



THE LIMES NURSERY SCHOOL AND CHILDREN'S CENTRE

POLICY FOR SAFEGUARDING CHILDREN AND CHILD PROTECTION

September 2016

Rationale

All children have the right to thrive in a safe, nurturing environment both at home and at nursery. At The Limes, we work with children, parents, the wider community and other professionals to ensure the safety of children and to help them to have the best possible start in life.

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 child protection policy is underpinned by the fundamental principle of the Children Act 1989:

'The welfare of the child is paramount'

Principles and Practices

- We are committed to creating a 'culture of safety' in which children are protected from abuse and harm.
- All adults working with or on behalf of children have a responsibility to safeguard and promote the welfare of children.
- We will respond promptly and proportionately to all incidents and concerns in accordance with local safeguarding guidelines (Bristol Children's Safeguarding Board) and the procedures set out in the South West Child Protection Procedures guidance (www.swcpp.org.uk).
- We follow the statutory guidance for safeguarding children in education "Keeping Children Safe In Education" – September 2016
- All staff receive a mandatory induction, which includes familiarisation with child protection policies and procedures including, where appropriate, the NSPCC online awareness training.
- All staff receive Child Protection awareness training which is updated at least every two years and is included within the first six months' of employment for all staff.
- The Designated Safeguarding Lead and deputy DSL will receive advanced training every three years.
- We have due regard to our duty under Section 26 of the Counter-Terrorism and Security Act 2015 in the exercise of our functions as a local authority maintained nursery school and children's centre in preventing adults and children from being drawn into terrorism.

- We promote awareness of safeguarding and child protection issues through our prospectus, family induction, displays and wider training programmes, including some for parents and other professionals.
- We understand that information sharing with other professionals including through the local safeguarding children's board is key to effective safeguarding practice.
- We work closely with parents to build their understanding and commitment to the principles of safeguarding.
- We are committed to the safeguarding not just of children in our immediate care and those who attend children's centre groups and services but also older children within our wider community and vulnerable adults.

Curriculum

- We believe in children's right to be listened to. We provide frequent opportunities for speaking and listening in small groups and one-to-one with an adult.
- Through our curriculum, children learn to express feelings.
- We use the 'key person' approach –as far as possible, children will have the same key worker for at least a year – to promote trust and appropriate attachment.
- We aim to support children in developing a positive self image, including their race, colour and ethnicity, faith, home language, family background and culture: We intervene sensitively and promptly when any of these issues arise.
- We use Conflict Resolution (see our Behaviour Policy) to help children develop resilience and autonomy.
- In exercising our prevent duty (see above) we have due regard to building children's resilience to radicalisation through providing an age-appropriate environment to promoting fundamental British values through our personal social and emotional and knowledge and understanding of the world curriculum.

Recruitment

(Refer to the safer recruitment and selection policy 2016)

Security

- Governors, students and volunteers are DBS checked and appropriate references are taken to ensure that no unsuitable person has access to the children.
- Students and volunteers are always supervised by a qualified and experienced member of staff.
- We have procedures for recording the details of visitors to the setting.
- We take steps to ensure that no unauthorised person has unsupervised access to the children; for example, by keeping careful records of family and friends who pick up children.

Designated Persons

- Our Head of Centre Catherine Bolam is our Designated Child Protection Lead Person.
- In her absence, our acting Deputy head Katie Cheyne takes responsibility.
- In the absence of both Lead Persons, concerns should be referred to one of our Team Leaders (Michelle Phillips and Rachael Elson/Penny Taylor).
- Senior staff will be kept aware of any ongoing safeguarding concerns through the weekly SMT, planning and meetings and in the children's centre through the fortnightly case review meetings.
- Our Child Protection Link Governor is Mark Woodcock

Supervision

- All staff receive regular supervision through their line managers
- Children's centre staff receive caseload supervision from the LA linked social worker
- Where staff are involved in specific therapeutic work e.g. play therapy or watch wait wonder they also receive the appropriate professional supervision.

