



Westfield Nursery School Safeguarding and Child Protection Policy

Vision

At Westfield Nursery we aim to deliver against our vision 'Inspired beginnings; outstanding futures'.

Rationale

We believe that a caring school promotes the welfare, health, safety and guidance of every child. School governors and senior leadership are responsible for ensuring that the school has Safeguarding and Child Protection policy and procedures in place to deal with incidents, consistent with LSCB guidance and DfE legislation.

Purpose

At Westfield Nursery School we recognise our duty of care to Safeguard children outlined in:

- Our statutory duty under Section 175 of the Education Act 2002 to ensure that arrangements are in place for safeguarding and promoting the welfare of children.
- Our duty under the Children Act 2004 to work together with other organisations and partners in order to achieve this, and
- Our Common Law duty to protect and keep children safe whilst in our care.

We read, understand and implement:

- Keeping Children Safe in Education (KCSIE) 2016
- Working Together to Safeguard Children 2015
- What to do if you're worried a child is being abused 2015
- Information Sharing 2015

We fully acknowledge our responsibilities for Safeguarding and Child Protection and recognise that through our day to day contact with children, school staff are well placed to identify signs of risk and harm which might arise outside of time spent in school.

We recognise that for children: high self-esteem, confidence, risk awareness and good lines of communication help to reduce risks. We recognise that for some children school may be the only stable, secure and consistent environment in their lives.

Aim

We aim to provide a safe, secure and consistent environment for all our children regardless of ethnicity, religion, disability, gender, class; one in which they feel supported, valued, respected and listened to.

We will do this by:

1. Establishing a safe environment in which children can learn, develop and have a voice
2. Raising the awareness of children and equipping them with the skills and knowledge needed to keep safe
3. Having in place procedures for the identification (signs and symptoms) and reporting of cases where harm or risk of harm to a child is suspected and ensuring that all staff are aware of such procedures
4. Supporting pupils who have suffered abuse or who are otherwise vulnerable (for example, children living away from home), where appropriate, in accordance with their agreed plan
5. Parents are made aware of our obligations to pass on relevant information to other professionals
6. Having measures in place to facilitate and promote the safe use of technology
7. Adopting safe recruitment practices to check the suitability of both staff and regular volunteers and visitors to the school. We will also ensure that procedures are in place to

prevent the unsupervised access to children of adults who have not undergone such a checking process

8. Having named staff and governors with responsibility for Safeguarding and Child Protection

9. Keeping up to date with policy and practice and training staff accordingly

10. Monitoring and evaluating our Safeguarding practices and procedures

Roles and Responsibilities

It is vital that the Designated Safeguarding Lead and Deputy attend regular training and update staff accordingly.

We recognise that all staff, regardless of their role, have a duty to Safeguard children and promote their welfare. Our policy applies to the whole school community: all teaching and non-teaching staff, governors, volunteers and visitors working in the school.

We will:

1. Establish a safe environment in which children can learn, develop and have a voice by:

1.1 Ensure that our buildings and site are secure and that, visitors to the school are properly checked and supervised

1.2 Have a Health & Safety Policy and procedures and ensuring that it is understood by all staff. (This will need to include issues such as fire and emergency procedures, first aid and managing medications or where appropriate refer explicitly to the separate policies which refer/cover these areas of safeguarding (See Appendix 1)

1.3 Have an Intimate Care Policy which is understood by all staff

1.4 Ensure that all staff are risk aware and routinely conduct risk assessments, as appropriate to their individual role and responsibilities

1.5 Have policies for dealing with behaviour, bullying and racist incidents (or, where appropriate, refer to combined policies) and ensuring that staff adhere to these policies and promote the principles of value, respect, tolerance and acceptable behaviour amongst our pupils and school community

1.6 Follow Bedfordshire's LSCB procedures where an allegation is made against a member of staff or volunteer. Where such an allegation is made, the Head Teacher should be notified. He/she will notify the authority's Allegations Manager. Where such an allegation is made against the Head Teacher, the matter will be referred to the Chair of Governors who will likewise notify the authority's Allegations Manager

1.8 Ensure that the Physical Intervention Policy is understood by all staff

1.9 Ensure that all staff and volunteers feel able to raise concerns about poor or unsafe practice with regard to children and that whistle-blowing (see Appendix 2 and 'Confidential Reporting Policy') and complaints procedures are in place and are understood by pupils, parents and staff (as appropriate). The Head Teacher will have responsibility for this

1.10 Ensure we will work with parents to build an understanding of the school's responsibility to ensure the welfare of all children and recognition that this may require information to be shared with other agencies

Safer Recruitment

2. Adopt safe recruitment practices to check the suitability of both staff and regular volunteers and visitors to the school. We will also ensure that procedures are in place to prevent the unsupervised access to children of adults who have not undergone such a checking process.

