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## **POLICY AND PROCEDURES ON CHILD PROTECTION AND SAFEGUARDING (Promoting and safeguarding the welfare of children)**

This School Policy should be read in conjunction with the following policies and procedures:

- Safe Recruitment of staff policy
- Out of hours Babysitting policy
- Use of electronic material policy (mobile phones and Digital photography)
- Allegations of abuse against staff (see 8. Below)
- Whistleblowing (see Staff Handbook)
- Use of Social Networking Sites

*The protection of children in its care is paramount to l' Ecole du Parc<sup>1</sup>. Teachers and support staff are in a unique position to identify children who suffer abuse or neglect, and training to recognise the signs of abuse or neglect is therefore crucial. The protection naturally concerns the physical and emotional welfare of the children during school activities as well as in their home setting.*

1.

**Safeguarding Designated Officer: Elisa Sicking-Bressler**

**Safeguarding Designated Deputy: Eva Toth**

The school has a designated Safeguarding Designated Officer and one deputy, who are responsible for insuring that staff members are confident with child protection issues and with the procedure to follow. They are also responsible for liaising with child protection agencies if need be.

2. **Types and signs of child abuse.**

Staff members are asked to become familiar with the four types and signs of abuse or neglect (see below)

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<sup>1</sup> Sequoia Organisation Ltd. t/a Ecole du Parc

### 3. What to do if a staff member suspects child abuse

In accordance with the Wandsworth Area Child Protection procedures, all staff members at l'Ecole du Parc **must immediately report any case of suspected child abuse or neglect to the Designated Person (see procedure below)**

### 4. Training of staff

Regular training sessions are intended to provide detailed information on signs of abuse or neglect, the procedure staff must adopt when they suspect abuse or neglect and how to assist a child when the abuse/neglect is confirmed. Additionally, regular staff discussions on the welfare of each child at school are designed to ensure that staff members remain vigilant.

### 5. Communication to parents and confidentiality

l'Ecole du Parc's policy is to be open and honest with parents of children's in its care. This also applies in suspected cases of child abuse or neglect except, of course, where this may affect the safety of the child concerned. All discussions with parents remain confidential. Parents are made aware about l'Ecole du Parc's child protection policy and procedures when a child is registered at the school, and they have access to these anytime they wish.

#### Working with parents

We will explain the setting's complaints procedure to parents and provide them with the Early Years Complaints Helpline on 0845 601 4772, to contact if they are not satisfied with our own complaints procedure.

We acknowledge that parenting can be challenging. We believe that parents themselves require and deserve support. We believe that asking for help should be seen as a sign of responsibility rather than as parenting failure.

#### Parent Consultation

If we have concerns we will:

- Wherever possible, discuss with parents unless this is likely to place the child at risk of significant harm through delay or the parent's actions. This discussion should include information that the concerns may (or will) need to be referred to Referral and Assessment Services.
- ask parents for explanations of suspicious injury, behaviour or child's allegation. We will make a written record of this meeting. We will be open and honest, telling parents the reasons for our concerns. We will explain our duty to report our concerns to Wandsworth Children's Specialist Services.
- try to obtain parental agreement for a referral to Wandsworth Children's Services unless seeking agreement is likely to place the child at risk of significant harm through delay or the parent's actions. We understand that the issue of parental permission can be misguided and misleading if there are significant child protection concerns.
- If the parent refuses to give permission for the referral, we will seek further advice from Wandsworth Early Years advisors or Children's Specialist Services Duty manager and the outcome fully recorded.
- If we decide not to seek parental permission before making a referral the decision must be recorded in the child's file with reasons, dated and signed and confirmed in the referral to Children's Specialist Services.

A child protection referral from a professional cannot be treated as anonymous unless there are exceptional circumstances, so the parent will in all likelihood be told or become aware of the identity of the referrer. The parent will be contacted to inform her/him that, after considering their wishes, a referral has been made.

We understand and will ensure that any concerns are kept confidential and that information and details are shared only with professionals directly involved with the child.

## **6. Diversity**

We understand that parenting and childrearing styles can vary according to class, age, race, ethnicity, culture and/or religion. We believe that all parents have the right to raise their children according to their family traditions. However, all children have the right to protection and no parent has the right to abuse their children regardless of their background or circumstances.

