



Knowle West Nursery School

Safeguarding and Child Protection Policy

Date Agreed: 27th May 2022

Review Date: 27th May 2023

Signed by: Lesley Edwards

Signature:

Role of Signatory: Chair of Governors

You are advised that a printed version may not be the latest available version. The latest version, which supersedes all previous versions, is available on the shared drive. Those to whom this policy applies, are responsible for familiarising themselves with the latest version and for complying with the policy requirements at all times.

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Key Safeguarding Information

1. At Knowle West Nursery School (KWNS), we work with children, parents and the community to ensure the safety of children and to give them the very best possible start in life. We will focus on building open, trusting, supportive and respectful relationships with the families we serve. We aim to build an environment in which children are safe from any kind of abuse, where any concerns are addressed early to stop them from escalating, and where everyone can achieve the best possible outcomes. The welfare of children is paramount. It is everyone's responsibility to take action if they have any concerns.
2. Leadership for safeguarding in this school are the Designated Safeguarding Team: Designated Safeguarding Lead (DSL): Head Teacher; Jenny McDonald, Designated Safeguarding Lead, Georgina Wilcox Deputy Designated Safeguarding Lead, Rachel Stoyell and Hayley Cook Safeguarding Leads. In the absence of the safeguarding team, decisions will be made by the most senior member of staff on duty. The Designated Governor for Safeguarding and Children in Care is Lesley Edwards.
3. Any member of staff who has any concern must make a written record of it using CPOMs.
4. When reporting, staff should put a written record of their concern on CPOMs, and a verbal account of what happened which can allow the DSL to ask specific questions as necessary.
5. After reporting, possible options for action could be: carry on recording incidents; discuss with parents; refer to First Response or other agencies for help. If the referral requires an immediate response within 4 hours, the emergency services should be contacted. The parents should be informed if it is believed that doing so puts the child at no further risk. Details of any discussions and any actions agreed must be recorded.
6. Staff may be the first people to recognise that the child may need immediate attention resulting from abuse. Depending on the situation staff may need to directly telephone for an ambulance or the police, or arrange for the child to see a doctor as soon as possible.
7. Anyone with safeguarding concerns can refer directly to: First Response: 0117 903 6444 or the Emergency Duty team (out of hours): 01454 615 165 or the Emergency Services: 999. If the child already has an allocated social worker, call: Hartcliffe Office, Symes House, Peterson Square, Hartcliffe, BS13 0EE Tel: Group Unit 0117 3574700; Unit 1: 0117 9037437; Unit 2: 0117 9037438, Unit 3: 0117 9037456; Unit 4: 0117 9224339; Unit 5: 0117 3574000, Unit 6: 0117 9224669; Unit 7: 0117 3526188; Unit 8: 0117 3526189; Unit 9: 0117 352615; Fax: 0117 353 2202.
8. Concerns and allegations about a member of staff or volunteer should be directed to the Headteacher, or to the Designated Manager for Early Years, Richard Hanks Tel: 0117 9224895 or directly to the Local Authority Designated Officer (DO) for Bristol, Nicola Laird: 0117 903 7795 nicola.laird@bristol.gov.uk. Concerns about the Headteacher and/or the DSG should be directed to the Chair of Governors, or if necessary, directly to the DO.

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Knowle West Nursery School Safeguarding Policy

1.1 Rationale

At Knowle West Nursery School (KWNS), we work with children, parents and the community to ensure the safety of children and to give them the very best possible start in life. We will focus on building open, trusting, supportive and respectful relationships with the families we serve. We aim to build an environment in which children are safe from any kind of abuse, where any concerns are addressed early to stop them from escalating, and where everyone can achieve the best possible outcomes. The welfare of children is paramount. It is everyone's responsibility to take action if they have any concerns.

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

1.2 Aims

Everyone in our school shares an objective to help keep children safe by working to the following beliefs and aims:

- children have a right to grow up safe from harm, and we therefore aim to ensure the safety and well-being of the children is always our paramount concern;
- it is important for children to receive the right help at the right time to address risks and prevent issues escalating and therefore we aim to intervene at the earliest possible stage if we become aware that families are in difficulty;
- disabled children and children with behavioural difficulties are particularly vulnerable to abuse and therefore we aim to be especially concerned with their welfare;
- working in partnership with other agencies and sharing information appropriately is essential in promoting the welfare of children and therefore we aim to ensure we work effectively with partners;
- partnership working with parents and carers appropriately means that outcomes are generally better for children and therefore we aim to work effectively with all our parents and carers;
- it's possible that workers who are safeguarding children may only have one small piece of the jigsaw; we therefore aim to proactively ensure that our processes work holistically to expose the full extent of any abuse;
- children rarely lie about abuse so we will take any disclosure of abuse extremely seriously;
- safeguarding measures must acknowledge the 'child's world' and how individual children give meaning to their experience so we will avoid making assumptions about this experience, and judgments based on stereotypes or prejudices, ensuring a child-centred approach in order to promote a more effective safeguarding;
- 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 and we will ensure that all children have an equal right to protection from abuse, regardless of their age, race, religion, ability, gender, language, background or sexual identity;
- the United Nations Convention on the Rights of the Child states: 'When adults are making decisions that affect children, children have the right to say what they think should happen and have their opinion taken into account.; (UNICEF paraphrases) so we will appreciate the value of really listening to the voice of the child in safeguarding in the widest sense;
- we will identify and respond to all children in need of support and/or protection;

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- we will ensure our practice is informed by the relevant up to date rights and legal framework and guidance; and
- we will provide a safe environment for children to learn in by supporting children's development in ways which will foster a sense of self esteem and independence.

1.3 Definition

Safeguarding is a relatively new term which is broader than 'Child Protection'. It has been defined as: 'The action we take to promote the welfare of children and protect them from harm... everyone's responsibility...defined as protecting children from maltreatment; preventing impairment of children's mental (as well as physical) health and 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). Effective safeguarding of children therefore includes prevention, early intervention and Child Protection.

Child Protection is a vital part of everyone's safeguarding responsibilities. This 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 (2018).

Within legislation the term 'child' refers to anyone up to the age of 18 years. Within this policy 'parents' is taken to mean parents and carers and 'staff' is taken to include all staff, volunteers and students, unless the meaning of the actual text indicates otherwise.

1.4 Leadership

Leadership for safeguarding in this school are the Designated Safeguarding Team: Designated Safeguarding Lead (DSL): Head Teacher; Jenny McDonald, Designated Safeguarding Lead, Georgina Wilcox Deputy Designated Safeguarding Lead, Rachel Stoyell and Hayley Cook Safeguarding Leads. In the absence of the safeguarding team, decisions will be made by the most senior member of staff on duty. The Designated Governor for Safeguarding and Children in Care is Lesley Edwards.

1.5 Scope and Implementation

This policy is the responsibility of everyone who works at, manages, volunteers for or visits our school. The DSL will ensure that arrangements will be made to bring this policy to the notice of all staff (including new, temporary, and part-time employees and freelancers), volunteers, visitors and students throughout their time at our school so that they fulfil their duties to co-operate with this policy. We deliver services at various venues, and this policy will apply in all these contexts. We will ensure that the partner organisations we work with will have safeguarding procedures in place. We will ensure that children and parents are informed of this on our website, and will display our Safeguarding Statement in our rooms. Parents should also be informed of our Behaviour, Anti-Bullying, SEN and disability provision, Admissions, Health and Safety and Complaints policies on our website. KWNS recognises that it is responsible for ensuring that staff are confident in carrying out their safeguarding responsibilities. All staff will receive this policy (which includes code of conduct and the role of the DSL and a briefing in safeguarding during their Induction within the first three months of their employment, along with Section 1 and Annex A of 'Keeping Children Safe in Education', Attachment, behaviour regulation policy; and the safeguarding response to children who go missing from education. All existing staff will receive ongoing refresher safeguarding training every year which includes FGM and Prevent, as well as updates as necessary (for example, via email, e-bulletins and staff meetings) to provide them with relevant skills and knowledge to safeguard children effectively. All staff will receive regular Supervision and Appraisals to ensure that they understand and are supported individually with their safeguarding responsibilities. Governors should also be invited to undertake safeguarding training and offered updates. Some members of staff and Governors involved in recruitment should have received Safer Recruitment training from an accredited trainer. The DSL and the Deputy DSL will undertake advanced training for DSLs at

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least every 2 years. Records of all safeguarding training should be kept updated in staff training records and the Single Central Record.

1.6 Other Policies

This Safeguarding policy works in conjunction with the following school policies:

Admissions and allocations
Anti-Bullying
Appraisals
Arrivals and departures
Attachment aware behaviour regulation policy
Children in Care
Code of Conduct
Complaints
Confidentiality and data protection
eSafety
Equalities
Escalation
Home visits
Induction and training (staff and governors)
Learning and teaching
Lettings
Lockdown
Lone working
Offsite and trips – includes integrating outings
Recruitment and selection
Staff supervision
SEN, disability, SEND, and Inclusion
Smoking, alcohol and drugs
Uncollected children
Visitors, volunteers and students
Whistleblowing

1.7 Monitoring

KWNS recognises our responsibility for monitoring safeguarding and requires the DSG, informed by the DSL, to present an annual report on safeguarding to be submitted to Governors. We will work with local safeguarding partners to complete required audits, including submission of an Action Plan identifying areas that need improvement. Safeguarding will also be a standing agenda item for the Governors and for all staff supervision sessions.

1.8 Review

KWNS will seek to continually improve all our related safeguarding policies, procedures and guidelines. We will review this policy on a regular basis to confirm that content and approach is still appropriate. The review will take place whenever there are significant changes and not later than 12 months from the previous review date.

