Child Protection Policy
For
Gloucester Nursery School and
Children’s Centre

Reviewed: December 2013
Revised: December 2013
Gloucester Nursery and Children’s Centre
Child Protection Policy

HEAD TEACHER: Julia Mann

CHAIR OF GOVERNING BODY: Julia Brown

Governors Responsible for Safeguarding: Lesley Pollard
Judith Staff

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<thead>
<tr>
<th>Academic Year</th>
<th>Designated Senior Person</th>
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<td>Julia Mann / Kerry Wright</td>
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Policy Review dates

<table>
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Dates of Staff Training and Details of Course Title and Training Provider

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**Important Contact details**

**Customer Service Centre/MASH** – 0300 126 1000 (Option 1)
**Out of hours** – 01604 626938
**Child Care** - Century House 01604 654054
**E-Safety** – Link on NCC website
**Family Support** - Northampton, Northwood 01604 790073
**Out of Hours** – 01604 626938
**NSPCC** - 01933 223920
**Northampton Review and Conference** - 01604 654040
**Police Child Abuse Investigation Unit** – 03000 111 222
**Local Safeguarding Children’s Board for Northamptonshire** - [www.lscbn.northamptonshire.org.uk](http://www.lscbn.northamptonshire.org.uk)
**Local Authority Designated Officers** – Christine Churchman – 01604 364022 / Gerry Barr – 01604 362026
Child Protection Policy

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INTRODUCTION

‘Everyone in the education service shares an objective to help keep children and young people safe by contributing to:

- Providing a safe environment for children and young people to learn in education settings; and

- Identifying children and young people who are suffering or likely to suffer significant harm, and taking appropriate action with the aim of making sure they are kept safe both at home and in the education setting’

‘Safeguarding Children and Safer Recruitment in Education’ DfES 2007
Gloucester Nursery School and Children’s Centre Commitment to Protecting Children

The aim of this policy is to safeguard and promote our children’s welfare, health, safety and guidance by fostering an honest, open, caring and supportive climate. The children’s welfare is of paramount importance to us in the Nursery School and Children’s Centre.

The policy should be read in conjunction with other related policies/documentation. The most important of which include:
- Safeguarding;
- Anti-Bullying;
- Safer Recruitment;
- ICT - Acceptable Use and Social Networking for Staff;
- Behaviour;
- Whistle-blowing;
- Toileting and Intimate Care;
- Confidentiality;
- Risk Assessments.

Our policy applies to all staff, governors and volunteers working in the Nursery School and the Children’s Centre. There are five main elements to our policy:

- Ensuring the practice of safe recruitment in checking the suitability of staff and volunteers to work with children;
- Raising awareness of child protection issues and equipping children with the skills needed to keep them safe;
- Developing and then implementing procedures for identifying and reporting cases, or suspected cases, of abuse;
- Supporting children who have been abused in accordance with his/her agreed child protection plan;
- Establishing a safe environment in which children can learn and develop and flourish.

Our policy is in line with procedures laid down by the Local Safeguarding Children’s Board for Northamptonshire. Further details about the local procedures can be found at www.lsbcnorthamptonshire.org.uk

Ethos

Gloucester Nursery School and Children’s Centre recognises the importance of creating an ethos where children are confident that they will be listened to and can feel safe.

Staff are expected to listen to children in all contexts, embedding a culture of children’s thoughts, comments and inner issues being valued and responded to appropriately by all adults in the setting. It is only through reinforcing this trust that children will feel able to disclose abuse to a person they feel comfortable with.

We recognise that children, who are abused, neglected or witness violence, are likely to have low self-esteem and may find it difficult to develop a sense
of self worth. They may feel helplessness, humiliation and some sense of blame. Gloucester Nursery School and Children’s Centre may be the only stable, secure and predictable element in their lives.

Child Protection is the responsibility of ALL staff at the School and Children’s Centre.