We will do this by:

2.1 Following guidance on Safer Recruitment to ensure that safe recruitment and selection practices are carried out. Disclosure and Barring Service (DBS) checks will be completed and references and identification verified. All staff and regular volunteers, visitors and contractors will be vetted in accordance with these guidelines

2.2 Maintaining a regularly updated Single Central Record (SCR) that accurately records vetting check data for all employee's, volunteers and contractors which will be scrutinised as part of an Ofsted Inspection

- 2.3 Ensuring that the requirements are met in relation to checking Independent Safeguarding Authority (ISA) registration of all new staff before they start and assessing the need for each and every individual volunteer to be registered
- 2.4 Ensuring that at least one member of the Board of Governors and the Head Teacher have received training on Safer Recruitment Practices
- 2.5 Ensuring that all staff interviews have at least one person on the panel who has completed safer recruitment training
- 2.6 Referring concerns about the suitability of staff to work with children and young people to the Independent Safeguarding Authority in cases where that individual is believed to have harmed or to pose a risk of harm children or vulnerable adults
- 2.7 Ensuring that adults involved in the provision to children of extended services and school activities outside of normal school hours are subjected to the same level of vetting and or security arrangements as other staff and volunteers
- 2.8 Ensuring that where school premises are used by other bodies both during and outside school hours, the Governing Body will be responsible for seeking assurance that the body concerned has appropriate policies and procedures in place with regard to Safeguarding children and Child Protection

Curriculum

3. Raise the awareness of children and equip them with the skills and knowledge needed to keep safe by:
 - 3.1 Including opportunities through the PSED education curriculum for children to develop the skills they need to recognise and stay safe from abuse
 - 3.2 Ensuring that children know that there are adults in the school whom they can approach if they are worried
 - 3.3 Displaying/distributing appropriate safeguarding materials and information

Policy and Procedures

4. Have procedures for the identification and reporting of cases where harm or risk of harm to a child is suspected and ensure that all staff are aware of such procedures. We will do this in adherence with the guidance set down in LSCB website and Keeping Children Safe in Education 2016, The Prevent Duty July 2015, Working Together to Safeguard Children 2015 and What to do if You're Worried a Child is Being Abused 2015 by:
 - 4.1 Allocating a member of the school's leadership team to the role of Designated Safeguarding Lead (DSL) for Child Protection. This role is currently carried out by Liz Collins
 - 4.2 Having at least one named member of staff, Michelle Urbanowicz, to deputise in the absence the main designated person and to provide support to the DSL
 - 4.3 Providing time and support for these roles
 - 4.4 Ensuring that appropriate training for staff performing this role is enabled and updated as necessary or in any case, every 2 years as a minimum
 - 4.5 Having a nominated governor responsible for Safeguarding/ Child Protection, who will review our Safeguarding policies, procedures and practices regularly and be the link person between the designated member of staff for Child Protection and the school governing body. This is Maxine Boyle
 - 4.6 Ensuring that every member of staff (employed directly or indirectly via another organisation; permanent and temporary), volunteer and governor is aware of this policy and any other safeguarding related policies or guidance, and their own role in safeguarding and promoting welfare and the identity and role of the DSL
 - 4.7 Having processes in place to ensure that all new staff receive safeguarding training/briefing appropriate to their role, as part of their induction and thereafter have access to refresher training as required or in any case, every 3 years as a minimum
 - 4.8 Requiring all staff and volunteers, to report any safeguarding concerns to the DSL, regardless of whether or not they feel that the concern is either serious or substantiated. This expectation will be communicated through regular training
 - 4.9 Enabling the DSL to make decisions regarding the action to be taken following a concern being brought to his/her attention. (Where appropriate, this may follow consultation; for e.g.

with Children's Services or the Authority's safeguarding advisors)

4.10 Ensuring that where there is a suspicion that a child might have suffered or be at risk of suffering significant harm, the matter will be referred to Children's Services. This will normally be done via the DSL unless they are not available and to wait for them to become available would pose an unacceptable delay

4.11 Ensuring that where concerns remain about the welfare or safety of a child following referral to/intervention by Children's Services, these concerns are shared with Children's Services & recorded in writing by the DSL. Where the DSL believes that a decision made by another professional exposes a child to risk/continuing risk of significant harm, they will ensure that the fact that they disagree with that decision is recorded; both by them and where possible on relevant minutes and case papers held by other professionals involved. They will also escalate the matter, as per the Authority's protocol