1.9 Law and Guidance

The legal framework for this policy includes: Children Act 1989 and 2004, Education Act 2002 and 2011 and Education and Inspection Act 2006, Sexual Offences Act 2003, Equality Act 2010, Children and Families Act 2014, The Serious Crime Act 2015, Counter-Terrorism and Security Act 2015. This policy also operates within current national statutory and non-statutory guidance including 'Working Together to Safeguard Children' (2018), 'Keeping Children Safe in Education' (2019) and 'Safer Working Practice' (2015). Early Years providers

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also have a duty under section 40 of the Childcare Act 2006 to comply with the welfare requirements of the Early Years Foundation Stage (EYFS). The procedures followed have been laid down by the South West Child Protection Procedures (SWCPP) and Bristol City Council (BCC) Bristol Safeguarding Children Board (BSCB).

2 Safeguarding Responsibilities

2.4 Role of the DSL

The Governors should ensure that KWNS designates an appropriate, experienced member of staff to take lead responsibility for safeguarding, the DSL. This person should have the status and authority within the organisation to carry out the duties of the post, including access to needed resources and, where appropriate, supporting and directing other staff. Actions but not overall responsibility can be delegated to the deputies. The areas of responsibility for the DSL include:

- refer cases of suspected abuse to First Response as required;
- support staff who make referrals to First Response;
- refer cases to the Channel programme where there is a radicalisation concern as required; support staff who make referrals to the Channel programme;
- refer cases where a person is dismissed or left due to risk/harm to a child to the Disclosure and Barring Service as required;
- refer cases where a crime may have been committed to the Police as required;
- liaise with the Designated Manager for Early Years and the designated officer for child protection concerns in cases which concern a staff member;
- liaise with staff on matters of safety and safeguarding (including online and digital safety) and when deciding whether to make a referral by liaising with relevant agencies;
- act as a source of support, advice and expertise for all staff;
- undergo training to provide them with the knowledge and skills required to carry out the role, updated at least every two years;
- undertake Prevent awareness training;
- ensure their knowledge and skills are refreshed (via e-bulletins, meeting other designated safeguarding leads, or taking time to read and digest safeguarding developments) at regular intervals, as required, and at least annually, to allow them to understand and keep up with any developments relevant to their role;
- understand the assessment process for providing early help and statutory intervention, including local criteria for action and referral arrangements;
- have a working knowledge of how BCC conduct a child protection case conference and a child protection review conference and be able to attend and contribute to these effectively when required to do so;
- ensure each member of staff has access to, and understands, the safeguarding and child protection policy and procedures, especially new and part time staff;
- alert to the specific needs of children in need, those with special educational needs and young carers;
- keep detailed, accurate, secure written records of concerns and referrals;
- understand and support with regards to the requirements of the Prevent duty and are able to provide advice and support to staff on protecting children from the risk of radicalisation;
- understand the unique risks associated with online safety and be confident that they have the relevant knowledge and up to date capability required to keep children safe whilst they are online at school or college;
- can recognise the additional risks that children with SEN and disabilities (SEND) face online, for example, from online bullying, grooming and radicalisation and are confident they have the capability to support SEND children to stay safe online;
- obtain access to resources and attend any relevant or refresher training courses;
- encourage a culture of listening to children and taking account of their wishes and feelings, among all staff, in any measures the school may put in place to protect them;
- ensure child protection policies are known, understood and used appropriately;

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- ensure the child protection policy is reviewed annually (as a minimum) and the procedures and implementation are updated and reviewed regularly, and work with governors regarding this;
- ensure the child protection policy is available publicly and parents are aware of the fact that referrals about suspected abuse or neglect may be made and the role of the school in this;
- link with the local Safeguarding Partners to make sure staff are aware of any training opportunities and the latest local policies on local safeguarding arrangements;
- ensure child protection files are transferred to the new school as soon as possible (separately from the main child's file, ensuring secure transit, and confirmation of receipt should be obtained) - receiving schools should ensure key staff such as designated safeguarding leads and SENCOs or the named person with oversight for SEN in colleges, are aware as required;
- if appropriate, share any information with the new school in advance of a child leaving;
- always be available (during school hours) for staff to discuss any safeguarding concerns (in person, phone, Skype or other such media);
- arrange adequate and appropriate cover arrangements for any out of hours/out of term activities;
- take part in regular staff safeguarding meetings;
- act as administrators for CPOMs; and
- undertake any safeguarding audits as necessary, including audits of the Single Central Record.

2.5 Role of Governors

The Governors have overall responsibility for ensuring that there are sufficient measures in place to safeguard the children within KWNS and to have regard to their statutory duties. Governors should:

- ensure all staff have read Part 1 of Keeping Children Safe in Education 2019;
- ensure that mechanisms are in place to assist staff to understand and discharge their role and responsibilities in safeguarding children;
- ensure there are appropriate policies and procedures in place in accordance with government guidance and locally agreed inter-agency procedures in order for appropriate action to be taken in a timely manner to safeguard and promote children's welfare;
- ensure the safeguarding policy is updated annually and that it is available on the website to parents;
- ensure all KWNS safeguarding policies are adhered to, including early intervention, child protection, safer recruitment and the management of allegations of abuse against staff;
- ensure a code of conduct which should, amongst other things, include - acceptable use of technologies, staff/child relationships and communications including the use of social media;
- put in place appropriate safeguarding responses to children who go missing from education, particularly on repeat occasions, to help identify the risk of abuse and neglect, including sexual abuse or exploitation, and to help prevent the risks of their going missing in future;
- take a proportionate risk-based approach to the level of information that is provided to temporary staff and volunteers;
- appoint a lead governor for Safeguarding ((DSG);
- appoint a named teacher and a governor designated for Children in Care (CiC) and an up to date list of children in care attending the School should be regularly reviewed and updated (see the CiC policy);
- discuss and appraise the annual safeguarding report; and
- be DBS certificated every 3 years.

2.3 Role of the Designated Safeguarding Governor (DSG)

The DSG for KWNS is Lesley Edwards. The Governing body should have a senior board level (or equivalent) lead to take leadership responsibility for safeguarding arrangements, the designated Safeguarding Governor. The DSG should:

- receive reports from the DSL of any occasions when there are safeguarding concerns or issues;
- ensure that safeguarding is a standing agenda item at Governor meetings;
- give regular verbal updates to the Governors concerning safeguarding matters;
- provide the annual review of safeguarding to the Governors, stating:
 - any changes to the safeguarding policies;
 - safeguarding training undertaken by the DSL and Deputy DSLs, other staff, volunteers and Governors;
 - the number of child protection incidents and cases (without name or detail);
 - the number of Early Help cases; and
 - any other safeguarding issues.

2.4 Chair of Governors

Chair of Governors has the responsibility of contacting the BCC designated manager for Early Years and the local authority designated officer directly if there is an allegation of abuse made against the Headteacher.

2.5 e-Safety Coordinator

The e-Safety Coordinator for KWNS is a member of the DSL team Sam Weakley. The duties of the eSafety Coordinator are:

- review the eSafety policy and procedures;
- provide the first point of contact and advice for staff, Governors, service users and parents about eSafety matters;
- liaise with our IT supplier to ensure they are kept up to date with e-Safety issues and advise of any new trends, incidents and arising problems to the Governors;
- raise the profile of e-Safety awareness within KWNS by giving advice and ensuring access to training and relevant E-Safety literature when appropriate;
- ensure that all staff are aware of eSafety policies at Induction and in particular the procedures that need to be followed in the event of an eSafety incident taking place;
- maintain a file of internet related incidents and co-ordinate any investigation into breaches (all incidents must be recorded on CPOMs);
- meet regularly with the Governors to discuss current issues and review CPOMs;
- liaise with any eSafety meetings as necessary; and
- assess, as far as is reasonably practicable, the impact and risk of emerging technology (eg. a new social networking website).

2.6 Designated Teacher (DT)

The DT for KWNS is Jenny McDonald DSL. The DT has a leadership role in promoting the educational achievement of Children in Care (CiC) and newly adopted children using the school. The role should make a positive difference by promoting a culture where the personalised learning needs of CiC and newly adopted children matters and their personal, emotional and academic needs are prioritised. The DT should:

- support staff to understand the things which can affect how CiC and newly adopted children learn and achieve;
- contribute to the development and review of policies to ensure that they do not unintentionally put CiC and newly adopted children at a disadvantage;
- make sure, in partnership with other staff, that there are effective and well understood procedures in place to support a looked after child's learning;

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- promote a culture in which and newly adopted children are able to discuss their progress and be involved in setting their own targets, have their views taken seriously, are supported to take responsibility for their own learning, and where they can succeed and aspire;
- make sure that CiC and newly adopted children are prioritised in any selection of children who would benefit from one-to-one tuition and that they have access to academic focused study support;
- promote good home-school links through contact with the child's carer or adoptive parents; and
- have lead responsibility for the development and implementation of the child's Personal Education Plan.

2.7 Teachers

Teacher's duties include:

- safeguard children's wellbeing and maintain public trust in the teaching profession as part of their professional duties; and
- report FGM to the police - those failing to report such cases will face disciplinary sanctions.

2.8 Domestic Abuse Coordinator (DAC)

The DAC for KWNS is Rachel Stoyall, Deputy DSL. Her duties include:

- making referrals concerning Domestic Violence and Abuse (DVA) to the local IDVA for assessment.
- raising awareness of DVA in the setting.

