



## Safeguarding and Child Protection Policy

Updated 10/04/2023

### 1. Introduction

Gardens Montessori recognize that safeguarding and promoting the welfare of children is paramount. Children have the right to be safe and should be protected from all forms of abuse and neglect. Where a child is suffering significant harm, or is likely to do so, action should be taken to promote the welfare of the child in need of additional support. Child abuse occurs in all groups within society. It occurs within all cultural, ethnic and religious communities and across all classes.

All staff (including volunteers) should be aware of how to make referrals to children's social care, and for statutory assessments under the Children Act, especially under section 17 (Children in Need), and section 47 (a child suffering or likely to suffer significant harm) that may follow a referral, along with the role that they might be expected to play in such assessments.

Safeguarding is everyone's responsibility. All staff have a responsibility to provide a safe environment where children can learn. Staff working with young children have an important role to play in the recognition of abuse and referral of it to the appropriate authorities. Children usually attend school and nursery provision daily and close relationships are formed between early years workers, children and families. The earlier help can be given, the better. All staff need to be able to identify those who may be in need of additional help. Children and families are best supported when there is a co-ordinated response from all relevant agencies. All staff are expected to support social workers and other agencies after a referral.

This policy is written in line with:

- a. Working together to safeguard children (July 2018)
- b. Keeping children safe in education (September 2018)
- c. What to do if you are worried a child is being abused (March 2015)
- d. Children Act (2004)



- e. Section 3 of the statutory framework for the Early Years Foundation Stage (April 2017)
- f. Inspecting Safeguarding in Early Years, Education and Skills Settings (September 2018)
- g. The Revised Prevent Duty Guidance for England and Wales (2015)

A copy of all of these documents is kept on site.



## 2. Safeguarding measures

### a. Essential factors

In order to safeguard children, we will:

- i. adopt child protection guidelines as recommended by our Local Safeguarding Children Board and other appropriate professional bodies.
- ii. implement appropriate procedures and code of conduct for the practice team.
- iii. identify children who would benefit from 'early help'
- iv. raise awareness with staff and parents that concerns about the welfare of a child and child protection are taken seriously, with appropriate action being taken.
- v. create an environment where children are listened to and their concerns taken seriously.
- vi. share information with other agencies on a need-to-know basis.
- vii. involve parents and children, except where doing so would put the child at greater risk of harm.
- viii. follow safer recruitment guidance and procedures.
- ix. provide effective staff management through access to supervision, support and training.
- x. review this policy at regular intervals to ensure it is updated and informs day-to-day practice.

### b. Staff

Staff should:

- i. be alert to the signs of abuse as detailed in this policy.
- ii. report any concerns immediately, where possible to the designated person.
- iii. consult with the designated person if in any doubt as to how to proceed.
- iv. follow the advice given in this policy in relation to how to handle disclosures.

Staff supervision:

Supervision is widely accepted as providing a means for ensuring that members of staff have access to the support, training and procedures they require for professional growth and development. The practice enables supervisors and supervisees to examine and reflect on the quality of their practice and to facilitate discussion, growth and development, supporting practitioners in their work and helping them to make decisions.

Gardens Montessori understands supervision to be a formal and recorded process through which the professional actions of staff are examined and regularly reviewed. We recognize that regular supervision



for all staff in regular contact with children is considered best practice in the early years sector and has many benefits.

We recognize that effective staff supervision is a requirement of the Early Years Foundation Stage (EYFS) statutory framework published by the Department for Education in March 2014. Section 3 of the EYFS framework includes the following requirements:

- i. Providers must put appropriate arrangements in place for the supervision of staff who have contact with children and families.
- ii. Effective supervision should include "support, coaching and training for the practitioner".
- iii. Supervision should provide opportunities for staff to:
  - a. discuss any issues, particularly concerning children's development or wellbeing.
  - b. identify solutions to address issues as they arise.
  - c. receive coaching to improve their personal effectiveness.
- iv. Supervision should foster a culture of mutual support, teamwork and continuous improvement, which encourages the confidential discussion of sensitive issues.

