



Policy for Safeguarding

This policy is applicable to all regardless of gender, sexuality, religious belief or none, culture, ethnicity, ability or disability, individuals with protected characteristics and those with none; it does not determine to discriminate against any individual whilst ensuring the smooth operation of our school.

Approved by Governing Body	
Date:	Autumn 2021
Review Date:	Autumn 2022 (Reviewed January 2022 by LJS) Next full update will be May 2022

Useful Contacts

Designated Safeguarding Lead	Linda Stay	01753 536492
Deputy Designated Safeguarding Lead	Seema Sharma	01753 536492
Designated Governor for Safeguarding	Barbara Turner	07713352248
Education Safeguarding Officer, Slough Borough Council	Jatinder Matharu	01753 875068 or 07714 858213 Jatinder.matharu@slough.gov.uk
Children's Social Care		01753 875362 sloughchildren.referrals@scstrust.co.uk 01344 786543 (out of hours)
Early Help Hub		01753 476 589
Police		101 or in emergencies 999
Local Authority Designated Officer (LADO)		www.proceduresonline.com/berks/slough Harvinder Rajasansi 01753 690904 /07927 681858 All sensitive information should be sent through Egress or use LADO@scstrust.co.uk
To raise concerns about extremism (non-emergency)		020 7340 7264 counter.extremism@education.gsi.gov.uk
Confidential anti-terrorist hotline (emergency only)		0800 789 321



For additional contacts please see STAFF drive, 1. Safeguarding. Safeguarding Contacts 2020.

The National Police Chief's Council has produced guidance for schools on 'When to call the police' the guidance is available at
<https://www.npcc.police.uk/documents/Children%20and%20Young%20people/When%20to%20call%20the%20police%20guidance%20for%20schools%20and%20colleges.pdf>

Safeguarding is defined as protecting children from maltreatment, preventing impairment of children's mental and physical health and/or development, ensuring that children are growing up in circumstances consistent with the provision of safe and effective care and taking action to enable all children to have the best life chances.

Safeguarding and promoting the welfare of children is everyone's responsibility. Everyone who comes into contact with children and their families has a role to play. In order to fulfil this responsibility effectively, all practitioners should make sure their approach is child-centred. This means that they should consider, at all times, what is in the best interests of the child. (Keeping Children Safe in Education 2021)

In this policy the term **Staff** applies to all those working for or on behalf of the school, full time or part time, in either a paid or voluntary capacity. This also includes governors.

Child refers to all young people who have not yet reached their 18 birthday. On the whole, this will apply to pupils of our school; however, the policy will extend to visiting children (including siblings.)

Parent refers to birth parents and other adults in a parenting role for example adoptive parents, step parents, guardians and foster carers.

Policy Statement

We are committed to safeguarding children and promoting the welfare of children. We expect all staff and volunteers to share this commitment. We recognise our moral and statutory responsibility to safeguard and promote the welfare of all children. We make every effort to provide a safe and welcoming environment underpinned by a culture of openness where both children and adults feel secure, able to talk and believe that they are being listened to. We maintain an attitude of "it could happen here" where safeguarding is concerned. The purpose of this policy is to provide staff, volunteers and governors with the framework they need in order to keep children safe and secure in our school and to inform parents and guardians how we will safeguard their children whilst they are in our care. Specific guidance is available to staff within the procedure documents.

This policy is written with reference to Keeping Children Safe in Education 2021 and Working Together to Safeguard Children (2018.)

Aims

- To provide Staff with the framework to promote and safeguard the wellbeing of children and in so doing ensure they meet their statutory responsibilities.
- To ensure consistent good practice across the school.
- To demonstrate our commitment to protecting children.

Principles and Values

- Children have a right to feel secure and cannot learn effectively unless they feel secure.
- All children regardless of age, gender, race, ability, sexuality, religion, culture or language have a right to be protected from harm. We will always act in the best interests of children.
- All staff have a key role in prevention of harm and an equal responsibility to act on any suspicion or disclosure that may indicate a child is at risk of harm in accordance with the guidance.

- We acknowledge that working in partnership with other agencies protects children and reduces risk and so we will engage in partnership working throughout the child protection process to safeguard children.
- Whilst the school will work openly with parents as far as possible, the school reserves the right to contact children's social care or the police, without notifying parents if this is in the child's best interests.

Leadership and Management

We recognise that staff anxiety around child protection can undermine good practice and so have established clear lines of accountability, training and advice to support the process and individual staff within that process. In this school any individual can contact the designated safeguarding lead (DSL) if they have concerns about a child.

The Designated Safeguarding Lead is: Linda Stay

The Deputy Designated Safeguarding Lead is: Seema Sharma.

The Designated Governor for Safeguarding is: Barbara Turner.

The Designated Governor for Safeguarding will receive reports of allegations against the headteacher and act on the behalf of the governing body. The Governing Body has an overarching role in ensuring that policies, procedures and training in the Nursery is effective and complies with the law.

As an employer we comply with the "Disqualification under the childcare act 2006" guidance issued in February 2015.

Training

All staff in our school are expected to be aware of the signs and symptoms of abuse and must be able to respond appropriately. (Appendix 1.) Training is provided and regularly updated. Regular safeguarding and child protection updates are provided as required, but at least annually. Training is provided to all new staff on appointment, including temporary staff, volunteers and students. (Appendix 2- Briefing Sheet for Temporary staff, students and volunteers.)

The DSL and Deputy DSL will attend training every two years to enable them to fulfil their role. In addition to formal training the DSL and Deputy DSL should be updated at regular intervals, but at least annually. Any update in national or local guidance will be shared with all staff in briefings and then captured in the next whole school training. This policy will be updated during the year to reflect any changes brought about by new guidance.

Referral

Following any concerns raised by staff, the DSL will assess the information and consider if significant harm has happened or there is a risk that it may happen. If the evidence suggests the threshold of significant harm, or risk of significant harm has been reached; or they are not clear if the threshold is met, then the DSL will contact children's social care. If the DSL is not available or there are immediate concerns, the staff member will refer directly to children's social care.

Generally the DSL will inform the parents prior to making a referral however there are situations where this may not be possible or appropriate.

N.B. The exception to this process will be in those cases of known FGM where there is a mandatory requirement for the teacher to report directly to the police.

Slough Children Services Trust Front Door

For concerns about safeguarding or access to early help provision for children and young people Slough Children Services Trust **Front Door** is the only referral route.

The number to call is: **01753 875362**. The operating hours (for this team only) are 9am to 5pm

Please do NOT use the number above for general enquiries. For these, use 01753 477321 between 9am and 5pm.

For emergencies outside these hours call the Emergency Duty Team on 01344 786543 email: EDT@bracknell-forest.gov.uk or **dial 999**.

A referral form (MARF) needs to be completed. A blank MARF form is available on the staff drive in the Safeguarding folder. The completed MARF needs to be sent via secure e-mail (Egress) to sloughchildren.referrals@scstrust.co.uk.