2.9 All Staff

All staff should:

- be aware of systems supporting safeguarding including CPOMs - these should be explained to them as part of staff induction;
- receive appropriate safeguarding and child protection training which is annually updated;
- receive safeguarding and child protection updates (for example, via email, e-bulletins and staff meetings), as required, and at least annually, to provide them with relevant skills and knowledge to safeguard children effectively; be aware of their local early help process and understand their role in it;
- promote fundamental British values, challenge extremism, and identify children and families who may be vulnerable to radicalisation;
- be prepared to identify children who may benefit from early help and understand their role in the Early Help process;
- be aware of indicators of abuse and neglect so that they are able to identify cases of children who may be in need of help or protection;
- know what to do if a child tells them he/she is being abused or neglected and how to manage the requirement to maintain an appropriate level of confidentiality;
- be aware of the process for making referrals to children's social care and for statutory assessments under the Children Act 1989, especially section 17 (children in need) and section 47 (a child suffering, or likely to suffer, significant harm) that may follow a referral, along with the role they might be expected to play in such assessments;
- ensure that if, at any point, there is a risk of immediate serious harm to a child that they make a referral to the emergency services immediately;
- be able to record their safeguarding concerns clearly and appropriately on CPOMs;
- not assume a colleague or another professional will take action and share information that might be critical in keeping children safe;
- be mindful that early information sharing is vital for effective identification, assessment and allocation of appropriate service provision and share information while maintaining an appropriate level of confidentiality;
- raise concerns about poor or unsafe practice and potential failures in the safeguarding regime using appropriate Whistleblowing procedures;
- maintain an attitude of 'it could happen here' where safeguarding is concerned;
- always act in the best interests of the child; and

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- always speak to the DSL if they are unsure.

3 Safeguarding Procedures

3.1 Recognising Welfare Concerns and Signs of Abuse

All staff have a key role in recognising any welfare concern they have about the children they work with, including suspected abuse. 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. Effective safeguarding means that all welfare concerns need to be taken seriously. *If staff have any concerns about a child's welfare, they should act on them immediately by recording and reporting to the DSL.* Suspected abuse is extremely serious and should always be reported to the DSL on the same day that it is noted. Abuse is defined as: 'a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. They may be abused by an adult or adults or another child or children.' Working Together to Safeguard Children (2018)

Staff are not responsible for diagnosing or investigating abuse. However, they do have a clear responsibility to be aware of that all is not well with a child and to be able to recognise the signs of abuse (concerns arising from the appearance and the behaviour of the child and/or the abuser). Not all concerns about children relate to abuse; there may well be other explanations or other welfare concerns that do not meet Child Protection thresholds. It is important that staff keep an open mind and treat every concern with the utmost seriousness. They should never assume that someone else will take action.

Although some signs do not necessarily indicate that abuse is actually taking place, they may help adults recognise that something is wrong. The possibility of abuse should be reported if there are a number of these signs or any of them to a marked degree. There are 4 recognised broad categories of abuse: Physical Abuse, Sexual Abuse, Emotional Abuse and Neglect. These and other complex types of abuse are defined and symptoms laid out in this document. A child may be subjected to a combination of different kinds of abuse. It is also possible that they may show no outward signs and hide what is happening from everyone. Staff need to be sensitive in particular to signs of abuse in children with limited or non-verbal communication as statistically these and other disabled children are more likely to be abused. Staff should be aware that behavioural difficulties in disabled children might not always be linked to their impairment, but to the possibility of abuse. Staff should also be made aware of any children who have social workers, or other children who are especially vulnerable (including children in care, newly adopted children, young carers and those with disabled parents) and be extra vigilant.

3.2 Disclosure

Staff necessarily work towards forming positive and trusting relationships with the children in their care. At times this may mean that children feel that they can confide in them about aspects of their life that may cause concern for their general welfare. All staff should be alert to possible disclosure. The disclosure may be that they are feeling unsafe or are being abused – or it may be that they feel vulnerable in other ways. Effective safeguarding means that any welfare concern needs to be taken seriously and all staff have a role to play in this. *Any concern that staff are made aware of should be recorded and reported to the DSL on the same day it is noted.*

If the disclosure involves abuse, the matter is extremely serious. A disclosure may involve a criminal offence and if poorly handled could increase the risk for the child and could undermine a potential prosecution. Staff must take the following action:

- Stay calm.
- Listen to what the child is actually saying.
- Reassure them that they have done the right thing by telling.
- Do not promise the child that this can be kept secret, as subsequent disclosure could then lead to them feeling betrayed.

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- Explain that they must tell other people to keep them safe. Absolute confidentiality should never be promised.
- Know that children rarely lie about abuse and indicate that they are taking the matter extremely seriously (without saying they believe them).
- Reassure the child that the people who will be informed will be sensitive to their needs and will be looking to help protect them and inform them that it will have to be passed on to the appropriate agencies.
- Do not interrogate the child, or push for more information. Ensure that any questions asked are open, not leading closed questions. It is not the role of staff to investigate but to report concerns.
- Do not ask them to repeat what they have said to another member of staff.
- 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.
- Report the disclosure to the DSL. The person to whom the disclosure was made should ensure that the child is informed about what will happen next, so they can be reassured about what to expect.

3.3 Recording

Effective record keeping is essential to help us identify needs at an early stage. Often it is only when a number of seemingly minor issues are taken as a whole that any general welfare or Child Protection concern becomes clear. Record keeping helps us monitor and manage our safeguarding practices and in any inspection it is vital evidence of robust and effective safeguarding practice. *Any* member of staff who has *any* kind of concern relating to the abuse of children must make an accurate record as soon as possible. Records should be written on CPOMs. If the staff member is working within another organisation the staff member may use their record keeping form and submit a copy to KWNS.

All child welfare records should be:

- clear, straightforward and avoid jargon;
- concise;
- accurate;
- contemporaneous;
- contextualised;
- correctly dated;
- written as to differentiate between facts, opinion, judgments and hypothesis; and
- written with a mind that the subject of a record does have the right in law to request access to them at any stage.

The record should explain:

- what was seen in appearance and behaviour of the child: when and where (this includes a CPOMs site map indicating the position of any bruises or marks, trying to indicate size, colour and shape);
- what was said by the child using the exact words used;
- a note of any other people involved e.g as witnesses;
- what the staff member thought and why they thought it;
- what the staff member did; and
- any other relevant information.

If abuse is suspected, the staff member must record this on CPOMs on the same day that the concern is noted.

The DSL is responsible for keeping all child welfare records secure on CPOMs and the school also has some historic forms in hard copy. These records should be kept separately from general information kept about the child. All records about allegations about staff should be kept by the DSL in a central and secure location and separate from personnel records.

All CPOMs child protection records and records of allegations about staff should include:

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- information focussing on the original concern;
- any judgments made, actions taken and decisions made by the DSL as a result;
- previous concerns if any;
- any child protection information received from previous organisations or other agencies;
- an up-to-date case record of important events (a chronology);
- a record of involvement of any other agencies;
- a record (if appropriate) the child's or staff member's behaviour for as long as deemed necessary;
- a copy of any referral by the DSL to BCC Social Care;
- in the case of a child subject to a Child Protection Plan, notes of any child protection case conference or core group meetings etc.;
- and if any information is removed from a file for any reason, a dated note must be placed in the file indicating who has taken it, why and when.

The information should be shared with all those who need to have it, whether to enable them to take appropriate steps to safeguard the service user or to enable them to carry out their own duties, but it should not be shared wider than that. Parents may have access to the records only by permission of the DSL (who may decide that it is in the interests of the child not to share them).

We should keep confidential records concerning child welfare during the time the child is involved with us and should keep copies of the file until it is deemed appropriate (not longer than is necessary for the purposes of Child Protection, according to laws on Data Protection).

Details of allegations against staff that are found to have been malicious should be removed from personnel records. However, for all other allegations, it is important that a clear and comprehensive summary of the allegation, details of how the allegation was followed up and resolved, and a note of any action taken and decisions reached, is kept on a person's confidential personnel file, and a copy provided to the person concerned. The purpose of the record is to enable accurate information to be given in response to any future request for a reference, where appropriate. It will provide clarification in cases where future DBS disclosures reveal information from the police about an allegation that did not result in a criminal conviction and it will help to prevent unnecessary re-investigation if, as sometimes happens, an allegation resurfaces after a period of time. The record should be retained at least until the person has reached normal retirement age or for a period of 10 years from the date of the allegation if that is longer. The Information Commissioner has published guidance on employment records in its Employment Practices Code and supplementary guidance, which provides some practical advice on employment retention.

3.4 Reporting and Referral

Staff spotting the signs of abuse and/or receiving disclosure of abuse or any other welfare concern, must report their concerns to the DSL. If in exceptional circumstances, the DSL or deputies are not available, this should not delay appropriate action being taken. Staff should consider speaking to a member of the SLT and/or take advice from First Response directly. In these circumstances, any action taken should be shared with the DSL as soon as is practically possible. If the abuse implicates the DSL, the concerns should be discussed with the DSG or the Chair of Governors. If staff are working within another organisation, they should also report to the DSL of that organisation. Staff should not assume a colleague or another professional will take action and share information that might be critical in keeping children safe.

When reporting, staff should supply the DSL with a verbal account of what happened which can allow the DSL to ask specific questions as necessary. Staff should then record the incident using CPOMs. After reporting, possible options for action could then be:

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

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If it is decided that a referral should not be made at the current time, it may be important to monitor the child's behaviour closely and carefully record any concerns. Concerns may also be discussed with other agencies as appropriate. The local Families in Focus team may be a useful source of support at this stage, and may be able to offer insight and advice.