How supervision works:

- i. Supervision is viewed as an opportunity for staff to meet with a supervisor at regular intervals. The supervisor will provide support, and empower staff to feel equipped and happy so as to be able to do their job effectively.
- ii. The key elements of our supervision model will be on coaching, training, personal development and the focus on children and their wellbeing.
- iii. All practitioners who work directly with children and families will be supervised by the school's head or deputy.
- iv. Supervision meetings will be held at least once a term for each staff member.
- v. Supervision meetings will be conducted in line with existing procedures and held in a confidential space suitable for the task.
- vi. Supervision agreements will be drawn up for all staff with a copy held by the member of staff and a copy held by the provision.
- vii. All supervision meetings must include discussions concerning the development and wellbeing of each of the supervisee's key children, especially any safeguarding issues. Where concerns are raised, the supervisor and supervisee must seek to identify solutions and identify further actions that need to be taken.
- viii. Supervision meetings should provide opportunities for staff to:
  - a. discuss any issues, particularly concerning children's development and wellbeing.



- b. identify solutions to address issues as they arise.
    - c. receive coaching to improve their personal effectiveness.
  - ix. Supervision should be seen as a two-way process that enables both parties involved to develop a positive and mutually supportive discussion, and a development plan.
  - x. The supervisor will keep records of each supervision session. These are necessary to keep track of agreed discussions and actions, to give a starting point for the next meeting and to provide an opportunity for the member of staff to review where they have got to with any goals or actions. All copies will be stored securely at school.
  - xi. Not all supervision needs to be planned. The provision supports spontaneous supervision, especially in the event of safeguarding issues.
- c. Parents (see also our Parents as Partners policy)

It is important that the provision has an established approach to working with parents. Parents' and children's need for privacy should be respected. However, the priority is the needs of the child and effective liaison is crucial for this.

It should be recognized that families from different backgrounds and cultures may have different approaches to child-rearing. These differences should be acknowledged and respected, provided they do not place the child at risk as defined later in this policy.

Where possible, staff should work, and share information, with parents. Permission for liaison and information sharing with outside agencies should be sought in writing unless it places the child at risk. In these cases, it is preferable to seek advice from social care or make a child protection referral.

d. Physical contact

All adults who come into contact with children and young people in their work have a duty of care to safeguard them and promote their welfare. Children learn best when they are healthy, safe and secure. There is no legal ban on physical contact between children and practitioners. The Children Act 2004 places the well-being of the child at the centre of keeping them safe and does not prevent staff from helping with ordinary basic physical needs. All staff working in Gardens Montessori know that inappropriate behaviour with or towards a child is unacceptable. Where a child needs a cuddle, staff members will also use appropriate words to help them feel safe.



All physical contact between adults and children in Gardens Montessori should promote the child's safety and welfare.

The principles underlying this policy of physical contact are as follows:

- i. In accordance with the Children Act 2004, the welfare of the child is paramount.
- ii. All members of staff in the provision are responsible for safeguarding and promoting the welfare of each child attending.
- iii. Each staff member is responsible for their own actions and behaviour and should avoid any conduct which would lead any reasonable person to question their motivation and intentions.
- iv. Staff work, and should be seen to work, in an open and transparent way.
- v. The same professional standards are always applied regardless of culture, disability, gender, language, racial origin, religious belief and/or sexual identity.
- vi. Staff continually monitor and review their practice and ensure they follow the guidance provided by the provision.
- vii. All members of staff encourage children to take responsibility for their own behaviour, using a range of approaches which help to safeguard each child and promote their welfare. These approaches will include:
  - a. positive role-modelling.
  - b. providing a range of planned interesting and stimulating activities.
  - c. setting and enforcing appropriate boundaries and expectations.
  - d. giving positive feedback.

There are occasions, however, when a child's behaviour presents particular challenges that may require physical handling. This policy sets out expectations for the use of physical handling as follows:

- i. Positive handling  
The positive use of touch is part of normal human interaction and may be appropriate in a range of situations, such as:
  - a. giving guidance to children, such as how to hold a paintbrush or use the climbing equipment.
  - b. providing emotional support, for example placing an arm around a distressed child.
  - c. giving physical care, such as assistance with toileting or changing a nappy or wet or soiled clothing.
  - d. providing first aid.



Staff will use appropriate care when touching children and will be sensitive to those children for whom touch may not be appropriate, such as a child who has a history of physical or sexual abuse, or is from a particular cultural group. In all such cases, discussion will take place with parents/carers about the most appropriate forms of promoting the child's welfare.

