



St. Paul's Nursery School and Children's Centre Safeguarding Policy and Procedures

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Role of signatory: Chair of Governors

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1. Introduction

1.1 Aims

St. Paul's Nursery School and Children's Centre is committed to Safeguarding all children, young people and vulnerable adults that we come into contact with. Safeguarding the welfare of the child is the paramount consideration in every situation. All staff and volunteers are expected to share this commitment.

Safeguarding children is vital for our setting, as part of the legal requirements of our Ofsted registration. Having safeguards in place within our setting not only protects and promotes the welfare of children but also it enhances the confidence of staff, volunteers, parents/carers, management or governors, and the general public.

The purpose of this Safeguarding Policy is to achieve a nurturing and child-centred environment where children can have fun and be safe. So, to ensure their safety, we adopt the following Safeguarding policies and procedures.

1.2 Definitions

Safeguarding is a relatively new term which is broader than 'Child Protection' as it also includes Prevention and Early Help.

Safeguarding has been defined as:

'The action we take to promote the welfare of children and protect them from harm...is everyone's responsibility...defined as protecting children from maltreatment; preventing impairment of children's health or development; ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and taking action to enable all children to have the best outcomes.'
Working Together to Safeguard Children 2018

For the purposes of Child Protection legislation the term 'child' refers to anyone up to the age of 18 years.

1.3 Law, guidance and other policies

This policy is consistent with the Every Child Matters framework and operates within the 1989 Children Act, the 2004 Children Act, and the national statutory guidance 'Working Together to Safeguard Children' March 2015:

<https://www.gov.uk/government/publications/working-together-to-safeguard-children>

The procedures we follow have been laid down by the South West Child Protection Procedures: www.swcpp.org.uk

and the Bristol City Council (BCC) Bristol Safeguarding Children Board:

<http://www.bristol.gov.uk/page/children-and-young-people/bristol-safeguarding-children-board>



Early Years providers have a duty under section 40 of the Childcare Act 2006 to comply with the welfare requirements of the Early Years Foundation Stage (EYFS). This Safeguarding Policy works in conjunction with the following policies, procedures and forms highlighted in the EYFS welfare requirements:

1. Child Protection:

- Safeguarding Training Log
- Social media Policy
- eSafety policy
- Child Looked after policy

2. Suitable People:

- Single Central Register
- LA recruitment and selection policy
- Staff Suitability Checklist

3. Staff qualifications, training, support and skills:

- Code of Conduct
- Key information for staff
- Staff induction checklist
- Induction Programme
- Confidentiality Agreement
- LA Whistleblowing Policy
- LA Disclosure Policy and Procedures
- Supervision Policy
- Staff development policy
- Volunteer policy

4. Key person, staff: child ratios

- Guidance for embedding the role of the key person
- Provision Plan
- Staff Ratios

5. Health

- Consent for medication Form
- List of notifiable diseases
- Sample Menu
- Procedure for recording accidents
- Accident Forms
- Major incident forms
- First Aiders
- Supporting Pupils with medical needs
- Food Policy



6. Managing Behaviour

- Behaviour policy
- Anti-bullying policy
- Individual Behaviour Plans
- Positive Handling Guidelines

7. Safety and suitability of premises, environment and equipment:

- No smoking statement
- Copy of public liability insurance
- Daily room checks and garden log
- Disposal of body fluids
- Risk assessment Index
- Missing child procedures
- Outings checklist
- Trip consent form
- Trips/outings policy
- Procedures for staff and visitors arrival and departures
- Guidance for contractors
- Sample signing in sheet and procedures
- Evacuation Plan
- Evacuation/lockdown policy
- Lock Down procedures
- Premises management Documents
- Health and Safety Policy
- Risk Assessments

8. Special Educational needs

- Inclusion Policy
- SEND Core Offer
- Individual Risk assessments

9. Information and Records:

- Membership form
- "All about me" form
- Key Values
- Vision statement
- Reflective wheel
- Nursery Complaints procedures
- Admission Policy
- Transition Policy
- Home visiting Policy
- partnership with parents Policy
- Data Protection
- Collection, arrival and departure policy
- Teaching and learning policy



1.4 Values, Beliefs and Principles

We adhere to the following Safeguarding and Child Protection principles, values and beliefs:

- We believe that children have a right to grow up safe from harm, and the safety and well-being of the children is always our paramount concern.
- Children will be listened to and respected.
- All children, young people and vulnerable adults have an equal right to protection from abuse, regardless of their age, race, religion, ability, gender, language, background or sexual identity.
- Disabled children and children with behavioural difficulties are particularly vulnerable to abuse.
- Working in partnership with other agencies and sharing information appropriately is essential in promoting the welfare of children.
- Partnership working with parents appropriately means that outcomes are generally better for children.
- The most vulnerable children are safer in an environment which offers effective Safeguarding. It's possible that workers who are safeguarding children may only have one small piece of the jigsaw, and proactive Safeguarding may expose the full extent of any abuse.
- Children rarely lie about abuse.
- Safeguarding measures must acknowledge the 'child's world' and how individual children give meaning to their experience. Workers must avoid making assumptions about this experience, and avoid making judgments based on their own stereotypes or prejudices. This policy focuses on a child-centred approach in order to promote a more effective safeguarding system than when adult's interests dominate.
- The Equality Act 2010 puts a responsibility on public authorities to have due regard to the need to eliminate discrimination and promote equality of opportunity. This applies to the process of identification of need and risk faced by the individual child and the process of assessment. No child or group of children must be treated any less favourably than others in being able to access effective services which meet their particular needs.



1.5 Responsibilities and Leadership

This policy applies to staff, trainees, volunteers, visitors and parents using our School and Children's Centre. We deliver services at various venues, and this policy and procedure will apply in all these contexts. We expect services delivered by partner organisations to have Safeguarding and Child Protection procedures in place.

1. Staff responsible for Child Protection: Lucy Driver, Head teacher, Jet Davis Deputy head teacher and Michaela Willcox, Family and Community Locality manager. In the absence of these, matters should be brought to the attention of members of the safeguarding team who are Cate Peel, Robin Taylor and Claire Chessell or the most senior member of staff on duty at the time or the Governor responsible for Safeguarding and Child Protection.

2. Governing Body Members responsible for Safeguarding and Child Protection: Prue Willmott

The Governors of our School and Children's Centre have an important Safeguarding role. All The Governors should be DBS certificated every 3 years.

A non-staff member of the Governors should be nominated and appointed annually as the member Responsible for Safeguarding and Child Protection. The Head teacher should ensure this process takes place. This member will receive reports from the Head teacher of any occasions when there are concerns or issues of Child Protection.

The Governor responsible for Safeguarding and Child Protection should be invited to attend Multi-Agency Safeguarding training with Bristol Safeguarding Training Board every three years.

Safeguarding should be a standing agenda item at every Governing Board meeting. The Governor responsible for Safeguarding and Child Protection should be invited by the Chair to give regular verbal updates to the Board concerning Safeguarding matters.

The Governor responsible for Safeguarding and Child Protection should provide an annual report, prepared with the safeguarding leads, and delivered to the Governing Board Members on:

- Changes to the Safeguarding and Child Protection Policy and/or Procedures;
- Safeguarding and Child Protection Training undertaken by the designated person, other staff, volunteers and Governing Board members
- The number of Child Protection incidents/cases (without name or detail); and
- The place of Safeguarding and Child Protection issues in planning.

The Governing Body will review this policy annually, to ensure it is being implemented. Appropriate action will be taken if deemed necessary.



2. Prevention

2.1 Safer Recruitment

St. Paul's Nursery School and Children's Centre acknowledges that paedophiles and those that pose a threat to children may be attracted to employment that allows them access to children and young people. As part of this policy we will ensure that people working with our children are safe to do so.

