

Child Protection Policy

Important contacts

Child Protection Policy
Version 2
15 November 2021

Designated Safeguarding Lead (DSL)	Ellie Graham 07736769711 ellie.graham@stgeorgesdunstable.co.uk
Deputy Designated Safeguarding Leads	Stuart Compton stuart.compton@stgeorgesdunstable.co.uk Holly Howe holly.howe@stgeorgesdunstable.co.uk
Local Authority Designated Lead (LADO)	0300 300 5026/0300 300 8142
Central Bedfordshire Multi Agency Safeguarding Hub (The Access and Referral Hub)	0300 300 8585
Channel helpline	02040 7264

Abbreviations: Where DSL is written in this policy it refers to the Designated Safeguarding Lead or the Deputy Designated Safeguarding Leads. Where 'nursery' is written it refers to Little Steps Nursery. Where 'staff' is written it refers to all staff, students and volunteers working with the children.

1. Aims

1.1. We aim to:

- Provide a safe and secure environment for all children.
- Ensure that appropriate action is taken in a timely manner to safeguard and promote children's welfare.

- Create an environment to encourage children to develop a positive self – image.
- Encourage children to develop a sense of independence appropriate to their age and stage.
- Encourage children to establish fulfilling relationships with their peers and adults around them.

1.2. In order to fulfil these aims:

- Staff are trained on induction and annually thereafter in recognising and reporting safeguarding issues and of their statutory responsibilities with respect to safeguarding.
- Staff read *Keeping Children Safe in Education* Part One and Annex A annually; a copy of this and *Working Together to Safeguard Children* is available for all staff.
- The DSL will receive training every two years.
- Advice will be sought from Children’s Social Care or the Early Help Team and children will be referred to these departments when deemed appropriate.
- Children will be taught about how to keep themselves safe at an age appropriate level.

2. Legislation and Statutory Guidance

- 2.1. This policy is based on the Department for Education’s statutory guidance *Keeping Children Safe in Education (2021)* and *Working Together to Safeguard Children (2018)*. We comply with this guidance and the arrangements agreed and published by our 3 local authority partners.
- 2.2. This policy also meets requirements relating to safeguarding and welfare in the statutory framework for the Early Years Foundation.
- 2.3. Full Legal references can be found in Appendix 1.

3. Definitions

3.1. Safeguarding and promoting the welfare of children is 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

- Taking action to enable all children to have the best outcomes
- 3.2. Child protection – is part of this definition and refers to activities undertaken to prevent children suffering, or being likely to suffer, significant harm.
 - 3.3. Abuse – is a form of maltreatment of a child and may involve inflicting or failing to act to prevent harm. Types of abuse are outlined in Appendix 2.
 - 3.4. Neglect – is a form of abuse and 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. Appendix 2 defines neglect in more detail.
 - 3.5. Children – includes everyone under the age of 18.
 - 3.6. The following 3 safeguarding partners are identified in Keeping Children Safe in Education (and defined in the Children Act 2004, as amended by Chapter 2 of the Children and Social Work Act 2017). They will make arrangements to work together to safeguard and promote the welfare of local children, including identifying and responding to their needs:
 - The Local Authority (LA) - Central Bedfordshire Council
 - The Clinical Commissioning Group for the area - Bedfordshire Clinical Commissioning Group
 - The chief officer of police for an area any part of which falls within the local authority area – Bedfordshire Police

4. Equality Statement

- 4.1. Some children have an increased risk of abuse, and additional barriers can exist for some children with respect to recognising or disclosing it. We are committed to anti discriminatory practise and recognise children’s diverse circumstances. We ensure that all children have the same protection, regardless of any barriers they may face.
- 4.2. We give special consideration to children who:
 - Have special educational needs or disabilities
 - Are young carers
 - May experience discrimination due to their race, ethnicity, religion, gender identification or sexuality
 - Have English as an additional language
 - Are known to be living in difficult situations

- Are at risk of FGM, sexual exploitation, forced marriage or radicalisation
- Are asylum seekers
- Are at risk due to their own or a family member's mental health needs
- Are looked after or previously looked after.