- ii. Physical intervention  
This may include mechanical or environmental means, such as a locked door, gate, or high chair. Such measures are used to ensure a child's safety and promote their welfare.
- iii. Restrictive physical intervention  
This involves the intentional use of force by a staff member to restrict a child's movements against the child's will. Generally, this will be through the use of the adult's body rather than by the use of mechanical or environmental means. Where restrictive physical intervention is needed staff will:
  - a. aim for side-by-side contact with the child and avoid positioning themselves in front (to reduce risk of being kicked) or behind (to reduce risk of allegations of sexual misconduct).
  - b. aim for no gap between the adult's and child's body when side-by-side to minimise the risk of impact and damage.
  - c. aim to keep their own back as straight as possible.
  - d. hold children where there is the least likelihood of causing damage, ie by the "long" bones rather than the joints.
  - e. ensure that there is no restriction to the child's ability to breathe, avoiding holding the child round the chest cavity or stomach.
  - f. avoid lifting the child.

Staff at Gardens Montessori will use restrictive physical intervention only:

- a. in the context of positive behaviour management.
- b. in extreme cases to prevent a child hurting themselves or others or causing damage to property.
- c. where to physically intervene is in the child's best interests.

Where possible staff will make use of other strategies, such as saying "stop" and/or diverting the child to another activity. They will use restrictive physical intervention only when necessary, and in conjunction with other forms of intervention. Where restrictive physical intervention is necessary, staff will use the minimum force that is proportionate to both the child's behaviour and the harm



that they may cause. Physical intervention will not be used as a form of punishment under any circumstances.

iv. Recording and Monitoring

All incidents requiring restrictive physical intervention will be recorded as soon as possible and within 24 hours of the incident.

This record will include:

- a. who was involved.
- b. the reason physical intervention was considered appropriate.
- c. how the child was held.
- d. the date and time of the incident.
- e. the length of time the physical intervention had to continue.
- f. any injuries or subsequent distress.
- g. the action taken.

Parents will be informed and given a copy of the record form.

Intervention will be monitored, and any necessary adjustments made to keep the child/children safe and promote their wellbeing.

e. Designated Safeguarding Lead

The designated safeguarding lead is Chitra Kripalani (Iverna Gardens), Valentina Luvara (Victoria Road), and the deputy safeguarding lead is Karin Bernard (Iverna Gardens). Their role is to help co-ordinate any concerns that are raised regarding the welfare of a child and to liaise with other professionals where appropriate, including the local authority social care for children. It is recognized that managers, and the safeguarding lead and deputy safeguarding lead have a key role in helping to set a positive culture where safeguarding is seen as a high priority, and abuse in any form is not tolerated.

The designated person will:

- i. co-ordinate action within the provision and liaise with social care and other agencies over cases of abuse and suspected abuse.
- ii. act as a source of advice within the provision.
- iii. ensure that staff are familiar with the provision's policy and procedure.
- iv. make child protection referrals, recording and reporting accordingly.
- v. liaise with agencies about individual cases.
- vi. organize training on child protection and safeguarding children within provision.
- vii. ensure that appropriate strategies for recording and reporting incidents are kept within provision.





- viii. provide appropriate feedback to members of staff as and when necessary.

### 3. Guidance on recognizing abuse

#### a. Signs and symptoms

Staff should be able to respond appropriately to signs and symptoms in a child which gives them cause for concern. These may include:

- i. significant changes in children's behaviour or appearance.
- ii. frequent mood changes.
- iii. deterioration in their general well-being.
- iv. wetting themselves when they were previously potty-trained.
- v. unexplained bruising, marks or signs of possible abuse.
- vi. signs of neglect such as being unkempt.
- vii. comments children make which give cause for concern.
- viii. eating problems: if a child always appears ravenously hungry and/or persistently takes or steals food from others.
- ix. attendance: note should be taken if a child is absent from school/nursery for prolonged periods of time, has regular unexplained periods of absence, or where the explanation of absence does not seem to fit.
- x. Behavioural changes: the child may become quiet, aggressive, very detached or attention seeking.
- xi. not wanting to go home.
- xii. seductive behaviour.
- xiii. a child who is quiet and withdrawn.
- xiv. a child who gives the impression of being unloved and unhappy.
- xv. bruising, cuts, burns or bites: all children sustain injuries and bruises in the normal rough and tumble of play. These usually occur in specific places, such as the elbows, knees and shins. If you notice bruising on the cheeks, ear lobes, upper arms, chest, stomach, or buttocks, this may suggest that the child has been gripped or slapped. Burns that cannot be explained are also suspicious: in particular, cigarette burns, which have a typical circular appearance, and iron burns, which appear triangular or linear. Children who are being abused are frequently reluctant to discuss how they got their injuries, whereas most children who have fallen over or fallen off their bikes are only too eager to explain what has happened and to tell everybody about it. There have been cases where infants have been wrongly suspected of suffering child abuse because the professionals mistook uneven skin pigmentation for bruising, for example Mongolian Blue Spot, which is common among infants of Afro-Caribbean, Mediterranean and Asian descent. If you are not sure, ask the parents and/or doctor.