Discuss with parents

Parents could be contacted at the earliest opportunity to ascertain if there is a known reason for the concern (e.g. a change in family make-up, death of family member). The conversation can be carried out by the DSL or the staff member, whichever is deemed most appropriate. Staff should remember that if abuse is taking place, it is often not the parents but other family members or friends who are causing it and parents are often the last to know. We should aim to ask the parents for an explanation in the majority of cases. We need take no further action in terms of referring unless the discussion throws up more concerns. The discussion will need to be recorded, including why we are not referring further if that is the case. If staff have concerns that either the child or the parent needs more support, but concerns do not reach Child Protection thresholds, they may make arrangements to provide the parent with extra support and if necessary, early intervention can be sought directly through seeking help from external agencies or through First Response and the Families in Focus team. If, after discussion with the parents, staff feel that the child is in need of Child Protection services, they must be referred to First Response or the Police on the same day the concern was noted.

Referral

Referral means sharing information about concerns with outside agencies. If staff are concerned about the safety of the child, information must be passed on to the appropriate agency. It is important to remember that if staff refer, they are not reporting the parents - they are referring to protect the welfare of the child. A referral is normally carried out by a DSL, but any member of staff can refer. A child can be referred to First Response, or the emergency services, or to other services in the following ways:

- Inform parents that the child will be referred to First Response (or BCC Social Care directly if they already have a social worker) IF IT IS BELIEVED THAT DOING SO PUTS THE CHILD AT NO FURTHER RISK. This can be difficult, especially if staff have a close relationship with the parent and they may feel unsure, uncertain about reporting the matter, nervous about how the parent will react or worried whether what they have seen is really abuse or not. Nevertheless, staff should aim to tell the parents anyway. It is important to make the parents understand that there is a safeguarding policy in place which must be followed. Staff should tell the parent that our safeguarding policies are designed to provide protection for children and help for parents.
- Discuss with First Response (or BCC Social Care directly if they already have a social worker), without informing the parents, IF IT IS BELIEVED THAT DISCUSSING WITH A PARENT WILL PUT A CHILD OR THEM AT FURTHER RISK. If parents haven't been informed, First Response will want to know the reasons why. Note: First Response can be contacted to discuss the family without giving contact details of the family. This is called an 'anonymized enquiry'. Staff will be required to identify themselves as professionals while making an anonymized enquiry. During the course of a call, they may be asked to supply identifying information of the family in order to keep a child safe and they then may ask the staff member to inform the parent that they have been referred. An anonymized enquiry can also be made to the local Families in Focus team, the NSPCC, or the Police on 101.
- Contact the Emergency Services
Staff and the DSL may feel, after discussion, at this stage it is appropriate to contact the emergency services at once.

Whatever the course of action decided upon on after reporting a concern, the details of the meeting and any action agreed must be recorded.

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The following information should be at hand when making a referral:

- Name and job title of the staff member, and reasons for the call.
- Name, date of birth, our address, language spoken, any disability, present whereabouts, siblings of child.
- Name, address, phone number, present whereabouts of parents.
- 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. As far as possible use the language of the BSCB Threshold document when describing concerns.
- 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 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, if appropriate.
- Any discussion with the child, if appropriate.
- The explanation or comment the child or the parent may have made.
- If staff haven't discussed with parents, 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.

For a Child Protection concern, First Response should respond within 4 hours and formally acknowledge the referral within 1 working day and let the referrer know what they have decided to do as a result. If no response has been received after 3 working days, the referral should be taken to a higher authority within First Response, and the worker told that this is the case. If the referral requires a response within 4 hours by First Response, it may be appropriate to contact the police directly in any case. Out of hours referrals should be made to the Emergency Duty Team. If, after a referral, the child's situation does not appear to be improving, we should consider following local escalation procedures to ensure their concerns have been addressed and, most importantly, that the child's situation improves. *Note: there are specific referral pathways for Children Missing, adult victims of Domestic Violence and Abuse, Female Genital Mutilation, non mobile babies and Radicalisation and these are described in this document under the relevant headings in this policy.*

3.5 Emergencies

In some instances staff may be the first people to recognise that the service user may need immediate attention resulting from abuse. Depending on the circumstances staff 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; and/or
- Take the child to the hospital/surgery/clinic.

It is important to remember that the child is the legal responsibility of parents and that person (identified on child's registration 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 DSL. A record of an account of the emergency must be written retrospectively when it is possible to do so.

3.6 Allegations

The following signs and symptoms may mean that staff 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 particularly vulnerable 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; and/or
- encouraging secretiveness.

Concerns and allegations about a member of staff or volunteer should be directed to the Headteacher on the same day, or directly to the Local Authority Designated Officer (DO). Concerns about the Headteacher should be directed to the Chair of Governors, or, if necessary, directly to the DO. Staff should take steps to ensure that during the remainder of the working session that the person they have concerns about is not left in sole charge of any child. Staff who have concerns or has been informed of inappropriate behaviour must not unilaterally determine its validity, and failure to report it in accordance with procedures is a potential disciplinary matter.

Where there is a complaint or allegation against a member of staff there may be three types of investigation:

- a criminal investigation;
- a child protection investigation; and/or
- a disciplinary or misconduct investigation.

The results of the police and Child Protection investigation may well influence the disciplinary investigation, but not necessarily.

The Headteacher must seek to clarify the nature of the concerns by asking the following of the parent or reporting member of staff if the staff member has:

- behaved in a way that has harmed a child, or may have harmed a child?
- possibly committed a criminal offence against or related to a child?
- behaved in an inappropriate way towards a child which may have indicated the he or she is unsuitable to work with children?

If, following consideration, the allegation is clearly about poor practice, this will be dealt with as a misconduct issue.

If it appears that there is a case of suspected abuse, the Headteacher should contact the DSG and the Local Authority Designated Manager (DM) within BCC Early Years, who may then decide to contact Designated Officer (DO) at the earliest opportunity. The DO should then be given a signed and dated written record of the concerns. Staff should maintain confidentiality and guard against publicity while an allegation is being considered or investigated and follow local information sharing protocols. The Headteacher should then follow the DM's and the DO's advice on how to deal with allegations against staff. If appropriate, BCC Social Care and/or the police will be informed by the DO. Relevant evidence and information will be given to us if required by the DO.

In some cases the possible risk of harm to children posed by an accused person will require suspending the person until the case is resolved, but suspension must not be an automatic response when an allegation is reported. Where it has been deemed appropriate to suspend the person, written confirmation should be

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dispatched within one working day giving the reasons for the suspension. The person should be informed at that point who their named contact is within the organisation and provided with their contact details. The DO or the police cannot require us to suspend a member of staff, although we should give appropriate weight to their advice. Irrespective of the findings of BCC Social Care or police inquiries, the organisation will assess all individual cases to decide whether a member of staff or volunteer can be reinstated and how this can be sensitively handled. This may be a difficult decision, particularly where there is insufficient evidence to uphold any action by the police. In such cases the Headteacher must reach a decision based upon the available information which could suggest that on balance of probability, it is more likely than not that the allegation is true. The welfare of the child should remain of paramount importance throughout.

If the allegation is less serious and/or the situation less clear, statutory guidance allows for 'common sense' in managing cases that may not meet thresholds. Further actions made by the Headteacher can be planned with regard to the specific nature of the allegation and include:

- considering the ongoing level of risk and how this can be managed;
- checking policy and guidance;
- discussing confidentially with the DSG;
- contacting the DO for advice on how to proceed;
- planning an internal investigation;
- contacting the parent or reporting staff member within 24 hours to inform them of the action to be taken – if any.

KWNS has a duty of care to our staff. We should ensure that we provide effective support for anyone facing an allegation and provide the staff member with a named contact if they are suspended. Individuals should be informed of concerns or allegations as soon as possible and given an explanation of the likely course of action, unless there is an objection by the BCC Social Care or the police. The individual should be advised to contact their trade union representative, if they have one, or a colleague for support. They could also be given access to welfare counselling or medical advice. Particular care needs to be taken when staff are suspended to ensure that they are kept informed of both the progress of their case and current work related issues. Social contact with colleagues and friends must not be prevented unless there is evidence to suggest that such contact is likely to be prejudicial to the gathering and presentation of evidence. In cases where it is decided on the conclusion of the case that a person who has been suspended can return to work, the Headteacher should consider how best to facilitate that. Most people will benefit from some help and support to return to work after a very stressful experience. Depending on the individual's circumstances, a phased return and/or the provision of a mentor to provide assistance and support in the short term may be appropriate. The Headteacher should also consider how the person's contact with the child who made the allegation can best be managed if they are still a service user.

The fact that a person tenders his or her resignation, or ceases to provide their services, must not prevent an allegation being followed up in accordance with these procedures. It is important that every effort is made to reach a conclusion in all cases of allegations bearing on the safety or welfare of children, including any in which the person concerned refuses to cooperate with the process. Wherever possible the person should be given a full opportunity to answer the allegation and make representations about it, but the process of recording the allegation and any supporting evidence, and reaching a judgement about whether it can be regarded as substantiated on the basis of all the information available should continue even if that cannot be done or the person does not cooperate. It may be difficult to reach a conclusion in those circumstances, and it may not be possible to apply any disciplinary sanctions if a person's period of notice expires before the process is complete, but it is important to reach and record a conclusion wherever possible. By the same token so called 'compromise agreements', by which a person agrees to resign, if we agree not to pursue disciplinary action, and both parties agree a form of words to be used in any future reference, must not be used in these cases. In

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any event, such an agreement will not prevent a thorough police investigation where that is appropriate. Nor can it override the statutory duty to make a referral to the DBS where circumstances require that.

Cases in which an allegation was proven to be unsubstantiated, unfounded or malicious should not be included in employer references.

Parents of a child involved should be told about the allegation as soon as possible if they do not already know of it, and about the progress of the case. However, where a strategy discussion is required, or police or BCC Social Care need to be involved, KWNS should not do so until those agencies have been consulted and have agreed what information can be disclosed to the parents.

