, East Street, Ware, Herts SG12 9BT

Charity Registration Number 1142831

**Safeguarding Policy**

At Leaside, we have an unequivocal commitment to providing an environment where pupils, staff, parents and visitors feel safe, secure and free from threat or harm. We aim to create a climate where all feel able to share concerns about the safety of themselves or others.

Section 11 of the Children Act 2004 places a statutory duty on all people and bodies to make arrangements to safeguard and promote the welfare of children.

Safeguarding children is defined in [Working together to safeguard children](https://www.gov.uk/government/publications/working-together-to-safeguard-children--2) 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
* taking action to enable all children to have the best outcomes

Everyone who works with children has a responsibility for keeping them safe. No single practitioner can have a full picture of a child’s needs and circumstances and, if children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action. (From Working together to safeguard children)

If anyone is concerned that a child or vulnerable young adult is at risk of being abused or neglected, they should not ignore their suspicions and should not assume that someone else will take action to protect that person.

**Child Protection**

We are aware of the categories of Child Protection concerns as follows:

**Neglect:**

The persistent or severe neglect of a child which results in significant impairment of the child’s health or development. e.g.

* Failure to provide adequate food, clothing or shelter (including abandonment or exclusion from home)
* Failure to protect from physical or emotional harm.
* Failure to meet child’s basic emotional needs.
* Failure to ensure adequate supervision.
* Failure to ensure access to appropriate medical care.

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**Physical Abuse:**

Deliberate or intended injury to a child. e.g.

* Hitting shaking, throwing, burning, scalding, drowning, suffocating, or poisoning.
* Deliberate inducement of an illness.
* Female genital mutilation (FGM)

**Sexual Abuse:**

Actual or likely sexual exploitation. e.g.

* Use of force or enticement to take part in sexual activity penetrative, or non – penetrative.
* Involvement in non-contact activities such as looking at or making abusive images.
* Encouraging children to watch sexual activities.
* Encouraging children to behave in sexually inappropriate ways.
* Any sexual activity with a child under the age of 16. (with or without agreement)
* Sexting
* Online grooming

**Emotional Abuse:**

Persistent or severe emotional ill treatment or rejection which adversely affects the child’s emotional and behavioural development. e.g.

* Conveying to a child that they are worthless, unloved or inadequate.
* Overprotection, limiting exploration and learning, preventing normal social interaction or imposing inappropriate expectations.
* Causing a child to feel frightened or in danger by the witnessing of violence towards another person whether domestic or not.

**Signs and Symptoms of abuse / neglect**

At Leaside, we develop close working relationships with our children and often get to know them very well. We endeavour to be vigilant in spotting possible symptoms or signs of abuse and neglect and are aware that the following list, while useful, is not exhaustive. However, we are mindful that it can be extremely difficult to determine if abuse has occurred. Staff should look carefully at the behaviour of their children and be alert for significant changes. Staff should be aware that children may exhibit any of the following without abuse having occurred:

* Disclosure.
* Non accidental injury, bruising or marks.
* Explanation inconsistent with injury.
* Several different explanations for an injury.
* Reluctance to give information about an injury
* A sudden change in behaviour – aggression, extroversion, depression, withdrawn.
* Attention seeking
* Hyperactivity
* Poor attention
* Appear frightened of parents or family members
* Abnormal attachment between parent and child
* Indiscriminate attachment
* Hyper alertness.
* Reduced response.
* Frozen watchfulness.
* Nightmares.
* Anxiety/irritability.
* Abdominal pain/headaches.
* Poor self esteem.
* Poor peer relationships
* Act in an inappropriate way for age
* Over sexualised play/talk or drawings.
* Excessive or inappropriate masturbation
* Self harm/eating disorder
* Frequent visits to the toilet (urinary infection).
* Reluctance to change for P.E.
* Failure to thrive
* Poor hygiene
* Recurrent/untreated infections of skin or head lice
* Untreated health/dental issues
* Frequent absence from school or repeated lateness
* Delay in meeting normal developmental milestones

**Responsibilities and action in a suspected case of abuse or neglect:**

**Suspicion of Abuse**

(In the event of noticing a mark or bruise, or perhaps a child who has been behaving differently, when abuse is suspected but there has been no disclosure.)