- xvi. Relationships with parents: a child who is being abused may seem to be frightened of their parents, or only seem happy with you and the other workers. If one of the parents is also being abused, the child may cling to that person and be reluctant to leave them. A child may also seem anxious to protect the parents, or may even take over the parent's role. Abusing adults come from all walks of life; child abuse happens in families from all social classes, racial, cultural or religious groups. Parents who have more social power are more able to hide abuse behind a facade of respectability. Some abusing parents may appear hostile and intimidating, while others may appear overtly co-operative and self-effacing. Where a family employs a nanny, au pair or child-minder, any concern regarding the welfare of the child should first be discussed with the parents (unless the concern is with regard to child sexual abuse)
- xvii. In the case of FGM, signs can include:
  - 1. having difficulty walking, sitting or standing.
  - 2. spending extended periods of time in the toilet because she has difficulty urinating.
  - 3. having menstrual problems (older girls).
  - 4. often being absent from the provision.
  - 5. exhibiting behavioural changes.
  - 6. being reluctant to have any support in the bathroom.
  - 7. talking about a pain between her legs.
- xviii. Staff should be aware that children with special educational needs and disabilities can face additional safeguarding challenges. These can include:
  - 1. assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration.
  - 2. the potential for children with SEN and disabilities being disproportionately impacted by behaviours such as bullying, without outwardly showing any signs.
  - 3. communication barriers and difficulties in overcoming these barriers.

b. Types of abuse

All staff are required to be aware of the different types of abuse as listed below. Child abuse is a term used to describe ways in which children are harmed by someone often in a position of power. It is not the responsibility of staff to decide whether child abuse is occurring but to act on any concerns and report these to the appropriate party. The health, safety and protection of a child are paramount. Abuse is a form of maltreatment of a child. Children can be abused by an adult or a child and such abuse might fall into the categories of:



- i. Physical: a form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, biting or causing other 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.
- ii. Emotional: emotional abuse is the ongoing emotional maltreatment of a child. It is sometimes called psychological abuse and can seriously damage a child's emotional health and development. Emotional abuse can involve deliberately trying to scare or humiliate a child or isolating or ignoring them. It may involve conveying to a child that they are worthless or unloved, inadequate. Children who are emotionally abused are often suffering another type of abuse or neglect at the same time – but it also may occur alone.
- iii. Sexual: a child is sexually abused when they are forced or persuaded to take part in sexual activities. This doesn't have to be physical contact and it can happen online. Sometimes the child won't understand that what is happening to them is abuse. They may not even understand that it is wrong, or they may be afraid to speak out. Women as well as men can also commit sexual abuse as can other children. There are two types of abuse: contact abuse and non-contact abuse.
  1. Contact: this abuse involves touching activities where an abuser makes physical contact with a child, including penetration. It includes:
    - a. sexual touching of any part of the body whether the child's wearing clothes or not.
    - b. rape or penetration by putting an object or body part inside a child's mouth, vagina or anus.
    - c. forcing or encouraging a child to take part in sexual activity.
    - d. making a child take their clothes off, touch someone else's genitals or masturbate.
  2. Non-contact: this abuse involves non-touching activities, such as grooming, exploitation, persuading children to perform sexual acts over the internet and flashing. It includes:
    - a. encouraging a child to watch or hear sexual acts.
    - b. not taking proper measures to prevent a child being exposed to sexual activities by others.
    - c. meeting a child following sexual grooming with the intent of abusing them.
    - d. online abuse including making, viewing or distributing child abuse images.



