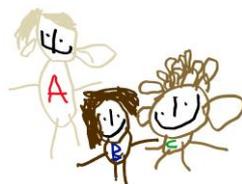


ST. WERBURGH'S PARK NURSERY SCHOOL



SAFEGUARDING and CHILD PROTECTION POLICY

HISTORY OF POLICY CHANGES

Date	Details of Change
27.11.14	Disqualification information added – Policy reviewed and agreed by Governors.
22.01.15	Sexual exploitation and FGM information added.
23.09.15	Signs of Safety, Types of Abuse and Neglect, Prevent and Children Missing from Education section added, additional FGM and Child Exploitation information
13.06.16	Addition of CP File transfer info to other schools and form.
01.09.16	Keeping Children Safe in Education September 2016 (updated from 2015).
02.03.17	Change of Safeguarding Governor name.
26.11.18	Disqualification by association removed wef 3.9.18. Disqualification under Childcare Act info. Updated. Appendix 3 replaced.

St. Werburgh's Park Nursery School Safeguarding and Child Protection Policy

The purpose of the Safeguarding and Child Protection Policy

The school recognises that it has an explicit duty to safeguard and protect children from abuse as defined in the Children Act 2004 and the Education Act 2002. The overall intention and purpose behind the school's Safeguarding and Child protection policy is underpinned by the fundamental principle of the Children Act 1989:

'The welfare of the child is paramount'.

Statutory Guidance

Keeping Children Safe in Education – September 2016

Definition of Safeguarding

Everyone in our school shares the responsibility of helping to keep children safe by:

- Providing a safe environment for children to learn in.
- Supporting children's development in ways which will foster a sense of self esteem and independence
- Identifying and responding to children in need of support and/or protection
- Supporting children and families who have experienced/experiencing abuse.

The designated person with responsibility for child protection is: **Liz Jenkins**, head teacher, supported by the senior leadership team. The nominated governor is Rebecca Nelson.

School Commitment

- Establish and maintain an ethos where children feel secure and are encouraged to talk, and are listened to.
- Ensure all children have effective means of communication with more than one adult in the school.
- Give opportunities for class or group discussions of thoughts and feelings in an atmosphere of trust, acceptance and tolerance.
- Include in the curriculum activities and opportunities for PSE which equip children with the skills they need to stay safe from abuse.

Roles and Responsibilities

Protection:

All adults working with or on behalf of children have a responsibility to safeguard and promote the welfare of children.

All staff will be informed of their responsibilities in being alert to the signs of abuse and the procedures for referring concerns to the Designated Person.

The designated person for child protection and nominated governor for child protection will receive training every two years.

All staff sign to say that they have read the BSCB "Threshold Guidance".

All new staff will receive induction training and all staff will have refresher training every three years.

Statistically children with social, emotional and mental health difficulties and disabilities are more vulnerable to abuse. Staff need to be particularly sensitive to signs of abuse.

Ensure that any absence, without satisfactory explanation, of a child currently with a child protection plan is referred to their Health Visitor and /or Social Worker. The absence and the phone call is recorded in the child's "running records". A member of the senior leadership team is informed.

Ensure that a named teacher is designated for Looked After Children (LAC) and that an up to date list of children is regularly reviewed and updated.

The Governing Body of our school is responsible for ensuring the annual review of the Safeguarding and Child Protection Policy and completing the annual safeguarding audit.

Procedures

Where it is believed that a child is suffering from, or is at risk of, significant harm, we will follow the procedures set out on the South West Child Protection Procedures website

www.swcpp.org.uk

A flow chart (appendix 4) of the procedures is displayed in the staff area and is kept by every member of the staff in their CPD file.

Adults will refer to Appendix 2 and the BSCB "Threshold Guidance", when making decisions regarding safeguarding concerns.

Adults will follow the guidelines in Appendix 3 to support them with talking with children following a disclosure or a raised concern.

Where there are concerns about a child, a teacher may be asked to keep a log of observations. This will be kept securely, separately from generally accessible children's records.

Where the decision is made by the head teacher to make a referral, the initial telephone referral to First response or Early Help, is followed up in writing within 48 hours.

Written records of any concern regarding a child's safety will be kept in a file in a locked cabinet in the Head teacher's office.

Information concerning children at risk will be shared with all members of staff on a "need to know" basis. The Designated Person will make a judgement in each individual case about who needs and has a right to access particular information.

All records are subject to the Freedom of Information Act (2000) and the Data Protection Act (1998). If there is any doubt as to the rights of any party to access information, we may seek legal advice prior to releasing any information.