5. Roles and Responsibilities

5.1. Safeguarding and child protection is everyone's responsibility. This policy applies to all staff, volunteers and student staff in the nursery. Our policy and procedures also apply to extended school and off-site activities.

5.2. All staff:

5.2.1. All staff will read and understand Part 1 and Annex A of the Department for Education's statutory safeguarding guidance, *Keeping Children Safe in Education*, and review this guidance at least annually.

5.2.2. Staff will be aware of:

- Our systems which support safeguarding, including this child protection policy, code of conduct, the role and identity of the designated safeguarding lead (DSL) and deputies, the behaviour policy, and the safeguarding procedures outlined in section 15 of this policy.
- The process for making referrals to the Local Authority Children's Social Care and the Early Help Team, including the role they might be expected to play.
- What to do if they identify a safeguarding issue or a child tells them they are being abused or neglected, and how to maintain an appropriate level of confidentiality while liaising with relevant professionals.
- The signs of different types of abuse and neglect and associated indicators, as well as specific safeguarding issues, such as Child Sexual Exploitation (CSE), FGM and radicalisation.

5.3. The Designated Safeguarding Lead (DSL):

5.3.1. The DSL is a member of the senior leadership team. Our DSL is Ellie Graham. The DSL takes lead responsibility for child protection and wider safeguarding.

5.3.2. The DSL or deputies will be available during nursery hours for staff to discuss any safeguarding concern. If not on the premises

the DSL can be emailed using the contact details in this policy.

5.3.3. The DSL will be given the time, resources, training and support to:

- Provide advice and support to other staff on child welfare and child protection matters
- Take part in strategy discussions and multi-agency meetings and/or support other staff to do so
- Contribute to the assessment of children
- Refer suspected cases, as appropriate, to the relevant body (local authority children's social care, Channel programme, Disclosure and Barring service, and/or Police), and support staff who make such referrals directly.
- Act as the 'case manager' in the event of an allegation of abuse made against another member of staff or volunteer, where appropriate.

5.3.4. The DSL will keep the Nursery Manager informed of any issues and liaise with the local authority case managers and designated leads for child protection concerns as appropriate.

5.3.5. The full responsibilities of the DSL and deputies are set out in their job description.

5.4. **The Nursery Manager**

5.4.1. The Nursery Manager is responsible for the implementation of this policy and associated procedures, including:

- Ensuring that staff and volunteers are informed of our systems to support safeguarding, including this policy, as part of their induction
- Communicating this policy to parents via the website
- Ensuring that the DSL has appropriate time, funding, training and resources, and that there is always adequate cover if the DSL is absent
- Ensuring that all staff undertake appropriate safeguarding and child protection training and update this regularly
- Ensuring that relevant staffing ratios are met, where applicable
- Making sure each child in the Early Years Foundation Stage is

assigned a key person

6. Confidentiality

- 6.1. All suspicions, enquiries and external investigations are shared only with those who need to know and staff should not discuss the actual or alleged behaviour of another person publicly. However, it is understood that:
- Timely information sharing is essential to effective safeguarding.
 - Fears about sharing information are not to stand in the way of the need to promote the welfare, and protect the safety, of children.
 - The Data Protection Act (DPA) 2018 and GDPR do not prevent, or limit, the sharing of information for the purposes of keeping children safe.
 - If staff need to share 'special category personal data', the DPA 2018 contains 'safeguarding of children and individuals at risk' as a processing condition that allows practitioners to share information without consent if it is not possible to gain consent, it cannot be reasonably expected that a practitioner gains consent, or if to gain consent would place a child at risk.
- 6.2. If staff are in any doubt about sharing information, they should speak to the DSL.

7. Training

- 7.1. All staff members, students and volunteers will undertake safeguarding and child protection training at induction, to ensure they understand the school's safeguarding systems and their responsibilities and can identify signs of abuse or neglect. This training will be regularly updated and will be in line with advice from the 3 safeguarding partners.
- 7.2. All staff will have training on the government's anti-radicalisation strategy, Prevent, to enable them to identify children at risk of being drawn into terrorism and to challenge extremist ideas.
- 7.3. Staff will receive regular safeguarding and child-protection updates as required but at least annually.
- 7.4. The DSL will undertake safeguarding training at least every two years and will update their knowledge and skills at regular intervals.
- 7.5. At least one person conducting any interview for a post at the school will have undertaken safer recruitment training.
- 7.6. All staff who have contact with children and families will have supervisions with the DSL or Nursery Manager which will provide them with support, coaching and training, promote the interests of children

and allow for confidential discussions of sensitive issues.