1.  It would be appropriate to ask open questions about the nature of the concern, e.g. bruises, marks, change in behaviour etc. “How did that happen? I’ve noticed that…Can you tell me about…”

2.   Believe the child and reassure them that they were right to talk to you. Explain that you will be passing on the concern.

3.   Record the facts and conversation in writing on a “File Note/Concern Sheet” (available from the office) at the earliest opportunity afterwards using the exact words spoken not implied. Sign and date the File Note/Concern sheet.

4.   Report the suspicion to the Designated Person responsible for Child Protection or the Deputy designated person, immediately there is a concern that the child is suffering harm or is likely to do so. The Designated Person or Deputy designated person will take the appropriate action.

**Disclosure:**

(When a child discloses abuse or neglect.)

1. Allow the child to talk – ask only open questions to clarify concerns e.g. “Can you tell me more about….” Do not press for detail, put forward your own ideas or use words that the child has not used themselves.
2. Stay calm and reassuring. E.g.” Well done, you’re doing well… You’ve done nothing wrong
3. Do not make promises that cannot be kept e.g. confidentiality – tell the child that you will have to tell someone else who will be able to help.
4. Believe the child but do not apportion any blame to the perpetrator. (it may be someone they love)
5. Reassure the child that they were not to blame and they were right to talk to you. Explain that you will be passing on the concern.
6. Ask the child if they have told anyone else.
7. Keep an open mind.
8. Record the conversation and facts verbatim in writing immediately afterwards on a “File Note” (writing notes during the interview may put undue pressure on the child). Sign and date the report.
9. Report to the Designated Person or Deputy Designated Person, as soon as possible.

When writing the concern sheet for any observation or disclosure it must include:

* Child’s name.
* Child’s address
* Child’s age and date of birth
* Date and time of the observation or the disclosure

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* EXACT words spoken by the child/injuries or marks seen
* Name of person to whom the concern was reported, with date and time and the names of any other person present at the time.
* Any discussion held with the parent/carer.

These records are signed and dated and kept in a separate confidential file. All members of staff must know the procedures for recording information.

Where a member of staff is concerned that a child is at risk of harm they have a duty of care to report their concern at the earliest possible opportunity to the designated person with responsibility for Child Protection, or in their absence, their Deputy.

Our designated persons are the Manager, Mrs Joanne Cordwell and Caterpillar Room Leader Kym Woodley.

The Designated Person is the focal point for Kindergarten staff who have concerns about an individual child’s safety and the first point of contact for external agencies who are pursuing Safeguarding investigations. The Designated Person also co-ordinates the kindergarten’s representation at Safeguarding conferences; and the submission of written reports for conferences. When an individual concern/incident is brought to the notice of the Designated Person, they will be responsible, for deciding upon whether or not this should be reported as a safeguarding issue. It may be thought necessary that through discussion with all concerned the matter needs to be raised with Children’s services, (0300 123 4043)

Referrals to Hertfordshire Social Services Department will usually be made by either the Designated Person or Deputy Designated Person. Advice may be sought from Social Services before a referral is made. Referrals should be made initially by telephoning the duty Referrals Social Worker, this should then be followed up in writing on a “Multi-Agency Referral Form” (MARF) which should be emailed to the named duty social worker previously spoken with on the telephone. Staff involved may be asked to supply details of any information they have of concerns with regard to a child. The nursery expects all members of staff to co‐operate with the outside agencies in any way necessary to ensure the safety of the children.

Essential information for making a referral includes:

* + Full names and dates of birth for the child and other members of the family.
  + Address and daytime phone numbers for the parents, including mobile.
  + The child's address and phone number.
  + Whereabouts of the child (and siblings).
  + Child and family's ethnic origin.
  + Child and family's main language.
  + Actions taken and people contacted.
  + Special needs of the child, including need for an accredited interpreter, accredited sign language interpreter or other language support.
  + A clear indication of the family's knowledge of the referral and whether they have consented to the sharing of confidential information;
  + The details of the person making the referral.