<http://www.scstrust.co.uk/first-contact/>

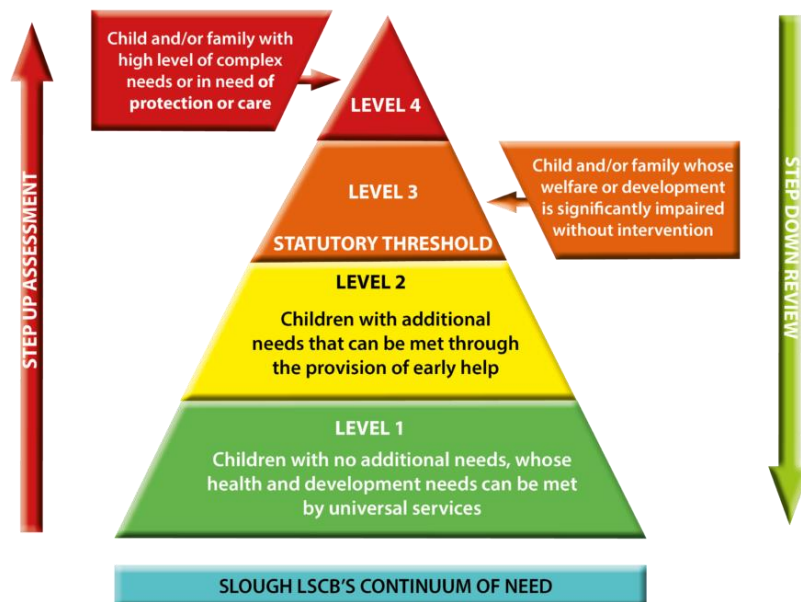
The Multi-Agency Safeguarding Hub (MASH) works with several multi-agencies to gather information on referrals.

Slough Children's Services Trust should tell the Nursery if a child has a social worker and the DSL should hold and use this information in the best interests of the child's safety, welfare and educational outcomes such as when decisions are made on:

- Responding to absence.
- Provision of pastoral and learning support.

DSLs should help promote educational outcomes by sharing information with relevant staff about the welfare, safeguarding and child protection issues that children (including those with a social worker) are experiencing, or have experienced. Information on cases will be shared on a need to know basis. There should be a culture of high aspiration for all children, including children who have social care involvement.

The 'triangle' below visually outlines Slough Local Safeguarding Children Board's continuum of need. This is used to clearly (and quickly) identify and assess the level of need and intervention required when a child is first brought to their attention.



Early Help Hub

Schools are able to seek advice from Early Help Hub about services available to support pupils in need of additional support and also to refer pupils and families deemed to be at Level 2 to Early Help Hub.

If you want to speak to a member of the Early Help Hub team please call 01753 476 589. All referrals (MARF forms) need to be sent via secure mail (Egress) to Slough Children Services Front Door (see above.)

Confidentiality

- We maintain that all matters relating to child protection are to be treated as confidential and only shared as per the 'Working Together' guidance.
- Information will only be shared with agencies who we have a statutory duty to share with or individuals within the school who 'need to know'.
- All staff are aware that they cannot promise a child to keep a disclosure confidential.

As a school we will educate and encourage pupils to keep safe through:

- The content of the curriculum
- A school ethos which helps children to feel safe and able to talk freely about their concerns, believing that they will be listened to and valued.

Dealing with allegations against staff

If a concern is raised about the practice or behaviour of a member of staff (including agency staff) this information will be recorded and passed to the headteacher, Nikki Elsmore-Cary. The local authority designated officer (LADO) will be contacted and the relevant guidance will be followed. If the allegation is against the headteacher, the person receiving the allegation will contact nominated governor, Barbara Turner directly.

This procedure should be used in all cases in which it is alleged a member of staff, agency staff member or volunteer in a school 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; or
- Behaved towards a child or children in a way that indicates he or she would pose a risk of harm to children

- Behaved towards a child or children in a way that indicates that they may pose a risk of harm to children.

It applies regardless of whether the alleged abuse took place in the school. Allegations against a teacher who is no longer teaching and historical allegations of abuse will be referred to the police.

We will deal with any allegation of abuse against a member of staff, agency staff member or volunteer very quickly, in a fair and consistent way that provides effective child protection while also supporting the individual who is the subject of the allegation.

Our procedures for dealing with allegations will be applied with common sense and judgement.

There are additional details available in the “Safeguarding- statement of procedures for dealing with allegations against staff” policy

Procedure for dealing with allegations

In dealing with allegations or concerns against an adult in the school, staff must:

- Report any concerns about the conduct of any member of staff or volunteer to the Designated Safeguarding Lead (DSL) as soon as possible
- If an allegation is made against the Headteacher, the concerns need to be raised with the Local Authority Designated Officer (LADO) or nominated governor as soon as possible
- Once an allegation has been received by the Headteacher or nominated governor they will contact the Local Authority Designated Officer (contact details on front page of Safeguarding policy) as soon as possible and before carrying out any investigation into the allegation other than preliminary enquiries. This is to consider the nature, content and context of the allegation and agree a course of action, including whether further enquiries are necessary to enable a decision on how to proceed, and whether it is necessary to involve the police and/or children’s social care services. (The Designated Safeguarding Lead may, on occasion, consider it necessary to involve the police *before* consulting the LADO officer – for example, if the accused individual is deemed to be an immediate risk to children or there is evidence of a possible criminal offence. In such cases, the Designated Safeguarding Lead will notify the LADO as soon as practicably possible after contacting the police) If (on the advice of the LADO) the matter is investigated internally, guidance will be sought from the HR provider in following procedures set out in ‘Keeping Children Safe in Education’ (2016)
- Inform the accused individual of the concerns or allegations and likely course of action as soon as possible after speaking to the LADO (and the police or children’s social care services, where necessary). Where the police and/or children’s social care services are involved, the case manager will only share such information with the individual as has been agreed with those agencies
- Where appropriate, carefully consider whether suspension of the individual from contact with children at the school is justified or whether alternative arrangements can be put in place. Advice will be sought from the designated officer, police and/or children’s social care services, as appropriate.

Whistleblowing

The school has particular responsibility for protecting the welfare of children. Employees are under an obligation to report any concerns about the behaviour or intentions of any person within the school.

The Governing Body and the leadership of the school are not prepared to tolerate any malpractice, abuse or wrongdoing and expect employees and others that we deal with, who have concerns about what is happening at work, to come forward and voice those concerns.

A Whistleblowing policy is in place to enable employees to raise concerns about malpractice or wrongdoing at an early stage and in the right way, without fear of victimisation, subsequent discrimination or disadvantage.

Dealing with allegations against pupils (Peer on peer abuse)

If a concern is raised that there is an allegation of a pupil abusing another pupil within the school, the 'dealing with allegations against pupils' guidance will be followed.