8. Procedure for responding to safeguarding or child protection concerns

- 8.1. Staff, volunteers and student staff must follow the procedures set out below in the event of a safeguarding issue.
- 8.2. *Please note – you should take any references to the DSL to mean ‘the DSL or deputy DSL’*
- 8.3. If a child is suffering or likely to suffer harm, or in immediate danger:
 - 8.3.1. Staff will discuss the concern with the DSL, fill in a reporting concerns form and hand it to the DSL. In the extraordinary circumstance that the DSL and deputies are unavailable, the DSL should be telephoned or emailed. This should not delay reporting the incident, anyone can report to the Police or Multi Agency Safeguarding Hub.
 - 8.3.2. The DSL will file the concern in a confidential folder and discuss the concern with staff members as appropriate
 - 8.3.3. The DSL will discuss the concern with the parents/carers unless it is felt that by doing so would put the child’s welfare at risk
 - 8.3.4. Should the DSL feel that there is risk of harm to the child, the Multi Agency Safeguarding Hub (MASH) will be contacted
 - 8.3.5. If the child is at significant risk of harm, shows failure to thrive or neglect, appropriate referrals will be made and if necessary and EHA or BIC 100 will be completed.
 - 8.3.6. If a referral to the Local Authority is not deemed necessary, ongoing concerns will be monitored in a diary of incidents. If the situation does not improve or worsens, referral will be reconsidered.
- 8.4. Our aim is to identify early indicators of abuse and provide support before the situation escalates. However, if at any point there is a risk of serious immediate harm to a child a referral to the MASH or Police should be made immediately and can be made by anybody.
- 8.5. **Disclosures**
 - 8.5.1. Where a child has made a disclosure to you, staff will:
 - Listen to the child, allowing them time to talk freely and not asking leading questions

- Stay calm and not show shock or upset
- Tell the child they have done the right thing in talking about it.
- Explain, in age appropriate language, what will happen next and not promise to keep it a secret
- Write up the conversation on a 'Reporting Concerns' as fully as possible using the child's words
- Hand the form to the DSL as soon as possible.

8.6. Concerns about a child (as opposed to believing a child is suffering or likely to suffer harm, or is in immediate danger)

- Speak to the DSL and fill in a Reporting Concerns form.
- If, in exceptional circumstances, the DSL or deputies are not available, this should not delay appropriate action being taken. Speak to a member of the Senior Leadership Team or phone the MASH or NSPCC for advice.
- The DSL will discuss referral and monitoring options with you
- If referral is not relevant, monitor the situation and raise again if concerns continue or escalate
- If referral is deemed necessary the DSL will make a referral through the MASH.
- The LA Social Care Team will either take action and inform the referrer or will deem that no formal assessment is required
- If no formal assessment is undertaken by the LA, the nursery will consider Early Help Assessment and access other support as appropriate

8.7. Referral

8.7.1. If it is appropriate to refer the case to the LA Children's Social Care or the Police, the DSL will make the referral to the MASH on the phone number above, or support you to do so.

8.7.2. If you make a referral, you must tell the DSL as soon as possible.

8.8. Early Help

8.8.1. If Early Help is appropriate, the DSL will complete an Early Help form with the parents and lead on liaising with other agencies and set up a multi-agency assessment as appropriate. Staff may be required to support other agencies and professionals in an early help assessment, in some cases acting as the lead practitioner.

8.8.2. The DSL will keep the case under constant review and a referral to the MASH will be considered if the situation does not seem to be improving.

9. Notifying parents

9.1. In most circumstances, we will discuss any concerns with the child's parents/carers. The DSL, deputy DSL or Nursery Manager will do this in the event of a suspicion or disclosure.