We will therefore:

- Establish and maintain an environment where children feel secure, are encouraged to talk and are listened to;
- Include opportunities in the curriculum for children to begin to develop the skills they need to recognise and stay safe;
- Ensure children know that there are adults in the Nursery/Children’s Centre whom they can approach if they are worried or in difficulty.

We will follow the procedures set out by the Local Safeguarding Children’s Board for Northamptonshire, the “Northamptonshire Thresholds and Pathways” and take account of guidance of “Working Together 2013” to:

- Ensure we have Designated Senior Persons for Child Protection who have received appropriate training on support for this role;
- Ensure we have a nominated governor responsible for Child Protection;
- Ensure that every member of staff (including temporary and supply staff and volunteers) and the Governing Body knows the names of the Designated Senior Persons responsible for Child Protection and their role;
- Ensure all staff and volunteers understand their responsibilities in being alert to the signs of abuse and responsibility for referring any concerns to the Designated Senior Person for Child Protection;
- Ensure that all staff can use the Cause for Concern system to report concerns in an efficient, effective way, documenting clearly and concisely, enabling a Designated Senior Person to address concerns about a child without delay;
- Ensure that parents have an understanding of the responsibility placed on the Nursery, Children’s Centre and the staff in terms of Child Protection by setting out its obligations in the prospectus and on the website;
- Develop, and then follow, procedures when an allegation is made against a member of staff or volunteer;
- Notify Social Services if there is any unexpected absence of a child who has a Child Protection Plan;
- Develop effective links with relevant agencies and co-operate as required with their enquiries regarding Child Protection matters including attendance at Case Conferences;
- Keep written records of concerns about children, even where there is no need to refer the matter immediately;
- Ensure all records are kept securely, separate from the main pupil file, and in located locations;
- Ensure safer recruitment practices are always followed
Currently, Julia Mann, Rebecca Fitton and Kerry Wright are trained Designated Senior Persons for Child Protection in the Nursery and Children’s Centre.

Roles and Responsibilities

The Governing Body should ensure that:

- The Nursery and Children’s Centre has Safeguarding and Child Protection policies and procedures in place are in accordance with local authority guidance and locally agreed inter-agency procedures, and the policy is made available to parents on request;
- The Nursery and Children’s Centre operates safer recruitment procedures and makes sure all appropriate checks are carried out on staff and volunteers who work with children;
- The Nursery and Children’s Centre has procedures for dealing with allegations of abuse against staff and volunteers that comply with guidance from the local authority and locally agreed inter-agency procedures;
- A senior member of the Nursery’s leadership team is designated to take lead responsibility for Child Protection (as well as a senior member of the Children’s Centre);
- Staff undertake appropriate Child Protection training;
- They remedy, without delay, any deficiencies or weaknesses regarding Child Protection arrangements;
- The Chairperson is nominated and trained to be responsible for liaising with the LADO (Local Area Designated Officer) and /or partner agencies in the event of allegations of abuse being made against the Headteacher and is fully trained;
- Where services or activities are provided on the school premises by another body, the body concerned has appropriate policies and procedures in place in regard to safeguarding children and child protection and liaises with the school on these matters where appropriate;
- They review their policies and procedures annually and provide information to the LA about them and about how the above duties have been discharged.

Neither the Governing Body, nor individual governors, has a role in dealing with individual cases or a right to know details of cases (except when exercising their disciplinary functions in respect of allegations against members of staff).

The Headteacher should ensure that:

- The policies and procedures adopted by the Governing Body are fully implemented, and followed by staff;
- Sufficient resources and time are allocated to enable the Designated Senior Persons and other staff to discharge their responsibilities;
- All staff and volunteers feel able to raise concerns about poor or unsafe practice in regard to children, and such concerns are addressed
sensitively and effectively in a timely manner in accordance with agreed whistle blowing policies;

- Liaise with the LADO when managing all allegations made against members of staff.
- Staff are given supervision; opportunities for coaching and training, mutual support, teamwork, continuous improvement and confidential discussion of sensitive issues.
- Written risk assessments are shared with staff, where applicable, and kept on file (this exceeds current guidance).