In cases where a child may have suffered significant harm, or there may be a criminal prosecution, BCC Social Care, and/or the police as appropriate, should consider what support the child or children involved may need. If an allegation is determined to be unfounded or malicious, the DO should refer the matter to BCC Social Care services to determine whether the child concerned is in need of services, or may have been abused by someone else. In the event that an allegation is shown to have been deliberately invented or malicious, the Headteacher should consider whether any disciplinary action is appropriate against the service user who made it, or the police should be asked to consider whether any action might be appropriate against the person responsible, even if he or she was not a service user.

It is in everyone's interest to resolve cases as quickly as possible consistent with a fair and thorough investigation. All allegations must be investigated as a priority so as to avoid any delay. It is expected that 80 per cent of cases should be resolved within one month, 90 per cent within three months and all but the most exceptional cases should be completed within 12 months. For those cases where it is clear immediately that the allegation is unfounded or malicious then it is expected that they should be resolved within one week. Where the initial consideration decides that the allegation does not involve a possible criminal offence, appropriate action should be taken by KWNS within 3 working days. If a disciplinary hearing is required and can be held without further investigation, the hearing should be held within 15 working days.

If the allegation is substantiated and the person is dismissed or we cease to use the person's services, or the person resigns or otherwise ceases to provide his or her services, the DO should discuss with us whether a referral to the Disclosure and Barring Service (DBS) for consideration of inclusion on the barred lists is required. There is a legal requirement for employers to make a referral to the DBS where they think that an individual has engaged in conduct (including inappropriate sexual conduct) that harmed (or is likely to harm) a child or if a person otherwise poses a risk of harm to a child.

At the conclusion of a case in which an allegation is substantiated, the DO should review the circumstances of the case to determine whether there are any improvements to be made to our procedures or practice to help prevent similar events in the future. This should include issues arising from the decision to suspend the member of staff, the duration of the suspension and whether or not suspension was justified.

3.7 Staff support

As a result of dealing with disclosure, reporting concerns or responding to allegations, staff may feel angry or upset. The DSL and the Governors (particularly the DSG) should fully support all members of staff in following this policy. In addition, some of the appropriate agencies listed in this policy will be able to provide support.

3.8 Confidentiality and Information Sharing

KWNS accepts that professionals must work together to effectively safeguard and promote the welfare of children by sharing relevant information. Staff have a responsibility to share relevant safeguarding information with other professionals, particularly the investigative agencies. The welfare of a child is the prime consideration in all decision making about information sharing and this will always take precedence over

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concerns about data protection (GDPR). Any information sharing will be done in line with statutory guidance. It is important to remember there can be significant consequences to not sharing information as there can be to sharing. Staff must use their professional judgement to decide whether to share or not, and what information is appropriate. A record of what information has been shared, with whom, the date and why should be kept on CPOMs. Parents must submit a written request to access their child's safeguarding records. Sharing confidential safeguarding information with parents will not take place if doing so would put the child at significant risk of harm. In the event of an investigation it is essential that no information on any safeguarding concerns relating to a child or staff member is disclosed inappropriately. Any such leaks could have serious consequences for both the people concerned and any investigation. It is very important that only those who need to know actually know, to avoid rumours and gossip that could affect those personally involved and our organisation.

4 Safeguarding Information

4.1 Bullying including cyber bullying

Current government guidance 'Preventing and Tackling Bullying' (2017) defines bullying as:

'...behaviour by an individual or group, repeated over time, that intentionally hurts another individual or group either physically or emotionally. Bullying can take many forms (for instance, cyber-bullying via text messages, social media or gaming, which can include the use of images and video) and is often motivated by prejudice against particular groups, for example on grounds of race, religion, gender, sexual orientation, special educational needs or disabilities, or because a child is adopted, in care or has caring responsibilities. It might be motivated by actual differences between children, or perceived differences.'

Bullying can seriously damage a child's confidence and self-esteem. It can lead to serious and prolonged emotional damage for an individual. Those who conduct the bullying or witness it can also experience emotional harm. The impact on parents and staff can also be significant. Bullying is therefore a key safeguarding concern. It is important that incidents of bullying are distinguished from isolated incidents. Bullying is considered to be repeated violence, mental or physical, conducted by an individual or a group and directed against other individuals. Bullying can take place between students, between children and staff, or between staff. Bullying can occur for a variety of reasons, all of which should be taken equally seriously and dealt with appropriately. Bullying may also occur outside of the school premises, or through social networking sites. KWNS should aim to bring staff, parents and children together to tackle bullying and to reduce the incidence of bullying.

4.2 Child Criminal Exploitation (County Lines)

Criminal exploitation of children is a geographically widespread form of harm that is a typical feature of county lines criminal activity: drug networks or gangs groom and exploit children and young people to carry drugs and money from urban areas to suburban and rural areas, market and seaside towns. Key to identifying potential involvement in county lines are missing episodes, when the victim may have been trafficked for the purpose of transporting drugs and a referral to the Police should be considered. County lines exploitation:

- can affect any child or young person (male or female) under the age of 18 years;
- can still be exploitation even if the activity appears consensual;
- can involve force and/or enticement-based methods of compliance and is often accompanied by violence or threats of violence;
- can be perpetrated by individuals or groups, males or females, and young people or adults; and
- is typified by some form of power imbalance in favour of those perpetrating the exploitation. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, cognitive ability, physical strength, status, and access to economic or other resources.

4.3 Child Sexual Exploitation and Trafficking (CSE)

CSE is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. CSE does not always involve physical contact; it can also occur through the use of technology. Signs of CSE include:

- Children who appear with unexplained gifts or new possessions;
- Children who associate with other young people involved in exploitation;
- Children who have older boyfriends or girlfriends;
- Children who suffer from sexually transmitted infections or become pregnant;
- Children who suffer from changes in emotional well-being;
- Children who misuse drugs and alcohol;

- Children who go missing for periods of time or regularly come home late; and
- Children who regularly miss school or education or don't take part in education.

Some young people are groomed through 'boyfriends' who then force them into having sex with others. On rare occasions young people can be trafficked over different parts of the country by organized gangs of exploiters.

4.4 Children Missing in Education (CME)

A child going missing from education is a potential indicator of abuse or neglect. Staff should follow the school's procedures for unauthorised absence in the Absence Policy for dealing with children that go missing from education, particularly on repeat occasions, to help identify the risk of abuse and neglect, and to help prevent the risks of their going missing in future. KWNS must inform BCC of any child who fails to attend school regularly, or has been absent without the school's permission for a continuous period of 10 school days or more, at such intervals as are agreed between the school and the local authority – please see Education Welfare Service –BCC <https://www.bristol.gov.uk/schools-learning-early-years/education-welfare>

4.5 Children Missing Home or Care

When a child goes missing or runs away they are at risk. Children may run away from a problem, such as abuse or neglect at home, or to somewhere they want to be, or they may have been coerced to run away by someone else. There are particular concerns about the links between children running away and the risks of sexual exploitation. Missing children may also be vulnerable to other forms of exploitation, to violent crime, gang exploitation, or to drug and alcohol misuse. CiC missing from their placements are particularly vulnerable. The police will prioritise all incidents of children categorised as 'missing' from home or care as medium or high risk, depending on the circumstances and the vulnerability of the child. When a child is found, the attitude of professionals towards a child who has been missing can have a big impact on how they will engage with subsequent investigations and protection planning. However "streetwise" they may appear, they are children and may be extremely vulnerable to multiple risks. A supportive approach, actively listening and responding to a child's needs, will have a greater chance of preventing the child from going missing again and safeguarding them against other risks.

4.6 Children and the Courts

Children are sometime required to give evidence in criminal courts, either for crimes committed against them or for crimes they have witnessed. Making child arrangements via the family courts following separation can be stressful and entrench conflict in families. This can be stressful for children. The Ministry of Justice has launched an online child arrangements information tool with clear and concise information on the dispute resolution service which may be useful for some parents.

4.7 Children with Family Members in Prison

Approximately 200,000 children have a parent sent to prison each year. These children are at risk of poor outcomes including poverty, stigma, isolation and poor mental health. NICCO provides information designed to support professionals working with offenders and their children, to help mitigate negative consequences for those children.

4.8 Contextual Safeguarding

All staff, but especially the DSL, should be considering the context within which such incidents and/or behaviours occur. This is known as contextual safeguarding, which simply means assessments of children should consider whether wider environmental factors are present in a child's life that are a threat to their safety and/or welfare. Children's social care assessments should consider such factors so it is important that KWNW provides as much information as possible as part of the referral process. This will allow any assessment to consider all the available evidence and the full context of any abuse.

4.9 Domestic Violence and Abuse (DVA)

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 or financial, and is usually, but not exclusively, perpetrated by men against women. 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. 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 (2012).

KWNS is committed to supporting the wellbeing and safety of children and acknowledges the profound and damaging effects of DVA on them. Children are always damaged by living or witnessing DVA. It is estimated that 90% of children are in the same or next room when abuse occurs. Young people over the age of 16 (and younger) may also experience DVA within their own relationships. Staff should treat them sensitively, record their concerns and report the matter to the DSL.

We are committed to taking positive action against DVA and to actively support victims and to protect children affected by it. We will work towards creating an environment that raises awareness of DVA, and communicates to all parents and children that it is a safe place to ask for help.

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

If they suspect DVA, staff should take the initiative and ask direct questions to suspected victims and not assume someone else will ask about it. They 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 or young people and other family members (the only exception is when they may need to have a professional interpreter or colleague present). Children, young people or other family members should never be used as interpreters. Staff should never accept culture or religion as an excuse for DVA. They 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 someone thinks that they are being abused. A victim might deny or play down DVA as part of a coping mechanism. Staff should accept 'no' as an answer and continue to be supportive, and if possible discreetly offer a leaflet with helpline numbers. They should be prepared to ask again in the future. They should also refer to the KWNS Domestic Abuse Coordinator.