- e. allowing someone else to make, view or distribute child abuse images.
  - f. showing pornography to a child.
  - g. sexually exploiting a child for money, power or status (child exploitation).
- iv. Neglect: this is the ongoing failure to meet a child's basic needs. A child may be left hungry or dirty, without adequate clothing, shelter, supervision, medical or health care. A child may be put in danger or not protected from physical or emotional harm. They may not get the love, care and attention they need from their parents. A child who is neglected will often suffer from other abuse as well. Neglect can occur in pregnancy as a result of maternal substance abuse. Neglect is dangerous and can cause serious, long-term damage to the child's health or development - even death.
- v. Peer on peer (allegations against other children): all staff should be aware of the safeguarding issue of peer on peer abuse and should be clear of the school's policies and procedures.
- vi. Female genital mutilation (FGM): this is the partial or total removal of external female genitalia for non-medical reasons. All staff need to speak to the designated safeguarding lead immediately with any concerns about FGM, and know that we have a legal duty to report any discovery of FGM to the police. We believe that all our pupils should be kept safe from harm. FGM affects girls particularly from north African countries, including Egypt, Sudan, Somalia and Sierra Leone. Although our school has no/few children from these backgrounds, and we consider girls in our school safe from FGM, we will continue to review our policy annually.
- 1. Key points about FGM:
    - a. Not a religious practice.
    - b. Occurs mostly to girls aged from 5 – 8 years old; but up to around 15.
    - c. Criminal offence in UK since 1985.
    - d. Offence since 2003 to take girls abroad.
    - e. Criminal penalties include up to 14 years in prison.
  - 2. Reasons for FGM:
    - a. Cultural identity: an initiation into womanhood.
    - b. Gender Identity: moving from girl to woman (enhancing femininity).
    - c. Sexual control: reduce the woman's desire for sex.
    - d. Hygiene/cleanliness – un mutilated women are regarded as unclean.
  - 3. Risk Factors include:
    - a. low level of integration into UK society.



- b. mother or sister who has undergone FGM.
  - c. girls who are withdrawn from PSHE.
  - d. a visiting female elder from the country of origin.
  - e. being taken on a long holiday to the family's country of origin.
  - f. talk about a 'special' event or procedure to 'become a woman'.
4. High risk time
- a. This procedure often takes place in the summer, as the recovery period after FGM can be 6 to 9 weeks. Schools should be alert to the possibility of FGM as a reason why a girl in a high-risk group is absent from school, or where the family request an 'authorised absence' for just before or just after the summer school holidays.
  - b. Although, it is difficult to identify girls before FGM takes place, where girls from these high-risk groups return from a long period of absence with symptoms of FGM, advice should be sought from the police or social services.
  - c. Any pupils thought to be at risk of FGM will be identified and monitored, especially leading up to the summer holidays.
- vii. Honour based violence
- So-called 'honour-based' violence (HBV) encompasses crimes which have been committed to protect or defend the honour of the family and/or the community, including FGM, forced marriage, and practices such as breast ironing. All forms of so-called HBV are abuse (regardless of the motivation) and should be handled and escalated as such. If in any doubt, staff should speak to the designated safeguarding lead. Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a child being at risk of HBV, or already having suffered HBV.
- viii. Special educational needs (SEN) factors: please refer to section 2.a.xviii above
- ix. Other forms of abuse:
- 1. These may include: bullying (including cyberbullying), children missing education, children missing from home or care, domestic violence, drug misuse, online abuse, fabricated or induced illness, faith abuse, gangs and youth violence, gender-based violence/violence against women and girls, and hate crime.



x. Government initiatives

1. Prevent

Prevent is the Government's strategy to stop people being radicalised, becoming terrorists or supporting terrorism, in all its forms. It works at the pre-criminal stage by using early intervention to encourage individuals and communities to challenge extremist and terrorist ideology and behaviour. Serious cases are passed on to Channel, which is an early intervention multi-agency panel agency.

We believe that all our pupils should be kept safe from harm. It is similar to protecting children from other harms such as neglect or sexual exploitation, whether these come from within the family or are the product of outside influences. As with other safeguarding risks, staff should be alert to changes in children's behaviour. Very young children may be vulnerable to radicalisation by others, whether in the family or outside. Staff are not required to carry out unnecessary intrusion into family life, but, as with any other safeguarding risk, they must take action when they observe any changes in behaviour.

