



Child Protection Policy

1. Introduction

- 1.1 This document is a statement of the aims and strategies for the protection of pupils from harm within Thornton Heath Nursery School.
- 1.2 The schools, staff, parents, carers and Governors share a common responsibility to keep our children safe. “Keeping Children Safe In Education : statutory guidance for schools and colleges” (DfE) and “Working Together to Safeguard Children” (HM Government) provide statutory guidance and a framework for enabling schools to fulfil their statutory duties effectively and efficiently in the best interests of children. The schools have a statutory responsibility in the area of child protection to recognise abuse and to refer concerns about abuse to the appropriate agency, i.e. social services, police or the NSPCC. We take seriously the responsibility to protect and safeguard the welfare of the children and young people entrusted to our care. We recognise that safeguarding against female genital mutilation (FGM), trafficking and sexual exploitation, exposure to domestic violence, radicalisation and extremism are as important as safeguarding against any other vulnerability.
- 1.3 The names of the **designated leads** with overall responsibility for child protection are displayed in the staffroom and are given to any parent or carer requesting the information. The designated leads are also identified on the first day of the autumn term annually when child protection training is delivered to the whole Nursery. Any member of staff, Governor or parent should contact one of the designated leads if there is a concern about a particular child. If the suspicions in any way involve one of the designated lead, then the report should be made in the first instance to another designated lead within the Nursery, or the Executive Headteachers of The Pegasus Academy Trust.

2. Our aims

- 2.1 This policy is supported by the aims of Thornton Heath Nursery School but we strive particularly to provide:
- a) An ethos in which all children feel safe, secure, valued and respected;
 - b) A culture where equality of opportunity exists for all;
 - c) A place where children can feel confident to talk openly and be sure of being listened to;
 - d) Support for children, parents and staff in difficult situations relating to child protection.

3. Ways of achieving these aims

- 3.1 Children are taught to understand the need for ‘being safe’ and ways in which they can help to protect themselves.
- 3.2 In Nursery, children are spoken to on such issues as ‘Stranger Danger’, etc.
- 3.3 Thornton Heath Nursery School’s behaviour policy encourages positive reinforcement of good behaviour and defines clearly what is, and is not, acceptable behaviour.
- 3.4 The Early Years Matters outcomes include Personal Social and Emotional goals that give children the opportunity to consider and discuss many aspects of life and we strive to help them to understand the dangers of abuse and how they can be protected. Opportunity is given for children to voice their feelings and understand that it is right to say ‘No’ in certain situations.

- 3.5 During the school day the children are supervised at all times. Each keyworker takes responsibility for handing their children over to their parents / carers at the end of the session until every child has left, or passes that responsibility onto another member of staff.
- 3.6 All visitors who come into the Nursery must come through the main entrance and report to the office, signing their name in the visitors' book with their time of arrival and departure.
- 3.7 We pride ourselves on fostering a friendly, welcoming relationship with parents at our school. The Head of Nursery has an 'open door' policy whereby parents may come to talk to her about their concerns when the need arises. If there is an issue concerning child protection, it is hoped they will feel free to talk openly to them or a member of the teaching staff.

4. Signs and symptoms of abuse

4.1 All staff in the Nursery and voluntary helpers should be aware of the signs and symptoms of abuse. A referral should be made if there are signs that a) the child is likely to suffer significant harm in the future or b) the child may already have suffered abuse or neglect. If in doubt, raise the concern with one of the designated leads.

4.2 Definitions for referral:

- a) Abuse and neglect
- b) Physical abuse
- c) Emotional abuse
- d) Sexual abuse

Appendix A gives a clear definition of these definitions and explains factors relating to female genital mutilation, trafficking and exploitation, domestic violence and child radicalisation.