2.1 (i) Staff

Recruitment at St. Paul's Nursery School and Children's Centre is made safer by carrying out the following procedures:

Step 1 – Planning Recruitment: As soon as the need for recruitment is established, a recruitment manager should be appointed who is responsible for ensuring that the BCC policies on Safer Recruitment are adhered to – usually the Head teacher or Business manager. A recruitment panel should be formed containing at least one senior member of staff/ Governing Board member/Local Leader who has successfully passed the Safer Recruitment Training. A timetable for recruitment should be created allowing sufficient time to make all the relevant checks at each stage of the selection process.

Step 2 – Job Description & Person Specification: The job description and person specification should make reference to Safeguarding.

Step 3 – Advertisement: The advertisement will contain reference to our commitment to Safer Recruitment.

Step 4 – Candidate Pack: The candidate pack will include a copy the School and Centre Safeguarding Policy. Candidates will be asked to use a standard BCC Application Form, containing: Full and former names, DOB, current address, NI number, DCSF number, Academic/ vocational qualifications, full chronological employment history (disclosing any gaps and reasons for leaving). Personal CV's will not be accepted nor will other versions of application forms.

Step 5 – Selection: The panel will scrutinise the application forms for breaks in service, reasons for leaving etc. Suspicious gaps etc. would not automatically bar a candidate from short-listing but the panel would make further checks, including supplementary interview questions and/or requests for clarification from the candidate prior to the interview.

Step 6 – Notification of interview: In the invitation to interview letter candidates will be asked to bring 2 forms of ID, including drivers licence and/or passport and 2 proofs of address e.g. utility bill, proof of entitlement to work in UK (if not UK citizen).

Step 7 – Taking References: Two references will be taken prior to interview. Should references contain disciplinary information or Safeguarding concerns omitted by the candidate, the invitation to interview will be withdrawn. The selection panel will have access to the references prior to the interview and may ask supplementary



questions about information contained within them. Generic or pre-written references will not be accepted.

Step 8 – The selection process: The formal interview will contain a range of Safeguarding questions, with supplementary questions used to further assess a candidates understanding/ motivations and reasoning regarding Safeguarding issues. Supplementary interview questions may relate to concerns/ queries about information given in initial application.

Step 9 – Making a conditional offer: Once a candidate has been selected, a conditional offer will be made based on the following background checks: References (checked prior to interview), verification of identity, Disclosure and Barring Service (DBS) certification (processed by BCC), criminal record self-disclosure (although declaration of spent convictions will not automatically bar a candidate), verification of qualifications and professional status. For non-UK residents, DBS certification alone will not be sufficient and additional checks will be sought from the candidate’s country of origin. Above checks **MUST** be carried out before the successful candidate is allowed to begin work. If a DBS has been applied for and not yet available the member of staff can work within the boundaries of the risk assessment.

2.1 (ii) Supply and Temporary Staff: Supply teachers/staff and temporary staff are subject to the same level of vigilance. Supply agencies must provide evidence that all Safeguarding checks have been completed. Where a supply teacher or temporary staff member is employed by the School and Centre directly, a new DBS check will be completed prior to the teacher/practitioner working within the setting.

2.1 (iii) Parents and Volunteers: We value volunteers and encourage parents/carers to become involved in supporting the setting. Any parent/carer or volunteer with access to children, and without direct supervision from a member of staff, will be expected to provide two satisfactory references. They do not necessarily need a DBS check if the Head teacher decides that they are always supervised, so not in a regulated activity (i.e. close and unsupervised contact with children).

2.1 (iv) Students: Students will be expected to give their college as a reference, to ensure that they are suitably placed within the organisation. Students above 16 years old will be expected to have a satisfactory DBS check. Students will be able to start a placement with us prior to receiving the outcome of the DBS check, subject to staff carrying out a risk assessment, and students at no time having unsupervised contact with children. The placement will be offered pending a satisfactory DBS check, and will be subject to a probationary period as agreed with their supervisor. Students will only be allowed to accompany children to the toilet or change their nappies or clothes with a member of staff unless they have completed their probationary period and hold a current DBS

2.1 (v) Monitoring: Although we are committed to Safer Recruitment procedures, we must continue being vigilant after a member of staff/volunteer/student has started working within our setting and staff must know the procedures and channels open should concerns arise (See Whistle Blowing Policy). All staff and volunteers



will be required to be DBS checked every **3** years. Staff will be expected to attend training to keep up to date and informed on Child Protection issues.

2.2 Effective Practice

We aim to establish and maintain an ethos where children feel secure and are encouraged to communicate, and are responded to. We will ensure all children have effective means of communication with more than one adult and we provide opportunities for individual or small group discussions about thoughts and feelings in an atmosphere of trust, acceptance and tolerance. Staff and volunteers should ensure that all children make good progress in our Nursery School and Centre, recognising that ineffective Safeguarding can lead to underachievement.

The delivery of the EYFS promotes Personal, Social, Health and Emotional development in all children and should ensure that children are both listened to and encouraged to talk about their feelings. Children should be taught how to recognise risks, how to respond to them, and an awareness of whom they can turn to for help. We will include in the curriculum, activities and opportunities which will equip children with the skills and knowledge they need to fulfil their potential.

2.3 Environment

The environment should always be planned in ways which minimise the risks to children e.g. physical layout and surroundings, clear roles for everyone, supervising people. Concerns about children’s welfare will always be taken very seriously. We will display our ‘Safeguarding Statement’ in all its rooms.

2.4 Staff guidelines

Where possible, staff and volunteers should always try to ensure they are working with a minimum of two children.

All staff and governors will be DBS certificated, to be renewed every 3 years.

We will enable all our staff and those who work here to make informed and confident decisions regarding Safeguarding. We expect staff and volunteers to have read, understood and adhere to the Safeguarding policy and related procedures.

Staff **MUST** keep their personal mobile phones/cameras in their lockers. They can be taken out and used in the staffroom, but must not be used where children are present. If staff need to be contacted in emergency situations this must be done through the Reception Office’s landline.

No images of children are to be used for any publicity without parental permission. Only the child’s first name should be used in picture captions.

Staff and volunteers should be made aware of Safeguarding practice during Induction, staff meetings, locality meetings and other training opportunities.



Effective practice in staff teams should be ensured with effective recruitment, training, supervision and appraisal procedures.

The safeguarding leads should discuss ongoing matters relating to effective Safeguarding practice with the Governor Responsible for Safeguarding and Child Protection as necessary.

2.5 Training and support

All staff will be given Safeguarding and Child Protection training within 12 months of starting work and retrained if there are significant changes in policy. All staff will receive refresher Safeguarding and Child Protection training every 3 years with annual updates. They will have clear roles and expectations of their behaviour and conduct at work.

Staff will have additional opportunities to speak about Safeguarding concerns through their Supervision sessions (statutory requirement of the EYFS). These sessions will promote ‘a culture of mutual support, teamwork and continuous improvement which encourages the confidential discussion of sensitive issues’ (EYFS). Safeguarding, and concerns about other staff will be a standing agenda item for all supervision sessions.

Selected frontline staff will also receive training on the Single Assessment Framework (SAF) to aid in assessing a child’s additional needs and deciding how those needs should be met and co-ordinate service provision.

Senior staff will undertake Level 3 Bristol Safeguarding Children’s Board multi-agency training, consistent with guidelines. This training will be updated every 3 years.

Records of staff and Governor training should be kept updated in the Safeguarding and Child Protection Training Log (see Appendix).

2.6 Parents/Carers

We are committed to helping parents/carers understand their responsibility for the welfare of all children. Parents/carers should be made aware of our commitment by including a ‘Safeguarding Statement’ in the Parent Pack, which is also displayed in rooms. The full safeguarding policy will be available on request or via our website.