DfE guidance 'Keeping Children Safe in Education' (2021) says that 'governing bodies should ensure that there are procedures in place to handle allegations against other children'. The guidance also states the importance of minimising the risks of peer-on- peer abuse. In most instances, the conduct of students towards each other will be covered by the school's behaviour policy. Some allegations may be of such a serious nature that they may raise safeguarding concerns.

As usual, important decisions should be made on a case by case basis, on the basis of an assessment of the children's best interests. Referral under safeguarding arrangements may be necessary, guided by an assessment of the extent to which a child is suffering, or is likely to suffer, significant harm.

Key specific considerations will include:

The age, maturity and understanding of the children;
Any disability or special needs of the children;
Their social and family circumstance;
Any evidence in the behaviour or presentation of the children that might suggest they have been harmed.

While not normally associated with the age group of children attending Lea Nursery, peer on peer abuse could include:

- Bullying
- Physical abuse
- Sexual violence and sexual harassment
- Upskirting (when a photograph is taken under a person's clothing without them knowing, for sexual gratification or to cause the victim humiliation, distress or alarm)
- Sexting
- Initiation/hazing type violence and rituals.

Ongoing Opportunities to Teach Safeguarding

Children's Personal, Social and Emotional Development is a prime area in the Early Years Foundation Stage Curriculum. This curriculum area includes areas such as:

- Self-confidence and self-awareness (which includes feeling confident asking adults for help.)
- Managing feelings and behaviour (which includes expressing own feelings.)
- Making relationships (which includes characteristics that foster positive relationships with other children.)

This links strongly with relationship and health education.

Policy

At Lea Nursery School we believe that all children have a right to attend school and learn in a safe environment. Children should be free from harm by adults in the school and other students. We recognise that some students will sometimes negatively affect the learning and wellbeing of others and their behaviour will be dealt with under the school's behaviour policy.

Prevention

As a school we will minimise the risk of allegations against other pupils by:-

- Providing a developmentally appropriate PSED curriculum which develops students understanding of acceptable behaviour and keeping themselves safe.
- Having systems in place for any student to raise concerns with staff, knowing that they will be listened to, believed and valued.
- Delivering targeted work on assertiveness and keeping safe to those pupils identified as being at risk.
- Developing robust risk assessments & providing targeted work for pupils identified as being a potential risk to other pupils.

Procedure

- When an allegation is made by a pupil against another student, members of staff should consider whether the complaint raises a safeguarding concern. If there is a safeguarding concern the designated safeguarding lead (DSL) should be informed.
- A factual record should be made of the allegation, but no attempt at this stage should be made to investigate the circumstances.
- The DSL should contact the appropriate bodies to discuss the concerns.
- The DSL will follow through the outcomes of the discussion and make a referral where appropriate.
- If the allegation indicates that a potential criminal offence has taken place, the DSL will refer the case to the Police.
- Parents, of both the student being complained about and the alleged victim, should be informed and kept updated on the progress of the referral.
- The DSL will make a record of the concern, the discussion and any outcome and keep a copy in the files of both pupils' files.

Annual review

As a school, we review this policy at least annually in line with statutory guidance.

Roles and responsibilities within Lea Nursery School

Staff responsibilities

All staff have a key role to play in identifying concerns early and in providing help for children. To achieve this they will:

- Establish and maintain an environment where children feel secure, are encouraged to talk and are listened to.
- Ensure children know that there are adults in the school whom they can approach if they are worried about any problems.
- Plan opportunities within the curriculum for children to develop the skills they need to assess and manage risk appropriately and keep themselves safe.
- Recognise that additional barriers can exist when recognising abuse and neglect in relation to children with SEN and disabilities.
- Complete training in order to be aware of and alert to the signs of abuse.
- Maintain an attitude of "it could happen here" with regards to safeguarding.
- Record their concerns if they are worried that a child is being abused and report these to the relevant person as soon as practical that day.
- If the disclosure is an allegation against a member of staff they will follow the allegations' procedures
- Follow the procedures set out by the Local Safeguarding Children Board and take account of guidance issued by the DfE.
- Support pupils in line with their child protection plan.
- Treat information with confidentiality but never promising to "keep a secret".
- Notify the Designated Safeguarding Lead of any child on a child protection plan who has unexplained absence.
- In the context of early help, staff will notify colleagues and/or parents of any concerns about their child(ren), and provide them with, or signpost them to, opportunities to change the situation.
- Liaise with other agencies that support pupils and provide early help.

- Ensure they are familiar with the school's child protection policy and procedures including knowing who the designated safeguarding lead (DSL) and deputy DSL are, and how to contact them.

Senior Leadership Team responsibilities:

- Contribute to inter-agency working in line with guidance.
- Provide a co-ordinated offer of early help when additional needs of children are identified.
- Working with children's social care, support their assessment and planning processes including the schools attendance at conference and core group meetings.
- Carry out tasks delegated by the governing body such as training of staff; safer recruitment; maintaining a single central register.
- Provide support and advice on all matters pertaining to safeguarding and child protection to all staff regardless of their position within the school.
- Treat any information shared by staff or pupils with respect and follow procedures.
- Ensure that allegations or concerns against staff are dealt with in accordance with guidance from department for education (DfE) and the Local Safeguarding Partners.
- Provide copies of policies (including the Safeguarding Policy, Staff Code of Conduct Policy and 'Keeping Children Safe in Education' to all staff at induction.
- Ensure all staff understand the role of the DSL and are aware of systems within their school which support safeguarding.
- Allegations against staff are dealt with by the headteacher.

Governing body responsibilities

- Ensure the school has effective safeguarding policies & procedures including a child protection policy and a staff behaviour policy.
- Recruitment, selection and induction follow safer recruitment practice.
- A member of the senior staff team is designated as designated safeguarding lead (DSL) and have this recorded in their job description.
- Staff have been trained appropriately and this is updated in line with guidance.
- Any safeguarding deficiencies or weaknesses are remedied without delay.
- The Safeguarding Lead is responsible for managing allegations against the headteacher.
- Ensure that the Child Protection Policy is updated at least annually and available publicly (for example via the school website).
- Ensure children are taught about safeguarding, including online, through teaching and learning opportunities.
- Ensure appropriate filters and appropriate monitoring systems are in place to safeguard pupils from potentially harmful and inappropriate online material.
- Provide opportunities for staff to contribute to and shape safeguarding arrangements and child protection policy so recognising the experience and expertise of their staff.
- Ensure that all staff read at least Part one and Annex A of Keeping Children Safe in Education.
- Ensure that mechanisms are in place to assist staff to understand and discharge their role and responsibilities as set out in Part one of 'Keeping Children Safe in Education'.
- Ensure that there are clear systems and processes in place for identifying possible mental health problems, including routes to escalate and clear referral and accountability processes.