The Designated Senior Person is responsible for:

Referrals

- Adhering to the procedures set out in the Inter-Agency Procedures which are live and on line on the LSCBN website;
- Referring cases of suspected abuse or allegations to the relevant investigating agencies;
- Acting as a source of support, advice and expertise within the educational establishment;
- Notifying the child’s Family Worker if there is an unexplained absence or another concerning elements which may need to be monitored.

Training

- Keeping detailed accurate written records in a secure location and knowing how to transfer and archive these records;
- Transferring copies of records confidentially to new settings/schools;
- Ensuring all staff and volunteers access basic awareness raising training at least every three years;
- Understanding the importance of signs and indicators of abuse and how ‘minor’ concerns when seen within a cumulative context can form a picture of significant harm;
- Recognising when it is appropriate to make a referral;
- Having a working knowledge of how LSCBs operate, the conduct of a Child Protection Case Conference and be able to attend and contribute to these;
- Ensuring that all staff have access to and understand the Child Protection and Safeguarding policies;
- Ensuring that Safeguarding/Child Protection Induction is given in addition to general induction process.
- Obtaining access to resources and attending refresher training courses at least every two years;
- Attending relevant multi agency training (www.lscbnorthamptonshire.org.uk).

Raising Awareness

- Ensuring the Child Protection and Safeguarding policies are
updated and reviewed annually and working with the Governing Body regarding this;
- Ensuring all staff (teaching and non-teaching) and volunteers fully comply with the School and Children's Centre policies and procedures;
- Ensuring parents are made aware of the Child Protection/ and Safeguarding policies which alert them to the fact that referrals may be made and the role of the establishment in this to avoid conflict later;
- Where a child leaves the School or Children’s Centre, ensuring any Child Protection files are copied and the copy sent to the new establishment ASAP, separately from the main pupil file. The originals should be kept by the establishment. The sending and receiving of files should be evidenced;
- When admitting a new child/family, where there are existing Child Protection records that have not been passed on, these records must be chased within a reasonable timescale;
- When details of the receiving establishment are not known, schools should follow the 'Missing Child' procedure. If the child is subject to a Child Protection Plan the Social Worker must be informed and arrangements must be made to transfer the files.

All staff and volunteers must:
- Fully comply with the school's policies and procedures;
- Attend appropriate training;
- Be vigilant to child welfare concerns at all times;
- Inform one of the Designated Senior Persons of any concerns.

Identifying Children Who May Be Suffering Significant Harm

Staff at the School and Children’s Centre are well placed to observe physical, emotional or behavioural signs which indicate that a child may be suffering significant harm. The relationship between staff, children, parents and the public which foster respect, confidence and trust can lead to disclosures, of abuse, and/or staff being alerted to concerns. When considering possible indicators of abuse, staff should:
- Always listen to the child, particularly to what is said spontaneously;
- Consider whether the normal behaviour of the child has changed;
- Note if there is any history or pattern of unexplained injury/illness;
- Be aware of any delay by parents/carers in seeking medical help;
- Be aware of any inconsistencies in explanations in terms of what staff know about the child;
- Be aware that children may seem compliant, unafraid and attached to their parents/carers;
- Take note of any inappropriate responses from parents/carers;
- Record concerns on "Cause for Concern Sheet";
• Always keep information confidential (inform only the Designated Senior Person for Child Protection who will keep recorded concerns secured in a locked cabinet).

**Definitions/Categories of Abuse:**
As in the Children’s Acts 1989 and 2004, a child is anyone who has not yet reached his/her 18th birthday.

**Harm** means ill-treatment or impairment of health and development, including, for example impairment suffered from seeing or hearing the ill-treatment of another. **Development** means physical, intellectual, emotional, social or behavioural development; **Health** includes physical and mental health; **Ill-treatment** includes sexual abuse and other forms of ill-treatment which are not physical.