Support for Children and Families:

St Werburgh's Park Nursery School recognises that children who are abused or who witness violence may find it difficult to develop a sense of self worth and to view the world in a positive way. This setting may be the only stable, secure and predictable element in the lives of children at risk. Whilst at the setting, their behaviour may present as challenging and defiant. (see Behaviour Policy)

It is also recognised that some children who have experienced abuse may in turn abuse others. This requires a considered, sensitive approach in order that the child can receive appropriate help and support.

This setting will endeavour to support children through:

- The curriculum, to encourage self-esteem and self-motivation;
- The ethos, which promotes a positive, supportive and secure environment and which gives all children and adults a sense of being respected and valued;

- The implementation of our behaviour management policies,
- A consistent approach, which recognises and separates the cause of behaviour from that which the child displays. This is vital to ensure that all children are supported within our school,
- Multi agency working with other professionals and agencies who support the children and their families, in-line with appropriate confidentiality parameters;
- A commitment to develop productive, supportive relationships with parents/carers, whenever possible and so long as it is in the child's best interests to do so; remaining first and foremost an advocate for the child.
- The development and support of a responsive and knowledgeable staff group trained to respond appropriately in child protection situations.

Signs of Safety

St. Werburgh's Park will work in partnership with families using the 'Signs of Safety' approach to increase safety and reduce risk by focusing on the family's strengths, resources and support networks.

This revolves around a risk assessment and case planning format that integrates professional knowledge alongside local family and cultural knowledge and balances a rigorous exploration of danger/harm alongside indicators of strengths and safety.

The Three Core Principles of the Signs of Safety (SoS) Approach are:

Child protection practice and culture tends towards paternalism—a professional knows what is wrong and how to fix it (medical model). SoS seeks to create a more constructive culture using specific tools and processes for professionals and families to engage and partner to address child abuse and maltreatment through 3 core principles:

1. Establishing constructive working relationships and partnerships between professionals and family members, and between professionals.
2. Engaging in critical thinking and maintaining a position of inquiry.
3. Staying grounded in the everyday work of child protection workers.

Mapping

Signs of safety use 'Mappings' to focus how the information being given is: Harmful – what happened in the past / present: what is dangerous for the child; what are the complicating factors involved; what is working well; are there any strengths which can be tested over time to make the situation safe, and what are the goals for the child and family, and what are the steps to take to make the goals happen.

Further information is given in Appendix 4 and 5 attached or can be found here:

<http://www.bristol.gov.uk/page/children-and-young-people/signs-safety-and-childrens-social-work-bristol>

http://intranet.bcc.lan/ccm/cms-service/stream/asset/?asset_id=11512084

http://www.bristol.gov.uk/sites/default/files/documents/children_and_young_people/resources_for_professionals/early_years_and_childcare_workers/child_protection/7%20%20SoS%20assessment%20form%201_00.doc

Types of Abuse and Neglect

Abuse: a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. They may be abused by an adult or adults or another child or children.

Physical abuse: a form of abuse which 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.

Emotional abuse: the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

Sexual abuse: involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Neglect: the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. 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: provide adequate food, clothing and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate care-givers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Guidelines for physical interactions with children:

Touch is essential in order to provide sensitive and good quality care for the children we support. Used in context, and with empathy, touch supports the development of our natural interactions with the children we care for.

Physical contact is likely to occur to support communication (hand on a shoulder when speaking) and to support early communication levels. Touch may occur during play, for therapy, for emotional reasons, personal care, physical support and to protect children from danger. This may include the use of physical restraint (See Behaviour policy)

- Staff must be self-aware at all times in order that their contact is non threatening, intrusive or subject to misinterpretation.
- Physical contact with children should be in response to the child's needs at that time, be of limited duration and appropriate to their age, stage of development, gender, ethnicity and background. As far as possible, the child should consent to touch, the emotional and communication needs of the individual are due equal consideration.
- If a child needs changing the adult should inform another member of staff, change the child in a corner of the classroom (nursery classes) or on the changing bed (rainbow room). Encourage the child to change themselves whenever possible, use minimal contact, complete the changing log and inform the parent/carer later that the child has been changed. (see Intimate Care Policy)

It is never appropriate for staff to touch a young person's intimate body areas except as part of intimate or medical care.

- If staff need to work 1-1 with a child they should inform another member of staff and select a location where they are visible to others (e.g. door left open, room with half glazed door)
- Volunteers, students and parent/carer helpers should not be left unsupervised with children.
- All staff will receive a copy of the document "Guidance for Safer Working Practice for Adults who work with Children and Young People in Education Settings", March 2009. They will signed to say that they have received a copy and understood its contents.