We build up resilience to radicalisation by promoting the fundamental British values:

- a. rule of law
- b. democracy
- c. mutual respect and tolerance of different faiths and beliefs
- d. individual liberty.

These are combined with the EYFS which assists with children's personal, social and emotional development, and understanding of the world. We encourage pupils to develop positive character traits such as resilience, self-esteem and confidence so that they are able to challenge extremist views.

Children do not have access to computers without adult supervision. We also try to make parents aware of online risks of harm. Please see ICT policy.

What to do if you have a concern:

- a. if it is believed that someone is being exploited or radicalised, staff should follow the usual safeguarding



procedure, discussing it with the designated safeguarding lead, and if necessary, children's social care. Serious cases are referred to the Channel programme.

- b. Staff can contact the local police force or dial 101 (non-emergency number) to talk in confidence about any concerns. Concerns can also be sent to [counter.extremism@education.gsi.gov.uk](mailto:counter.extremism@education.gsi.gov.uk).



#### 4. Dealing with suspected abuse

All staff should refer concerns to the designated person as soon as possible. In the meantime, they should:

- a. consider the child's welfare as paramount.
- b. believe the child and take them seriously.
- c. remain calm and caring.
- d. give them time to talk and listen to what they say.
- e. reassure the child that they have done the right thing in talking to them.
- f. make notes of the conversation as soon as possible, using the child's own words (appendix 1); the report needs to be written as soon as possible, but definitely within 24 hours.
- g. if asking questions, keep them brief and open ended.
- h. explain what will happen next and who will be told.
- i. Seek professional advice if unsure about whether or not to talk to parents first. If advice to involve parents is given, discuss concerns with the child and their parents, and obtain agreement to making a referral to children's social care unless this discussion would put the child at increased risk of significant harm.
- j. When a referral is made, agree what the child and parents will be told, by whom and when. Inform the recipient of the referral as to what information has already been discussed with the child and their parents.
- k. If a telephone referral is made, it must be confirmed in writing within 48 hours. Children's social care should acknowledge the written referral within one working day of receiving it, indicating the course of action chosen. If nothing has been heard back within three working days, contact children's social care again.
- l. If a child discloses abuse in a clear way, or you have other reasons to believe from their presentation that a recent and serious abuse has occurred, you may have concerns as to whether the child should return home that day. In this situation, you must inform the safeguarding lead immediately, and also inform the Social Services Department, and, if necessary, the police child protection team, to ensure that an immediate investigation is made.
- m. call an ambulance if a child requires emergency medical treatment, and inform the duty officer at the Social Services Office immediately if there is any suspicion that the injury is non-accidental.

Staff should not:

- a. confront the abuser, which may compromise a subsequent investigation.
- b. promise confidentiality.
- c. postpone the discussion until a different time.
- d. interpret what they have been told.
- e. probe or ask leading questions.





#### Procedure for reporting concerns (non-sexual):

- a. All concerns must be reported to the safeguarding lead. A record of the concerns must be written down, signed and dated and kept in a secure place. They may be required to be produced in court as evidence.
- b. The safeguarding lead must talk to the parents who may give an acceptable explanation. This should be noted against the concern. This is not the case for suspected sexual abuse, or where there is a serious injury which has possibly been caused by the parent or carer, when concerns must be reported directly to the Social Services Department.
- c. The parents' explanation may be inconsistent with the injury. This would be a clear indication of the need to refer to the Social Services Department.
- d. Sometimes a teacher may be unsure as to what to do. In this case, informal discussion with the child protection officer or the duty senior in the Social Services Department is appropriate.
- e. If, after consultation, Social Services agree that further intervention is necessary, the Social Services Department will send out a social worker to talk to the safeguarding lead, and reporting staff, about their concerns. The social worker may want to see the child in the presence of the member of staff who knows the child best, as well as talk to the parents. If there are grounds for further action, and if it is likely that a crime has been committed, joint investigation involving the police child protection team will take place.
- f. Staff must be prepared to attend a strategy meeting and a case conference if required.
- g. Where the advice has not been to take action, teachers may be asked to monitor the child, keep a record of any further incidents giving cause for concern, and maintain a dialogue with, and offer continued support to, parents. The safeguarding lead will also be advised to keep in contact with the local child protection officer.
- h. Always be honest with parents and explain to them what you are doing and why. The Duty Senior or child protection officer can advise you on how to discuss sensitive issues with parents.