**Abuse and Neglect** are forms of maltreatment. Somebody may abuse or neglect a child by inflicting or failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting; by those known to them, or more rarely, by a stranger. They may be abused by an adult or adults or another child or children.

**Neglect** is 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 and clothing, 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 takers); or
- Ensure access to appropriate medical care or treatment;
- It may also include neglect of, or unresponsiveness to a child’s basic emotional needs.

**Physical Abuse** may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of or deliberately induces illness in a child.

**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 (E.g. rape, or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may include non-contact activities, such as involving children in looking at, or in the production of, sexual online 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 commit acts of sexual abuse as can other children.

**Emotional Abuse** is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child’s emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. 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 the 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 cyber-bullying) 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, though it may occur alone.

**Possible Indicators of Abuse**

Please note that this is not a definitive list and further details can be found on the staff notice board and in the “Making Children Safer” Child Protection guide.

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<th>Possible Indicators Of…..</th>
<th>Examples</th>
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| General Abuse             | - Acting out/aggression  
                            - Fearful of carers  
                            - Unexplained changes in behaviour or demeanour/withdrawal  
                            - Sleeping or eating disturbances |
| Physical Abuse            | - Bruises – any bruising on infants, multiple bruises in clusters, bruises with a defined outline (e.g. hand, fingerprints), grasp marks  
                            - Burns, bites and scars – clear impressions of teeth, cigarette burns, linear burns, old scars which may have not received medical attention  
                            - Fractures – swelling and lack of use of limbs, fractures in children under 1 year, alleged unnoticed fractures  
                            - Other – poisoning, ingesting of damaging substances (includes drugs/alcohol) |
| Emotional Abuse           | - Abnormal attachment (e.g. anxious or seemingly non-existent attachments)  
                            - Failure to attach  
                            - Developmental delay  
                            - Aggression |
• Low self-esteem, lacking confidence, frozen watchfulness particularly in children under 5
  **There is an element of emotional abuse in all other categories**

Sexual Abuse

• Inappropriate sexualised conduct including sexually explicit behaviour/play/conversation
• Continual and inappropriate masturbation
• Anxiety in removing clothing
• Genital pain, itching or chronic infections (particularly in girls)
• Injuries to genitals, buttocks, thighs

Neglect

• Basic needs unmet by carers
• Failure to thrive
• Frequent absences
• Child left alone or with adults who are intoxicated or violent

All Staff also need to be familiar with, and understand, the dangers of Child Sexual Exploitation (CSE) and Female Genital Mutilation (FGM). They need to be aware of children who may be vulnerable and be able to identify those who are at increased risk of these forms of abuse. They should also be familiar with possible indicators of these types of abuse.

Further information for staff is available on the staff Safeguarding Noticeboard. (Also see appendices 5 and 6).

**Taking Action to Ensure That Children Are Safe at Gloucester Nursery School/Children’s Centre and At Home**

All staff follow the LSCBN procedures and “Northamptonshire Thresholds and Pathways” Procedures which are consistent with ‘Working Together to Safeguard Children’ 2013.

It is not the responsibility of the staff to investigate welfare concerns or determine the truth of any disclosure or allegation. All staff however have a duty to recognise concerns and maintain an open mind.

Accordingly all concerns regarding welfare of children will be recorded and discussed with the Designated Senior Person with responsibility for Child Protection (or another senior member of staff in the absence of the Designated Senior Person) prior to any discussion with parents.