CHILDREN MISSING FROM EDUCATION

A child going missing from education is a potential indicator of abuse or neglect. Staff will follow the schools' procedures for dealing with children who go missing from education, particularly on repeat occasions, to help identify the risk of abuse and neglect including sexual abuse or exploitation and to help prevent the risk of them going missing in future.

The law requires all schools to have an admission register and an attendance register. All pupils must be placed on both registers.

All schools must inform their local authority of any pupil who is going to be deleted from the admission register where they:

- have been taken out of school by their parents and are being educated outside the school system e.g. home education;
- have ceased to attend school and no longer live within reasonable distance of the school at which they are registered;
- have been certified by the school medical officer as unlikely to be in a fit state of health to attend school before ceasing to be of compulsory school age, and neither he/she nor his/her parent has indicated the intention to continue to attend the school after ceasing to be of compulsory school age;
- are in custody for a period of more than four months due to a final court order and the proprietor does not reasonably believe they will be returning to the school at the end of that period; or,
- have been permanently excluded.

The local authority must be notified when a school is to delete a pupil from its register under the above circumstances. This should be done as soon as the grounds for deletion are met, but no later than deleting the pupil's name from the register. It is essential that schools comply with this duty, so that local authorities can, as part of their duty to identify children of compulsory school age who are missing education, follow up with any child who might be in danger of not receiving an education and who might be at risk of abuse or neglect.

All schools must inform the local authority of any pupil who fails to attend school regularly, or has been absent without the school's permission for a continuous period of 10 school days or more, at such intervals as are agreed between the school and the local authority.

Private Fostering

Where a private fostering arrangement comes to anyone's attention they must inform the Designated Safeguarding Lead in school who will then notify the local authority of the circumstances, and the local authority will check that the arrangement is suitable and safe for the child.

Private fostering is when a child under 16 - or under 18 if the child is disabled - lives for 28 days or more with someone who is not a close relative. Close relatives are a grandparent, brother, sister, uncle, aunt, step-parent or someone with parental responsibility.

Examples of privately fostered children include those who are living with:

- a friend's family because of problems at home
- a host family for a school term, school year or during a holiday
- extended family because of arguments at home or whilst seeking asylum
- the unmarried partner of a parent when the parent leaves home

The child may be living with someone they already know or someone not previously known to them or their family. Children are not privately fostered if they are in the care of a local authority.

Child sexual exploitation

Sexual exploitation can be very difficult to identify but warning signs that a child is being abused may include the following behaviour:

<ul style="list-style-type: none">• Withdrawn• Suddenly behaves differently• Anxious• Clingy• Depressed• Aggressive• Problems sleeping• Eating disorders• Wets the bed• Soils clothes	<ul style="list-style-type: none">• Takes risks• Misses school• Changes in eating habits• Obsessive behaviour• Nightmares• Drugs• Alcohol• Self-harm• Thoughts about suicide
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Young people who are being sexually exploited may:

- Be involved in abusive relationships, intimidated and fearful of certain people or situations
- Hang out with groups of older people, or antisocial groups, or with other vulnerable peers
- Associate with other young people involved in sexual exploitation
- Spend time at places of concern, such as hotels or known brothels
- Not know where they are, because they have been moved around the country
- Go missing from home, care or education.

Sexual abuse: signs and symptoms

Children who are sexually abused may:

- Stay away from certain people
- They might avoid being alone with people, such as family members or friends
- They could seem frightened of a person or reluctant to socialise with them.

Show sexual behaviour that inappropriate for their age

- They might be promiscuous
- They could use sexual language or know information that you wouldn't expect them to.

Have physical symptoms

- Anal or vaginal soreness
- An unusual discharge
- Sexually transmitted infection (STI)

Over 2,400 children were victims of sexual exploitation in gangs and groups from August 2010 to October 2011.

Who is affected

Sexual exploitation can happen to any young person – whatever their background, age, gender, age, race or sexuality or wherever they live.

Child sexual exploitation (CSE) involves exploitative situations, contexts and relationships where young people receive something (for example food, accommodation, drugs, alcohol, gifts, money

or in some cases simply affection) as a result of engaging in sexual activities. Sexual exploitation can take many forms ranging from the seemingly 'consensual' relationship where sex is exchanged for affection or gifts, to serious organised crime by gangs and groups. What marks out exploitation is an imbalance of power in the relationship. The perpetrator always holds some kind of power over the victim which increases as the exploitative relationship develops. Sexual exploitation involves varying degrees of coercion, intimidation or enticement, including unwanted pressure from peers to have sex, sexual bullying including cyberbullying and grooming. However, it also important to recognise that some young people who are being sexually exploited do not exhibit any external signs of this abuse.

