

6. 2021/22 Child Protection and Safeguarding Policy for North Hinksey Preschool and Childcare Clubs



Published September 2021 to be reviewed by August 2022

Date agreed and ratified by:
Proprietor/management team/committee

The policy must be reviewed and updated at least annually and/or following any updates to national and local guidance and procedures.

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| Key Personnel | Name (s) | Contact details |
|--|--|--|
| Designated Safeguarding Lead (DSL) | Ruth Vaughan | Nhps.manager1@gmail.com |
| Deputy DSL(s) | Linda Kitching | northhinkseyccclubs@gmail.com |
| Chair of committee | Stuart Dashwood | Nhps.chair@gmail.com |
| Nominated Safeguarding Committee member | As above | |
| Education Safeguarding Advisory Team / Local Authority Designated Officers (LADOs) | LADO Team Donna Crozier Sandra Barratt Lorna Berry Becky Langstone (ESAT) | 01865 810603 Lado.safeguardingchildren@oxfordshire.gov.uk |
| Linked Locality Community Support Service (LCSS) worker | Francesca Dhesi | Francesca.Dhesi@oxfordshire.gov.uk |
| Multi Agency Safeguarding Hub (MASH) | Katrina Johnson | 0345 050 7666 (office hours (8.30am – 5pm, Monday to Thursday, 8.30am – 4pm, Friday)) |
| Out of hours Emergency Duty Team (EDT) | | 0800 833 408 |
| Police | | 101 or in emergencies 999 |

Child protection and safeguarding policy

North Hinksey Preschool and Childcare Clubs (NHPCC) recognises its responsibility for safeguarding and child protection.

1. Introduction

This policy has been developed in accordance with the principles established by the Children Act 1989 and in line with the following:

- [Keeping Children Safe in Education 2021](#)
- [Working Together to Safeguard Children 2019](#)
- Oxfordshire Safeguarding Children Board (OSCB) guidelines
- [The Early Years Foundation Stage Statutory Framework](#)
- [What to do if you are worried a child is being abused](#)

At NHPCC our Management committee takes seriously its responsibility under Section 11 of the Children Act and duties under “Working Together to safeguard Children 2019” to safeguard and promote the welfare of children; to work together with other agencies to ensure adequate arrangements exist within our setting to identify and support those children who are suffering harm or are likely to suffer harm.

We recognise that all our staff have a full and active part to play in protecting our children from harm, and that the child’s welfare is our paramount concern.

Our setting should provide a safe, caring, positive and stimulating environment that promotes the social, physical and moral development of the individual child free from discrimination or bullying where children can learn and develop happily.

This policy applies to all our staff, management team/committee and volunteers working in our setting.

All staff will sign to confirm they have read and understood this policy

2. Policy Statement

We recognise our moral and statutory responsibility to safeguard and promote the welfare of all children.

We make every effort to provide a safe and welcoming environment underpinned by a culture of openness where both children and adults feel secure, able to talk and believe that they are being listened to.

We maintain an attitude of ‘it could happen here’ where safeguarding is concerned.

The purpose of this policy is to provide staff, volunteers and management team/committee with the framework they need to keep children safe and secure in our setting and to inform parents and guardians how we will safeguard their children whilst they are in our care.

3. Definitions

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Safeguarding and promoting the welfare of children is defined for the purposes of this guidance as:

- protecting children from maltreatment
- preventing impairment of children's **mental and physical health** or development
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
- taking action to enable all children to have the best outcomes.

Child protection is an aspect of safeguarding but is focused on how we respond to children who have been significantly harmed or are at risk of significant harm.

The term **Staff** applies to all those working for or on behalf of the setting, full time or part time, in either a paid or voluntary capacity. This also includes committee members and trustees.

Child refers to all young people who have not yet reached their 18th birthday. On the whole, this will apply to all children in our setting; however, the policy will extend to visiting children and students from other establishments.

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

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

DSL refers to Designated Safeguarding Lead

DDSL refers to Deputy Designated Safeguarding Lead

OSCB refers to Oxfordshire Safeguarding Children Board

LCSS refers to Locality Community Support Service

MASH refers to Multi Agency Safeguarding Hub

DO refers to the Designated Officer, also referred to as Local Authority Designated Officer (LADO)

Chair refers to the Chairperson of the management committee (amend as appropriate)

EYFS refers to the Statutory Framework for the Early Years Foundation Stage (2021)

4. The aims of these procedures are:

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- To provide staff with the framework to promote and safeguard the wellbeing of children and in so doing ensure they meet their statutory responsibilities.
- To ensure consistent good practice across the setting and ensure that safeguarding follows a whole setting approach.
- To demonstrate our commitment to protecting children.

5. Principles and Values

Children have a right to feel secure and cannot learn effectively unless they do so.

All children have a right to be protected from harm.

All staff have a key role in prevention of harm and an equal responsibility to act on any suspicion or disclosure that may indicate a child is at risk of harm, either in the setting or in the community, taking into account *contextual safeguarding*, in accordance with the guidance.

We acknowledge that working in partnership with other agencies protects children and reduces risk and so we will engage in partnership working throughout the child protection process to safeguard children.

Whilst the setting will work openly with parents as far as possible, it reserves the right to contact Children's Social Care or the police, without notifying parents if this is believed to be in the child's best interests.

We will always act in the best interests of the child and ensure that our decisions around safeguarding take a child centred approach.

6. Leadership and Management

We recognise that staff anxiety around child protection can compromise good practice and so have established clear lines of accountability, training and advice to support the process and individual staff within that process.

In this setting any individual can contact the Designated Safeguarding Lead (DSL) or the Deputy (DDSL) if they have concerns about a young person.

Our management team takes overall responsibility for safeguarding, ensuring the DSL and the DSL team are fulfilling their role.

There is a nominated safeguarding committee member, **Stuart Dashwood** who will take leadership responsibility for safeguarding. The Chair of the committee **Stuart Dashwood** will receive reports of allegations against the manager and act on the behalf of the committee.