DSL responsibilities

The Designated Safeguarding Lead is: Linda Stay

The Deputy Designated Safeguarding Lead is: Seema Sharma

The Designated Governor for Safeguarding is: Barbara Turner

In addition to fulfilling the responsibilities of staff and senior management team, the DSL will also follow the role description set out in [Annex c of Keeping Children Safe in Education 2021](#).

DSLs should help promote educational outcomes by sharing information about welfare, safeguarding and child protection issues that children, including children with a social worker, experience with teachers, and school and college leadership staff.

Lea Nursery School child protection procedures

Overview

The following procedures apply to all staff working in the school and will be covered by training to enable staff to understand their role and responsibility. The aim of our procedures is to provide a robust framework which enables staff to take appropriate action when they are worried a child is being abused. The prime concern at all stages must be the interests and safety of the child. Where there is a conflict of interest between the child and an adult, the interests of the child must be paramount. (Appendix 5- dealing with disclosures.)

If a member of staff suspects abuse or they have a disclosure of abuse made to them they must:

1. Make an initial record of the information.
2. Report it to the DSL immediately
3. The DSL will consider if there is a requirement for immediate medical intervention, however urgent medical attention should not be delayed if DSL is not immediately available
4. Make an accurate record (which may be used in any subsequent court proceedings) as soon as possible and within 24 hours of the occurrence on CPOMS, of all that has happened, including details of:

- Dates and times of their observations.
- Dates and times of any discussions they were involved in.
- Any injuries.
- Explanations given by the child / adult.
- What action was taken?
- Any actual words or phrases used by the child.

Attendance related concerns

- Two emergency contact details will be obtained before children start at Nursery.
- Keyworkers are responsible for monitoring the attendance of children in their keygroup. Any concerns should be timeously reported to the DSL.
- Admin staff will follow up absences with text messages and phone calls.
- If no response is obtained the emergency contacts will be contacted.
- If appropriate a home visit will be attempted and advice will be sought from FIRST or Social Care. (See above.)

Late Children

- Any children arriving after the designated drop off time should be signed in using the iPad entry system by their parent.

Following a report of concerns from a member of staff, the DSL must:

1. Decide whether or not there are sufficient grounds for suspecting significant harm in which case a referral must be made to children's social care
2. Normally the school should try to discuss any concerns about a child's welfare with the family and where possible to seek their agreement before making a referral to children's social care. However, in accordance with DfE guidance, this should only be done when it will not place the child at increased risk or could impact a police investigation. The child's views should also be taken into account.
3. If there are grounds to suspect a child is suffering, or is likely to suffer, significant harm they must contact the Front Door (contact details are provided on the front cover of this policy.) In an emergency the Police should be contacted using **999**.
4. If a child/family has additional/multiple needs (that require support from more than one professional from more than one agency), but are not at risk of harm or neglect, then it is advisable to seek support from the Early Help Team. Referrals to the Early Help Team are made directly to the Front Door using a MARF.

What happens next?

It is important that concerns are followed up and it is everyone's responsibility to ensure that they are. The member of staff should be informed by the DSL what has happened following the report being made. If they do not receive this information they should be proactive in seeking it out. If they have concerns that the disclosure has not been acted upon appropriately they might inform the safeguarding governor of the school and/or may ultimately contact the children's services department. Receiving a disclosure can be upsetting for the member of staff and schools should have a procedure for supporting them after the disclosure. This might include reassurance that they have followed procedure correctly and that their swift actions will enable the allegations to be handled appropriately. In some cases additional counselling might be needed and they should be encouraged to recognise that disclosures can have an impact on their own emotions.

Multi-Agency Working

Providing a coordinated offer of early help when additional needs of children are identified, and contributing to inter-agency plans to provide additional support to children subject to child protection plans is important. Where necessary we work with:

- The local authority
- Clinical commissioning groups within the local authority
- The chief of police within the local authority.

Safer Recruitment Policy and Procedures

We will record all information on the checks carried out in the school's single central record (SCR). Copies of these checks, where appropriate, will be held in individuals' personnel files. We follow requirements and best practice in retaining copies of these checks, as set out below.

At least one member of the interview panel will have completed Safer Recruitment training.

Appointing new staff

When appointing new staff, we will:

- Verify their identity
- Obtain (via the applicant) an enhanced Disclosure and Barring Service (DBS) certificate, including barred list information for those who will be engaging in regulated activity (see definition below). We will not keep a copy of this for longer than 6 months
- Obtain a separate barred list check if they will start work in regulated activity before the DBS certificate is available
- Verify their mental and physical fitness to carry out their work responsibilities
- Verify their right to work in the UK. We will keep a copy of this verification for the duration of the member of staff's employment and for 2 years afterwards
- Verify their professional qualifications, as appropriate
- Ensure they are not subject to a prohibition order if they are employed to be a teacher
- Carry out further additional checks, as appropriate, on candidates who have lived or worked outside of the UK, including (where relevant) any teacher sanctions or restrictions imposed by a European Economic Area professional regulating authority, and criminal records checks or their equivalent
- Ask for written information about previous employment history and check that information is not contradictory or incomplete
- Seek references for the successful candidate only after interview. We will scrutinise these and resolve any concerns before confirming appointment.
 - Ensure that appropriate checks are carried out to ensure that individuals are not disqualified under the Childcare Disqualification (Regulations) 2009 and Childcare Act 2006.
- New staff are inducted into safeguarding practices.

Regulated activity means a person who will be:

- Responsible, on a regular basis in a school or college, for teaching, training, instructing, caring for or supervising children
- Carrying out paid, or unsupervised unpaid, work regularly in a school or college where that work provides an opportunity for contact with children
- Engaging in intimate or personal care or overnight activity, even if this happens only once and regardless of whether they are supervised or not

Existing staff

If we have concerns about an existing member of staff's suitability to work with children, we will carry out all the relevant checks as if the individual was a new member of staff. We will also do this if an individual moves from a post that is not regulated activity to one that is.

We will refer to the DBS anyone who has harmed, or poses a risk of harm, to a child or vulnerable adult:

- Where the 'harm test' is satisfied in respect of the individual (i.e. that no action or inaction occurred but the present risk that it could was significant)
- Where the individual has received a caution or conviction for a relevant offence
- If there is reason to believe that the individual has committed a listed relevant offence, under the [Safeguarding Vulnerable Groups Act 2006 \(Prescribed Criteria and Miscellaneous Provisions\) Regulations 2009](#)
- If the individual has been removed from working in regulated activity (paid or unpaid) or would have been removed if they had not left

Agency and third-party staff

We will obtain written notification from any agency or third-party organisation that it has carried out the necessary safer recruitment checks that we would otherwise perform. We will also check that the person presenting themselves for work is the same person on whom the checks have been made.

Contractors

We will check the identity of all contractors and their staff on arrival at the school. Contractors who have not had any checks will not be allowed to work unsupervised or engage in regulated activity under any circumstances.