**Staff will immediately report the following to the DSP:**

• Any disclosure of abuse or neglect from a child;
• Any suspicion that a child is injured, marked or bruised in a way which is not attributable to the normal knocks or scrapes received in play;
• Any explanation given which appears inconsistent or suspicious;
• Any behaviours which give rise to suspicions that a child may have suffered harm (E.g. worrying drawings or play);
• Any concerns that a child may be suffering from inadequate care, ill-treatment, or emotional maltreatment;
• Any concerns that a child is presenting signs or indicators of abuse or neglect;
• Any significant changes in a child’s presentation, including non-attendance;
• Any hint or disclosure of abuse from any person;
• Any concerns regarding person(s) who may pose a risk to children (E.g. living in a household with children present).

**Responding to Disclosure**

Disclosures or information may be received from children, parents or members of the public. Gloucester Nursery School and Children’s Centre recognises that those who disclose such information may do so with difficulty, having chosen carefully to whom they will speak. Accordingly all staff will handle disclosures with sensitivity and respond appropriately to disclosures from children, being mindful of their level of development in relation to their level of communication, understanding and emotional maturity. Information cannot remain confidential and staff will immediately communicate what they have been told to the Designated Senior Person and make contemporaneous record.

**Principles**

Staff will not investigate but will, wherever possible, document information to pass on the Designated Senior Person in order that she can make an informed decision of what to do next. Documentation must include date, time, name of the child/adult(s) involved, context (e.g. while drawing) and a detailed description of what was said. It is suggested that staff write exactly the child’s words. Any scribbled notes must be written up on a blue cause for concern form and the notes destroyed.

Staff will:
• Listen to and take seriously any disclosure or information that a child may be at risk of harm;
• Try to ensure that the child/person disclosing does not have to speak to another member of staff;
• Clarify the information;
• Try to keep questions to a minimum and of an ‘open’ nature e.g. ‘Can you tell me about it?’ rather than ‘Did x hit you?’
• Try not to show signs of shock, horror or surprise;
• Not express feelings or judgements regarding any person alleged to have harmed the child;
• Explain sensitively to the child/person disclosing that they have a responsibility to refer the information to the Designated Senior Person for Child Protection;
• Reassure and support the child/person as far as possible;
• Explain that only those who ‘need to know’ will be told;
• Explain what will happen next and that the child/person will be involved as appropriate.

**Action by the Designated Senior Person (s)**

Following any information raising concern, the Designated Senior Person will consider:

• Any urgent medical needs of the child;
• Discussing the matter with other agencies involved with the family and gathering all information from other staff etc;
• Consulting with appropriate agencies, e.g. Customer Services Centre/MASH, Social Care;
• The child’s wishes (as far as is appropriate).

Then decide:

• Wherever possible, to talk to parents, unless to do so may place a child at risk of significant harm, impede any police investigation and/or place the member of staff or others at risk;
• Whether to make a child protection referral to social care because a child is suffering or is likely to suffer significant harm and if this needs to be undertaken immediately using the Inter-agency Referral Form

**OR**

• Not to make a referral at this stage;
• If further monitoring is necessary;
• If it would be appropriate to undertake an assessment e.g. CAF and/or make a referral for other services.

All information and actions taken, including the reasons for any decisions made, will be fully documented. All referrals to social care will be accompanied by the inter-agency referral form.

**Action Following a Child Protection Referral**

The Designated Senior Person or other appropriate member of staff will:

• Make regular contact with Social Care Referral Team;
• Wherever possible, contribute to the Strategy Discussion;
• Provide a report for, attend and contribute to any subsequent Child Protection Conference;
• If the child or children become subject to Child Protection Plan contribute to the Plan and attend Core Group Meetings and Child Protection Conferences;
• Where possible, share all reports with parents prior to meetings;
• Where in disagreement with a decision made e.g. not to apply Child Protection Procedures or not to convene a Child Protection
Conference, attempts should be made to address this by the appeals procedure outlined in the LSCBN procedures;
- Where a child with a Child Protection Plan moves from the Nursery or goes missing, immediately inform the key worker in Social Care.

**Recording and Monitoring**

Accurate records will be made as soon as practicable and will clearly distinguish between observation, fact, opinion and hypothesis. All records will be signed and dated, any information given will be recorded verbatim where possible and a note made of the location and description of any injuries seen.