**Other information that may be essential:**

* + Addresses of wider family members;
  + Previous addresses of the family;
  + Schools and nurseries attended by the child and others in the household;
  + Name, address & phone number of GP/Midwife/Health Visitor/School Nurse;
  + Hospital ward/consultant/Named nurse and dates of admission/discharge;
  + Details of other children who may be in contact with the alleged abuser;
  + Details of other practitioners involved with the family;
  + Child's legal status and anyone not already mentioned who has parental responsibility;
  + History of previous concerns and any previous CAF or Initial Assessments completed;
  + Any other information that is likely to impact on the undertaking of an assessment or Section 47 Enquiry.

If a referral is to be made to Hertfordshire Social Services Department, we act within the Hertfordshire Safeguarding Children Board guidance in deciding whether we must inform the child`s parents at the same time. Where practicable, concerns should be discussed with the parent / carer and agreement sought for a referral unless seeking agreement is likely to place the child at risk of significant harm through delay or the parents’ actions or reactions.

Where a professional decides not to seek parental permission before making a referral, the decision must be recorded in the child’s file with reasons, dated and signed and confirmed in the referral to Social Services.

If practitioners have concerns that a child may be a potential victim of modern slavery or human trafficking then a referral should be made to the National Referral Mechanism, as soon as possible.

In circumstances where a child has an unexplained or suspicious injury that requires urgent medical attention, the safeguarding referral process should not delay the administration of First Aid or emergency medical assistance. If a pupil is thought to be at immediate risk because of parental violence, intoxication, substance abuse, mental illness or threats to remove the child during the school day, urgent Police intervention will be requested.

## Vulnerable Children

Practitioners should, in particular, be alert to the potential need for early help for a child who:

* is disabled and has specific additional needs
* has special educational needs (whether or not they have a statutory Education, Health and Care Plan)
* is a young carer
* is showing signs of being drawn into anti-social or criminal behaviour, including gang involvement and association with organised crime groups
* is frequently missing/goes missing from care or from home
* is at risk of modern slavery, trafficking or exploitation
* is at risk of being radicalised or exploited
* is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse
* is misusing drugs or alcohol themselves
* has returned home to their family from care
* is a privately fostered child

Particular vigilance will be exercised in respect of children who are subject to a Child Protection Plan and any incidents or concerns involving these children will be reported immediately to Hertfordshire Social Services Department (and confirmed in writing). If the child in question is a Looked After Child, this will also be brought to the notice of the Designated Person with responsibility for children in public care.

**Records**

Brief and accurate written notes will be kept of all safeguarding incidents and child protection or child in need concerns relating to individual pupils. These notes will be recorded as File Notes.

In addition, all contact made with parents and professionals relevant to safeguarding will be recorded and held in Safeguarding files.

Child protection records are not open to parents. Child Protection records are kept securely by the Designated Person and separately from all other records. They may only be accessed by the Designated Person, their deputy and those with safeguarding responsibilities in the setting.

If a child is withdrawn from the kindergarten, having not reached the normal date for transfer; due to a family move or any other reason, all efforts will be made to identify any new address and the school/setting to which they are being admitted and to ensure that their educational records are sent without delay to that school/setting.

In accordance with DfE guidance we do not send on Safeguarding records with a child’s main records. They are sent under separate cover by recorded delivery addressed to the Designated Safeguarding Officer at the new school. This is done as soon as possible so that the receiving school is aware of any safeguarding issues when the child is enrolled. Copies are kept until we are sure the receiving school has received the records. In urgent cases a phone call will be made to the Designated Officer in the receiving school.

All Safeguarding Records are kept away from the main records and in a locked cabinet. Information of these is only disclosed by the Designated Officer to other staff on a ‘need to know basis.’

**Staff Induction and Training**

All Staff, and anyone who has contact with a child or young person in Leaside Kindergarten, including committee members and volunteers, are adequately trained and have a have a clear understanding regarding abuse and neglect in all forms; including how to identify, respond and report. All staff, committee members and volunteers at Leaside Kindergarten have read this policy and the guidance “What to do if you’re worried a child is being abused – Summary” (please see signing off register in appendix). Leaside is committed to ensuring that everyone who works for us understands their safeguarding responsibilities and keeps their knowledge up to date. All new staff will receive a copy of this policy and will complete training on safeguarding within 3 months of taking up post. There will also be regular refresher training for staff on safeguarding children and vulnerable adults, including on specific areas of risk and safeguarding practice. Whole centre refresher training will be provided every 3 years. The Safeguarding Officer and the Deputy Officer are trained every 2 years. Staff, committee members and volunteers will receive updates on any new identified safeguarding risks, e.g. FGM, breast ironing, radicalisation, private fostering at the earliest opportunity.