If the DAC has serious concerns about a victim's situation, they should refer the case to the local Independent Domestic Violence Advisor (IDVA) who can refer to the MARAC, or to the Police. If staff have concerns about the safety of children, this must be reported to First Response.

4.10 Drugs

'Drugs' are taken here to mean substances that are legal, such as alcohol, tobacco and solvents, over the counter and prescribed drugs and illegal drugs such as cannabis, ecstasy, amphetamines, heroin, crack/cocaine, LSD etc. We will forge links with young people's services, health services and voluntary sector organisations to ensure support is available to children affected by drugs, alcohol misuse and smoking (including parental drug or alcohol problems). Possession and or use of illegal drugs and alcohol in a session, including during a session or while travelling to/from the session, is inappropriate. Drugs, alcohol and cigarettes are not to be bought, sold or otherwise exchanged wherever we are delivering a session. Individual

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exceptions may be made for those who require prescription medicines where appropriate. In incidents involving substance misuse or supply on the premises/during a session, action will proceed as follows:

1. Any medical emergencies will be dealt with accordingly by our first aiders.
2. Staff can search (outer clothing or possessions) children for any item if they agree. The DSL is also authorized to have the statutory power to search children, without consent, where they have reasonable grounds for suspecting that they may have a prohibited item. Prohibited items include alcohol, illegal drugs, tobacco and cigarette papers or any article that a member of staff reasonably suspects has been, or is likely to be, used to commit an offence. Staff can seize any prohibited item found as a result of a search which they consider harmful or detrimental to discipline. A child refusing to co-operate with such a search should be challenged appropriately. There must be a witness (also a staff member) and, if at all possible, they should be the same sex as the child being searched (unless where there is a reasonable belief that there is a risk that serious harm will be caused to a person if the search is not conducted immediately and where it is not reasonably practicable to summon another member of staff). If alcohol is found, it may be retained or disposed of, but not returned. Any illegal drugs or suspected drugs discovered must be delivered to the police as soon as possible but may be disposed of and thinks there is a good reason to do so. We do not require parental permission to carry out a search.

In cases of substance use/misuse or supply on the premises, during a session or during visits:

By a child: the case will be discussed with the child and a written record taken; parents will be informed as soon as possible. The support of outside agencies will be sought if appropriate. If a child admits to using or supplying substances off the premises, the appropriate action will be to inform the DSL who will inform the parents. We must then decide the appropriate action.

By parents: the appropriate services will be informed, including the DSL. Advice will be taken from these services and implemented as necessary.

While there is no legal obligation to inform the police, they may also be involved at the discretion of the Governors and staff who know the child well. The Governors will be informed of drug related incidents.

4.11 Early Help

Early Help has been defined as 'providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years. Early Help can also prevent further problems arising; for example, if it is provided as part of a support plan where a child has returned home to their family from care, or in families where there are emerging parental mental health issues or drug and alcohol misuse.' Working Together to Safeguard Children (2018)

We should be particularly alert to the potential need for early help for a child who:

- is disabled and has specific additional needs;
- has special educational needs (whether or not they have a statutory education, health and care plan);
- is a young carer;
- is showing signs of being drawn in to anti-social or criminal behaviour, including gang involvement and association with organised crime groups;
- is frequently missing/goes missing from care or from home;
- is misusing drugs or alcohol themselves;
- is at risk of modern slavery, trafficking or exploitation;
- is in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health problems or domestic abuse;

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- has returned home to their family from care;
- is showing early signs of abuse and/or neglect;
- is at risk of being radicalised or exploited; and
- is a privately fostered child.

It is important that children in need of early intervention 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, KWNS aims to prevent families reaching crisis point by those that are struggling at an early stage.

Staff must record their concerns with children they feel are in need of additional support and report to the DSL, and, if appropriate, discuss options with the family. Options could include: devising and providing a plan for early intervention or organising extra support with other professionals. We can also signpost families to other agencies where appropriate (i.e. DVA projects).

If staff are clear that they have done all they can in terms of early intervention, but feel that the child and parents still need more than they can provide, they can submit an online application to First Response for Early Help from the Families in Focus team. Practitioners will then be better placed to agree, with the child and family, about what external support is appropriate.

4.12 Emotional Abuse

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

Signs and symptoms of emotional abuse include:

- Children who are excessively withdrawn, fearful, or anxious about doing something wrong;
- Parents or carers who withdraw their attention from their child, giving the child the 'cold shoulder'; Parents or carers blaming their problems on their child; and
- Parents or carers who humiliate their child, for example, by name-calling or making negative comparisons.

4.13 Fabricated and Induced Illness Syndrome (FIIS)

FIIS is a form of mental disorder in a parent, usually the mother. Staff may be concerned at the possibility of a child suffering significant harm as a result of having illness fabricated or induced by their carer. Possible symptoms observed may include:

- discrepancies between reported and observed medical conditions, such as the incidence of fits;
- attendance at various hospitals, in different geographical areas;
- development of feeding / eating disorders, as a result of unpleasant feeding interactions;
- child developing abnormal attitudes to their own health;
- non organic failure to thrive - a child does not put on weight and grow and there is no underlying medical cause;
- speech, language or motor developmental delays;

- dislike of close physical contact;
- attachment disorders;
- low self esteem;
- poor quality or no relationships with peers because social interactions are restricted;
- poor attendance; and
- parent (likely to be the mother) who expresses an unnatural concern for the health or welfare of their child.

4.14 Faith Abuse

Faith abuse is child abuse linked to faith or belief. This includes: belief in concepts of witchcraft and spirit possession, demons or the devil acting through children or leading them astray (traditionally seen in some Christian beliefs), the evil eye or djinns (traditionally known in some Islamic faith contexts) and dakini (in the Hindu context); ritual or muti murders where the killing of children is believed to bring supernatural benefits or the use of their body parts is believed to produce potent magical remedies; and use of belief in magic or witchcraft to create fear in children to make them more compliant when they are being trafficked for domestic slavery or sexual exploitation. Faith abuse is confined to one faith, nationality or ethnic community. Examples have been recorded worldwide among Europeans, Africans, Asians and elsewhere as well as in Christian, Muslim, Hindu and pagan faiths among others.

4.15 Female Genital Mutilation (FGM)

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. It involves removing and damaging healthy and normal female genital tissue, and interferes with the natural functions of girls' and women's bodies. 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 5-8 and therefore girls within that age bracket are at a higher risk. It can cause severe bleeding and problems urinating, and later cysts, infections, infertility as well as complications in childbirth. They can also often suffer severe psychological trauma, including flashbacks and depression.

The Female Genital Mutilation Act 2003 made it 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. In 2015 the Serious Crime Act came into force and with it new legal powers to deal with FGM. Teachers now have the statutory duty to report to police any instance where they 'discover' that FGM has been carried out on a girl under 18. Those failing to report such cases will face disciplinary sanctions. Anyone who fears that someone is at risk of FGM can apply to a family court for a FGM Protection Order. This includes people who think they could be victims themselves or are already victims, local authorities, teachers, doctors, social workers or other third parties. FGMPOs will help to safeguard girls who are at risk of FGM at home or abroad. If the court makes a FGMPO, the specific conditions could include confiscating passports or travel documents to prevent girls from being taken abroad, or stopping someone from bringing a 'cutter' to the UK for the purposes of committing FGM on a girl.

Signs that a child or young person may be at risk of FGM could be: child is female, from a culture where FGM is practised, and an extended summer holiday to the country of origin is imminent.

If staff are concerned that a child is at risk of FGM, they must tell the DSL. The DSL must request to meet parents and ask them directly if they are seeking to have FGM carried out on their daughter. If the DSL is dissatisfied with their response and has real concerns that FGM may be imminent, they should refer the matter to First Response or to the Police. The parents should be told about the referral only if it is felt that it will not bring further risk to the child. If staff believe that FGM has already taken place, they must contact the DSL, who can contact the Police at once.

4.16 Forced Marriage and so-called Honour Based Violence

A forced marriage is a marriage conducted without the full consent of both parties and where duress is a factor. When either party is under 18 it is child abuse and should always be treated as such. The terms 'honour crime', 'izzat' or 'honour-based violence' embrace a variety of crimes of violence (mainly but not exclusively against women), including assault, imprisonment and murder where the person is being punished by their family or community. They are being punished for actually, or allegedly, undermining what the family or community believes to be the correct code of behaviour. In transgressing against this correct code of behaviour, the person shows that they have not been properly controlled to conform by their family and this is to the 'shame' or 'dishonour' of the family. If there are concerns that a child (male or female) is in danger of a forced marriage, staff should report to the DSL on the same day the concern is noted. All those involved should bear in mind that mediation as a response to forced marriage can be extremely dangerous. Refusal to go through with a forced marriage has, in the past, been linked to so-called 'honour crimes' including murder, rape and serious physical and emotional abuse.

4.17 Gangs and Youth Violence

Staff may observe early warning signs that children may be at risk of getting involved in gangs and gang culture, which can quickly escalate and become entrenched. Staff worried about a child involved in, or at risk from, gangs can call the NSPCC helpline on 0808 800 5000 for more information. If staff have a concern that children are involved in gang activity they should contact the DSL the same day the concern is noted. The police should always be informed if the child is in possession of a knife or other weapon.