All Child Protection documents will be retained in a ‘Child Protection’ file, separate from the child’s main file. This will be locked away and only accessible to the Headteacher and Senior Designated Persons. These records will be copied and transferred to any school or setting the child moves to, clearly marked ‘Child Protection, Confidential, for attention of Designated Senior Person for Child Protection.’

**Supporting the Child and Partnership with Parents**

- The Nursery and Children’s Centre recognise that the child’s welfare is paramount, however good child protection practice and outcome relied on a positive, open and honest working partnership with parents;
- Whilst we may, on occasions, need to make referrals without consultation with parents, we will make every effort to maintain a positive working relationship with them whilst fulfilling our duties to protect any child;
- We will provide a secure, caring, supportive and protective relationship for the child;
- Children will be given a proper explanation (appropriate to age and understanding) of what action is being taken on their behalf and why;
- We will endeavour always to preserve the privacy, dignity and right to confidentiality of the child and parents. The Designated Senior Person will determine which members of staff ‘need to know’ personal information and what they ‘need to know’ for the purpose of supporting and protecting the child.

**Managing Allegations**

If an allegation against a member of staff is made it must be referred to the Head teacher (if the allegation is against the Head teacher it must be referred to the Chair of the Governing Body). This must be done immediately and it is essential that information is not shared with others as actions must be in keeping with statutory procedures.

*For more detail on procedures for managing allegations of abuse against staff, volunteers, students, contractors etc. refer to the Safeguarding Children policy for steps to be taken.*
*(Also consult Whistleblowing Policy).*
Policy Review

This policy will be reviewed annually and any significant changes agreed by the Governing Body.

This policy was reviewed and revised in December 2013.
Approved by the Governing Body:

Date: .........................................................

Review Date: December 2014
APPENDICES

Appendix 1

PROTECTING YOURSELF FROM ALLEGATIONS OF ABUSE

Guidelines for good practice
All practitioners should take care not to place themselves at risk of allegations of abuse. It is vital that precautions are taken to protect themselves. They should:

- Attend training – ensure training is updated;
- Complete accident records – make sure signed names and details are recorded (including parents names);
- Record Incident reports – as above, but also record incidents which don’t lead to injury;
- Note existing injuries – record when children arrive, parents/carers to sign;
- Complete the attendance register – keep up to date, record times of arrival/departure;
- Remember ratios – keep to statutory guidelines;
- Be aware of medication reactions – obtain written permission, keep records of times and reactions;
- Take care with personal/intimate care – encourage independence;
- Interact appropriately with child – never use physical punishment; never handle a child roughly; never use inappropriate language; never force cuddles or kisses;
- For car travel – gain written consent
- Ensure no child is left with an unregistered childminder or members of staff who are not CRB cleared.

If an allegation is made:
- Follow LSCB procedures;
- Inform Ofsted;
- Inform insurers;
- Seek legal advice;
- Inform the LADO;
- Keep records of meetings, calls, letters etc.
- Consult www.lscbnorthamptonshire.org.uk

Extra Advice
- Behave appropriately. E.g. clothing; relationships with child and parents/carers;
- Know the families and children;
- Know the policies;
- Treat as individuals.
HELPING CHILDREN TO STAY SAFE

Curriculum Links
Protective Behaviours needs to be embedded in the curriculum to help children to stay safe and so they know what to do if they don’t feel safe. Activities which emphasise the value of feelings so children can begin to build up an understanding of what ‘safe’ feels like for them. It is then possible to introduce children to early warning signs, physiological, intuitive feelings that are there for a reason.

- To stay safe children need to:
  a) Understand what abusive behaviour is;
  b) Respect their own bodies and those of others;
  c) Be able to identify unsafe situations;
  d) Be able to communicate feelings;
  e) Have confidence to report adults or children who act inappropriately.