4.12 Making the DSL responsible for creating and maintaining written records (dated and signed) in respect of all children for whom safeguarding concerns have been identified, regardless of whether there is a need to make an immediate referral. These confidential records, which will be kept securely and separate from the main pupil file, will include a chronology of events

4.13 Ensuring that in line with early intervention principles, where the threshold of significant harm is not met but a child is believed to need in additional support/services, we either provide that support or refer the child to other agencies. The DSL will engage with families who are in need of an Early Help (EH), and subsequent Team Around the Child (TAC), and act as Lead Professional if required

4.14 Ensuring that parents have an understanding of the responsibility placed on the school and staff for Child Protection by setting out our obligations in the school prospectus and making our policy available on request

4.15 Providing and, as appropriate, soliciting additional support from other professionals for all vulnerable pupils/students including those with disabilities, minority status and those with a history of abuse

4.16 Ensuring that issues of confidentiality are understood by all staff, including the need not to offer confidentiality in certain situations

4.17 Developing effective links with agencies which provide support to our vulnerable pupils and co-operate as required with their enquiries regarding Child Protection matters

4.18 Providing advice and support for all staff members who are dealing with a pupil for whom their concerns are stressful and upsetting

4.19 Supporting the Authority's policies on school attendance and children missing education and in particular by adhering to the missing children procedures

Supporting Vulnerable Children and Families

5. Support pupils who have suffered abuse or who are otherwise vulnerable (for example, children living away from home), where appropriate, in accordance with their agreed child protection plan by:

5.1 Maintaining close communication between the DSL and allocated social worker and ensuring that the social worker will be informed of any issue that gives cause for concern

5.2 The Head Teacher having responsibility for ensuring that sufficient resources and time are allocated to safeguarding and that staff are released to participate in safeguarding processes, core groups and meetings (especially Child Protection case conferences)

5.3 Ensuring (through the DSL) that the attendance of any child subject to a Child Protection plan, or otherwise believed to be at risk of harm, is closely monitored

5.4 Ensuring that where there are concerns about the absence from school of a child for whom there are child protection concerns, the (DSL or where appropriate individual/team managing attendance) will endeavour to ascertain the reason for absence initially by a phone call, but if no response is made after 5 days of absence a letter will be sent. The child's social worker will also be informed of any absence

5.5 Notifying the Fostering Duty Desk when children come to our attention as being cared for in 'private fostering arrangements' in accordance with LSCB Inter Agency Safeguarding

Policy on Private Fostering (2007). (See Appendix 3 for definition of 'private fostering')

5.6 Making the DSL responsible for making arrangements to ensure that a copy of a pupil/student's Safeguarding/Child Protection file is securely transferred in a timely fashion to the designated person at the receiving school when a pupil transfers. This file will be transferred separately from the main pupil record and a written acknowledgement of receipt will be obtained

5.7 Ensuring that where a child has an allocated social worker, the DSL takes responsibility for notifying the social worker or their office, of any change in that child's circumstances, including any changes to schooling arrangements

E Safety

6. Having measures in place to facilitate and promote the safe use of technology (in line with the Local Authority Guidance e-Safeguarding: Creating Working Procedures in Schools (2009) and the nurseries safety policy by:

6.1 e-Security: keeping the electronic data we hold about pupils and families secure (See Appendix 4)

6.2 e-Safety: Promoting e-safety awareness amongst children and their parents/carers and ensuring all members of the school community know their access rights and responsibilities in using ICT

6.3 Having an Acceptable Use Policy in relation to the use of technology (including mobile phones and photographic equipment) in the school and which contains the detail of how we will achieve e-security and promote e-safety

6.4 Conducting, through the Governing Body, an annual review of the school's Acceptable Use Policy

6.5 Ensuring that the school's internet connection and any system connected to it, is filtered using a Becta accredited filtering system, currently **E2bn**, to ensure inappropriate content of whatever nature is blocked (including racist and hate material, material which promotes violence or attacks on individuals or institutions on the basis of religious, racial or gender grounds)

6.6 Ensuring that all members of staff with access to ICT systems are responsible for taking the appropriate steps to select and secure their passwords

6.7 Making staff and pupils/students aware that all school ICT activity and on-line communications may be monitored, including any personal and private communications made via the school network

6.8 Conducting an annual assessment of information risks, which will be reported to the Governing Body

6.9 Making all staff and pupils aware that they have a responsibility to report e-safety or e-security incidents

6.10 Establishing an incident reporting procedure and recording reported incidents in an Incident Log (in Line with Local Authority Guidance). The Incident Log shall be formally reviewed, and any outstanding actions delegated, by the Senior Leadership Team at a minimum frequency of once per term. Through this review process, management shall update the risk assessment in light of new incidents as appropriate

6.11 Carrying out, through The Governing Body, an annual review of this Incident Log and accompanying action plans

Types of Abuse

Physical Abuse

Physical abuse: 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.