Female Genital Mutilation (FGM)

There is now a legal statutory duty upon teachers and other professionals to report to the police where they discover that an act of FGM appears to have been carried out. Staff should also discuss any case with the school's designated safeguarding lead who will involve Social Care as appropriate.

- FGM is illegal in the UK. For the purpose of the criminal law in England, Wales and Northern Ireland.
- FGM is mutilation of the labia majora, labia minora or clitoris.
- FGM is prevalent in 28 African countries as well as in parts of the Middle East and Asia.
- It is estimated that approximately 103,000 women aged 15-49 and approximately 24,000 women aged 50 and over who have migrated to England and Wales are living with the consequences of FGM. In addition, approximately 10,000 girls aged under 15 who have migrated to England and Wales are likely to have undergone FGM.
- FGM is practised by families for a variety of complex reasons but often in the belief that it is beneficial for the girl or woman.
- FGM constitutes a form of child abuse and violence against women and girls, and has severe short-term and long-term physical and psychological consequences.

SPECIFIC FACTORS THAT MAY HEIGHTEN A GIRL'S OR WOMAN'S RISK OF BEING AFFECTED BY FGM

There are a number of factors in addition to a girl's or woman's community or country of origin that could increase the risk that she will be subjected to FGM:

The position of the family and the level of integration within UK society – it is believed that communities less integrated into British society are more likely to carry out FGM.

Any girl born to a woman who has been subjected to FGM must be considered to be at risk of FGM, as must other female children in the extended family.

Any girl who has a sister who has already undergone FGM must be considered to be at risk of FGM, as must other female children in the extended family.

INDICATIONS THAT FGM MAY BE ABOUT TO TAKE PLACE SOON

The age at which girls undergo FGM varies enormously according to the community. The procedure may be carried out when the girl is newborn, during childhood or adolescence, at marriage or during the first pregnancy. However, the majority of cases of FGM are thought to take place between the ages of 4 and 8 and therefore girls within that age bracket are at a higher risk.

It is believed that FGM happens to British girls in the UK as well as overseas (often in the family's country of origin). Girls of school age who are subjected to FGM overseas are thought to be taken abroad at the start of the school holidays, particularly in the summer holidays, in order for there to be sufficient time for her to recover before returning to her studies.

There can also be clearer signs when FGM is imminent:

It may be possible that families will practise FGM in the UK when a female family elder is around, particularly when she is visiting from a country of origin.

A professional may hear reference to FGM in conversation, for example a girl may tell other children about it.

A girl may confide that she is to have a 'special procedure' or to attend a special occasion to 'become a woman'.

A girl may request help from a teacher or another adult if she is aware or suspects that she is at immediate risk.

Parents state that they or a relative will take the child out of the country for a prolonged period.

A girl may talk about a long holiday to her country of origin or another country where the practice is prevalent.

INDICATIONS THAT FGM MAY HAVE ALREADY TAKEN PLACE

It is important that professionals look out for signs that FGM has already taken place so that:

the girl or woman affected can be supported to deal with the consequences of FGM.

enquiries can be made about other female family members who may need to be safeguarded from harm.

criminal investigations into the perpetrators, including those who carry out the procedure, can be considered to prosecute those breaking the law and to protect others from harm.

There are a number of indications that a girl or woman has already been subjected to FGM:

A girl or woman may have difficulty walking, sitting or standing and may even look uncomfortable.

A girl or woman may spend longer than normal in the bathroom or toilet due to difficulties urinating.

A girl may spend long periods of time away from a classroom during the day with bladder problems.

A girl or woman may have frequent urinary, menstrual or stomach problems.

There may be prolonged or repeated absences from school,

A prolonged absence from school or college with noticeable behaviour changes (e.g. withdrawal or depression) on the girl's return could be an indication that a girl has recently undergone FGM.

A girl or woman may be particularly reluctant to undergo normal medical examinations.

A girl or woman may confide in a professional.

A girl or woman may ask for help, but may not be explicit about the problem due to embarrassment or fear.

A girl may talk about pain or discomfort between her legs.

Further information regarding FGM and can be found here:

<https://www.gov.uk/government/publications/female-genital-mutilation-guidelines>

Preventing Terrorism (Prevent)

The school is now subject to a duty under section 26 of the Counter-Terrorism and Security Act 2015 to have "due regard to the need to prevent people from being drawn into terrorism". This duty is known as the Prevent duty.