#### Procedure for reporting concerns (sexual)

- a. In cases where a child makes a disclosure of sexual abuse, or where there is strong suspicion of sexual abuse, the procedure is slightly different.
- b. Staff must keep a dated, written and signed record of what was said, or noticed, and report it to the safeguarding lead. These records may be used as evidence in court and therefore it is important they are accurate.
- c. It is important that staff do not try to investigate the matter themselves, or try to question a child for further information. This is a specialist task and is the responsibility of the Social Services Department, who work in conjunction with the police child protection team. Inappropriate



questioning, ie asking leading questions, can lead to vital evidence being inadmissible in court. It is also essential that, where a child's clothing may be used as evidence, it is not tampered with, and that any evidence, such as a child's drawing, is not discarded.

- d. The safeguarding lead must immediately report the concerns/incident to the child protection officer or the duty worker at the Social Services Department, who will decide what action to take, and will explain it in full. In this case, in order to protect the child, the safeguarding lead should not discuss the child's disclosure with the parents before reporting it, because it is possible one or other parent is involved.
- e. If a decision is made to investigate, a social worker will come and visit the safeguarding lead and relevant staff. The social worker will then want to talk the matter through in detail and explain the process of the investigation. If it is likely that a crime has been committed, the police child protection team will be called in to undertake a joint investigation. The safeguarding lead and relevant staff should be prepared to attend strategy meetings and a case conference if required.

### Confidentiality

It is important to remember that all information regarding issues to do with any forms of abuse must remain confidential to the safeguarding lead and staff immediately involved with the child. Recording should be factual and to the point, stating what was said or noticed, and clearly distinguishing between fact and opinion. Relevant information about the protection of children must be shared with the investigative agencies, but only on a "need to know" basis.

Please ensure that the child, in particular, and the family, in general, are treated with dignity. This can be a very trying time for the child and family, and also the staff concerned. Feelings will be upset at times. Make sure that you obtain support from your safeguarding lead or other professionals trained in this field.

### Conflict between a child's parents

In the absence of any legal enforcement to the contrary, the school will allow either parent access to their child. Should the school be made aware, in writing, of proceedings (not involving a court order, or similar) started by any child protection agency against a parent, the school will use its best endeavours to contact the other parent should the parent who is the subject of the proceedings arrive at school with the intention of collecting their child. However, it should be noted that the school does not have the legal right to prevent a parent who is not the subject of a court order, or similar, from collecting their own child.



## 5. Allegations against a member of staff

We expect the highest standards of behaviour from our staff both within the school and outside it to ensure that all children are safe. To achieve this, it is our policy to:

- a. create a safe environment at school; the safety and welfare of the children is always paramount.
- b. fulfil our responsibilities and duties towards children by working in partnership with parents (see Parents as Partners policy).
- c. conduct ourselves in a professional manner at all times.
- d. be conversant with the school's policies.
- e. be vigilant in health and safety matters, eg recording any bruises/marks a child has on arrival in their incident book (separate pages for each child to ensure confidentiality), and keep comprehensive and up-to-date records.
- f. report all children's accidents to parents, for their signature; where possible, any written account should be witnessed by a second staff member.
- g. identify training that will benefit staff-development.
- h. respect and protect adults' and children's rights.
- i. ensure all staff are suitable to work in the nursery by:
  - i. ensuring DBS clearance.
  - ii. taking up of references.
  - iii. holding regular supervision sessions.
  - iv. holding regular peer to peer observations.
  - v. providing adequate staff training.

The school's obligations are to:

- a. refer suspicions or allegations of child abuse against any member of staff to the RBKC Local Authority Designated Officer, Aqualma Daniel (adaniel@westminister.gov.uk).
- b. inform Ofsted as soon as reasonably practical, but within 14 days of an allegation being made.
- c. ensure that the member of staff against whom an allegation has been made is:
  - i. treated fairly and honestly and helped to understand the concerns and the processes involved.
  - ii. kept informed of the progress and outcome of any investigation and the implications for themselves, eg disciplinary or related processes.
  - iii. kept informed about events in the workplace if they have been suspended. Suspension does not need to be automatic. It should be considered in cases where:
    1. it is suspected that a child or children may be at risk of significant harm.