Before children start in our setting, parents/carers will be asked for a list of adults who can collect their child. They will also need to provide a password so that staff can verify their identity. Parents/carers will need to say who is collecting their child when they bring them in.

Where possible, any Safeguarding concerns should be discussed with parents/carers and the safeguarding lead should seek agreement to making referrals. We have a duty of care to share Child Protection and Safeguarding information with the knowledge of the parent/carer, unless to do this would place the child at increased risk of significant harm. Parents/carers will be informed that it is



our practice to share information and that this will be transferred to their child’s receiving school.

No adults are to use mobile phones in groups. This particularly includes camera phones and video. If any adults need to use a phone then they need to leave the group and inform a practitioner that they are leaving the room.

No images of children are to be used for any publicity without parental/carer permission. Only the child’s first name should be used in picture captions.

2.7 Visitors

Reception staff need to ask visitors to sign in/out and issue them with a dated VISITOR Badge. They need to show them where to go if they are not familiar with the building.

Reception staff need to ensure that visitor’s phones/cameras are stored in a secure place if they are seeing children unsupervised. All staff need to check where visitor’s phones/cameras are if they are seeing children unsupervised (this will be additional to the Reception check for added safety). If visitors need to use their phones/cameras to take photos of the children, the parents/carers and the Head teacher must give their consent.

2.8 e-Safety

e-Safety encompasses Internet technologies and electronic communications such as mobile phones and wireless technology. It highlights the need to educate professionals, parents/carers and children about the benefits and risks of using new technology and provides safeguards and awareness for users to enable them to control their online experiences.

e-Safety depends on effective practice at a number of levels:

- Responsible ICT use by all staff and service users; made explicit through policies.
- Sound implementation of e-Safety policy in both administration and curriculum, including secure network design and use.
- Safe and secure broadband, including the effective management of content filtering.

2.8 (i) Internet use

The purpose of Internet use in the Nursery and Centre is to raise educational standards, to promote achievement, to support the professional work of staff and to enhance management information and administration systems.

Internet use is a necessary tool for learning. It is an essential element in 21st century life for education, business and social interaction. Access to the Internet is therefore an entitlement for staff and parent/carers who show a responsible and mature approach to its use. Our Nursery and Centre has a duty to provide quality Internet access.



Benefits of using the Internet in education include:

- Access to learning wherever and whenever convenient
- Access to world-wide educational resources including museums and art galleries
- Educational and cultural exchanges world-wide
- Access to experts in many fields for parent/carers and staff
- Professional development for staff through access to national developments, educational materials and effective curriculum practice;
- Collaboration across support services and professional associations;
- Improved access to technical support including remote management of networks and automatic system updates;
- Exchange of curriculum and administration data with the Local Authority and other bodies

It is acknowledged that, despite the benefits offered by the Internet, unlimited Internet use can have a detrimental effect of the wellbeing of the Nursery and Centre. Staff and parents/carers should therefore be taught what Internet use is acceptable and what is not and given clear objectives for Internet use. Internet access should be planned to enrich and extend learning activities.

All ICT resources at the centre have filtering systems which prevent access to unsuitable sites.

All staff must read and sign the ‘Code of conduct for school employees’ before using any ICT resource at the Nursery and Centre. All staff will be given the e-Safety Policy and its importance explained during Induction. Staff and parents/carers should be aware that Internet traffic can be monitored and traced to the individual user. Discretion and professional conduct is essential. Staff that manage filtering systems or monitor ICT use will be supervised by management and have clear procedures for reporting issues. If staff and parents/carers discover unsuitable sites, the URL (address), time, content must be reported to the Local Authority helpdesk via the Head teacher.

The Head teacher will ensure that the use of Internet derived materials by staff and parents/carers complies with copyright law. Staff and parents/carers should be taught to be critically aware of the materials they are shown and how to validate information before accepting its accuracy. The Nursery School and Centre will work to ensure filtering systems are as effective as possible.

2.8 (ii) Email

Staff and parents/carers must immediately tell the Head teacher if they receive offensive e-mail. E-mail sent to external organisations should be written carefully and authorised before sending, in the same way as a letter written on headed paper. The forwarding of chain letters is not permitted

2.8 (iii) Mobile Phones

No adults are to use mobile phones in the centre or in groups. This particularly includes camera phones and video. If any adults need to use a phone then they need to leave the centre/group and inform a practitioner that they are leaving the room. Sexting of inappropriate messages and images by staff, students and volunteers is unacceptable and will be treated as a breach of the code of conduct.



2.8 (iv) Social Networking (see social media policy)

St Paul's Nursery School and Children's Centre should block/filter access to social networking sites and newsgroups unless a specific use is approved. Staff will be advised never to give out personal details of any kind which may identify the School and Centre, or to 'friend' parents/carers. Staff and parents/carers should be advised not to place School and Centre photos on any social network space.

2.8 (v) Managing emerging technologies

Emerging technologies will be examined for educational benefit and a risk assessment will be carried out by the Head teacher before use is allowed.

2.8 (vi) St Paul's Nursery School and Children's Centre website

The contact details on the website will be the address, e-mail and telephone number. Personal information will not be published. The Head teacher and the business manager will take overall editorial responsibility and ensure that content is accurate and appropriate.

2.8 (vii) Publishing children's' images and work

Photographs that include children will be selected carefully and will be appropriate for the context. Parents/carers and children's full names will not be used anywhere on the Website, particularly in association with photographs. Written permission from parents/carers will be obtained before photographs of children are published on the Centre website. Work can only be published with the permission of parents/carers.

2.8 (viii) Information system security

Centre ICT systems capacity and security will be reviewed regularly. Virus protection will be installed and updated regularly. Security strategies will be discussed with BCC by the Head teacher as necessary.

2.8 (ix) Protecting personal data

Personal data will be recorded, processed, transferred and made available according to the Data Protection Act 1998.

2.8 (x) Assessing risks

The Nursery School and Centre will take all reasonable precautions to prevent access to inappropriate material. However, due to the international scale and linked Internet content, it is not possible to guarantee that unsuitable material will never appear on a Nursery School and Centre computer. We cannot accept liability for the material accessed, or any consequences of Internet access. We will audit ICT use to establish if the e-Safety policy is adequate and that the implementation of the e-Safety policy is appropriate.

2.8 (xi) Handling e-Safety Complaints

Complaints of Internet misuse will be dealt with by the Head teacher. Complaints about abuse must be dealt with in accordance with Child Protection procedures. Parents/carers will be informed of the complaints procedure.



2.8 (xii) Parents/carers info

Parent/carers attention will be drawn to the e-Safety and social media Policies in newsletters, the Parent Pack and on the website.

2.8 (xiii) Monitoring

The Head teacher will monitor the use of computer systems, including access to websites, the interception of e-mail and the deletion of inappropriate materials where it believes unauthorised use of computer system may be taking place, or if the system may be being used for criminal purposes or for storing unauthorised or unlawful text, imagery or sound.

3. Early Help

3.1 Definition

St Pauls Nursery School and Children's Centre aims to provide both universal and targeted services to meet the various individual needs of families in the locality. Providing early help is more effective in promoting the welfare of children than reacting later. Children in need of Early Help are defined as those children who are not attaining one or more of the Five Outcomes for Children:

- Stay safe
- Be healthy
- Enjoy and achieve
- Make a positive contribution
- Economic well-being

- but whose circumstances do not reach Child Protection thresholds. It is important that children in need of Early Help receive this support in a timely fashion to prevent the escalation into abuse and to lessen the risk of harm or impairment. By providing support and information to all families we aim to prevent families reaching crisis point by identifying families that are struggling at an early stage.