9.2. Parents are not informed prior to making a referral if:

- There is a possibility that a child may be put at risk of harm by discussion with a parent/carer, or if a serious offence may have been committed
- There are potential concerns about sexual abuse, fabricated illness, FGM or forced marriage
- Contacting parents puts another parent at risk; situations where one parent might be at risk of harm e.g. domestic abuse

9.3. If allegations have been made against other children, we will notify the parents of all the children involved, while maintaining confidentiality with respect to the names and identity of other children.

10. Concerns about a staff member or volunteer

10.1. If there are concerns about a member of staff, or an allegation is made about a member of staff or volunteer posing a risk of harm to children, these should be raised with the DSL.

10.2. If the concern/allegation is about the DSL it should be taken to the Nursery Manager, alternatively a referral can be made directly to the LADO.

10.3. The DSL and/or Nursery Manager will then follow the 'Allegations against a member of staff procedure'.

10.4. Where appropriate, the school will inform OFSTED of the allegation and actions taken, within the necessary timescale.

11. Record keeping

11.1. All safeguarding concerns, discussions, decisions made and the reason for those decisions, must be recorded in writing.

11.2. All safeguarding records are kept in paper form. Confidential records are kept in a folder in a locked filing cabinet, if the case becomes complex or other agencies become involved an individual folder will be set up for the case to be held next to, but not included within, the child's personal folder.

- 11.3. Non confidential records are easily accessible. Confidential records are held securely and only available to those who have a right or professional need to see them.
- 11.4. Safeguarding records relating to an individual child will be retained for a reasonable period of time after they have left the nursery.
- 11.5. If a child for whom the nursery has, or has had, safeguarding concerns moves to another school or nursery, the DSL will ensure that their child protection file is forwarded if it is felt that not doing so would put the child at significant risk of harm. This will happen promptly and securely, and separately from any other documentation. In addition, if the concerns are significant or complex, the DSL will speak to the DSL of the receiving school to allow them to make any preparations necessary to ensure the safety of the child.

12. Pupils with special educational needs and disabilities (SEND)

- 12.1. We recognise that children with SEND can face additional safeguarding challenges. Additional barriers can exist when recognising abuse and neglect in this group, including:
 - Assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration
 - Pupils being more prone to peer group isolation than other pupils
 - The potential for pupils with SEND being disproportionately impacted by behaviours such as bullying, without outwardly showing any signs
 - Communication barriers

13. Female Genital Mutilation (FGM)

- 13.1. Staff will be alert to symptoms that would indicate that FGM has occurred, or may be about to occur, and take appropriate safeguarding action. The DSL should contact the police immediately as well as refer to MASH if they believe that FGM may be about to occur.
- 13.2. It is illegal to undertake FGM or to assist anyone to enable them to practice FGM under the Female Genital Mutilation Act 2003, it is an offence for a UK national or permanent UK resident to perform FGM in the UK or overseas. The practice is medically unnecessary and poses serious health risks to girls. FGM is mostly carried out on girls between the ages of 0-15, statistics indicate that in half of countries who practise FGM girls were cut before the age of 5.
- 13.3. Symptoms of FGM in very young girls may include difficulty walking,

sitting or standing; painful urination and/or urinary tract infection; urinary retention; evidence of surgery; changes to nappy changing or toileting routines; injury to adjacent tissues; spends longer than normal in the bathroom or toilet; unusual and /or changed behaviour after an absence from the setting (including increased anxiety around adults or unwillingness to talk about home experiences or family holidays); parents are reluctant to allow child to undergo normal medical examinations; if an older sibling has undergone the procedure a younger sibling may be at risk; discussion about plans for an extended family holiday

