

Woodcote Pre-School Group CIO

Safeguarding children, young people and vulnerable adults policy and procedures

2024



This policy and associated procedures were reviewed and updated on 7 June 2024.

This document will be reviewed at least annually and/or following any updates to national and local guidance and procedures.

Woodcote Pre-School Group CIO recognises its responsibility for safeguarding and child protection.

Table of Key Contacts

Key Personnel	Name(s)	Contact Details
Designated Safeguarding Lead (DSL)	Wendy Powell	01491 682300 Woodcote.pre-school@hotmail.co.uk
Deputy DSL(s)	Sophie-Ayres Norman	01491 682300 Woodcote.pre-school@hotmail.co.uk
Chair of committee	Maxine Townsend	07816 268485 chairperson@woodcotepreschool.co.uk
Nominated Safeguarding Committee member	Maxine Townsend	07816 268485 chairperson@woodcotepreschool.co.uk
Education Safeguarding Advisory Team / Local Authority Designated Officers (LADOs)	LADO Team Donna Crozier Sandra Barratt Lorna Berry Jo LLOYD Becky Langstone (ESAT)	01865 810603 Lado.safeguardingchildren@oxfordshire.gov.uk
Linked Locality Community Support Service (LCSS) worker	<i>For no names consultation</i>	0345 241 2608 LCSS.South@oxfordshire.gov.uk
Multi Agency Safeguarding Hub (MASH)	Katrina Johnson <i>For immediate concerns about a child</i>	0345 050 7666 office hours 8.30am – 5pm, Monday to Thursday 8.30am – 4pm, Friday Mash-childrens@oxfordshire.gcsx.gov.uk https://www.oscb.org.uk/concerned-about-a-child/
Out of hours Emergency Duty Team (EDT)	<i>For use outside office hours</i>	0800 833 408
Police		101 or 999 in emergencies
Oxfordshire Safeguarding Children Board (OSCB)		https://www.oscb.org.uk/

06 Safeguarding children, young people and vulnerable adults policy and procedures

06.0 Safeguarding children, young people and vulnerable adults policy

Alongside associated procedures in 06.1-06.10 Safeguarding children, young people and vulnerable adults, this policy was adopted by Woodcote Pre-School Group CIO on 7 June 2024.

Designated person/lead for safeguarding is: Wendy Powell, Pre-School Manager

Designated officer is: Maxine Townsend, Chairperson

Aim

We are committed to safeguarding children, young people and vulnerable adults and will do this by putting young people and vulnerable adult's right to be '*strong, resilient and listened to*' at the heart of all our activities.

The aims of the procedures in 06.1-06.10 are:

- 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.

At Woodcote Pre-School our 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 committee and volunteers working in our setting.

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.
- 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.

The purpose of this policy is to provide staff, volunteers and the 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.

Definitions

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.

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.

- A 'young person' is defined as a 16–19-year-old. In an early years setting, they may be a student, worker, or parent.
- A 'vulnerable adult' is defined as: 'a person aged 18 years or over, who is in receipt of or may need community care services by reason of 'mental or other disability, age or illness and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'. In early years, this person may be a service user, parent of a service user, or a volunteer.

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**)

KCSIE is the Keeping Children Safe in Education 2021 guidance (note: Early Years Settings do not have a statutory duty to follow the guidance in KCSIE)

Early Years Alliance Key Commitments

In line with the Early Years Alliance 'three key commitments', these policies and procedures provide a consistent and coherent strategy for safeguarding children, young people and vulnerable adults in all services provided. The three key commitments are:

1. The Alliance is committed to building 'a culture of safety' in which children, young people and vulnerable adults are protected from abuse and harm in all areas of its service delivery.
2. The Alliance is committed to responding promptly and appropriately to all incidents or concerns of abuse that may occur and to work with statutory agencies in accordance with the procedures that are set down in '*What to do if you are worried a child is being abused*' (HMG 2015) and '*No Secrets*' (updated by the Care Act 2014) and *Working Together 2018*.
3. The Alliance is committed to promoting awareness of child abuse issues throughout its training and learning programmes for adults. It is also committed to empowering children, young people, and vulnerable adults, through its curriculum, promoting their right to be '*strong, resilient and listened to*'.