3.2 Early Help Procedures

Staff must ensure that they are recognising signs and symptoms of need of Early Help and responding appropriately to adult's and children's disclosure of need of Early Help.

Staff must record signs and symptoms and disclosure of children in need of Early Help. Concerns should be recorded and shared appropriately.

Staff must report a need for Early Help to the Safeguarding Team and discuss the options for the family. Options could include: carry on recording incidents and take no further action at the present time; further discussion with parents/carers and devising and providing a plan for Early Help within the setting; and/or organising extra support with other professionals. As well as offering support in the room/class teams, we can deliver a range of targeted and universal groups for families and children as well as individual support in their own homes. We also signpost families to other agencies where appropriate (i.e. DVA projects).



From January 2014, the procedures in Bristol for referring for Multi-Agency Early Help have been integrated with procedures for Child Protection (see the Child Protection policy below). If staff are clear that they have done all they can in terms of Early Help, but feel that the child and parent/carers still need more than they can provide, they must contact the First Response Team and inform the parents they are doing so. The First Response Team will ask some simple questions or ask to answer a series of questions that will complete a Request for Help form.

Alternatively, when making a request for Early Help, it is possible for staff to fill in an online Request for Help form found through the following link, which will be collected by First Response by the following day:

<https://www2.bristol.gov.uk/form/child-or-young-person-request-support-or-report-concern>

(note: in contrast, Child Protection concerns must ALWAYS be phoned through to First Response on the same day.)

If the child is deemed in need of Early Help by First Response, the Early Help Coordinator will oversee and coordinate a Single Assessment Framework (SAF) for the family to supply them with extra services (this replaces the CAF process). The Centre may be asked to fill in a SAF on behalf of the Early Help Team. The Centre should receive a response about what action is to be taken in terms of Early Help within 10 days from the First Response Team. If it does not receive this, the referral will need to be chased.

The SAF is a key part of delivering frontline services that are integrated and focused around the needs of children and young people. The SAF is a standardised approach to conducting an assessment of a child's additional needs and deciding how those needs should be met. The SAF will promote more effective, earlier identification of additional needs, particularly in universal services. It is intended to provide a simple process for a holistic assessment of a child's needs and strengths, taking account of the role of parents, carers and environmental factors on their development. Practitioners will then be better placed to agree, with the child and family, about what support is appropriate. The SAF will also help to improve integrated working by promoting co-ordinated service provision.

If the staff member is not happy with the response from First Response, the referral should be taken to a higher authority within the First Response Team.

First Response Team 0117 903 6444
Emergency Duty Team 01454 615 165 (out of hours)



4. Child Protection

4.1 Purpose

St. Paul's Nursery School and Children's Centre considers it the duty of staff and volunteers to protect children and young people who they come into contact with from abuse. The Governing Body will work closely with staff to ensure effective implementation of this Child Protection Policy and Procedures, thus ensuring the safety of children. This is part of our Safeguarding children procedure.

4.2 Definitions

Child Protection is defined as:

'Part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.'

Working Together to Safeguard Children 2013

We recognise that we have an explicit duty to safeguard children who are in need, or who may suffer significant harm as defined in the Children Act 1989 and 2004, and the Education Act 2002.

'Working Together to Safeguard Children' (2013) recognises 4 categories of abuse:

- Physical Abuse.
- Sexual Abuse.
- Emotional Abuse.
- Neglect.

These are defined as:

(i) 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, **Fabricated and Induced Illness Syndrome (FIIS)**. Physical abuse also includes **Female Genital Mutilation (FGM) – see 4.13**.

(ii) Sexual Abuse

Includes forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (eg rape, buggery) or non-penetrative acts (kissing, rubbing, masturbation touching on outside of clothing. Sexual abuse need not necessarily involve a high level of violence, nor is solely perpetrated by adult males. Sexual abuse Includes **grooming via the Internet, Sexting** and children viewing or involved in **pornography**.

(iii) Emotional Abuse

The persistent emotional ill treatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It involves conveying to children that they are worthless/unloved, inadequate, or valued only insofar as they meet the needs of another person; age or developmentally



inappropriate expectations being imposed on children; the exploitation or corruption of children; overprotection or preventing a child taking part in normal social activities; serious **bullying (includes cyber bullying)**; seeing or hearing the ill treatment of another person, not giving the child opportunities to express their views; deliberately silencing them or making fun of what they say or how they communicate. This can also include **racist, disability, homophobic or transphobic** abuse

(iv) Neglect

The persistent failure to meet a child's basic physical needs and/or psychological needs, likely to result in the serious impairment of the child's health or development, such as failing to provide adequate food, shelter and clothing; or neglect of, or unresponsiveness to, a child's basic emotional needs. Includes the impact on the unborn child of maternal substance abuse and failure to ensure adequate supervision including the use of inadequate care-givers.

4.3 How to recognise child abuse – Signs and Symptoms

Recognising abuse is the most important duty that staff undertake to ensure that they are protecting children from abuse.

Staff are not responsible for diagnosing or investigating child abuse. However, we do have a clear responsibility to be aware of, and alert to signs that all is not well with a child in our care. Not all concerns about children relate to abuse; there may well be other explanations. It is important that staff at the School and Children's Centre keep an open mind and consider what they know about the child and the child's circumstances.

Set out below are some of the possible signs which may help staff recognise if a child is being abused. Although these signs do not necessarily indicate that a child has been abused, they may help adults recognise that something is wrong. The possibility of abuse should be investigated if a child shows a number of these symptoms, or any of them to a marked degree. If you are worried, it is not your responsibility to investigate and decide if it is abuse. It is your responsibility to act on your concerns and do something about it.

(i) Physical Abuse

- Unexplained recurrent injuries or burns
- Improbable excuses or refusal to explain injuries
- Wearing clothes to cover injuries, even in hot weather
- Refusal to undress for appropriate activities e.g. changing wet clothes
- Bald patches
- Chronic running away
- Fear of medical help or examination
- Self-destructive tendencies
- Aggression towards others
- Fear of physical contact – shrinking back if touched
- Admitting that they are punished, but the punishment is excessive (such as a child being beaten every night to 'make him listen').
- Fear of suspected abuser being contacted

Bruising in a baby who has no independent mobility is very uncommon and it may be an indicator of physical abuse. See BSCB guidance for injuries in non-mobile babies

(ii) Sexual Abuse

- Being overly affectionate or knowledgeable in a sexual way, inappropriate to the child's age
- Medical problems such as chronic itching, pain in the genital, venereal diseases
- Other extreme reactions, such as depression, self-mutilation, suicide attempts, running away, overdoses, anorexia
- Personality changes such as becoming insecure or clinging
- Regressing to younger behaviour patterns such as thumb sucking or bringing out discarded cuddly toys
- Sudden loss of appetite or compulsive eating
- Being isolated or withdrawn
- Inability to concentrate
- Lack of trust or fear of someone they know well, such as not wanting to be alone with a babysitter or child-minder
- Starting to wet again, day or night/nightmares
- Become worried about clothing being removed
- Suddenly drawing sexually explicit pictures
- Trying to be 'ultra-good' or perfect; overreacting to criticism

(iii) Emotional Abuse

- Physical, mental and emotional development lags
- Sudden speech disorders
- Continual self-depreciation (I'm stupid, ugly etc.)
- Overreaction to mistakes
- Extreme fear of new situations
- Inappropriate response to pain ('I deserve this')
- Neurotic behaviour (rocking, hair twisting, self-mutilation)
- Extremes of passivity or aggression

(iv) Neglect

- Constant hunger
- Poor personal hygiene
- Constant tiredness
- Poor state of clothing
- Emaciation
- Untreated medical problems
- No social relationships
- Compulsive scavenging
- Destructive tendencies

4.4 Domestic Violence and Abuse

Domestic violence and abuse (DVA) is the abuse of one person over another who is, or has been, in a relationship. The abuse may be verbal, sexual, physical, emotional, financial or psychological. Both men and women can be abused or abusers. It occurs in all groups and sections of society and may be experienced differently to, and compounded by racism, sexuality, disability, age, religion, culture or class. This can also include **teenage relationship abuse**, **forced marriage** and **gender based violence against women and girls**.