14. Children and Young People Vulnerable to Extremism or Radicalisation

- 14.1. The nursery has a duty to identify and respond appropriately to concerns of any child or adult at risk of being drawn into terrorism.
- 14.2. There are potential safeguarding implications for children and young people who have close or extended family or friendship networks linked to involvement in extremism or terrorism.
- 14.3. The DSL will familiarise themselves with LSP procedures and will follow guidance in relation to how to respond to concerns regarding extremism and ensure that staff know how to identify and raise any concerns in relation to this with them.
- 14.4. The DSL will know how to refer concerns about risks of extremism/radicalisation to their LSP safeguarding team or the Channel panel, as appropriate.
- 14.5. The DSL will also ensure that they and all other staff working with children and young people understand how to recognise that someone may be at risk of violent extremism.
- 14.6. The designated person should understand the perceived terrorism risks in relation to the area that they deliver services in.
- 14.7. It is good practice to seek the consent of the person, or for very young children, the consent of their parent/carer prior to making a referral, but it is not a requirement to seek consent before referring a concern regarding possible involvement in extremism or terrorism if it may put a child at risk, or if an offence may have been or may be committed. Advice should be sought from the MASH, as to whether or not consent should be sought on a case-by-case basis. The DSL should be mindful that discussion regarding potential referral due to concerns may be upsetting for the subject of the referral and their family. Initial advice regarding whether an incident meets a threshold for referral can be sought from the relevant local agency without specific details such as names of the family being given in certain circumstances.

- 14.7.1. Consent is required prior to any individual engaging with a Channel intervention. Consent is usually sought by Channel partners.
- 14.8. If there is a concern that a person is already involved in terrorist activity this must be reported to the Anti-Terrorist Hot Line 0800 789 321-Text/phone 0800 0324 539. Police can be contacted on 101.

15. Concerns about Children Affected by Gang Activity/Serious Youth Violence

- 15.1. Staff will be aware that children can be put at risk by gang activity, both through participation in and as victims of gang violence. Whilst very young children will be very unlikely to become involved in gang activity they may potentially be put at risk by the involvement of others in their household in gangs, such as an adult sibling or a parent/carer.

16. Forced Marriage/Honour Based Violence

- 16.1. Forced marriage is a marriage in which one or both spouses do not consent to the marriage but are forced into it. Duress can include physical, psychological, financial, sexual and emotional pressure. In the cases of some vulnerable adults who lack the capacity to consent coercion is not required for a marriage to be forced. A forced marriage is distinct from an arranged marriage. An arranged marriage may have family involvement in arranging the marriages, but crucially the choice of whether to accept the arrangement remains with the prospective spouses.
- 16.2. Forced marriage became criminalised in 2014. There are also civil powers for example a Forced Marriage Protection Order to protect both children and adults at risk of forced marriage and offers protection for those who have already been forced into marriage.
- 16.3. Risks in relation to forced marriage are high and it is important that practitioners ensure that anyone at risk of forced marriage is not put in further danger. If someone is believed to be at risk it is helpful to get as much practical information as possible, bearing in mind the need for absolute discretion, information that can be helpful will include things like, names, addresses, passport numbers, national insurance numbers, details of travel arrangements, dates and location of any proposed wedding, names and dates of birth of prospective spouses, details of where and with whom they may be staying etc. Forced marriage can be linked to honour-based violence, which includes assault, imprisonment and murder. Honour based violence can be used to punish an individual

for undermining what the family or community believes to be the correct code of behaviour.

16.4. In an emergency police should be contacted on 999.

17. Complaints and concerns about school safeguarding policies

17.1. Complaints related to safeguarding will be dealt with by the DSL.

17.2. All complaints will be fully investigated.

17.3. The DSL will respond to the person making the complaint in writing once all evidence has been gathered, explaining the outcomes of the investigation where appropriate.

17.4. The DSL and Nursery Manager will identify any lessons learnt and put in place any training required.

17.5. We have written procedure for dealing with complaints from parents/carers and keep a record of complaints and their outcomes.