**Staff Supervision and Support**

At Leaside Kindergarten, we recognise the impact that working on safeguarding issues can have upon staff and we take seriously that effective support and supervision structures need to be in place for staff, who are, after all our most precious resource. All staff are entitled to request supervision from the designated staff, after dealing with a safeguarding incident.

## Confidentiality

All records of safeguarding concerns and referrals are kept confidential to and by the staff who need to have this information.

Concerns are recorded on the ‘Cause for Concern’ form and given to the Designated Person; blank copies of these are located in the office. Any observations or concerns which staff feel may possibly be urgent will be communicated as soon as possible to colleagues with responsibility for safeguarding, and will also be recorded in writing on the forms.

Concerns may also be communicated in staff debriefs, led by the Designated Person. Staff will be aware of the sensitivity of such information and of the importance of respecting the confidentiality of any issues discussed. Such discussions will not take place in an open forum.

## Allegations against Staff

We understand that a child may make an allegation against a member of staff. If such an allegation is made the member of staff will immediately inform the Manager. The allegation will then be discussed between the Manager and the LADO, (Local Authority Designated Officer). If the allegation made concerns the Manager, the member of staff receiving the information will immediately inform the Delegated Person, who will inform the Chair of the committee. He/she will contact the Local Authority Lead Officer for Child Protection.

**Site security**

Leaside provides a secure site, which is controlled by precise management directives, but the site is only as secure as the people who use it. Therefore all people on the site have to adhere to the rules, which govern it. Laxity can cause potential problems to safeguarding. Therefore:

* Gates should be closed except at the start and end of each day.
* Doors should be closed to prevent intrusion but to facilitate smooth exits.
* The main doors are operated by key pad and are therefore to be closed at all times. All staff should check these doors are securely closed.
* Visitors, volunteers and students must only enter through the main entrance and must be signed in.
* Unidentified visitors will be challenged by staff or reported to the Manager.
* All children are under constant supervision at Leaside Kindergarten and we provide adequate and appropriate staffing ratios to meet the needs of the children.
* Children will only be allowed home with adults with parental responsibility or confirmed permission.
* Children must never be allowed to leave the kindergarten alone, and if collected by an adult, other than at the end of a session, they should be signed out.

## Attendance

Children should attend the sessions allocated to them, but when they are unwell, parents are expected to confirm their absence either by telephone or email as soon as practical. If there is no notification, the kindergarten has a policy of phoning home to ascertain each child’s whereabouts.

**Appointments of staff and induction of newly appointed staff and work placements**

We abide by Ofsted requirements in respect of references and barring and disclosure, checks for staff and volunteers, to ensure that no disqualified person or unsuitable person works at the setting or has access to children.

Before any staff appointment is made, applicants for posts within Leaside Kindergarten are clearly informed that the positions are exempt from the Rehabilitation of Offenders Act 1974 and are informed of the need to carry out `enhanced disclosure` checks with The Disclosure and Barring System before posts can be confirmed. This search highlights people who have a criminal record or if previous allegations have been made against them.

The manager and or Deputy Manager sit on all appointment panels where the candidates are external applicants. The chair of the committee has undertaken the NCSL training on Safer Recruitment.

We interview all staff prior to appointments, asking for at least two references and following up such references

Information is recorded about staff qualifications, and the identity checks and vetting processes that have been completed including:

- the criminal records disclosure reference number;

- the date the disclosure was obtained; and

- details of who obtained it.

All staff and volunteers are informed that they are expected to disclose any convictions, cautions, court orders or reprimands and warnings which may affect their suitability to work with children (whether received before or during their employment with us).

Where candidates are rejected because of information that has been disclosed, applicants have the right to know and challenge incorrect information.

We abide by the protect part of the Children`s Act requirements, notifying the Disclosure and Barring Service in respect of any person who is dismissed from our employment, or resigns in circumstances that would otherwise lead to dismissal for reasons of child safeguarding concerns.

Employees are expected to know the standard of conduct or work performance expected of them and to work within them. New staff are inducted into safeguarding practices. Newly appointed staff are assigned a mentor for the induction period. It is the responsibility of the mentors to familiarise new staff with procedures and policy, which affect the health and safety of all at the kindergarten but especially the children.