- Use ‘what if’ questions to teach personal safety. E.g. “What would you do if got lost?”

- Encourage children to:
  a) Say ‘NO’ – if something is uncomfortable;
  b) Break the rules if they feel in danger;
  c) Shout for help.

- Tell children ‘not’ to:
  a) Accept gifts from strangers;
  b) Keep secrets;
  c) Talk to strangers;
  d) Wander off.
Appendix 3

RECORD KEEPING

Why record?
- Provides permanent record for future reference which may be used for evidence in legal proceedings or inspections or for monitoring/quality assurance purposes;
- To fulfil statutory requirements;
- Helps with continuity and tracking.

Guidelines
- As soon as practitioners have any concerns about a child written records must be kept;
- These are confidential and must be kept separate from your normal records;
- Be aware of security – storage, transferring information, who information will be shared with, how long records will be kept, the arrangements for destruction of records;
- Record information required for the purpose of providing the service;
- They must be factual, accurate, objective, signed, dated and clearly written in ink, do not use correction fluid;
- Records and observations must be made within 24 hours of the incident for it to be admissible evidence.

Record
- Name of child;
- Current date and time;
- Child’s date of birth;
- What else happened, where it happened, when (date and time) and details of others who were there;
- What actions were taken;
- Distinguish facts from opinion;
- If a child’s behaviour is concerning a practitioner, write down observation – support observation with an explanation;
- Whether the parents have been spoken to and the outcomes of any discussion including their version of events and any inconsistencies;
- Make sure that reports are clear and concise.
Appendix 4

ANTI BULLYING

What is bullying?

‘The intentional hurting of one person by another, where the relationship involves an imbalance of power. It is usually repetitive or persistent; although some one off attacks can have a continuing harmful effect on the victim.’
(Anti-Bullying Alliance Statement of Purpose)

Bullying is not:
- A one off fight or argument;
- A friend sometimes being nasty;
- An argument with a friend.

What are the different forms?
- **Verbal** – name calling teasing, threatening, spreading rumours;
- **Physical** – hitting, pushing, pinching, kicking;
- **Emotional** – ignoring or isolating, taking or damaging possessions; being forced to hand over money, being forced to do things against own will;
- **Cyber** – using text, e-mail or web space to write or say hurtful things about your child;
- Being attacked or abused because of religion, gender, sexuality, disability, appearance or ethnic or racial origin.

How to recognise if a child is being bullied

Some children are good at hiding their feelings. Practitioners might be aware that there is a problem when a child:
- Has a lack of friends;
- Anxious;
- Deterioration in work and concentration levels;
- Reluctance to socialise;
- Has negative views of themselves;
- Demands attention – seeks approval;
- Complains of feeling ill;
- Unexplained cuts and bruises;
- Damaged/missing possessions.

Safeguarding Guidance 2006:

‘All settings in which children are provided with services should have in place rigorous enforced anti-bullying strategies.’
Appendix 5

Safeguarding Information – Child Sexual Exploitation
Guidance for Staff

Sexual exploitation of children and young people is child sexual abuse. A more thorough definition is provided from joint work between project members of the 'National Working Group for Sexually Exploited Children and Young People' (NWG) 2008.

“Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive ‘something’ (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities. Child sexual exploitation can occur through the use of technology without the child’s immediate recognition; for example being persuaded to post sexual images on the Internet/mobile phones without immediate payment or gain. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common. Involvement in exploitative relationships being characterised in the main by the child or young person’s limited availability of choice resulting from their social/economic and/or emotional vulnerability.”

“Someone taking advantage of you sexually, for their own benefit. Through threats, bribes, violence, humiliation, or by telling you that they love you, they will have the power to get you to do sexual things for their own, or other people’s benefit or enjoyment (including: touching or kissing private parts, sex, taking sexual photos)” (As defined by the Young Women’s Group, New Horizons: 2008 (the Nia project & The Children Society).