Working in a multiracial and multi-cultural society we, as professionals, are committed to equality in meeting the needs of children and families and we acknowledge the need for us to understand the effects of racism as well as cultural and religious misunderstanding or misinterpretation.

Anxiety about being accused of racist practice will not prevent the necessary action being taken to safeguard and promote a child's welfare.

Race, cultural and religious factors will not be regarded as acceptable explanations for child abuse or neglect and are not acceptable grounds for inaction when a child is at risk or significant harm.

## **7. Recording**

Any suspicions of abuse or neglect must be recorded in a Child Protection Register, together with the action taken and one of the three outcomes of investigations (No Further Action, Monitoring period, and referral to Social Care). These records are confidential but can be consulted by the child's parent and by child protection agencies.

An "incident at home" book enables the staff to record incidents at home signed and dated by parents. This forms part of a wider child protection strategy to remain vigilant at all times.

## **8. Allegations of abuse against staff**

All allegations of abuse against staff are taken very seriously and should be directed to Elisa Sicking-Bressler in person, or in writing. The employer has a dual responsibility: to safeguard the children in the care of the school and to ensure staff are treated fairly. To that end, the staff who is facing an allegation of abuse will be immediately suspended with pay, pending the outcome of a thorough investigation. If a referral to social care is made, a strategy meeting will take place. The final decision regarding the staff employment will be informed by the child protection investigation (or criminal investigations)

**Ofsted must be notified within 14 days.**

**The LADO (Local Authority Designated Officer) will be immediately involved in all cases involving allegations against staff**

This policy is in line with the national law and guidance:

*Working Together to Safeguard Children 2010*

*What to do if you're worried a child is being abused 2006*

*London Children Protection Procedures 2010*

## CHILD PROTECTION PROCEDURE

**ALL STAFF ARE REQUIRED TO FOLLOW THE FOLLOWING PROCEDURE IF THEY ARE CONCERNED BY THE SAFETY OR THE WELFARE OF ANY CHILD. FAILURE TO ACT COULD PLACE THE CHILD IN DANGER**

### IF YOU SUSPECT CHILD ABUSE OR NEGLECT

Consider what you know, what you have seen and what has caused the concern

Listen to the child if he/she tells of abuse. Reassure them that they did the right thing to tell you. Never promise to keep a secret. Let them know that you will be telling Elisa/Eva as you have a duty to protect them. **Don't probe or interrogate the child, but write down what the child told you in their own words.**

**Discuss your concern urgently with Elisa, who is the Designated Safeguarding Officer, or, in her absence, with her Deputy, Eva Toth.**

They will review the concerns, and might consult other staff members. They will advise on what actions to take next. The possible actions are: "No further action"; "monitoring period" for a maximum of 3 weeks or "Referral" to Social Care.

In the case of an immediate referral, Elisa/ Eva will lead the referral process.

Unless consulting the parents is likely to place the child at risk of significant harm:

- We will speak to the parents to explain the reasons for concern, and to seek explanations for concerns. Parental consent for a referral is not necessary.
- We will explain their duty to report the concern and try to get parental agreement for a referral to Wandsworth Referral and Assessment.
- If the parent/carer refuses to give permission for the referral, and if a referral is necessary to secure the child's safety, **a referral can be made without consent.**

In any of the three outcomes mentioned above (including "no further action"), the school will keep a written record of all concerns, discussions with parents and with child, with OFSTED and all involved agencies. When the action taken is "monitoring period" or "referral", the teacher must make daily cases notes until further notice.

### RECOGNISING CHILD ABUSE

**(SAFEGUARDING CHILDREN / POLICY AND GUIDANCE FOR WANDSWORTH EARLY YEARS PROVIDERS / Revised 2013 edition)**

**What is child abuse and neglect?**

Child abuse and neglect are forms of maltreatment of children including serious physical and sexual assaults as well as cases where the standard of care does not adequately support the child's health or development. Children can be abused through the infliction of harm, or through failure to act to prevent harm.

- Abuse and neglect can affect children of any age, class or family background
- Children may be abused within their family, a setting, an institution or in the community.
- Children are abused by people known to them, or more rarely, by a stranger.
- Children can be abused by an adult or adults or another child or children.
- Children may show signs of being abused in different ways – physically, emotionally, behaviorally or they may tell you directly.