Confidentiality

- Safeguarding and Child Protection records are strictly confidential and are kept in locked storage. Safeguarding records are kept separately from children's general records. Access will be restricted to appropriate staff and relevant agencies.
- 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.
- Information is shared according to Dfe Guidance "Information Sharing: Advice for Practitioners – March 2015" (Appendix A to this document)
- In every case, unless it increases risk to the child, the parent or carer's permission will be sought before any information is shared.
- Children and families where there is a protection plan in place will continue to be welcomed to the Centre and treated consistently with respect.
- Staff do not discuss confidential issues with parents, children or colleagues in public areas and it is the duty of all staff to ensure this policy is respected by visitors to our setting.
- Confidential records are stored for seven years and then shredded.
- Records will be shared with the on-going primary school in line with the Bristol City Council protocol for transfer of child protection records.

Recognition of signs of abuse

- We follow the guidance from the Dfe **what to do if you're worried a child is being abused** March 2015 pages 5-10 **Understanding and identifying abuse and neglect** which are annexed as **Appendix B** to this document.

Procedures

- Any incident or concern is recorded as soon as possible that day by the member of staff concerned using the Centre's pro forma, available in the reception office.
- Where a child makes a disclosure to a member of staff, the adult;
 - Does not question the child
 - Listens to the child
 - Offers reassurance to the child
 - Records as far as possible exactly what the child said and what the circumstances were.
- The report is handed confidentially to one of the Designated Lead Persons, who discusses it with the practitioner.
- They may decide that the practitioner will share his/her concerns with the parent or that it is more appropriate for the Head/Manager to do so.
- The parent's views are recorded and the parent is asked to sign the record. They may keep a copy.
- **If a child is at risk of immediate serious harm, any member of staff is entitled to make a referral to First Response who will respond on the information they are given.**
- In most cases, staff and parents work together to address any safeguarding issues. This may involve;
 - enhanced support from the setting, for example, through offering *therapeutic play*
 - a single referral, such as a request for counselling or support from another agency

- A referral to the Bristol City Council First Response Team who will advise the appropriate course of action.
- Only in very rare cases, and in accordance with SWCPP guidance, when a child is deemed to be at significant risk, a referral to First Response may be made without the parent or carer's consent.
- The Practitioner will always be informed of the outcome and given appropriate supervision to deal with any difficult feelings.
- The head teacher, or deputy head in her absence, speaks privately to parents who are planning a long holiday to a part of the world where female genital mutilation is routinely practised, to be sure that there is no risk. If there appears to be a risk, a referral to First Response will be made immediately.
- The setting will always be represented or send a written report to Child Protection Case Conferences, Core Group Meetings, CIN Reviews, MARACs and other inter-agency safeguarding meetings at which Centre children are due to be discussed.

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 First Response as appropriate or if a girl or woman is at immediate risk you need to contact the police. For advice schools can contact the Safeguarding in Education Team FGM Portfolio holder, Henry Chan.

- FGM is illegal in the UK. For the purpose of 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 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 risk factors in addition to a girl's or women'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 a girl is newborn, during childhood and 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 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 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 visiting from a country origin.

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

A girl may confide 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 or parent may talk about a long holiday to their country of origin 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.

Enquires 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.
- A girl or woman may spend longer than normal in the bathroom or toilet due to difficulties urinating.
- A girl or woman may have frequent urinary, menstrual or stomach problems.
- Prolonged repeated absences from school.
- A prolonged absence from school with noticeable behaviour changes.
- A reluctance to undergo normal medical examinations.
- A girl or woman may ask for help, but may not be explicit about the problem.
- A girl or woman may talk about pain or discomfort between her legs..

Further information regarding FGM can be found here:

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

Preventing Terrorism (Prevent)

Schools are 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-guidance>

The school will undertake its 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 setting.
- Provide opportunities for small group discussions of thoughts and feelings in a supportive, trusting, safe environment.
- To provide PSED learning opportunities which equip children with the skills they need to stay safe.

CSE (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• Wets/Soils themselves• Eating disorders	<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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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
- They could appear frightened of a person and reluctant to socialise with them.

Show sexual behaviour that is inappropriate for their age

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

Physical symptoms

- Anal or vaginal soreness
- Discharge
- Sexually transmitted infection (STI)

Who is affected?

Sexual exploitation can happen to any young person-whatever their background, age, gender, 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 and in some cases 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 gifts, to serious organised crime by gangs and groups. CSE is an imbalance of power in a 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 cyber bullying and grooming. However, it also is important to recognise that some people who are being sexually exploited do not exhibit external signs of this abuse.