We will ensure that any contractor, or any employee of the contractor, who is to work unsupervised at the school has had the appropriate level of DBS check. This will be:

- An enhanced DBS check with barred list information for contractors engaging in regulated activity
- An enhanced DBS check, not including barred list information, for all other contractors who are not in regulated activity but whose work provides them with an opportunity for regular contact with children
- We will obtain the DBS check for self-employed contractors.

We will not keep copies of such checks for longer than 6 months.

Trainee/student teachers

Where applicants for initial teacher training are salaried by us, we will ensure that all necessary checks are carried out.

Where trainee teachers are fee-funded, we will obtain written confirmation from the training provider that necessary checks have been carried out and that the trainee has been judged by the provider to be suitable to work with children.

In both cases, this includes checks to ensure that individuals are not disqualified under the Childcare Disqualification (Regulations) 2009 and Childcare Act 2006.

Volunteers

We will:

- Never leave an unchecked volunteer unsupervised or allow them to work in regulated activity
- Obtain an enhanced DBS check with barred list information for all volunteers who are new to working in regulated activity
- Obtain an enhanced DBS check without barred list information for all volunteers who are not in regulated activity, but who have an opportunity to come into contact with children on a regular basis, for example, supervised volunteers
- Carry out a risk assessment when deciding whether to seek an enhanced DBS check for any volunteers not engaging in regulated activity
- Ensure that appropriate checks are carried out to ensure that individuals are not disqualified under the Childcare Disqualification (Regulations) 2009 and Childcare Act 2006.

Governors

All governors will have an enhanced DBS check without barred list information. They will have an enhanced DBS check with barred list information if working in regulated activity.

A section 128 check will be carried out on all governors.

Adults who supervise pupils on work experience

When organising work experience, we will ensure that policies and procedures are in place to protect children from harm. We will also consider whether it is necessary for barred list checks to be carried out on the individuals who supervise a pupil under 16 on work experience. This will depend on the specific circumstances of the work experience, including the nature of the supervision, the frequency of the activity being supervised, and whether the work is regulated activity.

Visitors

All visitors to the Nursery report to the main Reception. All visitors will be required to verify their identity to the satisfaction of staff and to leave their belongings, including their mobile phone(s), in a safe place during their visit. If the visitor is unknown to the setting, we will check their credentials and reason for visiting before allowing them to enter the setting. Visitors should be ready to produce identification and a DBS certificate if appropriate. Visitors are expected to log in on the iPad entry system and they will be issued with a visitor's sticker that should include their photograph. All visitors to our setting will be accompanied by a member of staff at all times.

Use of Mobile Phones and Cameras

Staff are allowed to bring their personal phones to school for their own use, but will limit such use to break times when pupils are not present. Staff members' personal phones will remain in their lockers during contact time with pupils. Emergency calls should be received through the main office.

Staff will not take pictures or recordings of pupils on their personal phones or cameras.

The Nursery sends cameras home when children are 'Focus Children'. Keyworkers are responsible for ensuring that the memory card (and internal memory) of the camera is clear before it is sent home.

Photographs and Videos

We will follow the General Data Protection Regulations (2018) when taking and storing photos and recordings for use in the school.

Parental consent is sought for the use of photographs for the following purposes:

- Within Record of Achievement Folders
- For display in the school
- In the newsletter
- On the schools website
- In newspapers
- For training

Parents can allow the use of photographs for some of these purposes while opting out of others. Keyworkers are responsible for ensuring that photographs are used in line with parental consent.

Online Safety

It is essential that children are safeguarded from potentially harmful and inappropriate material online. Filters and monitoring systems are in place on all Nursery devices.

Online safety includes three areas of risk:

- Content: being exposed to illegal, inappropriate or harmful material.
- Contact: being subject to harmful online interaction with other users.
- Conduct: personal online behaviour that increases that likelihood of harm or causes harm.

Where children are being asked to learn from home the DfE has provided advice to support schools to do so safely, including in the following document:

<https://www.gov.uk/guidance/safeguarding-and-remote-education-during-coronavirus-covid-19>

Restraint

If it is necessary to use physical action to protect a child from injury, or to protect a child from harming others, parents will be informed and a record will be kept. In this school we use positive handling strategies. Only staff trained by 'TEAM-TEACH' are authorised to use this method of physical intervention. 'TEAM-TEACH' is a structured, non-violent, staff development programme that promotes techniques that are effective with anger, aggression management utilising therapeutic, education, awareness & communication strategies. It puts an emphasis on whole teams of people working together to teach and help facilitate change.

Extremism

From 1 July 2015 all 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”. This duty is known as the Prevent duty.

Extremism is the vocal or active opposition to our fundamental values including democracy, the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs.

There is no single way of identifying an individual who is likely to be susceptible to a terrorist ideology. As with managing other safeguarding risks, staff should be alert to changes in children's behaviour which could indicate that they may be in need of help or protection. School staff should use their professional judgement in identifying children who might be at risk of radicalisation and act proportionately. Even very young children may be vulnerable to radicalisation by others, whether in the family or outside, and display concerning behaviour. The Prevent duty does not require teachers or childcare providers to carry out unnecessary intrusion into family life but as with any other safeguarding risk, they must take action when they observe behaviour of concern.

Terrorism is an act that endangers or causes serious violence to people/a person; causes serious damage to property; or seriously interferes or disrupts an electronic system. The use or threat must be designed to influence the government or to intimidate the public and is made for the purpose of advancing a political, religious or ideological cause.

Prevent training is provided to all staff.

Where there is a concern, the staff member should follow the normal safeguarding procedures. The DSL will consider the level of risk and decide which agency to make a referral to. This could include [Channel](#), the government's programme for identifying and supporting individuals at risk of being drawn into terrorism, or the social care team. The Department for Education also has a dedicated telephone helpline, **020 7340 7264** that school staff and governors can call to raise concerns about extremism with respect to a pupil. You can also email counter.extremism@education.gsi.gov.uk. Note that this is not for use in emergency situations.

In an emergency, call 999 or the confidential anti-terrorist hotline on 0800 789 321 if you:

- Think someone is in immediate danger
- Think someone may be planning to travel to join an extremist group
- See or hear something that may be terrorist-related

Links to other policy documents:

- Health and Safety Policy
- Attendance Policy
- Safer Recruitment Policy
- Nappy Changing Policy
- Behaviour Principles and School Behaviour Policy
- Staff Discipline, Conduct and Grievance Procedure
- Whistleblowing Policy
- Statement of procedures for dealing with allegations against staff
- Induction Policy

APPENDIX 1

What is child abuse?

Abuse could mean neglect, physical, emotional or sexual abuse or any combination of these. Parents, carers and other people can harm children either by direct acts and / or failure to provide proper care.

The following definitions are taken from working together to safeguard children HM Government (2020). In addition to these definitions, it should be understood that children can also be abused by honour based violence, forced marriage or female genital mutilation.

What is abuse and neglect?