The current government definition describes DVA as:

'Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality.'

Source: Home Office, Domestic Violence: A National Report, 18/9/12.

Staff may be working with children experiencing violence at home. Children experiencing abuse may be affected in a number of different ways. Staff will need to treat them sensitively, record their concerns and consider informing First Response.

We are committed to supporting the wellbeing and safety of children and acknowledge the profound and damaging effects of DVA on them. Children are always affected by living or witnessing DVA. It is estimated that 90% of children are in the same or next room when the abuse occurs. Children may:

- Witness the outcome after the event, by seeing or hearing the violence.
- Be used by the perpetrator to intimidate/blackmail the victim.
- Think that they have triggered the violence.
- Be affected by the physical and emotional effects on the victim.
- Get drawn into violence towards the victim.
- Be physically, emotionally or sexually abused or neglected.

We are committed to taking positive action against DVA and to actively support victims and protect children. Staff will be trained in DVA and Hidden Harm (the effect of DVA on children), and one member of staff will be appointed a DVA link for the setting.

We will create an environment that raises awareness of DVA, and communicates to all parents/carers that it is a safe place to ask for help. Public information posters, leaflets and stickers on DVA, with key telephone numbers and the name of the link contact staff member, will be displayed in communal areas, toilets and other places.

Staff should be able to recognise the signs of DVA, which include:

- Victim tries to hide injuries, or minimises their extent or cause, appears frightened, overly anxious or depressed and/or is submissive or afraid to speak in front of the partner.
- Partner always attends unnecessarily and may refuse to leave, and/or may be aggressive or dominant.



- Children showing the signs and symptoms of physical, emotional, sexual abuse and/or neglect.

If they suspect DVA, staff should take the initiative and use the CAADA Risk Identification Checklist (RIC) (available from safeguarding lead) to ask direct questions to suspected victims and not assume someone else will ask about it. They should not expect there will be a hostile response, as victims say they were glad when someone asked them about their relationships. Staff must always be guided by the need to keep a victim and their children safe, and the fact that everyone who is being abused by someone close to them is the subject of a crime.

Staff should never ask about DVA when anybody else is present; this includes partners, children and other family members. The only exception is when they may need to have a professional interpreter or colleague present. Children or other family members should never be used as interpreters. When using a professional interpreter, staff should check that the specific person is acceptable to the client. Staff should never accept culture or religion as an excuse for DVA.

Staff should think of the DVA conversation as the start of the process, not a one-off event, as not all victims are going to open up the first time they realise that staff think they are being abused. A victim might deny or play down DVA as part of a coping mechanism. Staff should ask questions using the CAADA RIC checklist in a sensitive supporting manner. It’s important to take time to put a victim at ease before asking direct questions.

Staff should be supportive and express concern, and not accuse or patronize. If they think a victim’s injury is inconsistent with their explanation, they should say why they are concerned. Staff should be aware that even if someone is being abused, they may deny it. They should accept ‘no’ as an answer and continue to be supportive, and discreetly offer a DVA card or leaflet with helpline numbers. They should be prepared to ask again in the future.

The conversation should be recorded and reported to the safeguarding lead. If they have serious concerns about a victim’s situation, they should refer the case to the MARAC (Multi-Agency Risk Assessment Conference). If staff and the safeguarding lead have concerns about the safety of the children, the Child Protection policy must be followed.

To email the MARAC: dvmaracbristol@avonandsomerset.pnn.police.uk

4.5 Female Genital Mutilation (FGM)

Female Genital Mutilation (FGM), is a form of physical abuse against children. FGM is also known as female circumcision or female genital cutting. FGM has no health benefits, and it harms girls and women in many ways. It involves removing and damaging healthy and normal female genital tissue, and interferes with the natural functions of girls’ and women’s bodies. FGM is defined by the World Health Organisation as “all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons”. FGM has no health benefits for girls and women and procedures can

cause severe bleeding and problems urinating, and later cysts, infections, infertility as well as complications in childbirth.

The Female Genital Mutilation Act was introduced in 2003 and came into effect in March 2004. It was made illegal to: practice FGM in the UK; take girls who are British nationals or permanent residents of the UK abroad for FGM whether or not it is lawful in that country; and aid, abet, counsel or procure the carrying out of FGM abroad.

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, adolescence, at marriage or during the first pregnancy. However, in the majority of cases FGM takes place between the ages of 5-14 and therefore girls within that age bracket are at a higher risk.

In Bristol we have a number of affected communities that come from areas where FGM is practiced, these include; Somalia, Sudan, South Sudan, Eritrea and Gambia, this is not an exhaustive list but highlights the affected communities that have been working with professionals in Bristol to eradicate FGM and raise awareness of the health risk to those who have had FGM or may be considering it.

The sign that children may be at risk of FGM are as follows: Child is female, from a culture where FGM is practised, and parents request an extended summer holiday to the country of origin.

If staff are concerned that a child is at risk of FGM, they must tell a member of the safeguarding team. The safeguarding lead must request to meet parents in private, and ask them directly if they are seeking to take their daughter abroad to have FGM carried out on her. The safeguarding lead should carry out a BSCB risk assessment and decide if it needs to be referred to First Response or to the Police. A partnership agreement will be drawn up with social care and the parents if necessary. The parents should be told about the referral only if it is felt that it will not bring further risk to the child.

4. 6 Child Sexual Exploitation (CSE)

Child sexual exploitation is where a young person (or a third person or persons) receives “something” (food, gifts, money, affection) as a result of them performing, and /or another or others performing on them, sexual activities.

Risk indicators include:

- Disclosure of older boyfriends
- Gang affiliation
- Receiving gifts/drugs/money
- Missing and truanting
- Coercive relationships
- Trafficking
- Chatting to strangers on line
- Found in risky locations



If a member of staff feels any children, older siblings or young parents are at risk of CSE then child protection procedures should be followed and a referral made to First Response.

4.7 Radicalisation and Extremism (The Prevent Duty)

We have a duty to keep children safe from the dangers of radicalisation and extremism. The EYFS focuses on children's personal, social and emotional development and supports children in age appropriate ways to learn right from wrong, mix, and share with other children and value others views, know about similarities and differences between themselves and others and challenge negative attitudes and stereotypes. St. Paul's nursery school and children's centre actively promote **British Values of democracy, rule of law, mutual respect and tolerance.**

Protecting children from the risk of radicalisation is part of our safeguarding duty and should be responded to as such. All staff should receive prevent awareness training. To raise concerns or to ask for advice with regard to extremism contact First Response or contact 01179455537 channelsw@avonandsomerset.pnn.police.uk

A child may be subjected to a combination of different kinds of abuse. It is also possible that a child may show no outward signs and hide what is happening from everyone.

Staff need to be sensitive to signs of abuse, particularly in children with limited or non-verbal communication. Statistically disabled children and children with behavioural difficulties are more vulnerable to significant harm. Staff should be especially vigilant regarding signs relating to disabled children and not automatically assume that any of the above relates to their impairment.

The quality of relationships staff develop with children is vital in helping to understand unexplained changes in behaviour and /or personality. Small as well as more obvious unexplained changes may indicate a cause for concern. Staff should be made aware of any children who have a social worker and be extra vigilant. Children with a Child Protection Plan who have two days of two consecutive absences without a satisfactory explanation need to report this to the safeguarding lead.