As an employer we follow safer recruitment guidance as set out in KCSIE 2021.

7. Record Keeping

(As a setting you need to edit this section in line with your own recording keeping processes)

- Staff will record any welfare concerns that they have about a child in the... “Safeguarding individuals folder” and pass them without delay to the DSL. Records will be completed as soon as possible after the incident/event, using the child’s words and facts and will be signed and dated by the member of staff.
- All safeguarding concerns, discussions and decisions (and justifications for those decisions) will be recorded in writing. If members of staff are in any doubt about recording requirements, they should discuss their concerns with DSL.
- Incident/Welfare concern forms are kept in a locked filing cabinet in the office.
- Safeguarding records are kept for individual children and are maintained separately from all other records relating to the child in the setting. Safeguarding records are kept in accordance with General Data Protection Regulations (GDPR) and our own setting GDPR policy and are retained centrally and securely by the DSL. Safeguarding records are shared with staff on a ‘need to know’ basis only.
- All safeguarding records will be transferred in accordance with GDPR to the child’s subsequent setting/school, under confidential and separate cover. These will be given to the new DSL and a receipt of delivery will be obtained.
- Detailed guidance on Record Keeping is found in a separate document Record Keeping Guidance for Early Years Settings, schools and colleges
- The manager will be kept informed of any significant issues by the DSL, if they are not the DSL.

8. Confidentiality and Information Sharing

- **NHPCC** recognises that all matters relating to child protection are confidential. The Manager or DSL will only disclose information about a child to other members of staff on a ‘need to know’ basis.
- All members of staff must be aware that whilst they have duties to keep any information confidential, they also have a professional responsibility to share information with other agencies to safeguard children.
- All staff must be aware that they cannot promise a child to keep secrets which might compromise the child’s safety or wellbeing.
- There is a lawful basis for child protection concerns to be shared with agencies who have a statutory duty for child protection.

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- Governing bodies and proprietors should ensure relevant staff have due regard to the relevant data protection principles, which allow them to share (and withhold) personal information, as provided for in the Data Protection Act 2018 and the GDPR.
- DfE Guidance on Information Sharing (July 2018) provides further detail. <https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice>
- OSCB provides advice on the Seven Golden Rules of Information Sharing <https://www.oscb.org.uk/wp-content/uploads/2019/07/The-Seven-Golden-Rules-for-Info-Sharing.pdf>
- Gov.uk [Guidance to support schools with Data protection activity, including compliance with GDPR](#)

9. Training

All staff in our setting are expected to be aware of the signs and symptoms of abuse and must be able to respond appropriately.

Our DSL undergoes training to provide them with the knowledge and skills required to carry out their role. Our DSL and any members of our DSL team undergo their DSL training every 2 years through the OSCB to enable them to fulfil their role.

Training is provided for all staff to a generalist level every 3 years and regular updates around safeguarding are shared with staff regularly.

Separate training is provided to all new staff on appointment as part of their induction process.

Any update in national or local guidance will be shared with all staff in briefings and then captured in the next whole setting training. This policy will be updated during the year to reflect any changes brought about by new guidance.

10. Safeguarding Children with Special Educational Needs and Disabilities

NHPCC acknowledges that children with special educational needs (SEN) and disabilities can face additional safeguarding challenges as they may have an impaired capacity to resist or avoid abuse.

NHPCC will ensure that children with SEN and disabilities, specifically those with communication difficulties will be supported to ensure that their voice is heard and acted upon.

Staff are encouraged to be aware that children with SEN and disabilities can be disproportionately impacted by safeguarding concerns such as bullying. All staff will be encouraged to appropriately explore possible indicators of abuse such as behaviour/mood change or injuries and not to assume that they are related to the

child's disability and be aware that children with SEN and disabilities may not always outwardly display indicators of abuse.

11. Reporting and referring concerns

KCSIE 2021 states: "No single practitioner can have a full picture of a child's needs and circumstances. If children and families are to receive the right help at the right time, **everyone** who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.

In our setting we recognise the importance of sharing information and reporting concerns to help ensure children are protected.

The following procedures apply to all staff working in the setting and will be covered by training to enable staff to understand their role and responsibility.

The aim of our procedures is to provide a robust framework which enables staff to take appropriate action when they are concerned that a child is being harmed or is at risk of harm.

The prime concern at all stages must be the interests and safety of the child. Where there is a conflict of interest between the child and an adult, the interests of the child must be paramount.

All staff are aware that very young children including those with disabilities, special needs or with language delay may be more likely to communicate concerns with behaviours rather than words. Additionally, staff will question the cause of knocks and bumps in children who have limited mobility which will include children visiting the site as well as those who are children on roll.

If a member of staff suspects abuse, spots signs or indicators of abuse, mental health concerns or they have a disclosure of abuse made to them they must:

1. Make an initial record of the information [clarify if your setting records this on paper or computer based]
2. Report it to the DSL immediately.
3. The DSL will consider if there is a requirement for immediate medical intervention. However urgent medical attention should not be delayed if the DSL is not immediately available.
4. Make an accurate factual record as soon as possible and within 24 hours of the occurrence, of all that has happened, including details of:
 - Dates and times of their observations
 - Dates and times of any discussions in which they were involved
 - Any injuries

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- Explanations given by the child / adult
- What action was taken
- Any actual words or phrases used by the child
- Any questions the staff member asked (remembering not to ask any leading questions)

The records must be signed and dated by the author (or equivalent on electronic based records).

5. In the absence of the DSL or their Deputy, be prepared to refer directly to Children's Social Care via MASH (or EDT if out of MASH hours) and the police if appropriate if there is the potential for immediate significant harm or carry out a no names consultation with LCSS if appropriate.