Key Commitment 1

- We have a 'designated person', sometimes known as the designated lead for safeguarding, who is responsible for carrying out child, young person, or adult protection procedures.
- The designated person reports to a 'designated officer' responsible for overseeing all child, young person or adult protection matters.
- The 'designated person' and the 'designated officer' ensure they have links with statutory and voluntary organisations regarding safeguarding children.
- The 'designated person' and the 'designated officer' ensure they have received appropriate training on child protection matters and that all staff are adequately informed and/or trained to recognise possible child abuse in the categories of physical, emotional and sexual abuse and neglect and must be able to respond appropriately.
- Our 'designated person' undergoes training to provide them with the knowledge and skills required to carry out their role. Our 'designated person' and 'deputy designated person' 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. This document will be updated during the year to reflect any changes brought about by new guidance.
- The 'designated person' and the 'designated officer' ensure all staff are aware of the additional vulnerabilities that affect children that arise from inequalities of race, gender, disability, language, religion, sexual orientation or culture and that these receive full consideration in child, young person or adult protection related matters.
- The 'designated person' and the 'designated officer' ensure that staff are aware and receive training in social factors affecting children's vulnerability including
 - social exclusion

- domestic violence and controlling or coercive behaviour
- mental illness
- drug and alcohol abuse (substance misuse)
- parental learning disability
- radicalisation
- The 'designated person' and the 'designated officer' ensure that staff are aware and receive training in other ways that children may suffer significant harm and stay up to date with relevant contextual safeguarding matters:
 - abuse of disabled children
 - fabricated or induced illness
 - child abuse linked to spirit possession
 - sexually exploited children
 - children who are trafficked and/or exploited
 - female genital mutilation
 - extra-familial abuse and threats
 - children involved in violent offending, with gangs and county lines.
- The 'designated person' and the 'designated officer' ensure they are adequately informed in vulnerable adult protection matters.

Key Commitment 2

- There are procedures in place to prevent known abusers from coming into the organisation as employees or volunteers at any level.
- Safeguarding is the responsibility of every person undertaking the work of the organisation in any capacity.
- There are procedures for dealing with allegations of abuse against a member of staff, or any other person undertaking work whether paid or unpaid for the organisation, where there is an allegation of abuse or harm of a child. Procedures differentiate clearly between an allegation, a concern about quality of care or practice and complaints.
- There are procedures in place for reporting possible abuse of children or a young person in the setting.
- There are procedures in place for reporting safeguarding concerns where a child may meet the s17 definition of a child in need (Children Act 1989) and/or where a child may be at risk of significant harm, and to enable staff to make decisions about appropriate referrals using local published threshold documents.
- There are procedures in place to ensure staff recognise children and families who may benefit from early help and can respond appropriately using local early help processes and Designated persons should ensure all staff understand how to identify and respond to families who may need early help.
- There are procedures in place for reporting possible abuse of a vulnerable adult in the setting.

- There are procedures in place in relation to escalating concerns and professional challenge.
- There are procedures in place for working in partnership with agencies involving a child, or young person or vulnerable adult, for whom there is a protection plan in place. These procedures also take account of working with families with a 'child in need' and with families in need of early help, who are affected by issues of vulnerability such as social exclusion, radicalisation, domestic violence, mental illness, substance misuse and parental learning disability.
- These procedures take account of diversity and inclusion issues to promote equal treatment of children and their families and that take account of factors that affect children that arise from inequalities of race, gender, disability, language, religion, sexual orientation, or culture.
- There are procedures in place for record keeping, confidentiality and information sharing, which are in line with data protection requirements.
- We follow government and LSCB guidance in relation to extremism.
- The procedures of the Local Safeguarding Partners must be followed.