4.8 Dealing with an Emergency

In some instances staff or volunteers may be the first people to recognise that the child may need immediate attention resulting from child abuse. This may need to be your first action. Depending on the circumstances you may need to:

- Telephone for an ambulance or the police (dial 999)
- Ask a doctor to call;
- Ask the parent to take the child to the doctor or the hospital at once;



- Offer to take the parent and child to the hospital/surgery/clinic for immediate medical attention as appropriate;
- Take the child yourself to the hospital/surgery/clinic.

It is important to remember that the child is the legal responsibility of the parents/carers and that person (identified on child’s membership forms) must be involved in the matter as soon as practicable, and **IF IT IS BELIEVED THAT DOING SO PUTS THE CHILD AT NO FURTHER RISK.**

Having taken the necessary emergency action, any suspected abuse must be reported to the safeguarding lead as soon as practicable. If the abuse implicates the Head teacher, the concerns should be discussed with the next tier of line management - the Governing Body member responsible for Child Protection. If necessary, report the disclosure yourself to the LADO and OFSTED.

A record of an account of the emergency must be written retrospectively when it is possible to do so.

4.9 What to do if abuse is disclosed

When a child discloses abuse, the member of staff should take the following action:

- Stay calm.
- Listen to what the child / young person is actually saying.
- Reassure them that they have done the right thing by telling you.
- Do not promise the child that this can be kept secret, as subsequent disclosure could then lead to the child feeling betrayed. Explain that you are obliged to inform other people.
- Reassure the child that the people who will be informed will be sensitive to their needs and will be looking to help protect them. Inform them that it will have to be passed on to the appropriate agencies.
- Make a note of any conversations with the child, trying to make these as detailed as possible, including when and where the conversations took place. Use the body map, if appropriate, to show the position of any bruises or marks the child or young person shows you, trying to indicate the size, shape and colour.
- Record as soon as possible and use the actual words used by the child.
- Keep all records factual. Be aware of not making assumptions or interpretations of what the child / young person is telling you. Store all records securely.
- Do not interrogate the child, or push for more information. Ensure that any questions asked are open, not leading closed questions. Do not ask the child / young person to repeat what they have they told you, for another worker or Governing Body member.
- Discuss your concerns with the safeguarding lead. If the allegations implicate the Head teacher, the concerns should be discussed with the next tier of line management - the named Governing Body member responsible for Child Protection.
- If necessary, report the disclosure yourself to the LADO and OFSTED.



- The person to whom the disclosure was made should ensure that the child who has disclosed the information is informed about what will happen next, so they can be reassured about what to expect.

There may be occasions when a child will disclose abuse which occurred in the past, termed historical abuse. This information needs to be treated in exactly the same way as a disclosure of current child abuse. The reason for this is that the abuser may still represent a risk to children now.

4.10 Recording

Any member of staff or volunteer receiving disclosure of abuse, or noticing possible abuse, must make an accurate record as soon as possible noting what was said or seen, putting the event into context, and giving the date, time and location.

Records should be: clear, use straightforward language, concise, accurate, contemporaneous, dated, presented chronologically, written to differentiate between facts, opinion, judgments and hypothesis, written to show emphasis by underlining and with a mind that the subject of a record does have the right in law to request access to them at any stage. Judgments made, actions and decisions taken, and who agreed and who is responsible should be carefully recorded.

Your records should cover these basic facts:

- What you saw: when and where (this includes the position of any bruises or marks that you have seen on the child, trying to indicate size, colour and shape recorded on the body map)
- What you said: when, where and who to
- What was said to you: when, where and who by
- What you thought and why you thought it
- What you did; and
- Any other relevant information

Find out (if possible) if there have been any previous concerns. It is important to compile an up-to-date case record of important events (a chronology) and also to monitor (and record if appropriate) the child’s behaviour for as long as necessary.

All hand written records will be retained, even if they are subsequently typed up in a more formal report.

Written records of concerns about children should be kept, even when there is no need to make a referral immediately. All records must be seen by the child protection lead before being filed.

All records relating to Child Protection concerns will be kept in a secure place (locked cabinet) and will remain confidential. Confidentiality must be maintained and information relating to individual children/families will be shared with staff on a strictly need to know basis.

Parents/carers must submit a written request to access their child’s file/records.



4.11 Reporting Abuse

It is appropriate to seek support from the Child Protection lead at St. Paul’s nursery school and children’s centre, as to how to deal with situations and confirm appropriate action to take. Any member of staff or volunteer receiving disclosure of abuse, or noticing possible abuse must therefore report their concerns to the safeguarding lead. If the abuse implicates the Head teacher, the concerns should be discussed with the next tier of line management - the Governor responsible for Safeguarding and Child Protection. If necessary, staff should report the disclosure themselves to the LADO and OFSTED.

Staff should discuss the appropriate action to be taken with the safeguarding lead. The discussion should explore any known reasons/factors which may have caused a change in the child’s behaviour (i.e. change in the family set-up, death of a family member etc), or other factors surrounding the direct disclosure (if relevant).

The safeguarding lead may need:

- Accurate factual description of the child’s behaviour and/or appearance without comment or interpretation.
- Body maps – if recording marks/bruises that have been noticed. Two people need to view marks/bruises, then agree and sign these maps. Annotate the maps with brief descriptions, positioning and sizes.
- Exact words spoken by parent/carer if asked to explain child’s behaviour/appearance.

Any observation must be objective and factual, and disclosures offered by the child listened to and recorded without verbal or physical intervention or assumptions and judgements made by staff members.

Possible options for action could be:

A. Carry on recording incidents and take no further action at the present time.

If it is decided that a referral should not be made, it is important to monitor the child’s behaviour closely and carefully record any concerns. Concerns may also be discussed with other agencies as appropriate.

B. Discuss with parents/carers

The child’s parents/carers should be seen at the earliest opportunity to ascertain if there is a known reason for a change in behaviour (e.g. a change in family make-up, death of family member, pet). Staff should remember that if abuse is taking place, it is often not the parents/carers but other family members or friends who are causing it. Parents/carers are often the last to know. Staff should aim to ask the parents/carers for an explanation in the majority of cases.

Staff need take no further action in terms of referring unless the discussion throws up more concerns. They do need to record the discussion, including why they are not referring further.

If staff have concerns that either the child or the parent/carer needs more support, but concerns do not reach Child Protection thresholds, they must make



arrangements to provide the parent/carers with extra support and inform them they are doing so. If necessary, Early Help (see 3. Early Help) can be sought.

If, after discussion with the parents/carers, staff feel that the child is in need of Child Protection, the following options can be pursued.

C Inform parents/carers that you will be referring to the First Response Team (or Social Care if they already have a social worker), because you believe the child to be at risk, IF STAFF BELIEVE DOING SO PUTS THE CHILD OR THEM AT NO FURTHER RISK.

Telling the parent/carer that you are going to report your concern (or, in an emergency, that you have reported your concern) to the First Response Team (or Social Care if they already have a social worker) can be difficult, especially if staff have a close relationship with the child's parent/carer. Staff may feel unsure, uncertain about reporting the matter, nervous about how the parent will react or worried whether what they have seen is really child abuse or not. Nevertheless, staff should aim to tell the parents/carers that they are concerned. It is good practice to explain that injuries to children, particularly small children, must be investigated. It is important to make the parents/carers understand that there is a Safeguarding Policy in place which must be followed. Tell the parent/carer that the Safeguarding Policy is designed to provide protection for children and help for parents.

D Discuss with the First Response Team (or Social Care if they already have a social worker), without informing the parent/carers, IF STAFF BELIEVE DISCUSSING WITH A PARENT/CARER WILL PUT A CHILD OR THEM AT FURTHER RISK.