Following a report of concerns the DSL must:

1. Decide whether there are sufficient grounds for suspecting significant harm, in which case a referral must be made to Children's Social Care via MASH (or EDT if out of MASH hours) and the police if it is appropriate. The rationale for this decision should be recorded by the DSL.
2. Normally the setting should try to discuss any concerns about a child's welfare with the family and where possible to seek their agreement before making a referral to Children's Social Care. However, in accordance with DfE guidance, this should only be done when it will not place the child at increased risk or could impact a police investigation. Where there are doubts or reservations about involving the child's family, the DSL should clarify with Children's Social Care or the police whether the parents should be told about the referral and, if so, when and by whom. This is important in cases where the police may need to conduct a criminal investigation. The child's views should also be taken into account.
3. If there are grounds to suspect a child is suffering, or is likely to suffer, significant harm the DSL (or Deputy) must contact Children's Social Care via MASH, sharing:
 - i. the known facts
 - ii. any suspicions or allegations
 - iii. whether or not there has been any contact with the child's family.

The MASH can be contacted by phone on **0345 050 7666** during office hours (8.30am – 5pm, Monday to Thursday, 8.30am – 4pm, Friday)

Outside office hours call the Emergency Duty Team on **0800 833 408**

4. If a child is in immediate danger and urgent protective action is required, the police must be called. The DSL/DDSL must then notify Children's Social Care of the occurrence and what action has been taken.
5. When a child needs *urgent* medical attention and there is suspicion of parental abuse causing the medical need, the DSL or their Deputy should seek

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immediate advice from the MASH about informing the parents, remembering that parents should normally be informed if a child requires urgent hospital attention. However, as in all cases if it is felt this could put the child more at risk then all action should be taken in the best interests of the child.

6. If there is not considered to be a risk of significant harm, the DSL will either actively monitor the situation, consider the Early Help process or contact the LCSS for a no names consultation.

All contact details are in ANNEX 8

12. Multi-agency Working

NHPOCC recognises and is committed to its responsibility to work with other professionals and agencies in line with statutory guidance.

Settings are not the investigating agency when there are child protection concerns. We will however contribute to the investigation and assessment processes as required. **NHPCC** recognises the importance of multi-agency working and will support attendance at relevant safeguarding meetings, including Child Protection Conferences, Core Groups, Strategy Meetings, Child in Need meetings or other early help multi-agency meetings.

- The Setting Leadership Team and DSL will work to establish strong and co-operative relationships with relevant professionals in other agencies.

13. Safer Recruitment

- **NHPCC** is committed to ensure that develop a safe culture and that all steps are taken to recruit staff and volunteers who are safe to work with our children and staff.
- The committee and Leadership Team are responsible for ensuring that the setting follows safe recruitment processes outlined within guidance.
- **NHPCC** is responsible for ensuring that the setting maintains an accurate Central Record in line with statutory guidance.
- The committee will ensure that there is at least one of the persons who conducts an interview, has completed safer recruitment training.
- **NHPCC** is committed to supporting the statutory guidance from the Department for Education on the application of the Childcare (Disqualification) Regulations 2009 and related obligations under the Childcare Act 2006 in settings.
- We advise all staff to disclose any reason that may affect their suitability to work with children including convictions, cautions, court orders, cautions, reprimands and warnings.

14. Allegations against staff or volunteers

This procedure should be used in all cases in which it is alleged a member of staff or volunteer in a setting, or another adult who works with children has:

- **behaved in a way that has harmed a child, or may have harmed a child**
- **possibly committed a criminal offence against or related to a child; or**
- **behaved towards a child or children in a way that indicates he or she would pose a risk of harm to children**
- **behaved or may have behaved in a way that indicates they may not be suitable to work with children**

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

- Report any concerns about the conduct of any member of staff or volunteer to the manager as soon as possible.
- If an allegation is made against the manager, the concerns need to be raised with the Proprietor / Chair as soon as possible. If the Proprietor / Chair is not available, then the Designated Officer for Oxfordshire should be contacted directly.
- Where settings are not the employer of supply staff, they should ensure allegations are dealt with properly. In no circumstances should a setting decide to cease to use a supply staff due to safeguarding concerns, without finding out the facts and liaising with the local authority designated officer team (LADO) to determine a suitable outcome. Further information can be found in KCSiE 2021
- There may be situations when the Manager or Proprietor / Chair will want to involve the police immediately, if the person is deemed to be an immediate risk to children or there is evidence of a possible criminal offence.
- Once an allegation has been received by the Manager/ Chair they will contact the LADO on 01865 810603 or lado.safeguardingchildren@oxfordshire.gov.uk as soon as possible **and before** carrying out any investigation into the allegation other than preliminary enquiries.

In liaison with the LADO, the setting will determine how to proceed and if necessary, a referral will be made to the MASH and/or the police.

The named Designated Officer (LADO) for Oxfordshire County Council is currently staffed by Donna Crozier, Sandra Barratt and Lorna Berry.

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The team will assess the information provided and advise on next steps, in line with KCSIE 2021 part 4, and Oxfordshire County Council's Designated Officers local procedures.

The setting will also contact the LADO team for advice where they have concerns about an adult working or volunteering with children which does not meet the harms threshold as stated above.

15. Whistleblowing in a Safeguarding Context

While the setting has a separate whistleblowing policy, this is a summary that outlines the process when there is a concern that safeguarding issues have not been reported or followed correctly.

This does not replace the whistleblowing policy and should be read in conjunction with the setting policy.

Whistleblowing is a term that is used when staff want to report a concern within their organisation that involves their manager or a person senior to them in the organisation which may prevent them from following the normal reporting systems.

There are a limited number of areas that can be called Whistleblowing, and the policy protects staff from being punished for raising concerns.

Within NHPCC, Ruth Vaughan is the senior manager and responsible for all staff. If you are concerned that any member of staff within the setting is not following safeguarding processes or behaving in a way that is placing children at risk, you should in the first place make the manager aware.

If your concern is about the manager, you should raise this with Stuart Dashwood nhps.chair@gmail.com

If you would prefer to raise your concerns outside of the setting, then you are able to contact the NSPCC whistleblowing line on 0800 028 0285 or email help@nspcc.org.uk for national organisations, OFSTED or contact Oxfordshire County Council.