**E safety**

We ensure that our E-Safety Policy is adhered to and use of mobile phones in the children’s areas on the setting’s premises by parents, visitors or staff is prohibited. Staff and visitors are asked to leave their mobile phones in the office for the duration of their time on the premises.

Parents, carers or relatives may only take still or video photographic images of pupils in the kindergarten or on kindergarten-organised activities with the prior consent of the nursery and then only in designated areas. Images taken must be for private use only. Recording and/or photographing other than for private use would require the consent of the other parents whose children may be captured on film. Without this consent the Data Protection legislation would be breached. If parents do not wish their children to be photographed or filmed and express this view in writing, their rights will be respected.

**Female genital mutilation**

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 or cutting. The term FGM covers all harmful procedures to the female genitalia for non-medical purposes. There are 4 types - all are illegal and have serious health risks.

FGM ranges from pricking or cauterizing the genital area, through partial or total removal of the clitoris, cutting the lips (the labia) and narrowing the vaginal opening. Even partial removal or 'nipping' can risk serious health problems for girls and women.

The cutting is made using instruments such as a knife, pair of scissors, scalpel, glass or razor blade and is usually performed by someone with no medical training. Girls are given no anaesthetic, no antiseptic treatment and are often forcibly restrained. The age at which FGM is carried out varies. It may be carried out when a girl is new-born, during childhood or adolescence, just before marriage or during pregnancy. There are an estimated 137,000 women and girls affected by FGM in England and Wales. ( NSPCC)

A girl at immediate risk of FGM may not know what's going to happen. But she might talk about or you may become aware of:

* a long holiday abroad or going 'home' to visit family
* relative or cutter visiting from abroad
* a special occasion or ceremony to 'become a woman' or get ready for marriage
* a female relative being cut – a sister, cousin, or an older female relative such as a mother or aunt.

FGM has been a criminal offence in the UK since 1985. In 2003 it also became a criminal offence for UK nationals or permanent UK residents to take their child abroad to have female genital mutilation. Anyone found guilty of the offence faces a maximum penalty of 14 years in prison. There is a legal requirement for members of staff to report to the police where they discover (either through disclosure by the victim or visual evidence) that FGM appears to have been carried out on a girl under 18. Those failing to report such cases will face disciplinary sanctions. They should also inform the safeguarding lead. Leaside operates in accordance with the statutory requirements relating to this issue, and in line with existing local safeguarding procedures.

**Private fostering**

A private fostering arrangement is one that is made privately (without the involvement of a local authority) for the care of a child under the age of 16 years (under 18, if disabled) by someone other than a parent or close relative, in their own home, with the intention that it should last for 28 days or more. (\*Close family relative is defined as a ‘grandparent, brother, sister, uncle or aunt’ and includes half-siblings and step-parents; it does not include great-aunts or uncles, great grandparents or cousins.)

Any professional has a responsibility to report to the local authority where they are aware or suspect that a child is subject to a private fostering arrangement. Leaside Kindergarten complies with this duty.

**British values and Prevent duty**

All Staff, and anyone who has contact with a child or young person, including the committee and volunteers of Leaside Under Fives Kindergarten, comply with the Department of Education statutory requirements for Early year’s providers to promote “Fundamental British Values” and to comply with the Counter Terrorism and Security Act (the Prevent Duty). The fundamental British values are democracy, rule of law, individual liberty, mutual respect and tolerance for those with different faiths and beliefs which we have already embedded as part of the Early Years Foundation Stage 2024.

**Democracy: making decisions together**

As part of the focus on self-confidence and self-awareness as cited in Personal, Social and Emotional development:

* Managers and staff encourage children to see their role in the bigger picture, encouraging children to know their views count, value each other’s views and values and talk about their feelings, e.g. when they do or do not need help. When appropriate, we demonstrate democracy in action e.g. children sharing views on what the theme of their role play area could be with a show of hands.
* Staff support the decisions that children make and provide activities that include turn taking, sharing and collaboration. Children are given opportunities to develop enquiring minds in an atmosphere where questions are valued.