Key Commitment 3

- All staff receive adequate training in child protection matters and have access to the setting's policy and procedures for reporting concerns of possible abuse and the safeguarding procedures of the Local Safeguarding Partners.
- All staff have adequate information on issues affecting vulnerability in families such as social exclusion, domestic violence, mental illness, substance misuse and parental learning disability, together with training that takes account of factors that affect children that arise from inequalities of race, gender, disability, language, religion, sexual orientation, or culture.
- We use available curriculum materials for young children, taking account of information in the Early Years Foundation Stage, that enable children to be *strong, resilient, and listened to*.
- All services seek to build the emotional and social skills of children and young people who are service users in an age-appropriate way, including increasing their understanding of how to stay safe.
- We adhere to the EYFS Safeguarding and Welfare requirements.

06.1 Responding to safeguarding or child protection concerns

The designated person is Wendy Powell (DSL), the deputy designated person is Sophie Ayres-Norman (DDSL), the designated officer is Maxine Townsend.

Safeguarding roles

- 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.
- All staff recognise and know how to respond to signs and symptoms that may indicate a child is suffering from or likely to be suffering from harm. They understand that they have a responsibility to act immediately by discussing their concerns with the designated person or a named back-up designated person.
- The Manager and Deputy are the designated person and back-up designated person, responsible for co-ordinating action taken by the setting to safeguard vulnerable children and adults.
- All concerns about the welfare of children in the setting should be reported to the designated person or the back-up designated person.
- The designated person ensures that all practitioners are alert to the indicators of abuse and neglect and understand how to identify and respond to these.
- The setting should not operate without an identified designated person at any time.
- Our management team takes overall responsibility for safeguarding, ensuring the DSL and the DDSL are fulfilling their role.
- There is a nominated safeguarding committee member, Maxine Townsend, who will take leadership responsibility for safeguarding. The Chair of the committee, Maxine Townsend, will receive reports of allegations against the manager and act on the behalf of the Management committee.
- As an employer we follow safer recruitment guidance as set out in KCSIE 2021.
- The line manager of the designated person is the designated officer.
- The designated person informs the designated officer about serious concerns as soon as they arise and agree the action to be taken, seeking further clarification if there are any doubts that the issue is safeguarding.
- If it is not possible to contact the designated officer, action to safeguard the child is taken first and the designated officer is informed later.
- Issues which may require notifying to Ofsted are notified to the designated officer to make a decision regarding notification. The designated person must remain up to date with Ofsted reporting and notification requirements.
- If there is an incident, which may require reporting to RIDDOR the designated officer immediately seeks guidance from the Trustees. There continues to be a requirement that the designated officer follows legislative requirements in relation to reporting to RIDDOR. This is fully addressed in section 01 Health and Safety procedures.
- All settings follow procedures of their Local Safeguarding Partners (LSP) for safeguarding and any specific safeguarding procedures such as responding to radicalisation/extremism

concerns. Procedures are followed for managing allegations against staff, as well as for responding to concerns and complaints raised about quality or practice issues, whistle-blowing and escalation.

Safeguarding children with special educational needs and disabilities

Woodcote Pre-School 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.

We 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.

Responding to marks or injuries observed

- If a member of staff observes or is informed by a parent/carer of a mark or injury to a child that happened at home or elsewhere, the member of staff makes a record of the information given to them by the parent/carer in the child's personal file, which is signed by the parent/carer.
- The member of staff advises the designated person as soon as possible if there are safeguarding concerns about the circumstance of the injury.
- If there are concerns about the circumstances or explanation given, by the parent/carer and/or child, the designated person decides the course of action to be taken after reviewing Form 06.1 Child welfare and protection summary and completing Form 06.2 Safeguarding incident report.
- If the mark or injury is noticed later in the day and the parent is not present, this is raised with the designated person.
- If there are concerns about the nature of the injury, and it is unlikely to have occurred at the setting, the designated person decides the course of action required and Form 06.2 Safeguarding incident report is completed as above, taking into consideration any explanation given by the child.
- If there is a likelihood that the injury is recent and occurred at the setting, this is raised with the designated person.
- If there is no cause for further concern, a record is made in the Accident Record, with a note that the circumstances of the injury are not known.
- If the injury is unlikely to have occurred at the setting, this is raised with the designated person
- The parent/carer is advised at the earliest opportunity.
- If the parent believes that the injury was caused at the setting this is still recorded in the Accident Record and an accurate record made of the discussion is made on the child's personal file.