Children Missing from Education

A child going missing from education is a potential indicator of abuse or neglect. We follow the school's procedures for unauthorised absence. Attendance is monitored by the DSL in line with the schools attendance policy.

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 – please see Education Welfare Service – Bristol City Council <https://www.bristol.gov.uk/schools-learning-early-years/education-welfare>

Private fostering

Private fostering is when a child under 16- or 18 if the child is disabled-lives for 28 days or more with someone that is not a close relative. Close relatives are a grandparent, brother, uncle, sister, 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
- Extended family because of family breakdown 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 the local authority.

Fabricated or induced illness

Carers exhibit a range of behaviours when they wish to convince others that their child is ill. A key professional task is to distinguish between the very anxious carer and those who exhibit abnormal behaviour. Such abnormal behaviour in a carer can be present in one or both carers and often involves passive compliance of the child. These carer behaviours may constitute ill treatment (section 31(9) of the Children's Act 1989)

There are a number of factors that staff should be aware of. Some of these factors can be:

- Frequent and unexplained absences from the setting
- Regular absences to keep doctor's or a hospital appointment
- Repeated claims by parents that a child is frequently unwell and that he/she requires medical attention for symptoms which, when described, are vague in nature, difficult to diagnose and which staff have not themselves noticed.

Staff need to respond to a concern about a child as detailed in the procedures flowchart.

Procedures for the Limes when concerned about a child

What to do if you are worried about a child is being abused or neglected

Where a child discloses abuse or neglect, they SHOULD NOT be questioned further, but listened to non-judgementally, carefully and respectfully. The adult can repeat the child's words back to them but use their exact words.



Make a record of what was said including the child's words. If you are concerned about an injury seen, record this in detail; state size, colour and location of the injury.
Disclosures should be recorded on The Limes **Safeguarding Form**.
Injuries should be recorded on the **Body Map** form.



The designated child protection officer is to be informed of disclosures and injuries seen.
The Designated Child Protection Officer is **Kathryn Kempster**



Once the designated child protection officer has been informed and the paper work completed the concerns will be shared with the family and the discussion recorded.



If after discussions with the family the practitioner and designated child protection officer feel that the child is at risk of significant harm, the designated child protection officer will contact the First Response Team office on 01179036444 and follow South West Child Protection Procedures.
All members of staff are entitled to make a referral

Safeguarding vulnerable adults and our wider obligations to children and families in the community

In our work with parents and carers we also come into regular contact with parents and carers who fall within the definition of vulnerable adult. "A vulnerable adult (or adult at risk) is a person over 18 years old:

- who is or may be in need of community care services by reason of mental or
- other disability, age or illness;
- **and**
- who is or may be unable to take care of him or herself,
- **or**
- Is unable to protect him or herself against significant harm or exploitation".

For the purposes of this guidance 'community care services' will be taken to include all care services provided in any setting context." No Secrets 2000.

We follow the Local Authority No Secrets Policy and Procedures and work closely with other agencies as the specific context determines.

Children in the wider community

In our work with parents we may also be made aware of situations where older children in the family are at risk in relation to specific safeguarding issues. We will follow the above procedures in relation to disclosures and/or concerns in relation to **all children** not just those attending the Limes Nursery School and Children's Centre.

Allegations against staff

We are vigilant in our approach to ensuring that safeguarding in relation to staff and volunteers. Our code of conduct is updated annually and staff are required to provide updated information regarding potential disqualification under the Childcare Act 2006 and/or any other relevant information regarding changes in their circumstances.

An allegation is any information which indicates that a member of staff or volunteer may have:

- Behaved in a way that has, or may have harmed a child
- Possibly committed a criminal offence against/related to a child
- Behaved towards a child or children in a way which indicates s/he would pose a risk of harm if they work regularly or closely with children

This applies to any child the member of staff or volunteer has contact within their personal, professional or community life.

In addition, these procedures will be used:

- If there are concerns about the person's behaviour towards their own children, or children unrelated to their employment or voluntary work, and there has been a recommendation from a strategy discussion that consideration should be given to the risk posed to children they work with, or,
- When an allegation is made about abuse that took place some time ago and the accused person may still be working or having contact with children.

The person to whom an allegation is first reported should take the matter seriously and keep

an open mind. S/he should not investigate or ask leading questions if seeking clarification; it is important not to make assumptions. Confidentiality should not be promised and the person should be advised that the concern will be shared on a 'need to know' basis only.