**Rule of Law: understanding rules matter as cited in the Personal Social and Emotional development:**

As part of the focus on managing feelings and behaviour:

* Staff ensure that children understand their own and other’s behaviour and its consequences and learn to distinguish right from wrong.
* Staff collaborate with children to create the rules and the codes of behaviour e.g. to agree the rules about tidying up and ensure that all children understand rules apply to everyone.

**Individual liberty: freedom for all**

As part of the focus on self – confidence and self-awareness and people and communities as cited in Personal, Social and Emotional development and Understanding the World:

* Children develop a positive sense of themselves. Staff provide opportunities for children to develop their self-knowledge, self-esteem, and increase their confidence in their own abilities, e.g. through allowing children to take risks on an obstacle course, mixing colours, talking about their experiences and learning.
* Staff encourage a range of experiences, that allow children to explore the language of feelings and responsibility, reflect on their differences and understand we are free to have different opinions, e.g. in small group, discuss what they feel about transferring into Reception Class.

**Mutual respect and tolerance: treat others as you want to be treated**

As part of the focus on people and communities, managing feelings and behaviour and making relationships as cited in the Personal Social and Emotional development and Understanding the World

* + Managers and leaders create an ethos of inclusivity and tolerance where views of faiths, cultures and races are valued and children are engaged with the wider community.
  + Children acquire a tolerance and appreciation of and respect for their own and other cultures, know about similarities and differences between themselves and others and among families, faiths communities, cultures and traditions and share and discuss practices, celebrations and experiences.
  + Staff encourage and explain the importance of tolerant behaviour such as sharing and respecting others opinions.
  + Staff promote diverse attitudes and challenge stereotypes, e.g. sharing stories that reflect and value the diversity of children’s experiences and providing resources and activities that challenge gender, cultural and racial stereotyping.

**What is not acceptable is**

* Actively promoting intolerance of other faiths, cultures and races.
* Failure to challenge gender stereotypes and routinely segregate boys and girls.
* Isolating children from their wider community.
* Failure to challenge behaviours (whether of staff, children or parents) that are not in line with the Fundamental British Values of democracy, rule of law, individual liberty, mutual respect and tolerance of those with different faiths and beliefs.

At Leaside, we are aware of the increased risk of online radicalisation, to radicalise young people, children and their families through the use of social media and the internet. As with managing other safeguarding risks, staff are alert to changes in behaviour which could indicate that colleagues, children and their families are in need of help or protection. Children and adults at risk of radicalisation may display different signs or seek to hide their views. Staff will use their professional judgement in identifying children and adults who might be at risk of radicalisation and act proportionately. Even very young children may be vulnerable to radicalisation by others, whether in the family or outside, and display concerning behaviour.

**Induction of volunteers**

Volunteers must have DBS clearance. For a brief activity, such as a school visit, which does not involve the supervision or close contact of children the kindergarten may telephone for a “99” check. For extended contact with children, when an adult visitor may be in and around the school building, a full DBS search will be conducted. Visitors who do not yet have clearance will under no circumstance be left alone with a child or group of children.

**Welcoming visitors**

The Local Authority and Council checks its own staff and communicates these in writing to the Kindergarten. Students should have DBS clearance with their college/university. The kindergarten will carry out checks on all other visitors according to Safeguarding guidelines.

**Whistleblowing**

We recognise that children/young people 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, where they exist, about the attitude or actions of colleagues.

**Physical Intervention**

Our policy on physical intervention/positive handling by staff is set out in a separate policy and acknowledges that staff must only ever use physical intervention as a last resort, and that at all times it must be the minimal force necessary to prevent injury to another person. We understand that physical intervention of a nature which causes injury or distress to a child/young person may be considered under child protection or disciplinary procedures.

**Prevention**

We recognise that the kindergarten plays a significant part in the prevention of harm to our children by providing children with good lines of communication with trusted adults, supportive friends and an ethos of protection.

Our kindergarten community will therefore:

* Establish and maintain an ethos where children feel secure and are encouraged to talk and are always listened to.
* Ensure that all children people know there are adults in the kindergarten whom they can approach if they are worried or in difficulty. If they are not sure who to talk to, the manager is always available and willing to listen.
* Include in the curriculum opportunities for PSHE&C which equip children with the skills they need to stay safe from harm and to know to whom they should turn for help.
* Make children aware of approved local or national telephone helplines.