Responding to the signs and symptoms of abuse

- Concerns about the welfare of a child are discussed with the designated person without delay.
- A written record is made of the concern on Form 06.2 Safeguarding incident report as soon as possible.

- Concerns that a child is in immediate danger or at risk of significant harm are responded to immediately and if a referral is necessary this is made on the same working day.

Responding to a disclosure by a child

- When responding to a disclosure from a child, the aim is to get just enough information to take appropriate action.
- The practitioner listens carefully and calmly, allowing the child time to express what they want to say.
- Staff do not attempt to question the child but if they are not sure what the child said, or what they meant, they may prompt the child further by saying *'tell me more about that'* or *'show me again'*.
- After the initial disclosure, staff speak immediately to the designated person. They do not further question or attempt to interview a child.
- If a child shows visible signs of abuse such as bruising or injury to any part of the body and it is age appropriate to do so, the key person will ask the child how it happened.
- When recording a child's disclosure on Form 06.2 Safeguarding incident report, their exact words are used as well as the exact words with which the member of staff responded.
- If marks or injuries are observed, these are recorded on a body diagram.

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
2. Report it to the Designated Safeguarding Lead (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 using Form 06.2 Safeguarding incident report, 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
 - 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

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 Designated Safeguarding Lead (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 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 at the front of the document

Decision making (all categories of abuse)

- The designated person makes a professional judgement about referring to other agencies, including Social Care using the Local Safeguarding Partnership (LSP) threshold document:
 - Level 1: Child's needs are being met. Universal support.
 - Level 2: Universal Plus. Additional professional support is needed to meet child's needs.
 - Level 3: Universal Partnership Plus. Targeted Early Help. Coordinated response needed to address multiple or complex problems.
 - Level 4: Specialist/Statutory intervention required. Children in acute need, likely to be experiencing, or at risk of experiencing significant harm.
- Staff are alert to indicators that a family may benefit from early help services and should discuss this with the designated person, also completing Form 06.2 Safeguarding incident report if they have not already done so.

Seeking consent from parents/carers to share information before making a referral for early help (Tier 2/3*)

Parents are made aware of the setting's Privacy Notice which explains the circumstances under which information about their child will be shared with other agencies. When a referral for early help is necessary, the designated person must always seek consent from the child's parents to share information with the relevant agency.

- If consent is sought and withheld and there are concerns that a child may become at risk of significant harm without early intervention, there may be sufficient grounds to over-ride a parental decision to withhold consent.
- If a parent withholds consent, this information is included on any referral that is made to the local authority. In these circumstances a parent should still be told that the referral is being made beforehand (unless to do so may place a child at risk of harm).

**Tier 2: Children with additional needs, who may be vulnerable and showing early signs of abuse and/or neglect; their needs are not clear, not known or not being met. Tier 3: Children with complex multiple needs, requiring specialist services in order to achieve or maintain a satisfactory level of health or development or to prevent significant impairment of their health and development and/or who are disabled.*

Informing parents when making a child protection referral

In most circumstances consent will not be required to make a child protection referral, because even if consent is refused, there is still a professional duty to act upon concerns and make a referral. When a child protection referral has been made, the designated person contacts the parents (only if agreed with social care) to inform them that a referral has been made, indicating the concerns that have been raised, unless social care advises that the parent should not be contacted until such time as their investigation, or the police investigation, is concluded. Parents are not informed prior to making a referral if:

- there is a possibility that a child may be put at risk of harm by discussion with a parent/carer, or if a serious offence may have been committed, as it is important that any potential police investigation is not jeopardised
- there are potential concerns about sexual abuse, fabricated illness, female genital mutilation (FGM) or forced marriage

- contacting the parent puts another person at risk; situations where one parent may be at risk of harm, e.g. domestic abuse; situations where it has not been possible to contact parents to seek their consent may cause delay to the referral being made

The designated person makes a professional judgment regarding whether consent (from a parent) should be sought before making a child protection referral as described above. They record their decision about informing or not informing parents along with an explanation for this decision.

Advice will be sought from the appropriate children's social work team if there is any doubt. Advice can also be sought from the designated officer.

Referring

- The designated person or back-up follows their LSP procedures for making a referral.
- If the designated person or their back-up is not on site, the most senior member of staff present takes responsibility for making the referral to social care.
- If a child is believed to be in immediate danger, or an incident occurs at the end of the session and staff are concerned about the child going home that day, then the Police and/or social care are contacted immediately.
- If the child is 'safe' because they are still in the setting, and there is time to do so, the senior member of staff contacts the setting's designated officer for support.
- Arrangements for cover (as above) when the designated person and back-up designated person are not on-site are agreed in advance by the Pre-School Manager and clearly communicated to all staff.

Further recording

- Information is recorded using Form 06.2 Safeguarding incident report, and a short summary entered on Form 06.1 Child welfare and protection summary. Discussion with parents and any further discussion with social care is recorded. If recording a conversation with parents that is significant, regarding the incident or a related issue, parents are asked to sign and date a record of the conversation. It should be clearly recorded what action was taken, what the outcome was and any follow-up.
- If a referral was made, copies of all documents are kept and stored securely and confidentially (including copies in the child's safeguarding file).
- Each member of staff/volunteer who has witnessed an incident or disclosure should also make a written statement on Form 06.2 Safeguarding incident report, as above.
- The referral is recorded on Form 06.1 Child welfare and protection summary.
- Follow up phone calls to or from social care are recorded in the child's file; with date, time, the name of the social care worker and what was said.
- Safeguarding records are kept up to date and made available for confidential access by the designated officer to allow continuity of support during closures or holiday periods.

Reporting a serious child protection incident using Form 06.3 Confidential safeguarding incident report

- The designated person is responsible for reporting to the designated officer and seeking advice if required prior to making a referral as described above.
- For child protection concerns at Tier 3 and 4** it will be necessary for the designated person to complete Form 06.3 Confidential safeguarding incident report and send it to the designated officer.
- Further briefings are sent to the designated officer when updates are received until the issue is concluded.

*** Tier 3: Children with complex multiple needs, requiring specialist services in order to achieve or maintain a satisfactory level of health or development or to prevent significant impairment of their health and development and/or who are disabled. Tier 4: Children in acute need, who are suffering or are likely to suffer significant harm.*

Professional disagreement/escalation process

- If a practitioner disagrees with a decision made by the designated person not to make a referral to social care they must initially discuss and try to resolve it with them.
- If the disagreement cannot be resolved with the designated person and the practitioner continues to feel a safeguarding referral is required then they discuss this with the designated officer.
- If issues cannot be resolved the whistle-blowing policy should be used, as set out below.
- Supervision sessions are also used to discuss concerns but this must not delay making safeguarding referrals.