Actions to be taken include making an immediate written record of the allegation using the informant's words - including time, date and place where the alleged incident took place, brief details of what happened, what was said and who was present. This record should be signed, dated and immediately passed on to the Headteacher.

If the concerns are about the Headteacher, then the Chair of Governors should be contacted. The Chair of Governors in this school is:

NAME: Susie Coggles

The recipient of an allegation must **not** unilaterally determine its validity, and failure to report it in accordance with procedures is a potential disciplinary matter.

The Headteacher will not investigate the allegation itself, or take written or detailed statements, but will assess whether it is necessary to refer the concern to the Local Authority Designated Officer: Nicola Laird **0117 9037795**, email nicola.laird@bristol.gov.uk

The Limes Nursery School and Children's Centre will provide the Local Authority Designated Officer (LADO), the Police and Children's Social Care with any personal data/information about staff members, governors, children or parents. If the allegation meets any of the three criteria set out at the start of this section, contact should always be made with the Local Authority Designated Officer without delay.

If it is decided that the allegation meets the threshold for safeguarding, this will take place in accordance with section 4.1 of the Bristol Safeguarding Children Board Inter-agency Child Protection and Safeguarding Children Procedures.

If it is decided that the allegation does not meet the threshold for safeguarding, it will be handed back to the employer for consideration via the school's internal procedures.

The Headteacher should, as soon as possible, **following briefing** from the Local Authority Designated Officer inform the subject of the allegation.

Collective Responsibility of the Governing Body

The Governing Body will appoint a nominated governor with responsibility for Child Protection (Mark Woodcock) who will monitor and review arrangements within the school for the delivery of Child Protection and in particular arrangements are in place for managing allegations against staff and volunteers.

The nominated governor with responsibility for Child Protection will have a number of specific duties and in particular will ensure that there is an annual agenda item at a full governing body meeting to discuss child protection issues and procedures, including training and the number of incidents (without any reference to names/details) etc. Safeguarding is a standing agenda item on all full governing body meetings.

The governing body will ensure that all members of staff receive a copy of the DCSF (now the DFE) guidance document entitled "Safer Working Practices for Adults who Work with Children

and Young People” and the date it is issued is recorded on staff personal files records. Volunteers will be required to read and sign a copy of the School’s Volunteer Policy.

The Governing Body will ensure that the school operates an incident recording system whereby staff and/or volunteers record unusual incidents, issues or actions involving adults and children/young people which they feel may possibly be misconstrued at a later date. The school will ensure that any such issues, incidents or actions which are of immediate concern in accordance with child protection or other school procedures, will be actioned in accordance with agreed arrangements and protocols.

For further information see:

BSCB Inter-agency Child Protection and Safeguarding Children Procedures (2010) Section 4.1 [Managing Allegations against Adults who work with Children and Young People](#)

Implementation and Monitoring

Monitoring takes place through a process of audit:

1. Annual Safeguarding audit which is submitted to the Local Authority
2. Annual Report to Governors by named governor
3. Annual External Safeguarding Audit – Mandy Parry (currently)

- In addition, SLT 3 x a year will monitor and report on any issues in relation to:
 - Safer recruitment including the accuracy of the single central record
 - Case Files
 - Children’s attendance including holiday requests and other absence
 - The safeguarding overview is kept by the SLT and discussed weekly at SLT/MLT meetings. This is cross-referenced to the LA social care information list every three months. The content of this document is reviewed to ensure compliance.

This policy replaces the previous policy for Child Protection. It was drawn up through a process of consultation with staff and approved by Governors in September 2009.

Revised May 2012

Revised January 2014

Revised December 2014

Revised September 2015

Revised September 2016

Key Documents:

Dfe **What to do if you’re worried a child is being abused – Advice for Professionals** March 2015

Dfe **Keeping Children Safe in Education** Part 1 Statutory Guidance and Part 2 Information for Staff July 2015

Dfe **Working together to safeguard children** A guide to inter-agency working to safeguard and promote the welfare of children March 2015

Dfe **Disqualification under the childcare act 2006** February 2015

HM Government - Safer working practice 2009

Dfe **the Prevent Duty** Departmental advice for schools and childcare providers June 2015