5. Procedures and record keeping

- 5.1 Any member of staff receiving a disclosure of abuse from a child, or noticing signs or symptoms of possible abuse in a child, will make written notes as soon as possible (e.g. within an hour), writing down exactly what was said or seen, putting the scene into context, and giving the time and location. Dates and times of events should be recorded as accurately as possible, together with a note of when the record was made. The written note must then be given to one of the designated leads who may ask the member of staff to complete a Child Protection Expression of Concern Form, a copy of which is attached to this policy.
- 5.2 All hand-written notes will be kept, even if they are subsequently typed up in a more formal report.
- 5.3 It is the responsibility of the designated lead to decide whether and when to make a referral to Social Services. Some concerns may need to be monitored over a period of time before a decision to be referred is made.
- 5.4 If after consultation a member of staff feels that appropriate action is not being taken s/he may refer directly to Social Services, but is encouraged to inform the Head of Nursery or one of the Executive Headteachers (PAT) that they are doing so.
- 5.5 Any concerns that involve allegations against a member of staff should be referred immediately to one of the designated leads who will contact the LA to discuss and agree further action to be taken in respect of the child and the member of staff.

6. The child protection register

- 6.1** The designated lead will inform members of staff who have direct pastoral responsibility (i.e. class teachers or keyworkers) of children whose names are on the child protection register. These children must be monitored very carefully and the slightest concern should be recorded on an incident sheet and passed immediately to one of the designated leads.
- 6.2** When a child who is on the register leaves one of the schools, the designated lead will inform the child's new Nursery or school immediately and discuss with the designated lead the transfer of any confidential information the school may hold.

7. The role of the Designated Lead

- 7.1** The designated lead shall ensure that s/he is fully conversant with statutory child protection requirements and will co-ordinate action on child abuse within school, ensuring that staff are aware of their own responsibilities in relation to child protection. The Head of Nursery has overall responsibility for child protection in their school but may designate some, or all, of these responsibilities to other designated leads.
- 7.2** S/he is responsible for referring individual cases of suspected abuse to the social services department, and for liaising with that department and other agencies on these and other general issues relating to child protection.
- 7.3** S/he has responsibility for organising training on all aspects of child protection within Thornton Heath Nursery School and acts as a point of reference on child protection issues for other staff.
- 7.4** S/he will ensure that Thornton Heath Nursery School is represented at child protection conferences or, failing that, that a report is submitted to the conference from the school/s.
- 7.5** S/he will also ensure that any recommendations made by the conference, which involve school staff, are carried out as agreed at the conference.
- 7.6** Should the alleged perpetrator of abuse be a member of staff, the designated lead will consult in line with LA guidelines.

8. Code of practice

- 8.1** All staff at Thornton Heath Nursery School should take normal precautions not to place themselves in a vulnerable position with relation to child protection. It is always advisable for interviews or work with individual children or parents to be conducted in view of other adults. Physical restraint should only be used when a child is endangering him/herself or others and such events should be recorded and signed by a witness.
- 8.2** Staff should never promise a child to keep certain information confidential. It must be explained that staff have certain duties to help keep that child safe, which may involve informing others.
- 8.3** Appendix B "Guidance for Teachers: Handling disclosure of abuse" is useful guidance relating to what to do if you suspect abuse.

9. Monitoring and review

- 9.1** The procedures in this policy will be monitored in the light of any new information and guidance which becomes available. It was approved by the governing body and reviewed annually. All subsequent changes are reported annually to the governors together with a report on training.
- 9.2** The policy is reviewed annually at the start of each academic year by all staff within the nursery.

Policy Date:

Review date:

Signed:

Date:

Head teacher

Signed:

Date:

Chair of Governors

Appendix A – Working together to safeguard children

A1 Abuse and Neglect

A1.1 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.

A2 Physical Abuse

A2.1 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 feigns the symptoms of, or deliberately causes ill health to a child whom they are looking after. This situation is commonly described using terms such as factitious illness by proxy or Munchausen syndrome by proxy.

A3 Emotional Abuse

A3.1 Emotional abuse is the persistent emotional ill-treatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. It may involve 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 ill-treatment of a child, though it may occur alone.