If you believe that a member of the setting staff is harming a child (an allegation) and this has been reported to the manager and no / insufficient action has been taken, or the member of staff you have concerns about is the manager, then you are able to contact the Designated Officers team (LADO) on 01865 810603 or email lado.safeguardingchildren@oxfordshire.gov.uk

If you believe that a child is being abused by individuals outside the setting, you can make a referral to Children's Social Care by calling the MASH on: **0345 050 7666** (office hours) or **0800 833 408** (outside of office hours)

Further guidance for staff can be accessed through [https://www.gov.uk/government/publications/what-to-do-if-youre-worried-a-](https://www.gov.uk/government/publications/what-to-do-if-youre-worried-a)

[child-is-being-abused--2](#) and through the NSPCC website <https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/>

16. Preventing radicalisation

All our staff will undergo online Prevent Awareness training to support start in identifying radicalisation and understanding what steps they need to take to protect the children and families in our setting.

This offers an introduction to the Prevent duty and explains how it aims to safeguard vulnerable people from being radicalised to supporting terrorism or becoming terrorists themselves.

<http://www.elearning.prevent.homeoffice.gov.uk> All staff should complete this training.

Prevent Referrals

This package builds on the Prevent awareness eLearning training. It is designed to make sure that when we share a concern that a vulnerable individual may be being radicalised, that the referral is robust, informed and with good intention, and that the response to that concern is considered, and proportionate.

<https://www.elearning.prevent.homeoffice.gov.uk/preventreferrals>

Channel Awareness

This training package is for anyone who may be asked to contribute to, sit on, or even run a Channel Panel. It is aimed at all levels, from a professional asked to input and attend for the first time, to a member of staff new to their role and organising a panel meeting.

<https://www.elearning.prevent.homeoffice.gov.uk/channelawareness>

OSCB guidance on PREVENT <https://www.oscb.org.uk/safeguarding-themes/prevent/>

17. Related Safeguarding Policies

This policy should be read in conjunction with the policies as listed below:

- Behaviour Management, linked to the Use of Physical Intervention
- Online Safety and Social Media
- Use of mobile phones and cameras
- Anti-Bullying
- Data Protection and Information Sharing
- Image Use

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- Personal and Intimate Care
- Health and Safety
- Attendance
- Risk Assessments (e.g. trips, Use of technology)
- First Aid and Accidents
- Administering Medicines
- Staff Code of Conduct
- Safer Recruitment
- Whistleblowing
- Complaints
- Food Hygiene
- Emergency Evacuation and lockdown
- Missing child
- Uncollected child

18. Policy review

As a setting, we review this policy at least annually in line with DfE, OSCB and OCC requirements and other relevant statutory guidance.

Date approved by committee: 13/09/2021

Date reviewed by committee: 13/09/2021

Annex 1

Roles and Responsibilities within (Name of) Setting.

1) Staff Responsibilities

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

- Establish and maintain an environment where children feel secure, are encouraged to talk, and are listened to.

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- Ensure children know that there are adults in the setting who they can approach if they are worried or have concerns.
- Plan opportunities within the curriculum for children to develop the skills they need to recognise, assess and manage risk appropriately and keep themselves safe.
- Attend training to be aware of and alert to the signs of abuse.
- Maintain an attitude of “it could happen here” with regards to safeguarding.
- Record their concerns if they are worried that a child is being abused and report these to the DSL as soon as practical that day. If the DSL is not contactable immediately a DDSL should be informed.
- Be prepared to refer directly to Social Care, and the police if appropriate, if there is a risk of significant harm and the DSL or DDSL is not available.
- Follow the allegations procedures, as set out in this policy and KCSIE 2020, if the disclosure is an allegation against a member of staff.
- Follow the procedures set out by the Oxfordshire Safeguarding Children Board (OSCB) and take account of guidance issued by the DfE.
- Support children in line with their child protection plan.
- Treat information with confidentiality but never promising to ‘keep a secret’.
- Notify the DSL or DDSL of any child on a child protection plan or child in need plan who has unexplained absence.
- Have an understanding of Early Help and be prepared to identify and support children who may benefit from early help.
- Liaise with other agencies that support children and provide early help.
- Ensure they know who the DSL and DDSL are and know how to contact them.
- Have an awareness of the Child Protection Policy, the Behaviour Policy, the Staff Behaviour Policy (or Code of Conduct), procedures relating to the safeguarding response for children who go missing from education and the role of the DSL.
- Have an awareness of Mental Health problems and how in some cases an indicator of the child being at risk of harm.

2) Senior Management Team responsibilities:

- Contribute to inter-agency working in line with Working Together to Safeguard Children 2019 guidance.
- Provide a co-ordinated offer of early help when additional needs of children are identified.
- Ensure staff are alert to the various factors that can increase the need for early help as written in KCSIE 2020
- Working with Children’s Social Care, support their assessment and planning processes including the setting’s attendance at conference and core group meetings and the contribution of written reports for these meetings.
- Carry out tasks delegated by the Proprietor/Management team / committee such as training of staff, safer recruitment and maintaining a central register.
- Provide support and advice on all matters pertaining to safeguarding and child protection to all staff, regardless of their position within the setting.
- Treat any information shared by staff or children with respect and follow agreed policies and procedures.

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- Ensure that allegations or concerns against staff are dealt with in accordance with guidance from Department for Education (DfE) and the OSCB procedures.