Sexual exploitation can take many forms from the seemingly ‘consensual’ relationship where sex is exchanged for attention, affection, accommodation or gifts, to serious organised crime and child trafficking. What marks out exploitation is an imbalance of power within the relationship. The perpetrator always holds power over the victim, increasing the dependence of the victim as the exploitative relationship develops.

Technology can also play a part in sexual abuse, for example, through its use to record abuse and share it with other like-minded individuals or as a medium to access children and young people in order to groom them. A common factor in all cases is the lack of free economic or moral choice.

Disclosures or concerns need to be referred to the Designated Senior Person immediately.
Appendix 6

Safeguarding Information - Female Genital Mutilation
Guidance for Staff

Ofsted has introduced questions on female genital mutilation (FGM) into its safeguarding inspection schedule. Inspectors will check whether Designated Senior Persons have sufficient awareness of the signs of FGM and of the action that should be taken in cases where it is suspected.

Female genital mutilation (FGM) is a surprisingly common form of abuse in the UK. It is a collective term for all procedures involving the partial or total removal of external female genitalia for cultural or other nontherapeutic reasons. In the UK, where it is considered to be child abuse, FGM is illegal. It is also illegal to take a child abroad for FGM purposes.

There are four types of FGM:
1. **clitoridectomy** – partial or total removal of the clitoris
2. **excision** – partial or total removal of the clitoris and the labia minora, with or without the excision of the labia majora
3. **infibulation** – narrowing of the vaginal opening
4. **all other harmful non-medical procedures** to female genitalia.

The practice is normally carried out on girls between the ages of 4 and 13, although the majority of cases are thought to take place between the ages of 5 and 8.

FGM is practised in 28 African countries and in parts of the Middle East and the Far East. It continues to be practised in some communities in Western Europe.

Countries in which FGM is particularly common practice include:
- Burkina Faso
- Djibouti
- Egypt
- Eritrea
- Ethiopia
- The Gambia
- Guinea
- Liberia
- Mali
- Mauritania
- Sierra Leone
- Somalia
- Sudan.

The procedure has no health benefits and can cause: severe bleeding; infection; problems urinating; potential childbirth complications leading to deaths of newborn babies.
The impact of undergoing FGM is not only physical; the fact that the procedure has been inflicted on the girl by her family makes it particularly traumatic. The time when FGM is most likely to take place is at the start of the summer holidays, although it can take place anytime. Longer holidays are often a common time for it to be arranged, as there is then sufficient time for the girl to recover before returning to school.

**Risk factors**
Schools should be particularly alert for signs when a girl comes from a community where FGM is practised. Other risk factors include:
- where the family is less integrated within UK society
- where the mother or other women in the extended family have also been subject to FGM
- where a girl has been withdrawn from sex education lessons and there is a reluctance for her to be informed about her body and her rights.

**Indicators that FGM is imminent**
Indicators that it might be about to take place include:
- being a girl between the ages of 4 to 8 within a community where FGM is practised
- when a female family elder visits, particularly if she arrives from another country
- a girl talking about a ‘special procedure’ or saying that she is attending a special ceremony to become a woman
- a girl being taken out of the country for a prolonged period (although remember it is carried out in the UK, also).

**Indicators that it has taken place**
Indications that FGM has already taken place include:
- a girl having difficulty walking, sitting or standing
- she spends longer than normal going to the toilet
- she spends long periods of time away from the classroom during the day because of bladder or menstrual problems
- prolonged or repeated absences from school or college withdrawal or depression when a girl returns to school after a prolonged period of absence
- reluctance to undergo normal medical examinations.

As FGM is a form of child abuse, it must be referred to the Designated Senior Person immediately. At this stage the school will not share the concerns with the child’s family as this may increase risk to the girl.

**Referral**
The Designated Senior Person will refer concerns to the CSC/MASH who may approach the police for assistance and there might be a joint investigation.