A4 Sexual Abuse

A4.1 Sexual abuse involves grooming, forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. Grooming is the process that abusive adults use to trick a child or young person into believing that they are trustworthy so that they can eventually sexually exploit them. Sexual exploitation and/or abuse may involve physical contact, including penetrative (e.g. rape or buggery) or non-penetrative acts. They may include non-contact activities, including the extent of premeditation, the degree of threat and coercion, sadism, and bizarre or unusual elements. A child's ability to cope with the experience of sexual abuse, once recognised or disclosed, is strengthened by the support of a non-abusive adult carer who believes the child, helps the child understand the abuse, and is able to offer help and protection.

A4.2 A proportion of adults who sexually abuse children have themselves been sexually abused as children. They may also have been exposed as children to domestic violence and discontinuity of care. However, it would be quite wrong to suggest that most children who are abused will inevitably go on to become abusers themselves.

A5 Neglect

A5.1 Severe neglect of young children is associated with major impairment of growth and intellectual development. Persistent neglect can lead to serious impairment of health and development, and long-term difficulties with social functioning, relationships and educational progress. Neglect can also result, in extreme cases, in death.

A6 The concept of significant harm

A6.1 The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children. The local

authority is under a duty to make enquiries, or cause enquiries to be made, where it has reasonable cause to suspect that a child is suffering, or likely to suffer significant harm (s.47). A court may only make a care order (committing the child to the care of the local authority) or supervision order (putting the child under the supervision of a social worker, or a probation officer) in respect of a child if it is satisfied that:

- a) The child is suffering, or is likely to suffer, significant harm; and
- b) That the harm or likelihood of harm is attributable to a lack of adequate parental care or control (s.31).

A6.2 There are no absolute criteria on which to rely when judging what constitutes significant harm. Consideration of the severity of ill-treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, and the extent of premeditation, degree of threat and coercion, sadism, and bizarre or unusual elements in child sexual abuse. Each of these elements has been associated with more severe effects on the child, and/or relatively greater difficulty in helping the child overcome the adverse impact of the ill-treatment. Sometimes, a single traumatic event may constitute significant harm, e.g. a violent assault, suffocation or poisoning. More often, significant harm is a compilation of significant events, both acute and long-standing, which interrupt, change or damage the child's physical and psychological development. Some children live in family and social circumstances where their health and development, are neglected. For them, it is the corrosiveness of long-term emotional, physical or sexual abuse that causes impairment to the extent of constituting significant harm. In each case, it is necessary to consider any ill-treatment alongside the family's strengths and supports.

A6.3 To understand and establish significant harm, it is necessary to consider:

- a) The family context.
- b) The child's development within the context of their family and wider social and cultural environment.
- c) Any special needs, such as a medical condition, communication difficulty or disability that may affect the child's development and care within the family.

A7 "Good enough parenting"

A7.1 Basic physical care. Including adequate food and rest, protection from danger, etc.

A7.2 Affection. Physical contact, cuddling, patience, allowing for annoying behaviour, approval, etc.

A7.3 Security. Consistent patterns of care and daily routine, a predictable environment, etc.

A7.4 Stimulation of innate potential. By praise, encouragement, responsiveness to child's questions and play, etc.

A7.5 Guidance and control. To teach adequate social behaviour, discipline within child's comprehension, positive role modelling, etc.

A7.6 The development of 'responsibility'. Age/developmentally appropriate self-care, decision making, allowing mistakes which the child may learn from, etc.

A7.7 Age appropriate development of independence. Providing increasing opportunities for the child to take steps out from the family and into society; the development of the child as a separate person.

A8 Female Genital Mutilation (FGM)

A8.1 Definition. FGM also known as female genital cutting and female circumcision, is the ritual removal of some or all of the external female genitalia.