3) Committee responsibilities:

- Ensure the setting has effective safeguarding policies and procedures including a Child Protection Policy, a Staff Behaviour Policy or Code of Conduct, a Behaviour Policy and a written response to children who go missing from education.
- Ensure OSCB is informed in line with local requirements about the discharge of duties via the Annual Safeguarding Early Years Self-Assessment which should be completed and returned to the Early Years Team when requested (see Early Education Funding Terms and Conditions).
- Ensure recruitment, selection and induction follows safer recruitment practice including all appropriate checks.
- Ensure allegations against staff are dealt with by the Manager. Allegations against the Manager are dealt with by the Chair/ Proprietor.
- Ensure a member of the Senior Leadership Team is appointed as Designated Safeguarding Lead and has this recorded in their job description.
- Ensure staff have been trained appropriately and this is updated in line with guidance.
- Ensure any safeguarding deficiencies or weaknesses are remedied without delay.
- Ensure a nominated committee member for safeguarding is identified.
- Ensure that children are taught about safeguarding, including online safety, in an age-appropriate way.
- Ensure they facilitate a whole setting approach to safeguarding. This means ensuring safeguarding and child protection are at the forefront and underpin all relevant aspects of process and policy development. Ultimately, all systems, processes and policies should operate with the best interests of the child at their heart.
- Ensure that, as part of the requirement for staff to undergo regular updated safeguarding training, including online safety and the requirement to ensure children are taught about safeguarding, is integrated, aligned, and considered as part of the whole school or college safeguarding approach and wider staff training and curriculum planning.
- Ensure where governing bodies or proprietors hire or rent out setting facilities/premises to organisations or individuals (for example to community groups, sports associations, and service providers to run community or extra-curricular activities) they should ensure that appropriate arrangements are in place to keep children safe.

4) DSL responsibilities *(to be read in conjunction with DSL role description in KCSiE)*

In addition to the role of all staff and the senior management team, the DSL will:

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- Refer cases to MASH, and the police where appropriate, in a timely manner avoiding any delay that could place the child at more risk.
- Assist the Proprietor/Management team/committee in fulfilling its safeguarding responsibilities set out in legislation and statutory guidance.
- Attend appropriate training and demonstrate evidence of continuing professional development to carry out the role.
- Ensure every member of staff knows who the DSL and the DDSL are, have an awareness of the DSL role and know how to contact them.
- Ensure all staff and volunteers understand their responsibilities in being alert to the signs of abuse and responsibility for referring any concerns about a child to the DSL and concerns about an adult to the Manager.
- Ensure whole setting training occurs regularly, with at least annual updates so that staff and volunteers can fulfil their responsibilities knowledgeably.
- Ensure any members of staff joining the setting outside the agreed training schedule receive induction prior to commencement of their duties.
- Keep records of child protection concerns securely and separately from the main child file and use these records to assess the likelihood of risk.
- Ensure that safeguarding records are transferred accordingly (separate from child files) and in a timely fashion when a child transfers setting.
- Ensure that, where a child transfers setting and is on a child protection plan or is a Child We Care For, their information is passed to the new setting immediately and that the child's social worker is informed. Consideration is given to a transition meeting prior to moving if the case is complex or on-going.
- Be aware of the training opportunities and information provided by OSCB to ensure staff are aware of the latest local guidance on safeguarding
- Develop, implement and review procedures in the setting that enable the identification and reporting of all cases, or suspected cases, of abuse.
- Meet any other expectations set out for DSLs in KCSiE 2021.
- Help promote educational outcomes, understand their academic progress and attainment, and maintain a culture of high aspirations for these children where safeguarding and welfare has been an issue; supporting teaching staff to identify the challenges that children in this group might face and the additional academic support and adjustments that they could make to best support these children.
- Work alongside and liaise with the Three Safeguarding Partners in line with Working together to Safeguard Children and NPCC. [When to call the police guidance](#)

ANNEX 2

Dealing with disclosures

All staff should ensure:

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

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other children safe. The degree of confidentiality should always be governed by the need to protect the child.

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

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

Guiding principles, the seven R's

Receive

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

Reassure

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

Respond

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

Report

- Share concerns with the DSL as soon as possible by
.....

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- If you are not able to contact your DSL or the Deputy, and the child is at risk of immediate harm, contact the children's services department directly

Record

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

Remember

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

Review processes (led by DSL)

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

Annex 3

Abuse and neglect

Knowing what to look for is vital to the early identification of abuse and neglect. **All** staff should be aware of indicators of abuse and neglect so that they are able to identify cases of children who may be in need of help or protection. If staff are unsure, they should **always** speak to the designated safeguarding lead (or deputy).

All setting staff should be aware that abuse, neglect and safeguarding

issues are rarely stand-alone events that can be covered by one definition or label. In most cases, multiple issues will overlap with one another.

Definitions and Indicators of abuse and neglect

Abuse: a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults or by another child or children.

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

Indicators of physical abuse / factors that should increase concern

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

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

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

You should be concerned if the child or young person:

- is reluctant to have parents/carers contacted
- runs away or shows fear of going home

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- is aggressive towards themselves or others
- flinches when approached or touched
- is reluctant to undress to change clothing for sport
- wears long sleeves during hot weather
- is unnaturally compliant in the presence of parents/carers.
- has a fear of medical help or attention
- admits to a punishment that appears excessive.

Link to OSCB guidance on physical abuse <https://www.oscb.org.uk/safeguarding-themes/physical-abuse/>

Emotional abuse: the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability as well as overprotection and limitation of exploration and learning or preventing the child from participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

Indicators of emotional abuse

Developmental issues

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

Behaviour

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

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- Arriving early at setting, leaving late

Social issues

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

Emotional responses

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

Most harm is produced in *low warmth, high criticism* homes, not from single incidents.

Emotional abuse is difficult to define, identify/recognise and/or prove.

Emotional abuse is chronic and cumulative and has a long-term impact.

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

Link to OSCB guidance on emotional abuse <https://www.oscb.org.uk/safeguarding-themes/emotional-abuse/>

Link to OSCB guidance on Domestic Abuse <https://www.oscb.org.uk/safeguarding-themes/domestic-abuse/>

Sexual abuse: involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children. The sexual abuse of children by other children is a specific safeguarding issue in education see ANNEX 4.