**The Safeguarding Officer will:**

* Ensure he/she is familiar with local and national documentation and legislation.
* Have a named committee member who understands their role and has attended training in Safeguarding;
* Ensure that parents are made aware of the schools child protection policy, the name of the Safeguarding Officer and that the school does have a legal responsibility for referring all suspicions and allegations of child abuse to social services. This should also include children deemed to be in need.
* Encourage effective communication and sharing of information between the school, parents/carers and other agencies, especially the Police and Social Services.

This policy should be read in conjunction with:

[‘Working Together to Safeguard Children’ (2023)](https://www.gov.uk/government/publications/working-together-to-safeguard-children--2) which is statutory guidance to be read and followed by all those providing services for children and families, including those in education.

[“Keeping Children Safe in Education”](https://www.gov.uk/government/publications/keeping-children-safe-in-education--2) September 2023 which is the statutory guidance for Schools and Colleges.

“[What to do if worried a child is being abused” (March 2015)](https://www.gov.uk/government/publications/what-to-do-if-youre-worried-a-child-is-being-abused--2)

[“Information Sharing: Advice for practitioners](https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice) providing safeguarding services to children, young people, parents and carers (July 2018)

[“The Prevent Duty](https://www.gov.uk/government/publications/protecting-children-from-radicalisation-the-prevent-duty) Departmental, advice for Schools and child care providers” (June 2015).

FGM in other languages

|  |  |  |  |
| --- | --- | --- | --- |
| Country | Term used for FGM | Language | Meaning |
| EGYPT | Thara | Arabic | Deriving from the Arabic word 'tahar' meaning to clean/purify |
|  | Khitan | Arabic | Circumcision – used for both FGM and male circumcision |
|  | Khifad | Arabic | Deriving from the Arabic word 'khafad' meaning to lower (rarely used in everyday language) |
| ETHIOPIA | Megrez | Amharic | Circumcision/cutting |
|  | Absum | Harrari | Name giving ritual |
| ERITREA | Mekhnishab | Tigregna | Circumcision/cutting |
| KENYA | Kutairi | Swahili | Circumcision – used for both FGM and male circumcision |
|  | Kutairi was ichana | Swahili | Circumcision of girls |
| NIGERIA | Ibi/Ugwu | Igbo | The act of cutting – used for both FGM and male circumcision |
|  | Sunna | Mandingo | Believed to be a religious tradition/obligation by some Muslims |
| SIERRA LEONE | Sunna | Soussou | Believed to be a religious tradition/obligation by some Muslims |
|  | Bondo | Temenee/  Mandingo/Limba | Integral part of an initiation rite into adulthood |
|  | Bondo/Sonde | Mendee | Integral part of an initiation rite into adulthood |
| SOMALIA | Gudiniin | Somali | Circumcision – used for both FGM and male circumcision |
|  | Halalays | Somali | Deriving from the Arabic word 'halal' ie. 'sanctioned' – implies purity. Used by Northern & Arabic speaking Somalis. |
|  | Qodiin | Somali | Stitching/tightening/sewing refers to infibulation |
| SUDAN | Khifad | Arabic | Deriving from the Arabic word 'khafad' meaning to lower (rarely used in everyday language) |
|  | Tahoor | Arabic | Deriving from the Arabic word 'tahar' meaning to purify |
| CHAD  – the Ngama | Bagne |  | Used by the Sara Madjingaye |
| Sara subgroup | Gadja |  | Adapted from 'ganza' used in the Central African Republic |
| GUINEA-BISSAU | Fanadu di Mindjer | Kriolu | 'Circumcision of girls' |
| GAMBIA | Niaka | Mandinka | Literally to 'cut /weed clean' |
|  | Kuyango | Mandinka | Meaning 'the affair' but also the name for the shed built for initiates |
|  | Musolula Karoola | Mandinka | Meaning 'the women's side'/'that which concerns women' |

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This policy is reviewed annually. Parents/carers will be notified of any changes where appropriate.

This policy was adopted at

a meeting of Leaside Under Fives Kindergarten

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Held on 21 May 2019

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Reviewed on: 04 March 2024

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Signed on behalf of the Kindergarten Margaret Payne

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Role of signatory (e.g. chairperson etc)

Chair of Committee

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