Schools are already responsible for keeping children safe, however the Prevent duty reinforces these existing responsibilities in respect of radicalisation of children.

The Prevent duty does not require childcare providers to carry out unnecessary intrusion into family life but, as they would with any other safeguarding risk, they must take action when they observe behaviour of concern.

The DfE has published advice for providers on the Prevent duty to help them think about what they can do to protect children from this risk of radicalisation, whether this comes from within their family or is the product of outside influences.

The statutory guidance summarises the requirements on schools and childcare providers in terms of four general themes: risk assessment, working in partnership, staff training and IT policies.

Further details can be found at:

<https://www.gov.uk/government/publications/prevent-duty-guidanc>

The school will undertake it's duty by:

- Establishing and maintaining an ethos where children feel secure and are encouraged to talk, and are listened to.
- Ensure all children have effective means of communication with more than one adult in the school.
- Give opportunities for class or group discussions of thoughts and feelings in an atmosphere of trust, acceptance and tolerance.
- Include in the curriculum activities and opportunities for PSE which equip children with the skills they need to stay safe.

Allegations against staff

All staff should be aware of their duty to raise concerns about the attitude or actions of colleagues.

If a child makes an allegation against a member of staff the Head teacher should be immediately informed.

The Head teacher/senior leader will discuss the allegation with the Local Authority Designated Officer (LADO) and take the appropriate action.

If the allegation concerns the behaviour of the Head teacher the chair of governors should be immediately informed and they should contact the LADO.

Our lettings agreement for other users requires the organiser will manage the suspension of adults where necessary from the school premises.

Disqualification Checks

The following information will be requested and checked before the appointment of a member of staff:

- being cautioned for or convicted of certain violent and sexual criminal offences against children and adults;
- grounds relating to the care of children (including where an order is made in respect of a child under the person's care);
- having registration refused or cancelled in relation to childcare or children's homes or being disqualified from private fostering;

All staff and volunteers working in school are required to notify the school if they are disqualified on any of the grounds set out in the statutory guidance "Disqualification under the Childcare Act 2006" (updated 31.08.18). Where trainee staff are not on a salaried programme (fee or self-funded students), it is the responsibility of the training provider to conduct the relevant checks to ensure that trainees placed in schools are not disqualified from childcare or that they have obtained a waiver from Ofsted..

Volunteers and casual workers (including individuals on work experience) who are directly concerned with the management of childcare provision, or who work on a regular basis, whether supervised or not, in relevant childcare, are within the scope of the legislation and are covered by the guidance.

All staff and volunteers will be issued, before starting work, with a letter to sign advising them of the requirement and in which they will confirm that they have read the statutory guidance, that they are not disqualified on any of the grounds set out in the statutory guidance and that they will notify a member of SLT immediately if there are any changes to this.

Any relevant information passed to the school must be provided to Ofsted as soon as reasonably practicable, but at the latest within 14 days of the date the school became aware of the information or ought reasonably to have become aware of it if they had made reasonable enquiries.

Mobile Phones, Cameras and Social Media:

Children have their photographs taken to provide evidence of their achievements for developmental records and also in relation to the settings events.

Staff, visitors, parents/carers, families, volunteers and students are not permitted to use any mobile phone or device to take or record any images of children for their own records or any other reason, under any circumstances.

Procedures

Under the Data Protection Act 1998 and GDPR 2016, the setting must seek parental consent to take and publish photographs/video or media images. Parental consent will detail the level of usage of the images.

The setting's digital camera/s or memory cards must not leave the establishment unless on an official trip. Photos are printed/uploaded in the setting by staff and once done images are then immediately removed from the cameras memory.

Other children are likely to be included in the background of photographs consequently all families are asked to give written permission for children's images to be recorded and level of usage must be indicated on the permission.

Staff can only keep mobile phones in areas where children have no access, exceptions to this must be agreed by SLT.

Transfer of a Child Protection File to another Educational Setting

- We follow guidelines as set out in BSCB "Guidance on the Transfer of a Child Protection File to Another Educational Setting".
- We accept our duty of care to share information if a child moves to a new educational provision.
- The contents of the file will include:
 - ✓ The child's basic details.
 - ✓ A chronology
 - ✓ Any cause for concern forms
 - ✓ Referrals to CYPS
 - ✓ Any domestic abuse information
 - ✓ MARAC information
 - ✓ Child protection conference minutes/ school contributions/ core group meetings
 - ✓ Any CYPS assessments
 - ✓ Common Assessment Framework or Single Assessment Framework
 - ✓ Multi agency meetings
- The Designated Safeguarding Lead (DSL) should inform the receiving school within 5 days by telephone or in person that a child protection plan exists.
- The child protection file should be passed by hand or sent recorded delivery, separate from the child's main school file, within these 5 days.