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

Physical abuse

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

The nature of physical abuse

Most children collect cuts and bruises quite routinely as part of the rough and tumble of daily life. Clearly, it is not necessary to be concerned about most of these minor injuries. But accidental injuries normally occur on the bony prominences – e.g., shins. Injuries on the soft areas of the body are more likely to be inflicted intentionally and should therefore make us more alert to other concerning factors that may be present. A body map can assist in the clear recording and reporting of physical abuse. The body map should only be used to record observed injuries.

Indicators of physical abuse / factors that should increase concern

- Multiple bruising or bruises and scratches (especially on the head and face)
- Clusters of bruises – e.g., fingertip bruising (caused by being grasped)
- Bruises around the neck and behind the ears – the most common abusive injuries are to the head
- Bruises on the back, chest, buttocks, or on the inside of the thighs
- Marks indicating injury by an instrument – e.g., linear bruising (stick), parallel bruising (belt), marks of a buckle
- Bite marks
- Deliberate burning may also be indicated by the pattern of an instrument or object – e.g., electric fire, cooker, cigarette
- Scalds with upward splash marks or tide marks
- Untreated injuries
- Recurrent injuries or burns
- Bald patches.

In the social context of the school, it is normal to ask about a noticeable injury. The response to such an enquiry is generally light-hearted and detailed. So, most of all, concern should be increased when:

- The explanation given does not match the injury

- The explanation uses words or phrases that do not match the vocabulary of the child (adult's words)
- No explanation is forthcoming
- The child (or the parent/carer) is secretive or evasive
- The injury is accompanied by allegations of abuse or assault

You should be concerned if the child or young person:

- Is reluctant to have parents/carers contacted
- Runs away or shows fear of going home
- Is aggressive towards themselves or others
- Flinches when approached or touched
- Is reluctant to undress to change clothing
- Wears long sleeves during hot weather
- Is unnaturally compliant in the presence of parents/carers.
- Has a fear of medical help or attention
- Admits to a punishment that appears excessive.

Berkshire Bruising Protocol

Bruising is the most common presenting feature of physical abuse in children therefore bruising in a child of any age is a matter for enquiry and concern. While a high proportion of bruising in older children will be of accidental origin, **bruising in children who are not independently mobile** (that is not crawling, pulling to stand, walking or confined by disability) is highly predictive of maltreatment. Bruising occurs in less than 1% of children in this group. Research shows that children with disabilities are at increased risk of abuse and neglect and are therefore more likely to experience non accidental injuries. **Bruising and unusual marks in a not independently mobile child is rare and must always result in an immediate consultation with Children's Social Care.** Bruising / suspicious marks will never be interpreted in isolation and will always be assessed in the context of medical and social history, individual development and any explanation given. Assessments will be led by Children's Social Care and a lead medical professional.

Emotional abuse

The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to 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 cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

The nature of emotional abuse

Most harm is produced in low warmth, high criticism homes, not from single incidents. Emotional abuse is difficult to define, identify/recognise and/or prove. Emotional abuse is chronic and cumulative and has a long-term impact. All kinds of abuse and neglect have

emotional effects although emotional abuse can occur by itself. Children can be harmed by witnessing someone harming another person – as in domestic violence.

It is sometimes possible to spot emotionally abusive behaviour from parents and carers to their children, by the way that the adults are speaking to, or behaving towards children. An appropriate challenge or intervention could affect positive change and prevent more intensive work being carried out later on.

Indicators of emotional abuse

Developmental issues

- Delays in physical, mental and emotional development
- Poor school performance
- Speech disorders, particularly sudden disorders or changes.

Behaviour (These behaviours need to be considered related to the age and developmental stage of the child.)

- Acceptance of punishment which appears excessive
- Over-reaction to mistakes
- Continual self-deprecation (I'm stupid, ugly, worthless etc.)
- Neurotic behaviour (such as rocking, hair-twisting, thumb-sucking)
- Self-mutilation
- Suicide attempts
- Drug/solvent abuse
- Running away
- Compulsive stealing, scavenging
- Acting out
- Poor trust in significant adults
- Regressive behaviour – e.g., wetting
- Eating disorders
- Destructive tendencies
- Neurotic behaviour

Social issues

- Withdrawal from physical contact
- Withdrawal from social interaction
- Over-compliant behaviour
- Insecure, clinging behaviour
- Poor social relationships

Emotional responses

- Extreme fear of new situations
- Inappropriate emotional responses to painful situations ("I deserve this")
- Fear of parents being contacted
- Self-disgust
- Low self-esteem
- Unusually fearful with adults
- Lack of concentration, restlessness, aimlessness
- Extremes of passivity or aggression

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.

The nature of sexual abuse

Sexual abuse is often perpetrated by people who are known and trusted by the child – e.g., relatives, family friends, neighbours, babysitters, and people working with the child in school, faith settings, clubs or activities. Children can also be subject to child sexual exploitation.

Characteristics of child sexual abuse:

- It is often planned and systematic – people do not sexually abuse children by accident, though sexual abuse can be opportunistic
- Grooming the child – people who abuse children take care to choose a vulnerable child and often spend time making them dependent
- Grooming the child's environment – abusers try to ensure that potential adult protectors (parents and other carers especially) are not suspicious of their motives.

Most people who sexually abuse children are men, but some women sexually abuse too.

Indicators of sexual abuse

Physical observations

- Damage to genitalia, anus or mouth
- Sexually transmitted diseases
- Soreness in genital area, anus or mouth and other medical problems such as chronic
 - Itching
 - Unexplained recurrent urinary tract infections and discharges or abdominal pain

Behavioural observations

- Sexual knowledge inappropriate for age
- Sexualised behaviour or affection inappropriate for age
- Sexually provocative behaviour
- Hinting at sexual activity
- Inexplicable decline in school performance
- Depression or other sudden apparent changes in personality as becoming insecure or clinging
- Lack of concentration, restlessness, aimlessness
- Socially isolated or withdrawn
- Overly-compliant behaviour
- Acting out, aggressive behaviour
- Poor trust or fear concerning significant adults
- Regressive behaviour, Onset of wetting, by day or night; nightmares
- Onset of insecure, clinging behaviour
- Suicide attempts, self-mutilation, self-disgust

- Suddenly drawing sexually explicit pictures
- Eating disorders or sudden loss of appetite or compulsive eating
- Regressing to younger behaviour patterns such as thumb sucking or bringing out discarded cuddly toys
- Become worried about clothing being removed
- Trying to be 'ultra-good' or perfect; overreacting to criticism.

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food, 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)
- Ensure access to appropriate medical care or treatment

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

The nature of neglect

Neglect is a lack of parental care but poverty and lack of information or adequate services can be contributory factors. Far more children are registered to the category of neglect on child protection plans than to the other categories. As with abuse, the number of children experiencing neglect is likely to be much higher than the numbers on the plans.

Neglect can include parents or carers failing to:

- Provide adequate food, clothing and shelter
- Protect a child from physical and emotional harm or danger
- Ensure adequate supervision or stimulation
- Ensure access to appropriate medical care or treatment.