Characteristics of child sexual abuse:

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

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

Indicators of sexual abuse

Physical observations

- Damage to genitalia, anus or mouth
- Sexually transmitted diseases
- Unexpected pregnancy, especially in very young girls
- Soreness in genital area, anus or mouth and other medical problems such as chronic itching
- Unexplained recurrent urinary tract infections and discharges or abdominal pain

Behavioural observations

- Sexual knowledge inappropriate for age
- Sexualised behaviour or affection inappropriate for age
- Sexually provocative behaviour/promiscuity
- Hinting at sexual activity
- Inexplicable decline in setting performance
- Depression or other sudden apparent changes in personality as becoming insecure or clinging
- Lack of concentration, restlessness, aimlessness
- Socially isolated or withdrawn
- Overly compliant behaviour
- Acting out, aggressive behaviour
- Poor trust or fear concerning significant adults
- Regressive behaviour,
- Onset of wetting, by day or night; nightmares
- Onset of insecure, clinging behaviour
- Arriving early at setting, leaving late, running away from home
- Suicide attempts, self-mutilation, self-disgust
- Suddenly drawing sexually explicit pictures
- Eating disorders or sudden loss of appetite or compulsive eating
- Regressing to younger behaviour patterns such as thumb sucking or bringing out discarded cuddly toys
- Become worried about clothing being removed

Link to OSCB guidance on sexual abuse <https://www.oscb.org.uk/safeguarding-themes/sexual-abuse/>

Neglect: the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development.

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Neglect may occur during pregnancy, for example, as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: provide adequate food, clothing and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate caregivers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

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

- frequently going hungry
- frequently having to go to setting in dirty clothes
- regularly having to look after themselves because of parents being away or having problems such as drug or alcohol misuse
- being abandoned or deserted
- living at home in dangerous physical conditions
- not being taken to the doctor when ill
- not receiving dental care.

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

Neglect is often noticed at a stage when it does not pose a risk to the child. The duty to safeguard and promote the welfare of children (*What to do if You're Worried a Child is Being Abused* DfE 2015) would suggest that an appropriate intervention or conversation at this early stage can address the issue and prevent a child continuing to suffer until it reaches a point when they are at risk of harm or in significant need.

Link to the OSCBB guidance on Neglect : <http://www.oscb.org.uk/safeguarding-themes/neglect/> the OSCB have also created a neglect toolkit: <https://www.oscb.org.uk/wp-content/uploads/2019/07/Child-care-and-development-checklist-neglect-toolkit-2019-update.docx>

Neglect is often linked to other forms of abuse, so any concerns setting staff have should at least be discussed with the DSL.

Indicators of neglect

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

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Physical indicators of neglect

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

Behavioural indicators of neglect

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

ANNEX 4

Peer on peer abuse

All staff should be aware that children can abuse other children (often referred to as peer-on-peer abuse). This is most likely to include, but may not be limited to:

- bullying (including cyberbullying)
- physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise
- causing physical harm
- sexual violence, such as rape, assault by penetration and sexual assault
- sexual harassment, such as sexual comments, remarks, jokes and online sexual harassment, which may be stand-alone or part of a broader pattern of abuse
- up skirting, which typically involves taking a picture under a person's clothing without them knowing, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm
- sexting (also known as youth produced sexual imagery); and
- initiation/hazing type violence and rituals.

All staff should be clear as to the setting's policy and procedures with regards to peer-on-peer abuse. Our setting uses the OCC Peer on peer guidance.

Sexual violence and sexual harassment between children

Our setting follows the DFE policy on sexual violence and sexual harassment between children in settings and colleges.

<https://www.gov.uk/government/publications/sexual-violence-and-sexual-harassment-between-children-in-settings-and-colleges>

Sexual violence and sexual harassment can occur between two children of any age and sex. It can also occur through a group of children sexually assaulting or sexually harassing a single child or group of children.

Children who are victims of sexual violence and sexual harassment will likely find the experience stressful and distressing. This will, in all likelihood, adversely affect their educational attainment as well as their emotional well-being. Sexual violence and sexual harassment exist on a continuum and may overlap; they can occur online and offline (both physically and verbally) and are never acceptable. It is important that all victims are taken seriously and offered appropriate support.

Reports of sexual violence and sexual harassment are extremely complex to manage. It is essential that victims are protected, offered appropriate support and every effort is made to ensure their education is not disrupted. It is also important that other children, adult students and setting and college staff are supported and protected as appropriate.

[How to tell if a child's sexual behaviour is age appropriate - Stop It Now](#)
[Preventing harmful sexual behaviour in children - Stop It Now](#)

ANNEX 5

Safeguarding issues

All staff should have an awareness of safeguarding issues that can put children at risk of harm. Behaviours linked to issues such as drug taking, alcohol abuse, deliberately missing education, and sexting (also known as youth produced sexual imagery) put children in danger.

Mental Health

Within our setting, we aim to promote positive mental health and wellbeing for our whole community (children, staff, parents, and carers), and recognise how important mental health and emotional wellbeing is to our lives, in just the same way as physical health. We recognise that children and young people's mental health is a crucial factor in their overall wellbeing and can affect their learning and achievement. All children and young people will have varying mental health during their school career. However, some face significant life events which can seriously impact their emotional wellbeing and can include mental illness.

Settings can be a place for all children to experience a nurturing and supportive environment that has the potential to develop self-esteem and give positive experiences for overcoming adversity and building resilience.

Settings are also a place of respite from difficult home lives and offers, positive role models and relationships, which are critical in promoting the wellbeing of all children.

A role of setting is to ensure that children can manage times of change and stress, and that they are supported to reach their potential or access help when they need it.

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

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

Where children have suffered abuse and neglect, or other potentially traumatic adverse childhood experiences, this can have a lasting impact throughout childhood, adolescence and into adulthood. It is key that staff are aware of how these children's experiences, can impact on their mental health, behaviour, and education. If staff have a mental health concern about a child that is also a safeguarding concern, immediate action should be taken, following their child protection policy, and speaking to the designated safeguarding lead or a deputy.

Serious violence

All staff should be aware of indicators, which may signal that children are at risk

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from, or are involved with serious violent crime. These may include increased absence from setting, a change in friendships or relationships with older individuals or groups, a significant decline in performance, signs of self-harm or a significant change in wellbeing, or signs of assault or unexplained injuries. Unexplained gifts or new possessions could also indicate that children have been approached by, or are involved with, individuals associated with criminal networks or gangs.