A8.2 Possibility of risk

There are a number of factors in addition to a girl's or woman's community or country of origin that could increase the risk that she will be subjected to FGM. Any girl born to a woman who has been subjected to FGM must be considered to be at risk of FGM as must other female children in the extended family. Any girl who has a sister who has already undergone FGM must be considered to be at risk of FGM, as must other female children in the extended family. Any girl withdrawn from Personal, Social and Health Education or Personal and Social Education may be at risk as a result of her parents wishing to keep her uninformed about her body and rights. The age at which girls undergo FGM varies enormously according to the community. The procedure may be carried out when the girl is newborn, during childhood or adolescence, at marriage or during the first pregnancy. However, the majority of cases of FGM are thought to take place between the ages of 5 and 8 and therefore girls within that age bracket are at a higher risk.

A8.3 Indications that FGM may be about to take place

FGM happens to British girls in the UK as well as overseas (often in the family's country of origin). Girls of school age who are subjected to FGM overseas are thought to be taken abroad at the start of the school holidays, particularly in the summer holidays, in order for there to be sufficient time for her to recover before returning to her studies. There can also be clearer signs when FGM is imminent.

- a) It may be possible that families will practise FGM in the UK when a female family elder is around, particularly when she is visiting from a country of origin
- b) You may hear reference to FGM in conversation, for example a girl may tell other children about it.
- c) A girl may confide that she is to have a 'special procedure' or to attend a special occasion to 'become a woman'.
- d) A girl may request help from a teacher or another adult if she is aware or suspects that she is at immediate risk.
- e) Parents state that they or a relative will take the child out of the country for a prolonged period.
- f) A girl may talk about a long holiday to her country of origin or another country where the practice is prevalent

A8.4 Indications that a girl or woman has already been subjected to FGM

She may:

- a) have difficulty walking, sitting or standing and may even look uncomfortable;
- b) spend longer than normal in the toilet due to difficulties urinating;
- c) spend longer periods of time out of the classroom during the day with bladder or menstrual problems;
- d) have frequent urinary, menstrual or stomach problems;
- e) have prolonged or repeated absences from school or college with noticeable behaviour changes e.g. withdrawal or depression on her return;
- f) be particularly reluctant to undergo normal medical examinations
- g) confide in a professional;
- h) ask for help, but may not be explicit about the problem due to embarrassment or fear;
- i) talk about pain or discomfort between her legs.

A9 Radicalisation and extremism

A9.1 Definition

Radicalisation is defined as the act or process of making a person more radical or favouring of extreme or fundamental changes in political, economic or social conditions, institutions or habits of the mind. Extremism is defined as the holding of extreme political or religious views.

Staff are reminded to suspend any professional disbelief that instances of radicalisation 'could not happen here' and to refer any concerns as outlined in section five of this policy.

A9.2 Possibility of risk

It is recognised that children with low aspirations are more vulnerable to radicalisation and therefore we strive to equip our pupils with confidence, self-belief, respect and tolerance as well as setting high standards and expectations for themselves.

Children are regularly taught about how to stay safe when using the Internet and are encouraged to recognise that people are not always who they say they are online. They are taught to seek adult help if they are upset or concerned about anything they read or see on the Internet. (See e-safety policy for further clarification)

A9.3 Indications of risk

Signs of possible radicalisation can include people suddenly changing their style of dress or personal appearance to fit in with a particular cause and losing interest with other friends.

Staff should be aware of individuals:

- a) using derogatory terms for rival groups and even showing "technical expertise" in areas such as survival skills and chemicals;
- b) spending increasing time in the company of other suspected extremists;
- c) changing their style of dress or personal appearance to accord with the group;
- d) day-to-day behaviour becoming increasingly centred on an extremist ideology, group or cause;
- e) loss of interest in other friends and activities not associated with the extremist ideology, group or cause;
- f) possession of materials or symbols associated with an extremist cause;
- g) attempts to recruit others to the group/cause;
- h) communications with others that suggests identification with a group, cause or ideology;
- i) increase in prejudice-related incidents which may include:
 - i. physical or verbal assault
 - ii. provocative behaviour
 - iii. damage to property
 - iv. derogatory name calling
 - v. possession of prejudice-related materials
 - vi. prejudice related ridicule or name calling
 - vii. inappropriate forms of address
 - viii. refusal to co-operate
 - ix. attempts to recruit to prejudice-related organisations
 - x. condoning or supporting violence towards others.