Emotional Abuse

Emotional abuse: 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.

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 it may involve a parent 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 the neglect of, or unresponsiveness to, a child's basic emotional needs. There are six forms of neglect:

- * Medical – withholding medical care including health and dental
- * Emotional – lack of emotional warmth, touch and nurture
- * Nutritional – lack of access to proper diet which can affect their development
- * Educational – poor school attendance prevents child from reaching their potential
- * Physical – failure to meet child's physical needs
- * Lack of supervision and guidance- putting child in dangerous situations

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.

Child Sexual Exploitation

Child sexual exploitation (CSE) is a type of sexual abuse. Children in exploitative situations and relationships receive something such as gifts, money or affection as a result of performing sexual activities or others performing sexual activities on them.

Children or young people may be tricked into believing they're in a loving, consensual relationship. They might be invited to parties and given drugs and alcohol. They may also be groomed and exploited online.

Some children and young people are trafficked into or within the UK for the purpose of sexual exploitation. Sexual exploitation can also happen to young people in gangs.

Child sexual exploitation is a hidden crime. Young people often trust their abuser and don't understand that they're being abused. They may depend on their abuser or be too scared to tell anyone what's happening.

It can involve violent, humiliating and degrading sexual assaults, including oral and anal rape. In some cases, young people are persuaded or forced into exchanging sexual activity for money, drugs, gifts, affection or status. Child sexual exploitation doesn't always involve physical contact and can happen online.

Female Genital Mutilation

Female genital mutilation (FGM) is the partial or total removal of external female genitalia for non-medical reasons. It's also known as female circumcision or cutting. Religious, social or cultural reasons are sometimes given for FGM. However, FGM is child abuse. It's dangerous and a criminal offence.

There are no medical reasons to carry out FGM. It doesn't enhance fertility and it doesn't make childbirth safer. It is used to control female sexuality and can cause severe and long-lasting damage to physical and emotional health.

Monitoring

We will monitor and evaluate our safeguarding practices and procedures in line with this policy by:

- Ensuring accountability by placing ultimate responsibility for Safeguarding and this policy with the Governing Body and responsibility for the implementation of this policy with the Head Teacher
- Ensuring that the Designated Governor for Safeguarding has termly meetings with the DSL, in order to monitor and assess the effectiveness of the school's response to safeguarding and promoting welfare, in line with this policy. As necessary, action plans will be formulated to address areas for development
- Identifying and responding to new/revised guidance issued by government bodies, the Local Safeguarding Children Board and the Local Authority
- Reviewing this policy on an annual basis

The Children's Act

The Children's Act which came into force in England and Wales in 1991 has the following implications for school: -

1. Admission procedures must establish who has parental responsibility for children and all staff must be aware of all those with parental responsibility
2. School records must accurately reflect the home situation
3. Consent must be obtained for school trips, medical attention etc. from those with parental responsibility
4. Those with parental responsibility have the right to see a child's school report
5. If a child is hurt in an accident and requires medical attention, contact must be made with those with parental responsibility
6. We have the right to do what is reasonable in all circumstances for the purpose of Safeguarding or promoting the child's welfare

Prevent Duty

Nurseries, along with many other institutions, have a statutory duty as of 1st July 2015 to 'have due regard to the need to prevent people from being drawn into terrorism'.

If any member of staff has concerns about terrorism or extremist views they will inform the Designated Lead who will the proper authorities. Staff will undertake prevent training alongside Safeguarding and Child Protection Training.

Conclusion

Through adhering to the policy and practice described we strive to work with all stakeholders to keep the children in our care safe.

Date policy reviewed: November 2017

Signed _____

Date of Review: November 2018

Appendix 1: First Aid and Administration of Medication

It is expected that adults working with children and young people should be aware of basic first aid techniques. It is not however, a contractual requirement and whilst adults may volunteer to undertake such tasks, they should be suitably trained and qualified before administering first aid and/or any agreed medication.