NSPCC research has highlighted the following examples of the neglect of children under 12:

- Frequently going hungry
- Frequently having to go to school in dirty clothes
- Regularly having to look after themselves because of parents being away or having problems such as drug or alcohol misuse
- Being abandoned or deserted
- Living at home in dangerous physical conditions
- Not being taken to the doctor when ill
- Not receiving dental care.

Neglect is a difficult form of abuse to recognise and is often seen as less serious than other categories. It is, however, very damaging: children who are neglected often develop more slowly than others and may find it hard to make friends and fit in with their peer group.

Neglect is often noticed at a stage when it does not pose a risk to the child. The duty to safeguard and promote the welfare of children (what to do if you're worried a child is being abused 2015) would suggest that an appropriate intervention or conversation at this early stage can address the issue and prevent a child continuing to suffer until it reaches a point

when they are at risk of harm or in significant need. Neglect is often linked to other forms of abuse, so any concerns school staff have should at least be discussed with the designated person/child protection co-ordinator.

Indicators of neglect

The following is a summary of some of the indicators that may suggest a child is being abused or is at risk of harm. It is important to recognise that indicators alone cannot confirm whether a child is being abused. Each child should be seen in the context of their family and wider community and a proper assessment carried out by appropriate persons. What is important to keep in mind is that if you feel unsure or concerned, do something about it. Don't keep it to yourself.

Physical indicators of neglect

- Constant hunger and stealing food
- Poor personal hygiene - unkempt, dirty or smelly
- Underweight
- Dress unsuitable for weather
- Poor state of clothing
- Illness or injury untreated

Behavioural indicators of neglect

- Constant tiredness
- Frequent absence from school or lateness
- Missing medical appointments
- Isolated among peers
- Frequently unsupervised
- Stealing or scavenging, especially food
- Destructive tendencies

Contextual Safeguarding

Contextual Safeguarding is an approach to understanding, and responding to, young people's experiences of significant harm beyond their families. It recognises that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse. Parents and carers have little influence over these contexts, and young people's experiences of extra-familial abuse can undermine parent-child relationships. These threats can take a variety of different forms and children can be vulnerable to multiple threats, including: exploitation by criminal gangs and organised crime groups such as county lines; trafficking, online abuse; sexual exploitation, criminal exploitation, serious youth violence and the influences of extremism leading to radicalisation.

Children with SEND

All staff need to be aware that in children with SEND

- behaviour, mood and injury may relate to possible abuse and not just their SEN or disability
- there is a higher risk of peer group isolation
- the impact of bullying and difficulties with communication can be disproportionate.
- extra pastoral support may be necessary.

Mental Health

All staff should be aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation.

Only appropriately trained professionals should attempt to make a diagnosis of a mental health problem. Staff however, are well placed to observe children day-to-day and identify those whose behaviour suggested that they may be experiencing a mental health problem or be at risk of developing one.

Where children have suffered abuse and neglect, or other potentially traumatic adverse childhood experiences, this can have a lasting impact throughout childhood, adolescence and into adulthood. It is key that staff are aware of how these children's experiences, can impact on their mental health, behaviour and education.

If staff have a mental health concern about a child that is also a safeguarding concern, immediate action should be taken.

Serious Violent Crime

While serious violent crime is normally associated with older children staff need to remain aware of the indicators that may indicate that children (or their parents) are at risk from, or are involved with, serious violent crime includes:

- Unexplained gifts or new possessions as these can indicate that the individual has been approached by or involved with individuals associated with criminal networks or gangs.
- Increased absence from school.
- Change in friendships or relationships with others or groups.
- Significant decline in performance.
- Signs of self-harm or significant change in wellbeing.
- Signs of assault or unexplained injuries.

Child Criminal/Sexual Exploitation

Child criminal/sexual exploitation is a form of abuse and occurs where an individual or group takes advantage of an imbalance in power to coerce, manipulate or deceive a child into criminal/sexual activity.

This power imbalance could be due to age, gender, sexual identity, cognitive ability, physical strength, status and access to economic or other resources. In some case the abuse will be in exchange for something the victim needs or wants and will be to the financial benefit or other advantage of the perpetrator.

It can be a one off incident or a series of incidents over time and range from opportunistic to complex organised abuse. It can involve force and enticements based on methods of compliance and can involve violence or threats of violence.

Victims can be exploited even when activity appears to be consensual. It can happen online as well as in person.

County Lines

This term describes gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas in the UK using dedicated mobile phone lines or other form of dealing. Exploitation is an integral part of county lines with children and vulnerable adults exploited to move and store drugs and money. Offenders will often use coercion, intimidation, violence and weapons to ensure compliance of victims.

Domestic Abuse

This term describes any incident or pattern of incident of controlling, coercive, 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. The abuse can encompass, but is not limited to: psychological, physical, sexual, financial and emotional abuse.

All children can witness and be adversely affected by domestic abuse in the context of their home life where domestic abuse occurs between family members. Exposure to domestic abuse and or violence can have long lasting emotional and psychological impact on children. In some cases, a child may blame themselves for the abuse or may have had to leave the family home as a result.

National Domestic Abuse Helpline is available 24 hours a day and can be called free of charge on 0808 2000 247. There is also support available on their website at:

<https://www.nationaldahelpline.org.uk/>

Honour Based Abuse

Honour based encompasses incidents or crimes committed to protect or defend the honour of the family and or community. Abuse committed in this context often involves a wider network of family or community pressure and can include multiple perpetrators. Honour based abuse includes female genital mutilation and forced marriage.

Female Genital Mutilation

The Department for Education's Keeping Children Safe in Education explains that FGM comprises "all procedures involving partial or total removal of the external female genitalia, or other injury to the female genital organs". FGM is illegal in the UK and a form of child abuse with long-lasting, harmful consequences.

Any teacher or person employed to carry out teaching work in schools who discovers that an act of FGM appears to have been carried out on a **pupil under 18** must immediately report this to the police, personally. This is a statutory duty, and teachers will face disciplinary sanctions for failing to meet it.

- Telephone the **101** non-emergency crime number.
- Discuss with the Local Safeguarding Lead to identify other safeguarding actions.
- Make a record of the actions and write down the Police reference number.

The duty above does not apply in cases where a pupil is *at risk* of FGM or FGM is suspected but is not known to have been carried out. Staff should not examine pupils. If you have concerns about a child (as opposed to a child being in immediate danger) follow the normal reporting procedures.

Private Fostering

A private fostering arrangement is essentially one that is made privately (that is to say 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. Private foster carers may be from the extended family, such as a cousin or great aunt. However, a person who is a relative under the Children Act 1989 i.e. a grandparent, brother, sister, uncle or aunt (whether of the full or half blood or by marriage) or step-parent will not be a private foster carer. 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. The period for which the child is cared for and accommodated by the private foster carer should be continuous, but that continuity is not broken by the occasional short break.