4.18 Grooming

Grooming is when someone builds an emotional connection with a child to gain their trust for the purposes of sexual abuse or exploitation. Children and young people can be groomed online or in the real world, by a stranger or by someone they know. Groomers may be male or female and could be any age. Many children and young people don't understand that they have been groomed, or that what has happened is abuse. Groomers will hide their true intentions and may spend a long time gaining a child's trust. They may also try to gain the trust of the whole family so they can be alone with the child. Groomers do this by:

- pretending to be someone they are not, for example saying they are the same age online;
- offering advice or understanding;
- buying gifts;
- giving the child attention;
- using their professional position or reputation;
- taking them on trips, outings or holidays; and
- using secrets and intimidation to control children.

Once they have established trust, groomers will exploit the relationship by isolating the child from friends or family and making the child feel dependent on them. They will use any means of power or control to make a child believe they have no choice but to do what they want. Groomers may introduce 'secrets' as a way to control or frighten the child. Sometimes they will blackmail the child, or make them feel ashamed or guilty, to stop them telling anyone about the abuse. Groomers can use social media sites, instant messaging apps including teen dating apps, or online gaming platforms to connect with a young person or child. They can spend time learning about a young person's interests from their online profiles and then use this knowledge to help them build up a relationship. It's easy for groomers to hide their identity online - they may pretend to be a child and then chat and become 'friends' with children they are targeting. Groomers may look for:

- usernames or comments that are flirtatious or have a sexual meaning; and/or
- public comments that suggest a child has low self-esteem or is vulnerable.

Groomers don't always target a particular child. Sometimes they will send messages to hundreds of young people and wait to see who responds. Groomers no longer need to meet children in real life to abuse them.

Increasingly, groomers are sexually exploiting their victims by persuading them to take part in online sexual activity.

4.19 Hate Crime

Children can be vulnerable to negative, extremist views. KWNS aims to be a place that inspires and engages young minds. We believe in democracy and the laws of the country, where every individual has a voice that is heard and respected, no matter what their faith or belief. We value discussion, debate and learning from others. We recognise that Hate Speech is a crime and believe that there is no place for extremism in our setting.

4.20 Hidden Harm

Hidden Harm refers to children who are affected by their parents' drug or alcohol abuse, domestic abuse and mental illness. Parental problems can and do cause serious harm to children at every age from conception to adulthood. Effective treatment of the parent can have major benefits for the child. By working together, services can take many practical steps to protect and improve the health and well-being of affected children.

4.21 Historical abuse

There may be occasions when a child or adult 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 abuse as the abuser may still represent a risk to children and young people now.

4.22 Homelessness

Being homeless, or being at risk of becoming homeless, presents a real risk to a child's welfare. The DSL should be aware of referral routes into BCC Housing so they can raise/progress concerns at the earliest opportunity: <https://www.bristol.gov.uk/housing/homeless-or-at-risk-of-being-homeless> Indicators that a family may be at risk of homelessness include:

- household debt;
- rent arrears;
- DVA and anti-social behaviour;
- as well as the family being asked to leave a property.

Whilst referrals and or discussion with the BCC Housing should be progressed as appropriate, this does not, and should not, replace a referral into children's social care where a child has been harmed or is at risk of harm.

4.23 Invisible children

Staff need to be aware of children who may not be known to services. There are children who may be 'trafficked' and many cases of neglect and abuse involve children from other countries.

4.24 Medical Conditions

Staff must be made aware of any medical conditions affecting the children in their care and work with parents to ensure that children's needs are addressed appropriately.

4.25 Mental health and resilience

In order to help children to succeed, KWNS has a role to play in supporting them to be resilient and mentally healthy. There are a variety of things that we can do, for all children and families and for those with particular problems, to offer that support in an effective way. Where severe problems occur we should expect the child or parent to get support elsewhere as well, including from medical professionals working in specialist CAMHS, voluntary organisations and local GPs. We should help ensure that children and their families participate as fully as possible in decisions and are provided with information and support. The views, wishes and feelings of the child and their parents should always be considered. There are resources available to help staff support

good mental health and emotional wellbeing. We should consider if children and parents would benefit from the offer of counselling and work with other organisations to look at what provision is available locally to help them promote mental health and intervene early to support children experiencing difficulties.

4.26 Non-mobile babies

KWNS need to be vigilant to spot bruising in non-mobile babies. Accidental bruising in a baby who is not mobile (i.e. a baby who cannot crawl, pull to stand, 'cruise' around furniture, or walk) is very uncommon. The most likely cause of bruising in non-mobile babies will be abuse, or else a serious medical condition. Non-mobile babies with bruising need to be referred to outside agencies as soon as possible. Infants under the age of one are more at risk of being killed at the hands of another person (usually the carer) than any other age group. Severe child abuse is 6 times more common in babies aged under 1 year than in older children. Non-mobile babies cannot cause injuries to themselves and therefore must be considered at significant risk of abuse. Staff should follow these procedures regarding bruising in non-mobile babies:

1. Report bruising: If staff spot bruising in a non-mobile baby, they should contact the DSL as soon as they can.
2. Ask for an explanation: The DSL should ask parents in private for an explanation for the bruising. It's very important that they don't prompt parents with any ideas of their own about what might have occurred. The observation and the explanation should be written down; along with any other concerns staff have as professionals about the child. If there is not a satisfactory explanation provided for the marking, parents should then be told that it is the policy of KWNS to ensure that all non-mobile babies with bruising receive a medical examination as soon as possible, and that First Response, or the baby's social worker if they have one, will be informed about the injury.
3. Get a medical examination: The baby should then be seen by a Paediatrician the same day – in Bristol this will mean taking them to the Children's Hospital Emergency Department without delay (by ambulance if necessary) - even if parents give what appears to be a reasonable explanation for the bruising. If the bruising is very slight an appointment can be made by phone for that day with the on call Consultant Community Paediatrician via the BRI switchboard 0117 9230000 – this person can also help with any questions about the medical examination. The DSL should help parents make arrangements to attend the visit – or at least give their consent for the examination. Only one parent needs to give consent for the examination. If both parents refuse consent, the DSL should discuss the matter with the Consultant Community Paediatrician, who may advise seeking the advice of First Response. If the parents decide to take the baby to the hospital independently, the DSL should ring the hospital to check that they have attended.
4. Refer: DSL must contact First Response or the baby's social worker if there is one, to discuss further action required. The safety of other siblings must be considered.

4.27 Neglect

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

Signs and symptoms of neglect include:

- Children who are living in a home that is indisputably dirty or unsafe;
- Children who are left hungry or dirty;
- Children who are left without adequate clothing, e.g. not having a winter coat;

- Children who are living in dangerous conditions, i.e. around drugs, alcohol or violence;
- Children who are often angry, aggressive or self-harm;
- Children who fail to receive basic health care; and
- Parents who fail to seek medical treatment when their children are ill or are injured.

4.28 Online Abuse

The use of technology is now a significant component of many safeguarding issues including child sexual exploitation; radicalisation; peer abuse where technology often provides the platform that facilitates harm. We are committed to developing an effective approach to online safety to empower KWNS to protect and educate children in their use of technology and establish mechanisms to identify, intervene and escalate any incident where appropriate. The breadth of issues classified within online safety is considerable, but can be categorised into three areas of risk:

- content: being exposed to illegal, inappropriate or harmful material
- contact: being subjected to harmful online interaction with other users
- conduct: personal online behaviour that increases the likelihood of, or causes, harm.

4.29 Peer Abuse

We recognise that children are capable of abusing their peers. Peer abuse is abuse and should never be tolerated or passed off as “banter” or “part of growing up”. Peer on peer abuse can take many forms, and can manifest itself in many ways, including sexting, online abuse, bullying and cyber bullying and sexual abuse (see relevant sections in this policy and in the Anti-Bullying and eSafety Policy of the School). We recognise that peer abuse is frequently gendered. Girls are more likely to be sexually touched or assaulted and boys are more likely to be subject to initiation/hazing type violence. Accordingly allegations of peer on peer abuse will be taken extremely seriously and investigated and dealt with. We reserve the right to search, screen and confiscate items that may provide evidence of teen abuse. Victims of peer on peer abuse will be supported by session leaders and by the DSL.

4.30 Physical Abuse

Physical abuse is a form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child. Signs and symptoms of physical abuse include:

- Children with frequent injuries;
- Children with unexplained or unusual fractures or broken bones; and
- Children with unexplained bruises or cuts; burns or scalds; or bite marks.

4.31 Private fostering

A private fostering arrangement is one that is made without the involvement of a local authority for the care of a child under the age of 16 (under 18, if disabled) by someone other than a parent or close relative, with the intention that it should last for 28 days or more. A private foster carer may be a friend of the family, the parent of a friend of the child, or someone previously unknown to the child’s family who is willing to privately foster a child. Private fostering arrangements can be a positive response from within the community to difficulties experienced by families but nevertheless privately fostered children can be very vulnerable. Overarching responsibility for the welfare of the privately fostered child remains with the parent but it is the duty of local authorities to satisfy themselves that children who are privately fostered within their area are satisfactorily safeguarded and promoted. Staff should report to the DSL if they become aware of a private fostering arrangement. The DSL should then notify the First Response of all private fostering arrangements, so that the local authority can satisfy itself that the welfare of the privately fostered child concerned is satisfactorily safeguarded.

4.32 Radicalisation

From 1 July 2015 schools are subject to a duty under section 26 of the Counter-Terrorism and Security Act 2015, to have “due regard to the need to prevent people from being drawn into terrorism”.

The Prevent Duties include:

1. Identifying children who may be vulnerable to radicalization.
2. Aware of what to do when vulnerable children are identified.
3. Promoting fundamental British values and challenging extremist views.
4. Offering appropriate training and development.

Extremism is defined in the 2015 Prevent Duty Guidance as: ‘vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas’. Radicalisation refers to the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups.