All staff should be aware of the associated risks and understand the measures in place to manage these. Advice for settings is provided in the Home Office's Preventing youth violence and gang involvement <https://www.gov.uk/government/publications/advice-to-settings-and-colleges-on-gangs-and-youth-violence> and its Criminal exploitation of children and vulnerable adults: county lines guidance <https://www.gov.uk/government/publications/criminal-exploitation-of-children-and-vulnerable-adults-county-lines>

Upskirting

'Upskirting' typically involves taking a picture under a person's clothing without them knowing, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress, or alarm. It is now a criminal offence.

So-called 'honour-based' Abuse (including Female Genital Mutilation and Forced Marriage)

So-called 'honour-based' abuse (HBA) encompasses incidents or crimes which have been committed to protect or defend the honour of the family and/or the community, including female genital mutilation (FGM), forced marriage, and practices such as breast ironing. Abuse committed in the context of preserving "honour" often involves a wider network of family or community pressure and can include multiple perpetrators. It is important to be aware of this dynamic and additional risk factors when deciding what form of safeguarding action to take. All forms of HBA are abuse (regardless of the motivation) and should be handled and escalated as such. 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 HBA, or already having suffered HBA.

Female Genital Mutilation

FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs. It is illegal in the UK and a form of child abuse with long-lasting harmful consequences.

Whilst **all** staff should speak to the designated safeguarding lead (or deputy) with regard to any concerns about female genital mutilation (FGM), there is a specific **legal duty on teachers**. If a teacher, in the course of their work in the profession, discovers that an act of FGM appears to have been carried out on a girl under the age of 18, the teacher **must** report this to the police.

Contextual safeguarding

Safeguarding incidents and/or behaviours can be associated with factors outside the setting and/or can occur between children outside the setting. All staff, but especially the designated safeguarding lead (and deputies) should consider whether children are at risk of abuse or exploitation in situations outside their families. This is known as contextual safeguarding, which simply means assessments of children should consider whether wider environmental factors are present in a child's life that are a threat to their safety and/or welfare. Extra-familial harms take a variety of different forms and children can be vulnerable to multiple harms including (but not limited to) sexual exploitation, criminal exploitation, and serious youth violence. Children's social care assessments should consider such factors, so it is important that settings provide as much information as possible as part of the referral process. This will allow any assessment to consider all the available evidence and the full context of any abuse. Additional information regarding contextual safeguarding is available here: <https://contextualsafeguarding.org.uk/about/what-is-contextual-safeguarding>

Link to OSCB guidance on contextual safeguarding

<https://www.oscb.org.uk/safeguarding-themes/contextual-safeguarding/>

Children missing from education

All staff should be aware that children going missing, particularly repeatedly, can act as a vital warning sign of a range of safeguarding possibilities. This may include abuse and neglect, which may include sexual abuse or exploitation and child criminal exploitation. It may indicate mental health problems, risk of substance abuse, risk of travelling to conflict zones, risk of female genital mutilation or risk of forced marriage. Early intervention is necessary to identify the existence of any underlying safeguarding risk and to help prevent the risks of a child going missing in future. Staff should be aware of their setting's unauthorised absence and children missing from education procedures.

Child sexual exploitation and Child Criminal Exploitation (CCE)

Both CSE and CCE are forms of abuse and both occur where an individual or group takes advantage of an imbalance in power to coerce, manipulate or deceive a child into sexual or criminal activity. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, sexual identity, cognitive ability, physical strength, status, and access to economic or other resources. In some cases, the abuse will be in exchange for something the victim needs or wants and/or will be to the financial benefit or other advantage (such as increased status) of the perpetrator or facilitator. The abuse can be perpetrated by individuals or groups, males or females, and children or adults. The abuse can be a one-off occurrence or a series of incidents over time and range from opportunistic to complex organised abuse. It can involve force and/or enticement-based methods of compliance and may, or may not, be accompanied by violence or threats of violence. Victims can be exploited even when activity appears consensual, and it should be

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noted exploitation as well as being physical can be facilitated and/or take place online.

Some of the following can be indicators of CCE:

- children who appear with unexplained gifts or new possessions.
- children who associate with other young people involved in exploitation.
- children who suffer from changes in emotional well-being.
- children who misuse drugs and alcohol.
- children who go missing for periods of time or regularly come home late; and
- children who regularly miss school or education or do not take part in education.

The above CCE indicators can also be indicators of CSE, as can:

- children who have older boyfriends or girlfriends; and
- children who suffer from sexually transmitted infections or become pregnant.

Link to OSCB guidance on CSE <https://www.oscb.org.uk/safeguarding-themes/child-exploitation-modern-slavery/> and the CSE screening tool <https://www.oscb.org.uk/wp-content/uploads/2019/07/Child-Exploitation-Screening-Tool.pdf>

Government Guidance:

[Child sexual exploitation: guide for practitioners](#)

County Lines

County lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs (primarily crack cocaine and heroin) into one or more importing areas [within the UK], using dedicated mobile phone lines or other form of “deal line”.

Exploitation is an integral part of the county lines offending model with children and vulnerable adults exploited to move [and store] drugs and money. Offenders will often use coercion, intimidation, violence (including sexual violence) and weapons to ensure compliance of victims. Children can be targeted and recruited into county lines in a number of locations including schools, further and higher educational institutions, pupil referral units, special educational needs schools, children’s homes and care homes. Children are often recruited to move drugs and money between locations and are known to be exposed to techniques such as ‘plugging’, where drugs are concealed internally to avoid detection. Children can easily become trapped by this type of exploitation as county lines gangs create drug debts and can threaten serious violence and kidnap towards victims (and their families) if they attempt to leave the county lines network.

One of the ways of identifying potential involvement in county lines are missing episodes (both from home and school), when the victim may have been trafficked for the purpose of transporting drugs and a referral to the National Referral Mechanism 103 should be considered. If a child is suspected to be at risk of or involved in county lines, a safeguarding referral should be considered alongside consideration of availability of local services/third sector providers who offer support to victims of county lines exploitation.