17.6. This section is considered in conjunction with our whistle-blowing policy.

18. Monitoring Arrangements

18.1. This policy will be reviewed annually by the DSL.

19. Linked Policies and Procedures

19.1. This policy should be read in conjunction with the following procedures:

St. George's School
incorporating **Little Steps Nursery School** Nursery
28-30 Priory Road
Dunstable, LU5 4HR
01582 661471
www.stgeorgesdunstable.co.uk
info@stgeorgesdunstable.co.uk



- Allegations against staff, volunteers or agency staff
- Visitor or intruder on the premises
- Uncollected child
- Missing child
- Incapacitated parent
- Death of child on site
- Looked after children
- E-safety
- Key Person Supervision

19.2. This policy links to the following policies:

- Behaviour
- Peer on Peer Abuse Policy
- Whistleblowing
- Staff code of conduct
- Complaints
- Health and Safety
- Equality
- First Aid

15 November 2021
Ellie Graham, Principal

Appendix 1: Legal References and Further Guidance

Legal references

Primary legislation	Data Protection Act 2018
Children Act 1989 – s 47	Modern Slavery Act 2015
Protection of Children Act 1999	Sexual Offences Act 2003
Care Act 2014	Serious Crime Act 2015
Children Act 2004 s11	Criminal Justice and Court Services Act (2000)
Children and Social Work Act 2017	Human Rights Act (1998)
Safeguarding Vulnerable Groups Act 2006	Equalities Act (2006)
Counter-Terrorism and Security Act 2015	Equalities Act (2010)
General Data Protection Regulation 2018	Disability Discrimination Act (1995)
	Data Protection Act (2018)
	Freedom of Information Act (2000)

Further Guidance

Working Together to Safeguard Children (HMG 2018)

Statutory Framework for the Early Years Foundation Stage 2021

What to Do if You're Worried a Child is Being Abused (HMG 2015)

Prevent duty guidance for England and Wales: guidance for specified authorities in England and Wales on the duty of schools and other providers in the Counter-Terrorism and Security Act 2015 to have due regard to the need to prevent people from being drawn into terrorism' (HMG 2015)

Keeping Children Safe in Education 2018

Education Inspection Framework (Ofsted 2019)

The framework for the assessment of children in need and their families (DoH 2000)

The Common Assessment Framework (2006)

Statutory guidance on inter-agency working to safeguard and promote the welfare of children (DfE 2015)

Appendix 2: Types of abuse

In order to fulfil your professional role, recognition and response is key. Should you notice any of the following indicators of abuse you should speak to the DSL and fill in a Reporting Safeguarding Concerns Form.

Emotional Abuse – is the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child’s emotional development. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone. Indicators of this type of abuse include:

- Low confidence/self esteem
- Controlling parent/carer
- Consistent attention seeking behaviour
- Child puts no value on their work/achievements
- Unable to accept compliments
- Parent puts inappropriate expectations on the child
- Child reports being encouraged to commit illegal act
- Child reports witnessing domestic abuse or violence of another
- Child reports serious bullying
- Overprotection of child

Neglect – is the persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in serious impairment of the child’s health or development. Indicators of this type of abuse may include:

- Lack of cleanliness
- Inappropriate clothing
- Underweight/overweight

- Consistent attention seeking behaviour
- Inappropriate language
- Continual absence from school
- Exclusion from home/abandonment
- Lack of bond with parent

Physical abuse – may involve hitting, shaking, throwing, poisoning, burning and 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 induced, illness in a child. Indicators of this type of abuse may include:

- A mark is left on the child (bruise, scratch etc.)
- Parent fabricates symptoms of illness
- Child is inappropriately covered up (i.e. long sleeves in summer)
- Child is kept off school for long periods
- Inconsistent stories about bruises/marks
- Starvation/ force feeding
- Anticipation of physical abuse while being told off
- Role-playing situations of abuse
- Untreated illness/injury
- Asking for protection (including non verbal)
- Bloating caused by water logging
- Bruising just to the ear

If you are unsure as to whether a mark is accidental or not, please refer to NSPCC core info leaflets in Safeguarding File.

Sexual abuse – involves forcing or enticing a child 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. This may involve physical contact (penetration, kissing etc.) or not (children looking at/watching sexual activities etc.). Indicators of this type of abuse may include:

- Doesn't form relationships easily
- Bruising/ marks/ blood from genital area or upper legs
- Over sexuality – inappropriate sexual language and knowledge
- Role-play sexual abuse
- Child reports witnessing pornographic material

Further indicators of abuse of children with disabilities:

- Force feeding
- Excessive restraint
- Rough handling
- Deprivation of food, liquid, medication, food or clothing
- Misuse of medication e.g. sedation or tranquilisation