Health and Safety legislation places duties on all employers to ensure appropriate health and safety policies are in place and an appropriate person is appointed to take charge of first aid arrangements. Therefore, all schools must have trained first aiders/appointed persons. Appropriate regard should be paid to current guidance:

- * Managing medicine in schools and Early Years 2014
- * DfES guidance for first aid in schools 2014
- * www.teachernet.gov.uk/whole school/health and safety/first aid

Pupils may need medication during school hours. In circumstances where children need medication regularly a health care plan should have been established to ensure the safety and protection of children and the adults who are working with them. Depending upon the age and understanding of the child, they should where appropriate (and with the permission of the parents as necessary) be encouraged to self administer medication or treatment including, for example any ointment, use of inhalers. Where possible the view of the relevant GP should be obtained.

If a member of staff is concerned or uncertain about the amount or type of medication being given to a pupil this should be discussed with the appropriate senior colleagues at the earliest opportunity. All administrations of medicine should be recorded. When administering first aid, staff should try to ensure that another adult is present or aware of the action being taken. Parents should always be informed when first aid has been administered.

This means that school should:

- * Ensure there are trained and named individuals to undertake first aid responsibilities
- * Ensure training is regularly monitored and updated
- * Always ensure that arrangements are in place to obtain parental consent for the administration of first aid or medication
- * Ensure that staff understand the extent and limitations of their role in applying basic care and hygiene tasks for minor abrasions and understand where an injury requires more experienced intervention

This means that staff/ adults should:

- * Adhere to the school's safety policy (and policy for administering first aid or medication)
- * Adhere to the school's intimate care policy
- * Make other staff aware of the task being undertaken
- * Comply with the necessary reporting requirements
- * Report and record any administration of first aid or training
- * Always act and be seen to act in the child's best interest
- * Ensure that an appropriate health/ risk assessment is undertaken prior to undertaking certain activities
- * Explain to the child what is happening
- * Have regard to any health plan which is in place

Appendix 2: Whistle-blowing see Confidential Reporting Policy

<https://www.gov.uk/whistleblowing>

The Public Interest Disclosure Act 1998 encourages individuals to raise concerns about malpractice in the workplace and this Code makes it clear that employees can raise serious concerns without fear of victimisation, subsequent discrimination or disadvantage and is intended to encourage and enable employees to raise those concerns within the Council, rather than overlooking a problem or "blowing the whistle" outside.

"Whistle-blowing" is the mechanism by which staff can voice their concerns, made in good faith, without fear of repercussion. Staff should acknowledge their individual responsibilities to bring matters or concern to the attention of senior management and/or external agencies. This is particularly important where the welfare of children may be at risk.

As a first step, concerns should normally be raised with your immediate manager or their superior. This depends however, on the seriousness and sensitivity of the issues involved and who is suspected of the malpractice. For example, if you believe that management is involved you should approach the Chief Executive, Director of Corporate Resources, the Council's Monitoring Officer, or Head of Audit, Risk and Health and Safety.

Full details of this Procedure can be found within the Central Bedfordshire Council Ethical Handbook, available online at

<http://www.centralbedfordshire.gov.uk/modgov/Published/StdDataDocs/7/0/6/4/SD00004607/EthicalHandbookComplete.doc.pdf>

Appendix 3: Definition of Private Fostering

A private fostering arrangement is one that is made privately (that is to say without the involvement of the LA) for the care of a child:

- * under the age of 16 (under 18 if disabled)
- * by someone other than a 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 full or half blood or by marriage) or a 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 foster carer should be continuous - but that continuity is not broken by the occasional short break. A break in the period e.g. for a child to visit his/her parents at the weekend would not affect the nature of the placement as a private foster placement. For a break to restart in calculating the period it must result from the ending of one arrangement prior to the start of a new arrangement.

Where a child is under 16 years old and is a pupil at an independent school and lives at the school during the school holidays for a period of more than 2 weeks, he/she will be subject to private fostering regulations unless one of the exemptions below applies.

Where a child under 16 is studying at a language school for more than 28 days and stays with a host family he/she will be subject to private fostering regulations.

Exemptions-These are covered in Schedule 8 of the Children Act 1989 but the main exemptions are covered below.

Children will not be privately fostered:

- * Where the arrangements last for less than 28 days and are not intended to extend beyond that period
- * Where the child is looked after by a LA
- * Where the child is living in a children's home or accommodation provided by/on behalf of a voluntary organisation
- * A school in which he/ she is receiving full time education (either during term time or residing there less than 2 weeks of any school holiday)
- * Where the child is placed by an adoption agency in the care of a person who proposes to adopt him or he is a protected child under the Adoption Act 1976 (section 32).

(Taken from LSCB Inter agency Safeguarding Policy on Private Fostering (2007) available on line LSCB website)

Appendix 4: e Safety

See policy