Domestic Abuse

The Domestic Abuse Act 2021 received Royal Assent on 29 April 2021. The Act introduces the first ever statutory definition of domestic abuse and recognises the impact of domestic abuse on children, as victims in their own right, if they see, hear or experience the effects of abuse. The statutory definition of domestic abuse, based on the previous cross-government definition, ensures that different types of relationships are captured, including ex-partners and family members. The definition captures a range of different abusive behaviours, including physical, emotional and economic abuse and coercive and controlling behaviour. Both the person who is carrying out the behaviour and the person to whom the behaviour is directed towards must be aged 16 or over and they must be “personally connected” (**as defined in section 2 of the 2021 Act**) **Further information can be found in KCSIE 2021 ANNEX B.**

Cybercrime

Cybercrime is criminal activity committed using computers and/or the internet. It is broadly categorised as either ‘cyber-enabled’ (crimes that can happen off-line but are enabled at scale and at speed on-line) or ‘cyber dependent’ (crimes that can be committed only by using a computer). Cyber-dependent crimes include;

- unauthorised access to computers (illegal ‘hacking’), for example accessing a school’s computer network to look for test paper answers or change grades awarded
- denial of Service (Dos or DDoS) attacks or ‘booting’. These are attempts to make a computer, network or website unavailable by overwhelming it with internet traffic from multiple sources; and,
- making, supplying or obtaining malware (malicious software) such as viruses, spyware, ransomware, botnets and Remote Access Trojans with the intent to commit further offence, including those above.

Children with particular skill and interest in computing and technology may inadvertently or deliberately stray into cyber-dependent crime.

If there are concerns about a child in this area, the designated safeguarding lead (or a deputy), should consider referring into the **Cyber Choices** programme. This is a nationwide police programme supported by the Home Office and led by the National Crime Agency, working with regional and local policing. It aims to intervene where young people are at risk of committing, or being drawn into, low level cyber-dependent offences and divert them to a more positive use of their skills and interests.

Note that **Cyber Choices** does not currently cover ‘cyber-enabled’ crime such as fraud, purchasing of illegal drugs on-line and child sexual abuse and exploitation, nor other areas of concern such as on-line bullying or general on-line safety.

Additional advice can be found at: [Cyber Choices](#), '[NSPCC-when to call the police](#)' and [National Cyber Security Centre - NCSC.GOV.UK](#)

Homelessness

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Being homeless or being at risk of becoming homeless presents a real risk to a child's welfare. The designated safeguarding lead (and any deputies) should be aware of contact details and referral routes into the Local Housing Authority so they can raise/progress concerns at the earliest opportunity. Indicators that a family may be at risk of homelessness include household debt, rent arrears, domestic abuse, and anti-social behaviour, as well as the family being asked to leave a property. Whilst referrals and/or discussion with the Local Housing Authority should be progressed as appropriate, and in accordance with local procedures, this does not, and should not, replace a referral into children's social care where a child has been harmed or is at risk of harm

Further information around safeguarding issues can be found in KCSIE 2021 ANNEX B and on the OSCB website.

ANNEX 7

Staff Induction, Awareness and Training

The EYFS states:

The daily experience of children in early years settings and the overall quality of provision depends on all practitioners having appropriate qualifications, training, skills and knowledge and a clear understanding of their roles and responsibilities. Providers must ensure that all staff receive induction training to help them understand their roles and responsibilities. Induction training must include information about emergency evacuation procedures, safeguarding, child protection, and health and safety issues. Providers must support staff to undertake appropriate training and professional development opportunities to ensure they offer quality learning and development experiences for children that continually improves.

All staff files contain information regarding training and dates it was undertaken, kept in the office.

- The DSL will ensure that all new staff and volunteers (including temporary staff) are aware of the setting's internal safeguarding processes.
- All staff members (including temporary staff) will receive training to ensure they are aware of a range of safeguarding issues.
- All staff members (including temporary staff) will receive regular safeguarding and child protection updates, at least annually.
- All staff members (including temporary staff) will be made aware of the settings expectations regarding safe and professional practice via the staff behaviour policy (or code of conduct) and Acceptable Use Policy.
- The DSL and Setting Manager will provide an annual report to the committee detailing safeguarding training undertaken by all staff and will maintain up to date register of who has been trained.

Child protection and safeguarding policy

- Although the setting has a nominated lead (Stuart Dashwood) for the Management committee, all members of the Management committee will access appropriate safeguarding training which covers their specific strategic responsibilities on a regular basis.

ANNEX 8

Contacts/links

| | | |
|--|--------------------------|--|
| MASH | 0345 050 7666 | http://www.oscb.org.uk/concerned-about-a-child/ |
| Out of Hours Emergency Duty Team | 0800 833 408 | |
| LCSS North | 0345 2412703 | LCSS.North@oxfordshire.gov.uk |
| LCSS Central | 0345 2412705 | LCSS.Central@oxfordshire.gov.uk |
| LCSS South | 0345 2412608 | LCSS.South@oxfordshire.gov.uk |
| Designated Officer (LADO) | 01865 810603 | Lado.safeguardingchildren@oxfordshire.gov.uk |
| Police: Emergency | 999 | |
| Non-emergency | 101 | |
| OSCB | | oscb.oxfordshire.gov.uk |

Information sharing advice:

<https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice>

What to do if you are worried a child is being abused:

<https://www.gov.uk/government/publications/what-to-do-if-youre-worried-a-child-is-being-abused--2>

NSPCC: <https://www.nspcc.org.uk/>

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

MASH leaflet for parents:

<https://www2.oxfordshire.gov.uk/cms/sites/default/files/folders/documents/socialandhealthcare/childrenfamilies/MashLeafletForParents.pdf>

When to call the Police by the National Police Chiefs Council – NPCC:

[When to call the Police](#)

Child protection and safeguarding policy

Annex 10

Staff must sign to say that they have read, understood, and will follow the Safeguarding Policy and Procedures.

| Name | Role | Signature | Date |
|------|------|-----------|------|
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