- We will keep written evidence of the transfer using the attached form (the receiving school will be asked to sign an acknowledgement of receipt and return) and retain this evidence for six years.

When sending CP info the following process will be followed:

- Complete attached form (Appendix 7).
- Copy completed form and hold.
- Hand original to receiving school where possible or if not possible send original with CP documents to receiving school by Recorded Tracked Delivery.
- Attach returned/signed form from receiving school to original copy and file.
- If forms are not returned from receiving school please chase until form received and notify Designated Safeguarding Lead.
- Keep completed forms in file in office cabinet for 6 years..
- DSL to ensure there is a receipt for all CP records sent.

We will take care to ensure confidentiality is maintained and the transfer process is as safe as possible.

APPENDIX 1

Designated Person: Mandy Collier King
Deputy Designated People: Lucy Freeman and Jacqui MacFarlane
Designated Person for Looked After Children: Lucy Freeman
Nominated Governor: Rebecca Nelson

Related Policies:

Behaviour Policy
Equalities Policy
Health and Safety policy (includes safe handling)
Education Inclusion Policy
Sex and Relationships Education Policy
Personal, Social and Emotional Policy
Staff code of conduct Policy
Intimate Care Policy
Supporting children with medical needs policy
Whistle blowing Policy
Lettings Policy
Inclusion Policy

Relevant Documents

Keeping Children Safe in Education (2018)
What to do if you're worried a child is being abused (2015)
Working Together to Safeguard Children (2018)
Designated teacher for looked after children (2009)
Prevent Duty Guidance for England and Wales (2015). Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers (2015).
The Teachers' Standards (2012)
Mandatory Reporting of Female Genital Mutilation – procedural information (2015)
Listening to and involving children and young people (2014)
Multi-Agency statutory guidance on female genital mutilation (2016)
SEND code of practice: 0 to 25 years (2015)
Supporting pupils at school with medical conditions (2015)

Appendix 2

Risk Assessment 'Checklist'

- Does/could the suspected harm meet the LSCB definitions of abuse?
- Are there cultural, linguistic or disability issues?
- I am wrongly attributing something to impairment?
- Does the chronology indicate any possible patterns which impact upon the level of risk?
- Are any injuries or incidents acute, cumulative, episodic?
- Did any injuries result from spontaneous action, neglect, or intent?
- Explanations consistent with injuries/behaviour?
- Severity and duration of any harm?
- Effects upon the child's health/development?
- Immediate/longer term effects?
- Likelihood of recurrence?
- Child's reaction?
- Child's perception of the harm?
- Child's needs, wishes and feelings?
- Parent's/carer's attitudes/response to concerns?
- How willing are they to cooperate?
- What does the child mean to the family?
- What role does the child play?
- Possible effects of intervention?
- Protective factors and strengths of/for child (i.e. resilience/vulnerability)
- Familial strengths and weaknesses?
- Possibilities?
- Probabilities?
- When and how is the child at risk?
- How imminent is any likely risk?
- How grave are the possible consequences?
- How safe is this child?
- What are the risk assessment options?
- What are the risk management options?
- What is the interim plan?

Appendix 3:

TALKING AND LISTENING TO CHILDREN

If a child wants to confide in you, you *SHOULD*

- Be accessible and receptive;
- Listen carefully and uncritically, at the child's pace;
- Take what is said seriously;
- Reassure children that they are right to tell;
- Tell the child that you must pass this information on;
- Make sure that the child is ok ;
- Make a careful record of what was said (see *Recording*).

You should NEVER

- Investigate or seek to prove or disprove possible abuse;
- Make promises about confidentiality or keeping 'secrets' to children;
- Assume that someone else will take the necessary action;
- Jump to conclusions, be dismissive or react with shock, anger, horror etc;
- Speculate or accuse anybody;
- Investigate, suggest or probe for information;
- Confront another person (adult or child) allegedly involved;
- Offer opinions about what is being said or the persons allegedly involved;
- Forget to record what you have been told;
- Fail to pass this information on to the correct person (the Designated Senior Person).

Children with communication difficulties, or who use alternative/augmentative communication systems

- While extra care may be needed to ensure that signs of abuse and neglect are interpreted correctly, any suspicions should be reported in exactly the same manner as for other children;
- opinion and interpretation will be crucial (be prepared to be asked about the basis for it and to possibly have its validity questioned if the matter goes to court).