There is a mandatory duty to inform the local authority of children in such arrangements.

APPENDIX 2

Briefing sheet for temporary staff, students and volunteers

While working in Lea Nursery School, you have a duty of care towards the children/pupils/students here. This means that at all times you should act in a way that is consistent with their safety and welfare. In addition, if at any time you have a concern about a child or young person, particularly if you think they may be at risk of abuse or neglect, it is your responsibility to share that concern with the school designated safeguarding lead (DSL), who is **Nikki Elsmore-Cary**. If the DSL is not available then this concern should be shared with the deputy designated safeguarding lead, **Seema Sharma**.

This is not an exhaustive list but you may have become concerned as a result of:

- Observing a physical injury, which you think may have been non-accidental
- Observing something in the appearance of a child or young person which suggests they are not being sufficiently well cared for
- Observing behaviour that leads you to be concerned about a child or young person
- A child or young person telling you that they have been subjected to some form of abuse
- The behaviour or practice of a staff member

In any of the circumstances listed here, you must write down what you saw or heard, date and sign your account, and give it to the DSL. This may be the beginning of a legal process – it is important to understand that legal action against a perpetrator can be seriously damaged by any suggestion that the child has been led in any way.

If a child talks to you about abuse, you should follow these guidelines:

- Rather than directly questioning the child, just listen and be supportive
- Never stop a child who is freely recalling significant events, but don't push the child to tell you more than they wish
- Make it clear that you may need to pass on information to staff in other agencies who may be able to help – do not promise confidentiality. You are obliged to share any information relating to abuse or neglect
- Write an account of the conversation immediately, as close to verbatim as possible. Put the date and timings on it, and mention anyone else who was present. Then sign it, and give your record to the designated safeguarding lead, who should contact children's social care if appropriate.

The school has a policy on safeguarding children and young people which you will be given at the Induction meeting.

Remember, if you have a concern, discuss it with the DSL.

Brook sexual behaviours traffic light tool

Behaviours: age 0 to 5

All green, amber and red behaviours require some form of attention and response. It is the level of intervention that will vary.

What is a green behaviour?

Green behaviours reflect safe and healthy sexual development. They are displayed between children or young people of similar age or developmental ability. They are reflective of natural curiosity, experimentation, consensual activities and positive choices

What can you do?

Green behaviours provide opportunities to give positive feedback and additional information.

Green behaviours

- holding or playing with own genitals
- attempting to touch or curiosity about other children's genitals
- attempting to touch or curiosity about breasts, bottoms or genitals of adults
- games e.g. mummies and daddies,
- doctors and nurses
- enjoying nakedness
- interest in body parts and what they do
- curiosity about the differences between boys and girls

What is an amber behaviour?

Amber behaviours have the potential to be outside of safe and healthy behaviour. They may be of potential concern due to age, or developmental differences. A potential concern due to activity type, frequency, duration or context in which they occur.

What can you do?

Amber behaviours signal the need to take notice and gather information to assess the appropriate action.

Amber behaviours

- preoccupation with adult sexual behaviour
- pulling other children's pants down/skirts up/trousers down against their will
- talking about sex using adult slang
- preoccupation with touching the genitals of other people
- following others into toilets or changing rooms to look at them or touch them
- talking about sexual activities seen on TV/online

What is a red behaviour?

Red behaviours are outside of safe and healthy behaviour. They may be excessive, secretive, compulsive, coercive, degrading or threatening and involving significant age, developmental, or power differences. They may pose a concern due to the activity type, frequency, duration or the context in which they occur

What can you do?

Red behaviours indicate a need for immediate intervention and action.

Red behaviours

- persistently touching the genitals of other children
- persistent attempts to touch the genitals of adults
- simulation of sexual activity in play
- sexual behaviour between young children involving penetration with objects
- forcing other children to engage in sexual play

This is intended to be used as a guide only. Please refer to the guidance tool at: <https://www.brook.org.uk/our-work/the-sexual-behaviours-traffic-light-tool> for further information

APPENDIX 4

Dealing with disclosures

All staff should:

A member of staff who is approached by a child should listen positively and try to reassure them. They cannot promise complete confidentiality and should explain that they may need to pass information to other professionals to help keep the child or other children safe. The degree of confidentiality should always be governed by the need to protect the child.

Additional consideration needs to be given to children with communication difficulties and for those whose preferred language is not English. It is important to communicate with them in a way that is appropriate to their age, understanding and preference.

All staff should know who the DSL is and who to approach if the DSL is unavailable. Ultimately, all staff have the right to make a referral to the police or social care directly and should do this if, for whatever reason, there are difficulties following the agreed protocol, e.g. they are the only adult on the school premises at the time and have concerns about sending a child home.

Guiding principles, the seven R's

Receive

- Listen to what is being said, without displaying shock or disbelief
- Accept what is said and take it seriously
- Make a note of what has been said as soon as practicable

Reassure

- Reassure the pupil, but only so far as is honest and reliable
- Don't make promises you may not be able to keep e.g. 'I'll stay with you' or 'everything will be alright now' or 'I'll keep this confidential'
- Do reassure e.g. you could say: 'I believe you', 'I am glad you came to me', 'I am sorry this has happened', 'We are going to do something together to get help'

Respond

- Respond to the pupil only as far as is necessary for you to establish whether or not you need to refer this matter, but do not interrogate for full details
- Do not ask 'leading' questions i.e. 'did he touch your private parts?' or 'did she hurt you?' Such questions may invalidate your evidence (and the child's) in any later prosecution in court
- Do not criticise the alleged perpetrator; the pupil may care about him/her, and reconciliation may be possible
- Do not ask the pupil to repeat it all for another member of staff. Explain what you have to do next and whom you have to talk to. Reassure the pupil that it will be a senior member of staff

Report

- Share concerns with the designated safeguarding lead as soon as possible
- If you are not able to contact your designated safeguarding lead or deputy designated safeguarding lead and the child is at risk of immediate harm, contact the children's services department directly

- If you are dissatisfied with the level of response you receive following your concerns, you should press for re-consideration

Record

- If possible make some very brief notes at the time, and write them up as soon as possible
- Keep your original notes on file
- Record the date, time, place, persons present and noticeable nonverbal behaviour, and the words used by the child. If the child uses sexual 'pet' words, record the actual words used, rather than translating them into 'proper' words
- Complete a body map to indicate the position of any noticeable bruising
- Record facts and observable things, rather than your 'interpretations' or 'assumptions'

Remember

- Support the child: listen, reassure, and be available
- Complete confidentiality is essential. Share your knowledge only with appropriate professional colleagues
- Try to get some support for yourself if you need it

Review (led by DSL)

- Has the action taken provided good outcomes for the child?
- Did the procedure work?
- Were any deficiencies or weaknesses identified in the procedure? Have these been remedied?
- Is further training required?