The four main categories of child abuse are:

- Physical Abuse
- Emotional Abuse
- Sexual Abuse
- Neglect

However, abused children can suffer from more than one type of abuse.

The following definitions and indicators of abuse are taken from Working Together to Safeguard Children 2010 and the Wandsworth Safeguarding Children Board London Child Protection Procedures. The indicators described below are frequently found in cases of child abuse. Their presence is not proof that abuse has occurred, but:

- Must be regarded as indicators of the possibility of significant harm
- Indicates a need for careful assessment and discussion with the agency's nominated child protection person.
- May require consultation with and/or referral to Children's Social Care.
- The absence of such indicators does not mean that abuse or neglect has not occurred.

#### **GENERAL RISK INDICATORS**

- In an abusive relationship the child may:
  - Appear frightened of the parent/s
  - Act in a way that is inappropriate to her/his age and development
- The parent may:
  - Persistently avoid routine child health services and/or treatment when the child is ill
  - Have unrealistic expectations of the child
  - Frequently complain about/to the child and may fail to provide attention or praise (high criticism / low warmth environment)
  - Be absent or leave the child with inappropriate carer/s
  - Have mental health problems which they do not appear to be managing
  - Be misusing substances
  - Persistently refuse to allow access on home visits
  - Persistently avoid contact, delay the start or continuation of treatment;
  - Be involved in domestic violence;
  - Fail to ensure the child receives an appropriate education.
  - Professionals should be aware of the potential risk to children when individuals, previously known or suspected to have abused children, move into the household.

## PHYSICAL ABUSE

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

The following are often regarded as indicators of concern:

- An explanation which is inconsistent with an injury
- Several different explanations provided for an injury
- Unexplained delay in seeking treatment
- The parent/s are uninterested or undisturbed by an accident or injury
- Parents are absent without good reason when their child is presented for treatment
- Repeated presentation of minor injuries (which may represent a 'cry for help' and if ignored could lead to a more serious injury)
- Family use of different doctors and accident & emergency departments
- Reluctance to give information or mention previous injuries.

The following must be considered as indicators of harm unless there is evidence or an adequate explanation provided. Only a paediatric view around such explanations will be sufficient to dispel concerns listed below:

- Any bruising to a pre-crawling or pre-walking baby
- Bruising in or around the mouth, particularly in small babies (may be force feeding)
- Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive)
- Repeated or multiple bruising on head or on sites unlikely to be injured accidentally
- Variation in colour possibly indicating injuries caused at different times
- The outline of an object used e.g. belt marks, hand prints or a hair brush
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting, 'Bruising around the face', Bruising on the arms, buttocks and thighs may be an indicator of sexual abuse
- Grasp marks on small children
- Bite marks: Human bite marks are oval or crescent shaped. Those over 3cm in diameter are more likely to have been caused by an adult or older child.
- Burns and Scalds with a clear outline may be suspicious e.g.: Circular burns from cigarettes, Linear burns from hot metal rods, Scalds that have a line indicating immersion or poured liquid (a child getting into hot water of its own accord will struggle to get out and cause splash marks).
- Fractures: Non- mobile children rarely sustain fractures. There are grounds for concern if: The history provided is vague, non-existent or inconsistent with the fracture type; There are associated old fractures; Medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement There is an unexplained fracture in the first year of life
- Scars: A large number of scars or scars of different sizes or ages, or on different parts of the body, may suggest abuse.

## EMOTIONAL ABUSE

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development and may involve:

- Conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person
- Imposing developmentally inappropriate expectations children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction.
- Seeing or hearing the ill-treatment of another;

- Causing children to feel frightened or in danger e.g: witnessing domestic violence or experiencing bullying from siblings or peers.
- Exploiting or corrupting children.

Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Emotional abuse may be difficult to recognise, as the signs are usually behavioural rather than physical. The indicators of emotional abuse are often also associated with other forms of abuse. Professionals should be aware that emotional abuse might also indicate the presence of other kinds of abuse. The following may be indicators of emotional abuse:

- Developmental delay
- Abnormal attachment between a child and parent/carer, e.g. anxious, indiscriminate or no attachment
- Indiscriminate attachment or failure to attach
- Aggressive behaviour towards others
- Appeasing behaviour towards others
- Scapegoated within the family
- Frozen watchfulness, particularly in pre-school children
- Low self-esteem and lack of confidence
- Withdrawn or seen as a 'loner' – difficulty relating to others

## **SEXUAL ABUSE**

Sexual abuse involves forcing or enticing a child to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape, buggery, oral sex) or non-penetrative acts. Sexual abuse includes abuse of children through sexual exploitation. Penetrative sex where one of the partners is under the age of 16 is illegal, although prosecution of similar age, consenting partners is not usual. However, where a child is under the age of 13 it is classified as rape under s5 Sexual Offences Act 2003. Sexual abuse includes non-contact activities, such as involving children in looking at, or in the production of pornographic materials, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children..

Sexual abuse can be very difficult to recognise and reporting sexual abuse can be an extremely traumatic experience for a child. Therefore, both identification and disclosure rates are deceptively low. Boys and girls of all ages may be sexually abused and are frequently scared to say anything due to guilt and/or fear.

If a child makes an allegation of sexual abuse, it is very important that they are taken seriously. Allegations can often initially be indirect as the child tests the professional's response. There may be no physical signs and indications are likely to be emotional / behavioural.

Behavioural Indicators:

- Contact or non-contact sexually harmful behavior
- Sexually explicit behaviour, play or conversation, inappropriate for the child's age
- Anxious unwillingness to remove clothes for sports/swimming (but this may be related to cultural norms or physical difficulties).
- Parents may ask staff not to undress or change their child
- Continual, excessive or inappropriate masturbation
- Self harm (including eating disorder), self-mutilation or suicide attempts
- Involvement in sexual exploitation.

Physical Indicators:

- Pain or itching of genital area
- Bloodstains on underwear
- Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing.

Sex offenders have no common profile, and it is important for professionals to avoid attaching any significance to stereotypes around their background or behaviour. While media interest often focuses on 'stranger danger', research indicates that as much as 80 per cent of sexual offending occurs in the context of a known relationship, either family, acquaintance or colleague.

## 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 and development. Neglect may occur during pregnancy as a result of maternal substance abuse.

Neglect may involve a parent failing to:

- Provide adequate food and clothing
- Provide 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-taker
- Ensure access to appropriate medical care or treatment
- Meet or responsive to a child's basic emotional need to feel loved and secure.

Neglect is rarely an isolated incident. Evidence of neglect is built up over a period of time. Professionals should therefore compile a chronology and discuss concerns with any other agencies which may be involved with the family, to establish whether seemingly minor incidents are in fact part of a wider pattern of neglectful parenting.

When working in areas where poverty and deprivation are commonplace professionals may become desensitised to some of the indicators of neglect. These include:

- Failure by parents or carers to meet essential physical needs (e.g. adequate or appropriate food, clothes, warmth, hygiene and medical or dental care);
- Failure by parents or carers to meet essential emotional needs (e.g. to feel loved and valued, to live in a safe, predictable home environment);
- A child seen to be listless, apathetic and unresponsive with no apparent medical cause;
- Failure of child to grow within normal expected pattern, with accompanying weight loss;
- Child thrives away from home environment;
- Child frequently absent from school;
- Child left with inappropriate carers (e.g. too young, complete strangers);
- Child left with adults who are intoxicated or violent;
- Child abandoned or left alone for excessive periods.

Although neglect can be a consciously abusive act by a parent, it is rarely an act of deliberate cruelty. Neglect is usually defined as an omission of care by the child's parent, often due to their own unmet needs including domestic violence, mental health issues, learning disabilities, substance misuse, or social isolation / exclusion. While offering support and services to these parents, it is crucial that professionals maintain a clear focus on the needs of the child.

Potential risk to an unborn child

- Domestic violence or parental substance abuse or mental ill health.
- These concerns should be addressed as early as possible before the birth, so that a full assessment can be undertaken and support offered to enable the parent/s (wherever possible) to provide safe care.

**Wandsworth Early Years Safeguarding  
Information/  
Important numbers**

Allegations Against Staff  
LADO  
(Local Authority Designated Officer)  
0208 871 7208 lado@wandsworth.gov.uk

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Allegations Against Parents  
MASH  
Wandsworth Referral and Assessment  
0208 871 6622

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Early Years Safeguarding Lead - Susan Reid  
0208 871 8789 sreid@wandsworth.gov.uk

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