A10. Trafficked and exploited children

A10.1 Definition. Child sexual exploitation is a form of child abuse which essentially involves children and young people receiving something e.g. accommodation, drugs, gifts or affection as a result of them performing sexual activities, or having others perform sexual activities on them. It can occur without physical contact, when children are groomed to post sexual images of themselves on the internet.

Child trafficking is a form of child abuse in which children are recruited, moved or transported and then exploited, forced to work or sold. Trafficked children are often subject to multiple forms of exploitation including:

- a) sexual exploitation
- b) benefit fraud
- c) forced marriage
- d) domestic servitude such as cleaning, childcare, cooking
- e) forced labour in factories or agriculture
- f) criminal activity such as pickpocketing, begging, transporting drugs, working on cannabis farms, selling pirated DVDs, bag theft.

Many children are trafficked into the UK from abroad, but children can also be trafficked from one part of the UK to another.

A10.2 Categories of sexual exploitation

The three broad categories are

- a) inappropriate relationships;
- b) 'boyfriend' model of exploitation and peer exploitation; perpetrators target children posing as boyfriends', showering them with attention and gifts to cause infatuation. They initiate a sexual relationship with the child, which the child is expected to return as 'proof' of her/his love or as a way of returning the initial attention and gifts.
- c) organised/networked sexual exploitation or trafficking.

A11 Domestic violence

A11.1 Definition. Domestic violence is any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality. The harm caused to children can be significant – through emotional and physical abuse and/or neglect. From 2002 the definition of significant harm was amended to include “the harm that children suffer by seeing or hearing the ill-treatment of another, particularly in the home.”

A12. Peer on peer abuse

A12.1 Definition. Children and young people can be sexually abused by others, whether they are the same age, younger or older. It is important to recognise that children do engage in sexual play and experimenting, which is usually age appropriate, and not to criminalise behaviour that is a perfectly normal and healthy part of growing up. However, the idea that children can sexually abuse others must not be ignored and sexual behaviour between children should not always be dismissed as normal or harmless behaviour.

A12.2 Indications of risk. The presence of one or more of the following points in situations where there has been sexual activity between children should always trigger some concern:

- a) There is an age difference of two years or more between the children;
- b) One of the children is significantly more dominant than the other;

- c)** One of the children is significantly more vulnerable than the other e.g. in terms of disability, confidence, physical strength;
- d)** There has been some use of threats, bribes or coercion to secure compliance or to maintain secrecy.

Appendix B - Guidance for teachers: Handling disclosure of abuse

B1 The perspective

B1.1 To state clearly at the outset, not all children are subjected to abuse. This guidance should be used to assist all staff in enabling children to keep themselves safe and to be more self confident, assertive and communicative about things that are hurtful to them or make them feel uncomfortable.

- a) Child abuse is a phenomenon that currently affects many children, irrespective of culture and economic group. It can take many forms and can have far-reaching affects on children's growth and development.
- b) Teachers have a vital role to play in both the prevention and detection of abuse.
- c) Teachers are in a unique position to observe children's behaviour over time, and they often develop close and trusting relationships with the pupils in their tutor groups.
- d) Teachers may well be the first to suspect that something is amiss when an individual behaves atypically, withdraws from social contacts with others, shows anxiety or stress symptoms in school or appears unusually distressed, confused or disturbed.
- e) The psychological symptoms of sexual or emotional abuse are more difficult to identify but no less real than obvious physical signs of abuse such as bruising or burn marks.
- f) Teachers and other adults in school should have their suspicions aroused, for example, if a child suddenly starts to steal in school, conveys a knowledge or experience of abusive acts through language, drawings or play, or discloses information.
- g) None of these things, by themselves, can be taken to mean that a child is definitely being abused, but they should signal to the teacher that further enquiries should be made. This is especially the case where there are reasons to believe that a family situation is vulnerable.
- h) Teachers may also find themselves being sought out by a child, a parent or relative, neighbour or family friend, as the focus for disclosure of abuse.
- i) It is absolutely critical that all teachers are aware of the procedures adopted by the school, key staff to be informed, and the LA's Child Protection Procedures when disclosures are made.