Recordings should

- State who was present, time, date and place;
- Be written in ink and be signed by the recorder;
- Be passed to the Head Teacher immediately (certainly within 24 hours);
- Use the child's words wherever possible;
- Be factual/state exactly what was said;
- Differentiate clearly between fact, opinion, interpretation, observation and/or allegation.

•• The question which you should be able to answer at the end of the listening process is 'might this be a child protection matter?';

•• If the answer is yes, or if you're not sure, record and pass on immediately to the Head Teacher.

If you do need to ask questions, what is and isn't OK?

- **Never** ask closed questions i.e. ones which children can answer yes or no to e.g. Did he touch you?
- **Never** make suggestions about who, how or where someone is alleged to have touched, hit etc e.g. Top or bottom, front or back?
- If we must, use only '**minimal prompts**' such as 'go on ... tell me more about that ... tell me everything that you remember about that'
- Timescales are very important: '**When was the last time this happened?**' is an important question.

What else should we think about in relation to disclosure?

- Is there a place which is particularly suitable for listening to children e.g. not too isolated, easily supervised, quiet etc;
- We need to think carefully about our own body language – how we present will dictate how comfortable a child feels in telling us about something which may be extremely frightening, difficult and personal;
- Be prepared to answer the 'what happens next' question;
- We should never make face-value judgements or assumptions about individual children. For example, we 'know that [child.....] tells lies';

- Think about how you might react if a child DID approach you. We need to be prepared to offer a child in this position exactly what they need in terms of protection, reassurance, calmness and objectivity;
- Think about what support **you** could access if faced with this kind of situation.

If it is a child protection matter and it is decided that a referral needs to be made:



ST WERBURGH'S PARK NURSERY SCHOOL CHILD PROTECTION REFERRAL PROCESS

A Member of the Senior Leadership Team will:

1. **Contact Early Help/ First Response** – *Use the office of the area the child lives in.*

East/Central Bristol – Welsman, St Pauls 0117 9036774 / 5 /6

Fax 0117 9036575

Outside office hours –Emergency Duty Team - 01454 615165

Contact Details for Police

Public Protection Unit 0117 9454320

2. **Follow up with written referral to Social Care by fax or post within 48 hours**
3. **Social Care to respond re initial action within 24 hours**
4. **Initial assessment takes place within 10 days**
5. **CP conference/planning meeting within 3 weeks of last strategy meeting**
6. **Core Group meeting within 2 weeks of that.**



ST WERBURGH'S PARK NURSERY SCHOOL
ALLEGATIONS AGAINST STAFF- risk of harm to children
GUIDANCE FLOWCHART

If you become aware that a member of staff may have :

- Behaved in a way that may have **harmed** a child or
- Possibly committed a **criminal offence** against a child
- Behaved towards a child/children in a way that indicates that he/she would **pose risk of harm** if working regularly or closely with children.
- The child and/or alleged abuser **SHOULD NOT** be questioned but a record made of what has been reported.

Report Immediately to your/a senior manager

Unless there is clear evidence to prove that the allegation is false the manager **must**:

Report the allegation to the Local Authority Designated Office for Allegations (LADO): 0117 9037795

8.30am – 5:00pm Monday to Friday

Out of Hours Contact : Emergency Duty Team 01454 615165

The LADO will:

1. Consider the relevant facts and concerns re the adult and child/ren, including any previous history.
2. Decide on next course of action – usually straight away, sometime after further consultation with other multi-agency parties such as the Police and HR.

If the DfE multi-agency procedures are **NOT** indicated, the LADO will agree with you the appropriate response (e.g. for the agency to undertake further enquires or to make an investigation).

If the DfE procedures **ARE** indicated, a multi-agency strategy meeting will normally be held. Normally a senior manager, the LADO, HR and Police are invited. Information is shared confidentially, risks to children are considered and appropriate action agreed. A record of the meeting will be made and further meetings held every 4 weeks until a conclusion.

**NB This documents is intended for a quick guide only. For more details guidance refer to:
The Multi-Agency South West Child Procedures at www.swcpp.org.uk**

St Werburgh's Park Nursery School Intimate Care Policy

Introduction

St Werburgh's Park Nursery School is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. We recognise that there is a need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress, embarrassment or pain.