2. the police are investigating the allegation.
3. there are grounds for dismissal due to the nature of the allegation.
- iv. helped and supported if they return to work following suspension, in particular with any difficulties that might arise over contact with the child concerned if that child is still attending the setting.
- d. treat any allegation seriously and objectively with those concerned, keeping an open mind.

They should not:

- i. investigate or ask leading questions if seeking clarification.
- ii. make assumptions or offer alternative explanations.
- iii. promise confidentiality (reassure the affected staff member that the information will only be shared on a "need to know" basis).

They should:

- i. make a written record of the information given, including the time, date and place of the incident(s), persons present and what was said.
- ii. sign and date the written record.
- iii. ensure that the setting's procedures are followed.



## Appendix 1

### Child protection report

The following information must be included in reports concerning suspected child abuse, even if no further action is taken. Such reports are confidential and must be kept in locked files. Reports should be written as soon as possible after an incident but definitely within 24 hours. Write clear factual observations, not opinions, including:

1. Date and place of incident
2. Name of child
3. Name of parent/carer
4. Telephone number
5. Age
6. Gender
7. Siblings
8. School attended
9. Name of employee involved
10. Name of report writer
11. Date of report
12. What took place
13. Source of information (ie indirect or direct disclosure)
14. Observed behavioural concerns
15. Action taken
16. Have parents/carers been contacted?
17. When was the safeguarding lead contacted?
18. When was Social Services Department contacted and who was the contact?
19. Was anyone else contacted (eg Police, Doctor, etc)
20. Advice given
21. Any follow up actions with relevant staff of external agencies
22. Summing up

Careful records must be kept of all action taken concerning an incident; for example, time, date and name of duty social worker when reporting suspected child abuse. These records must be kept confidential.



## Appendix 2

Child protection specialists available for consultation in Kensington and Chelsea.

Note: this information is taken from <https://www.rbkc.gov.uk/lscp/information-professionals-and-volunteers/contacts-safeguarding-kensington-and-chelsea>, which should always be consulted in preference to what appears below:

**Kensington and Chelsea Duty Line** – Tel: 020 7361 3013 (Out of hours – 020 7361 3013)  
For case consultations or Local Authority Designated Officer referrals, please contact the following:  
Sarah Stalker (Child Exploitation Lead)  
Family Support and Child Protection Adviser (Monday/Tuesday and Wednesday only)  
Telephone: 020 7598 4640  
Mobile: 07971 322 482  
Email: sarah.stalker@rbkc.gov.uk

**PrabhaVashee**  
Family Support and Child Protection Adviser  
Mobile: 07890 380 253  
Email: pvashee@westminster.gov.uk

**Sharon Aggor**  
Family Support and Child Protection Adviser  
Mobile: 07929 822 284  
Email: angela.clayton@rbkc.gov.uk

**Sarah Mangold**  
Interim Service Manager for Safeguarding, Bi-Borough  
Mobile: 07984 016 841  
Email: sharon.aggor@rbkc.gov.uk

**For LADO consultations and referrals please contact the duty Child Protection Adviser on:**  
Telephone: 020 7361 3013  
Email: KCLADO.Enquiries@rbkc.gov.uk

### **Safeguarding and Child Protection Training, Consultation and Advice for Schools and Education**

**Di Donaldson**  
Safeguarding Lead for Schools and Education  
Telephone: 07890 397 061  
Email: di.donaldson@rbkc.gov.uk

**Tri-borough FGM**  
Rochelle-Ann Naidoo  
Tri-borough Senior Practitioner  
Telephone: 020 7641 1610  
Email: rnaidoo@westminster.gov.uk

**Bi-borough PREVENT**  
Contact the local team on:

Telephone: 020 8753 5727  
Email: prevent@lbhf.gov.uk

### **Tri-borough Multi-Agency Safeguarding Hub (MASH)**

Karen Duncan  
Tri-borough MASH Business Support Officer  
Telephone: 020 7641 3991  
Email: kduncan1@westminster.gov.uk

### **Bi-Borough Admissions and Access to Education (Children Missing Education, Child Employment and Elective Home Education enquiries)**

Wendy Anthony  
Bi-Borough Head of Admissions and Access to Education  
Telephone: 020 7745 6440  
Email: wendy.anthony@rbkc.gov.uk

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In an emergency call the police on 999