Staff may also contact the First Response Team and discuss the family without giving contact details of the family. This is called an 'Anonymized Referral'. Any member of staff or volunteer can contact refer to an outside agency to discuss any concerns they have and seek guidance before actually reporting any Child Protection issues. They will be required to identify themselves as professionals. During the course of a call, you may be asked to supply identifying information of the family in order to keep a child safe.

E Contact the Emergency Services

Staff may feel, after discussion, at this stage it is appropriate to contact the emergency services.

Whatever the course of action decided upon on reporting a concern, staff must record the details of the meeting and any action agreed.

4.12 Referring

Referral means sharing information about concerns with outside agencies. If staff are concerned about the welfare of the child, information must be passed on to the appropriate agency. It is important to remember that if you report concerns, you are not reporting the parents/carers – you are reporting to protect the welfare of the



child. A child can be referred to the First Response Team, or the emergency services, or to other services.

Inform parents/carers that you are going to report your concerns (see above 4.7 Reporting). This might not always be possible and should not put the child or yourself at risk. When you report an incident, agencies will ask you if the parent/carer has been informed. If they haven't, they will want to know the reasons why.

If the child has an allocated Social Worker (the details of which will be recorded on the child's membership form) the suspected abuse/information should be directed to them.

Where the referral focuses on disability issues, the Disabled Children Duty Social Worker should be contacted.

If the child is placed for adoption, all enquiries or new information should be directed to the child's allocated Social Worker and, in their absence, if the matter is urgent, to the Duty Social Worker for their team. The procedure for manager allegations against foster carers applies in full.

The First Response Team should be telephoned on the same day staff have the concern on 0117 9036444. Staff should have the following details to hand:

- Name and job title of the staff member, and reasons for the call.
- Name, date of birth, address of nursery and children's centre, language spoken, any disability, present whereabouts, siblings of child.
- Name, address, phone number, present whereabouts of parents/carers.
- All available information about the incident or situation, which has led to the concern: whether it is emotional/physical/sexual abuse or neglect, or any combination of these.
- Details of any account given by the child or any other persons.
- Details of the family GP, or any other professionals known to be working with the family, such as a Social Worker, Physiotherapist or Health Visitor.
- Details of any members of the child's extended family or community who are significant to the child.
- Details of any other person known to be living in or a regular visitor to the child's home.
- Information about any previous incidents or causes for concern that are relevant to this referral.
- Any discussion about the concerns with the parent/carers, if appropriate.
- Any discussion with the child, if appropriate.
- The explanation or comment the child or his/her parent/carer may have made.
- If staff haven't discussed with parents/carers, why not?
- Who else has concerns?
- How long the concerns have been going on.
- What staff think could be happening to the child.
- What action has been taken already, and why it hasn't worked.



- Any other information.
- Staff should make a note of who they spoke to, and date and time.

First Response should use the answers to help them fill in a 'Request for Help' form. They should formally acknowledge the referral within 1 working day and let you know what they have decided to do as a result. If you have not heard anything after 3 working days, take the referral to a higher authority within the First Response Team and tell the First Response worker what you are doing.

Out of hours referrals should be made to the Emergency Duty Team on 01454 615165.

It may be appropriate to contact the Police directly.

4.13 Support to Staff, volunteers or students

As a result of dealing with disclosure or reporting your concerns, you may feel angry or upset. It is important that you are able to work this through. The Governors fully support all members of staff in following this procedure and if you wish, you should talk to the Governor responsible for Safeguarding and Child Protection. In addition, any of the appropriate agencies listed (below Appendix A. Key contacts) will be able to provide support.

4.14 Allegations against a member of staff, volunteer or student

Staff, volunteers or students may also be subject to allegations of abusing children. While support will be offered to the involved person, the staff and Governors will ensure that the investigating agency concerned is given all assistance in pursuing any investigation. The BCC Disciplinary Procedure may be implemented.

The following signs and symptoms may mean that staff, volunteers or students are involved in abuse:

- Paying an excessive amount of attention to a child or groups of children
- Providing presents, money or having favourites
- Seeking out vulnerable children, eg: disabled children
- Trying to spend time alone with a particular child or group of children on a regular basis
- Making inappropriate sexual comments
- Sharing inappropriate images
- Being vague about where they have worked or when they have been employed
- Encouraging secretiveness

If it appears that a member of staff, volunteer or student has behaved in a way that has harmed a child, or may have harmed a child; or possibly committed a criminal offence against or related to a child; or behaved in an inappropriate way towards a child which may have indicated the he or she is unsuitable to work with children, then the following procedures must be followed:



Concerns must be recorded and reported to the safeguarding lead. They will then take steps to ensure that during the remainder of the working day that the person concerned is not left in sole charge of the children or any child.

At the earliest opportunity, the safeguarding lead should contact the Governor responsible for Safeguarding and Child Protection. The safeguarding lead or Governor should contact the Designated Officer within the Early Years and Childcare Service within BCC, unless that is the person about whom there is an allegation. If this is the case, concerns should be reported to an alternative senior manager. The safeguarding lead should make a signed and dated written record of their concerns, observations or the information they have received to pass on to the Designated Senior Officer, and maintain confidentiality and guard against publicity while an allegation is being considered or investigated and follow local information sharing protocols.

The BCC Designated Senior Officer will then contact the Local Authority Designated Offer (LADO) to ask for advice and how to proceed and to give details of concern. The Head teacher may make contact directly with the BCC Designated Officer or the LADO, as appropriate.

The setting should then follow the LADO's advice on how to deal with allegations against staff.

OFSTED should be informed of any allegations of abuse against a member of staff, Governors, or volunteer, or any abuse that is alleged to have taken place on the premises or during a visiting or outing. While support should be offered to the involved, the staff and Governors, will ensure that the agencies concerned are given all assistance in pursuing any investigation.

If it appears that the Head teacher or the Governor responsible for Safeguarding and Child Protection, has behaved in a way that has harmed a child, or may have harmed a child; or possibly committed a criminal offence against or related to a child; or behaved in an inappropriate way towards a child which may indicate that he or she is unsuitable to work with children, then staff should contact the BCC Designated Officer or the LADO directly.

If appropriate, Social Services and/or the Police will be informed by the LADO. Relevant evidence and information will be given by the Nursery and Centre if required. Proven allegations may be deemed as gross professional misconduct and in line with the Bristol City Council Disciplinary Procedures could lead to immediate termination of employment.

St Paul's Nursery and Children's Centre will fully support all members of staff, student or volunteer in following this procedure following an allegation or investigation. While support will be offered to the person where an allegation has been made, the Leadership Team will ensure that the agencies concerned are given all assistance in pursuing any investigation.



Designated Senior Officer for Early Years: Sally Jaeckle Tel: 0117 9224895
sally.jaeckle@bristol.gov.uk

Local Authority Designated Officer (LADO) for Bristol is: Nicola Laird Tel: 0117 9037795
nicola.laird@bristol.gov.uk

4.15 Confidentiality and appropriate disclosure of information

Confidentiality is crucial to all our relationships, but the welfare of the child is paramount. The law does not allow anyone to keep concerns relating to abuse to themselves. Therefore, confidentiality may not be maintained if the withholding of information will prejudice the welfare of the child.

All information that has been collected on any child will be kept locked and secure and confidential between those concerned. Access will be limited to the appropriate staff, management and relevant agencies. In the event of an investigation it is essential that no information on Child Protection concerns relating to a child are disclosed inappropriately. Any such leaks could have serious consequences for both the child concerned and any investigation.