B2 Some dos and don'ts

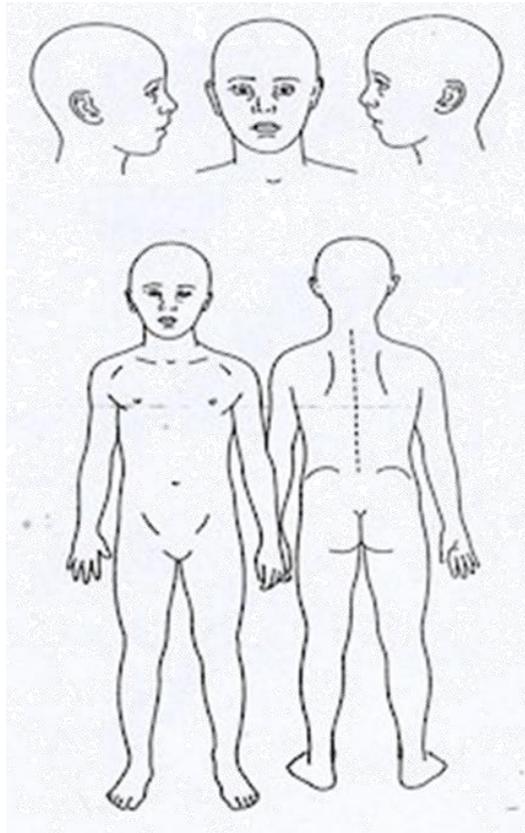
B2.1 Do:

- a) Reassure the child or adult that it is the right thing to do to tell a trusted person.
- b) Attempt to ascertain the facts (who, where, when).
- c) Tell the child that you believe them.
- d) Tell the child that you will need to involve others in ensuring that the child will, in the future, and explain who needs to be involved and why and what will happen next.
- e) Offer ongoing support.
- f) Choose a place to talk where you will not be interrupted. This allows you to give your undivided attention and confirms for the child that what they have to say is important.
- g) Follow the schools internal policy for Child Protection in terms of communication both within school and to other agencies. Follow the Area Child Protection Procedures and the Authority's Child Protection Procedures.
- h) Record facts objectively and accurately (time, date, signature).
- i) Look after yourself by ensuring that you can talk to someone about your feelings. Dealing with child abuse is stressful and distressing.
- j) A 'quick guide' to child protection procedures at PAT is available in the 'blue filing cabinets' in each of our staff rooms and is always shared with those new to the school – e.g. supply teachers

B2.2 Do not

- a) Promise confidentiality that you cannot keep. The child has already experienced a breach of trust from the adult who abused them.
- b) Make false promises or reassurances to the child about what will happen next. Children cope best with honesty, and again should not be exposed to further breaches of trust.
- c) Interrupt or stop the child during a disclosure. Let them finish talking before you attempt to inform or involve others.
- d) Ask leading questions or sympathise inappropriately. Children should not be pressed to tell more than they choose or be questioned any more than is strictly necessary. It is for others to further the investigation.
- e) Discuss your concerns with anyone other than one of the designated leads.

Use the skin map below (if necessary) to record any visible injuries to the child. You can make additional annotations if needed. NOTE: under no circumstances must anyone ask the child to undress



Report/ Action (to be completed by a Designated Child Protection Teacher):