Definition

Intimate care is any care which involves washing, changing, touching or carrying out an invasive procedure (such as cleaning up after a child has soiled him/herself) to intimate personal areas. In most cases such care will involve procedures to do with personal hygiene and the cleaning of equipment associated with the process as part of a staff member's duty of care. In the cases of specific procedure only staff suitably trained and assessed as competent should undertake the procedure, (e.g. the administration of rectal diazepam).

Changing Children

Staff will record in the "Changing Log" incidents when children have needed to change themselves. Brief details are recorded, including the date and time. This is reported back to parents. This may include incidents of soiling or changing clothes due to water or messy play.

Staff will encourage each child to do as much for him/her-self as he/she can. This may mean, for example, giving the child responsibility for washing themselves. Children are asked to change themselves in the classroom where at all times two members of staff are present. Both members of staff are required to sign the "changing log".

Intimate care for the most vulnerable children

The management of all children with intimate care needs will be carefully planned. The child who requires intimate care is treated with respect at all times; the child's welfare and dignity is of paramount importance.

Staff who provide intimate care are trained to do so (including Child Protection and Manual Handling) and are fully aware of best practice. The child will be supported to achieve the highest level of autonomy that is possible given their age and abilities.

Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child. This plan will be drawn up with the parents/carers. It will be signed by the parents/carers to acknowledge their permission.

Each child's right to privacy will be respected as far as possible. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child is toileted. Where possible, one child will be catered for by one adult, unless there is a sound reason for having more adults present. If this is the case, the reasons should be clearly documented.

Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the child's care plan. The needs and wishes of children and parents/carers will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

The Protection of Children

Child Protection Procedures and Multi-Agency Child Protection procedures will be adhered to.

All children will be taught personal safety skills carefully matched to their level of ability, development and understanding.

As part of our safeguarding procedures we minimise any unnecessary contact with children.

If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to the appropriate manager/ designated person for child protection.

If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution. Key workers can be altered until the issue(s) are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.

APPENDIX 7

Guidance on the transfer of a Child Protection Safeguarding File to another educational setting

Transfer of Child Protection Records within Educational Establishments Receipt

Name of Child			
Date of Birth			
Unique Reference Number			
Name of current school			
Address of current school			
Name of current DSGO			
Date file exchanged by hand OR			
Date file posted by recorded delivery			
Signature of current DCPO		Date	
Name of receiving school/college			
Address of receiving school/college			
Name of receiving DSGO			
Date file received by hand OR			
Date file received by recorded delivery			
Signature of receiving Designated Child Protection Officer		Date	

Please ensure this completed form is returned to the originating school at the address below without delay. The originating school should keep this receipt securely (See guidance notes)

SENCO
 St. Werburgh's Park Nursery School
 Glenfrome Road
 St. Werburgh's
 BRISTOL BS2 9UX

Supporting A Child Making a Disclosure at St Werburgh's Park Nursery School

The 6 R's

Receive, Reassure, React, Record, Report, Review

Receive:

Listen to what is being shared without shock or disbelief. You may make child concerned feel afraid to continue sharing.

Accept what is said without judgement.

Take it seriously.

Reassure:

Be honest and reliable with your reassurances. Do not make promises such as "Everything will be alright now".

Share that you will have to share the information, don't promise to keep secrets. (NB: Avoid using the language of "keeping secrets" at all times. If you are planning something fun, use the word "surprise".

Reassure that you will share the information with people that want to protect children.

React:

Listen quietly, carefully and patiently. Do not jump to conclusions.

Do not investigate, interrogate or decide if the child is telling the truth. Events may need to be investigated and asking too many questions may jeopardise the investigation or even mean the case is not investigated at all.

Let the child explain in their own words.

Use only minimal prompts e.g. "go on....tell me more about that.....tell me everything you can remember about that"

Communicate in an age appropriate way.

Do not ask the child to repeat what they have shared to another adult.

Record:

Make notes at the time, write them up as soon as possible on CPOMs (or pass to the class teacher to do so). Your notes must include the date, time and your signature.

Do not destroy your original notes in case they are needed in court. Give any notes to the Headteacher to be kept locked in the office.

Record the date, time, place, child's own words and how the child appeared to you - be specific.

Record facts not opinions.

Report:

Share **immediately** with the DSL (Mandy) or Deputy DSL (Jacqui or Lucy). This could be through the notification on CPOMs, but could also be verbally.

Review:

If "Actions" are not added to CPOMs (you will receive notification of this), then follow up your concerns. This means you must talk to your class teacher or if shared directly, with the DSL.

If you are still not happy with the response of the DSL then share these concerns with another DSL.

We have three DSL's. We discuss all cases. This provides rigour and robustness to our processes. We will share our conclusions with you. We will share information that is appropriate.