Parents/carers have the right to see any records kept on their child. This might not always be possible, and should not put the child or staff at risk. It is very important that only those who need to know, actually know, to avoid rumour and gossip that could affect the child, parents/carers and the setting.

We are committed to supporting the wellbeing and safety of children and acknowledge the profound and damaging effects of DVA on them. Children are always affected by living or witnessing DVA. It is estimated that 90% of children are in the same or next room when the abuse occurs. Children may:

- Witness the outcome after the event, by seeing or hearing the violence.
- Be used by the perpetrator to intimidate/blackmail the victim.
- Think that they have triggered the violence.
- Be affected by the physical and emotional effects on the victim.
- Get drawn into violence towards the victim.
- Be physically, emotionally or sexually abused or neglected.

The conversation should be recorded and reported to the safeguarding lead. If they have serious concerns about a victim's situation, they should refer the case to the MARAC (Multi-Agency Risk Assessment Conference). If staff and the safeguarding lead have concerns about the safety of the children, the Child Protection policy must be followed.

To email the MARAC: dvmaracbristol@avonandsomerset.pnn.police.uk



Appendices

Key contacts

Useful Documents and Links

St Paul's Nursery and Children's Centre 'Safeguarding Statement'

Safeguarding Monitoring Form



Key contacts

Emergency: 999

First Response Team 0117 903 6444

North Duty Team

Ridingleaze, Laurence Weston 0117 903 1700

East/Central Duty Team

Welsman, St Paul's 0117 903 6500

South Duty Teams

Broadwalk, Knowle 0117 9031414

Symes House, Hartcliffe 0117 353 2200

Emergency Duty Team 01454 615 165 (out of hours)

Designated Senior Officer for Early Years: Sally Jaeckle: 0117 9224895

sally.jaeckle@bristol.gov.uk

Local Authority Designated Officer (LADO) for Bristol: Nicola Laird: 0117

9037795 nicola.laird@bristol.gov.uk

Bristol Safeguarding Children Board: 0117 903 7780

Bristol Safeguarding Children Board Training: 0117 922 4626

Ofsted Whistle blower Hotline: 0300 123 3155 (Monday to Friday from 8.00am to 6.00pm)

email: whistleblowing@ofsted.gov.uk

WBHL, Ofsted, Piccadilly Gate, Store Street, Manchester M1 2WD

MARAC: dvmaracbristol@avonandsomerset.pnn.police.uk

Next Link Domestic Violence Support (Men, women, children and young people):

enquiries@nextlinkhousing.co.uk 0117 925 0680

National Association for the Prevention of Cruelty to Children (NSPCC), help for adults concerned about a child: 0800 800 5000

Childline, help for children who are being abused: 0800 1111 (open 24 hours)

Integrate Bristol, concerns regarding FGM, 24-hour helpline: 0800 028 3550

Forward (FGM support) www.forwarduk.org.uk Tel:0208 960 4000



Useful Documents and links

BSCB: <http://www.bristol.gov.uk/page/children-and-young-people/bristol-safeguarding-children-board>

South West Child Protection Procedures, provide detailed online information on all aspects of Child Protection: www.swcpp.org.uk

Working Together to Safeguard Children (2013), Department of Education: <https://www.gov.uk/government/publications/working-together-to-safeguard-children>

Submit a Request For Help Online: <https://www2.bristol.gov.uk/form/child-or-young-person-request-support-or-report-concern>

BSCB Threshold Guidance (pdf, 1.3 MB)(opens new window)

OFSTED Whistleblowing: <http://www.ofsted.gov.uk/resources/whistleblowing-ofsted-about-safeguarding-local-authority-childrens-services>

Forward, (Foundation for Women's Health Research and Development), fighting FGM: 0208 960 4000 <http://www.forwarduk.org.uk>

Bristol Against Violence and Abuse: www.bava.org.uk

Recruitment and selection of charity trustees are set out in guidance "Finding New Trustees (CC30)", available from the charity commission www.charity-commission.gov.uk/publications/cc30.asp

Keeping Children Safe in Education (July 2015) Department of Education: <https://www.gov.uk/government/publications/keeping-children-safe-in-education>

Prevent Duty Guidelines: for England and Wales (2015) HM Government <https://www.gov.uk/government/publications/prevent-duty-guidance>

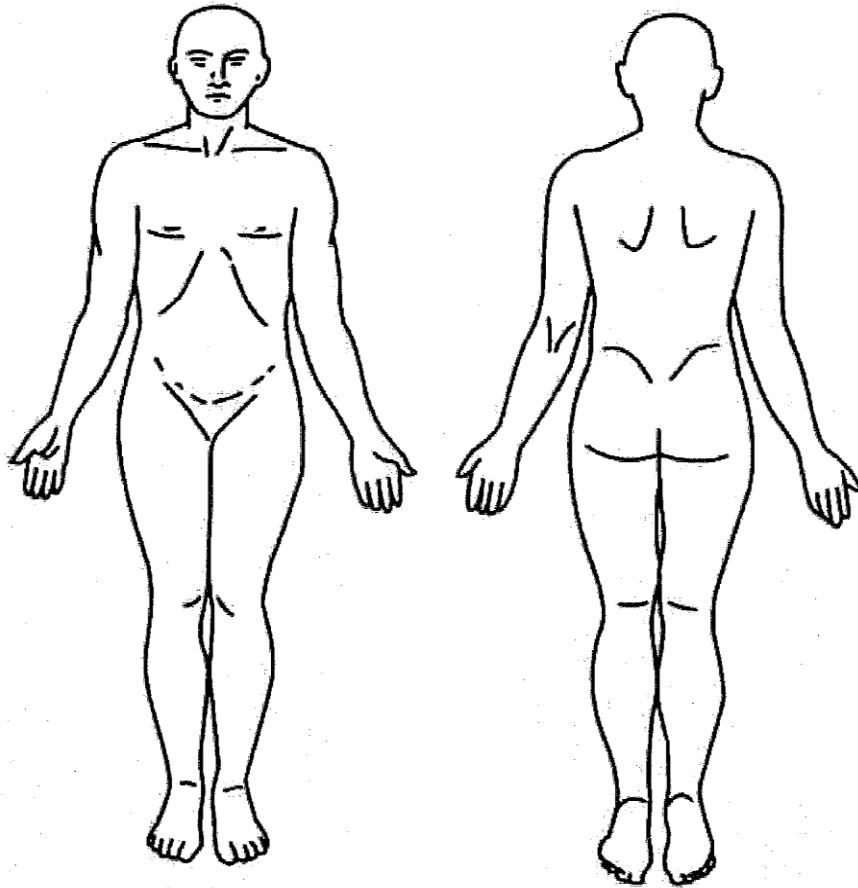
Multi-Agency Guidance for Injuries in NON-MOBILE Babies: Bristol Safeguarding Childrens Board



**St. Paul's Nursery School and Children's centre
Safeguarding Concern and Monitoring**

| | | |
|---|------------------------------|------------------------------------|
| Childs Name | D.O.B | Keyworker |
| Concern: (Please write a concise, factual account of your observation, conversation or concern) | | |
| Action Required: | | |
| Signed: (Person completing the form and role) | Signed: (Room leader) | Signed: (Safeguarding lead) |
| Date: | Date: | Date: |
| Review: | | |
| Signed: | | |
| Date: | | |

Body Map



Description of Concern:

St. Paul's Nursery School and Children's Centre
Safeguarding Statement

St. Paul's Nursery School and Children's Centre is committed to safeguarding all children, young people and vulnerable adults that we come into contact with.

Safeguarding the welfare of the child is paramount consideration in every situation.

Our full safeguarding policy is available from a member of staff or on our website.

Our **DESIGNATED SAFEGUARDING LEADS** are :



**Lucy
Driver**



**Michaela
Willcox**



Jet Davis