Staff will be given training to help them understand the issues of radicalisation, the signs of vulnerability or radicalisation and how to refer their concerns. The DSL will undertake Prevent awareness training and can provide advice and support to staff on protecting service users from the risk of radicalisation.

We will aim to build children’s resilience by providing a safe environment for debating controversial issues and helping them to understand how they can influence and take part in decision-making. We will promote fundamental British values (democracy, rule of law, liberty, and respect and tolerance for different faiths and beliefs and of none) and challenge extremism in our work with service users. We undertake due diligence to ensure that visiting speakers are appropriate, supervised at all times and not allowed to speak to service users without a member of staff being present. Staff must not invite speakers into sessions without first obtaining permission from the DSL.

We are committed to identifying families who may be vulnerable to radicalization. Early indicators of radicalisation or extremism may include:

- showing sympathy for extremist causes;
- glorifying violence, especially to other faiths or cultures;
- making remarks or comments about being at extremist events or rallies;
- evidence of possessing illegal or extremist literature;
- advocating messages similar to illegal organisations or other extremist groups;
- out of character changes in dress, behaviour and peer relationships (but there are also very powerful narratives, programmes and networks that young people can come across online so involvement with particular groups may not be apparent.);
- secretive behaviour;
- online searches or sharing extremist messages or social profiles;
- intolerance of difference, including faith, culture, gender, race or sexuality;
- graffiti, art work or writing that displays extremist themes;
- attempts to impose extremist views or practices on others;
- verbalising racist, anti-Western or anti-British views; and
- advocating violence towards others.

Staff with concerns that families are becoming radicalised should contact the DSL the same day the concern is noted. As well as contacting the local safeguarding referral agency, the DSL should also contact the Police. If there is a terrorist related emergency, staff should contact the Police immediately.

4.33 Sexting

'Sexting' is the exchange of self-generated sexually explicit images, through mobile picture messages or webcams over the internet. Young people may also call it:

- cybersex;
- sending a nudie, picture or selfie;
- trading nudes;
- dirtie; and
- pic for pic.

There are many reasons why a child may want to send a naked or semi-naked picture, video or message to someone else. These reasons include:

- joining in because they think that 'everyone is doing it';
- boosting their self-esteem;
- flirting with others and testing their sexual identity;
- exploring their sexual feelings;
- to get attention and connect with new people on social media; and/or
- they may find it difficult to say no if somebody asks them for an explicit image, especially if the person asking is persistent.

Sexting is often seen as flirting by children and young people who feel that it's a part of normal life, but in fact it is a crime. The law in the UK currently states that the creating or sharing explicit images of a child is illegal, even if the person doing it is a child. As of January 2016, if a young person is found creating or sharing images, the police can choose to record that a crime has been committed but that taking formal action isn't in the public interest. In addition crimes recorded this way are unlikely to appear on future records or checks, unless the young person has been involved in other similar activities which may indicate that they're a risk.

4.34 Sexual Abuse

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

- Children who display knowledge or interest in sexual acts inappropriate to their age;
- Children who use sexual language or have sexual knowledge that you wouldn't expect them to have;
- Children who ask others to behave sexually or play sexual games; and
- Children with physical sexual health problems, including soreness in the genital and anal areas, sexually transmitted infections or underage pregnancy.

4.35 Sexual Violence and sexual harassment

Sexual violence and sexual harassment can occur between two children of any age and sex. It can also occur through a group of children sexually assaulting or sexually harassing a single child or group of children. Children who are victims of sexual violence and sexual harassment will likely find the experience stressful and distressing. This will, in all likelihood, adversely affect their educational attainment. Sexual violence and sexual harassment exist on a continuum and may overlap, they can occur online and offline (both physical and verbal) and are never acceptable. It is important that all victims are taken seriously and offered appropriate support. Staff should be aware that some groups are potentially more at risk. Evidence shows girls, children with SEND and LGBT children are at greater risk. Staff should be aware of the importance of:

- making clear that sexual violence and sexual harassment is not acceptable, will never be tolerated and is not an inevitable part of growing up;
- not tolerating or dismissing sexual violence or sexual harassment as “banter”, “part of growing up”, “just having a laugh” or “boys being boys”; and
- challenging behaviours (potentially criminal in nature), such as grabbing bottoms, breasts and genitalia, flicking bras and lifting up skirts.

Dismissing or tolerating such behaviours risks normalising them. As is always the case, if staff are in any doubt as to what to do they should speak to the DSL.

4.36 Trafficking and modern slavery

Modern slavery is a serious crime. It encompasses slavery, servitude, and forced or compulsory labour and human trafficking. Modern slavery victims can often face more than one type of abuse and slavery, for example if they are sold to another trafficker and then forced into another form of exploitation. A person is trafficked if they are brought to (or moved around) a country by others who threaten, frighten, hurt and force them to do work or other things they don't want to do. The Universal Declaration of Human Rights 1948, states that: “No one shall be held in slavery or servitude; slavery and the slave trade shall be prohibited in all their forms.” Signs of trafficking include people who are:

- Not in possession of a passport, identification or travel documents.
- Acts as if instructed or coached by someone else or allows others to speak for them when spoken to directly.
- Recruited for one purpose and forced to engage in some other job. Transport paid for by facilitators, whom they must pay back through providing services.
- Receives little or no payment for their work - someone else was in control of their earnings.
- Forced to perform sexual acts.
- Does not have freedom of movement.
- Threatened with harm if escapes.
- Under the impression they are bonded by debt, or in a situation of dependence.
- Harmed or deprived of food, water, sleep, medical care or other life necessities.
- Cannot freely contact friends or family. Limited social interaction or contact with people outside their immediate environment.

There is no typical victim of slavery. Victims can be men, women and children of all ages and cut across the population, but it is normally more prevalent amongst the most vulnerable, minority or socially excluded groups. The Home Office predicts that there may be as many as 13,000 victims in the UK alone.

4.37 Violence Against Women and Girls (VAWG)

VAWG covers a range of unacceptable and deeply distressing crimes, including domestic violence and abuse, sexual violence and child sexual abuse, stalking, so called ‘honour-based’ violence - including forced marriage and female genital mutilation (FGM), gang related violence, and human trafficking. We recognise that these crimes are disproportionately gendered. Violence can affect women and girls regardless of their age, race or religion, their socioeconomic background, sexual orientation or marital status. Violence takes place in every locality across the UK and can happen in relationships, in families, and in communities. We will work to ensure that awareness of VAWG is raised within our organisation and work with multi-agency approaches effectively to understand and meet the support needs of victims, survivors and family members, through recovery and on to sustainable, positive life outcomes.

4.38 Low Level Concerns

As part of the whole school approach to safeguarding, schools and colleges should ensure that they promote an open and transparent culture in which all concerns about all adults working in or on behalf of the school or college (including supply teachers, volunteers and contractors) are dealt with promptly and appropriately.

Creating a culture in which **all** concerns about adults (including allegations that do not meet the harms threshold (see Part Four – Section one) are shared responsibly and with the right person, recorded and dealt with appropriately, is critical. If implemented correctly, this should encourage an open and transparent culture; enable schools and colleges to identify concerning, problematic or inappropriate behaviour early; minimise the risk of abuse; and ensure that adults working in or on behalf of the school or college are clear about professionals boundaries and act within these boundaries, and in accordance with the ethos and values of the institution – Keeping Children Safe in Education 2021 page 95/96.

5. Key contacts

Emergency: 999

First Response Team 0117 903 6444

South Duty Teams

Symes House, Hartcliffe BS13 0EE Tel: Group Unit 0117 3574700; Unit 1: 0117 9037437; Unit 2: 0117 9037438, Unit 3: 0117 9037456; Unit 4: 0117 9224339; Unit 5: 0117 3574000,: Unit 6: 0117 9224669; Unit 7: 0117 3526188; Unit 8: 0117 3526189; Unit 9: 0117 352615; Fax: 0117 353 2202.

Emergency Duty Team 01454 615 165 (out of hours)

Designated Senior Officer for Early Years: Richard Hanks: 0117 9224895 richard.hanks@bristol.gov.uk

Designated Officer (DO) for Bristol, Nicola Laird: 0117 9037795 nicola.laird@bristol.gov.uk

Consultant Community Paediatrician via the BRI switchboard 0117 9230000

Bristol City Council – Children and Young Peoples Service: 0117 903 7780

Bristol Safeguarding Children Board Training: 0117 922 4626

Ofsted Whistleblower 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

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

www.safelinksupport.co.uk 0117 925 0680

National Association for the Prevention of Cruelty to Children (NSPCC), help for adults concerned about a child:
0808 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

6. Useful Documents and links

Bristol Safeguarding Children Board: <https://bristolsafeguarding.org/children-home/>

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

Working Together to Safeguard Children (2018), Department of Education:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf

Keeping Children Safe in Education (2019) Statutory guidance for schools and colleges:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/836144/Keeping_children_safe_in_education_part_1_2019.pdf

What to do if you're worried a child is being abused (2015) Easy to read summary of key safeguarding procedures:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419604/What_to_do_if_you_re_worried_a_child_is_being_abused.pdf

BSCB Report a Concern: <https://bristolsafeguarding.org/children-home/contact/report-a-concern/>

BSCB Policies including Threshold Guidance: <https://bristolsafeguarding.org/children-home/professionals/policies/>

Homeless or risk of being homeless: <https://www.bristol.gov.uk/housing/homeless-or-at-risk-of-being-homeless>

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

Statutory Framework for the Early Years Foundation Stage 2014: <https://www.gov.uk/early-years-foundation-stage>

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

NSPCC Whistleblowing Helpline: <https://www.nspcc.org.uk/what-you-can-do/report-abuse/dedicated-helplines/whistleblowing-advice-line/>

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