Whistleblowing

The whistle blowing procedure must be followed in the first instance if:

- a criminal offence has been committed, is being committed or is likely to be committed
- a person has failed, is failing or is likely to fail to comply with any legal obligation to which he or she is subject. This includes non-compliance with policies and procedures, breaches of EYFS and/or registration requirements
- a miscarriage of justice has occurred, is occurring or is likely to occur
- the health and safety of any individual has been, is being or is likely to be endangered
- the working environment has been, is being or is likely to be damaged;
- that information tending to show any matter falling within any one of the preceding clauses has been, is being or is likely to be deliberately concealed

There are 3 stages to raising concerns as follows:

1. If staff wish to raise or discuss any issues which might fall into the above categories, they should normally raise this issue with their manager/Designated Person.
2. Staff who are unable to raise the issue with their manager/Designated Person should raise the issue with their line manager's manager/Designated Officer.
3. If staff are still concerned after the investigation, or the matter is so serious that they cannot discuss it with a line manager, they should raise the matter with the Chairperson.

Ultimately, if an issue cannot be resolved and the member of staff believes a child remains at risk because the setting or the local authority have not responded appropriately, the NSPCC have introduced a whistle-blowing helpline 0800 028 0285 for professionals who believe that:

- their own or another employer will cover up the concern
- they will be treated unfairly by their own employer for complaining
- if they have already told their own employer and they have not responded

Female genital mutilation (FGM)

Practitioners should be alert to symptoms that would indicate that FGM has occurred, or may be about to occur, and take appropriate safeguarding action. Designated persons should contact the police immediately as well as refer to children's services local authority social work if they believe that FGM may be about to occur.

It is illegal to undertake FGM or to assist anyone to enable them to practice FGM. Under the Female Genital Mutilation Act 2003, it is an offence for a UK national or permanent UK resident to perform FGM in the UK or overseas. The practice is medically unnecessary and poses serious health risks to girls. FGM is mostly carried out on girls between the ages of 0-15, statistics indicate that in half of countries who practise FGM girls were cut before the age of 5. LSCB guidance must be followed in relation to FGM, and the designated person is informed regarding specific risks relating to the culture and ethnicity of children who may be attending their setting and shares this knowledge with staff.

Symptoms of FGM in very young girls may include difficulty walking, sitting or standing; painful urination and/or urinary tract infection; urinary retention; evidence of surgery; changes to nappy changing or toileting routines; injury to adjacent tissues; spends longer than normal in the bathroom or toilet; unusual and /or changed behaviour after an absence from the setting (including increased anxiety around adults or unwillingness to talk about home experiences or family holidays); parents are reluctant to allow child to undergo normal medical examinations; if an older sibling has undergone the procedure a younger sibling may be at risk; discussion about plans for an extended family holiday.

Children and young people vulnerable to extremism or radicalisation

Early years settings, schools and local authorities have a duty to identify and respond appropriately to concerns of any child or adult at risk of being drawn into terrorism. LSP's have procedures which cover how professionals should respond to concerns that children or young people may be at risk of being influenced by or being made vulnerable by the risks of extremism.

There are potential safeguarding implications for children and young people who have close or extended family or friendship networks linked to involvement in extremism or terrorism.

- 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.
- The designated person is required to familiarise themselves with LSP procedures, as well as online guidance including:
 - Local Safeguarding Partners (LSP) procedures: [Welcome to the Oxfordshire Safeguarding Children Board Procedures Manual \(proceduresonline.com\)](https://www.proceduresonline.com/oxfordshire-safeguarding-children-board-procedures-manual)

- Channel Duty guidance: Protecting people vulnerable to being drawn into terrorism
www.gov.uk/government/publications/channel-and-prevent-multi-agency-panel-pmap-guidance
- Prevent Strategy (HMG 2011) www.gov.uk/government/publications/prevent-strategy-2011
- The prevent duty: for schools and childcare providers
www.gov.uk/government/publications/protecting-children-from-radicalisation-the-prevent-duty
- The designated person should follow LSP guidance in relation to how to respond to concerns regarding extremism and ensure that staff know how to identify and raise any concerns in relation to this with them.
- The designated person must know how to refer concerns about risks of extremism/radicalisation to their LSP safeguarding team or the Channel panel, as appropriate.
- The designated person should also ensure that they and all other staff working with children and young people understand how to recognise that someone may be at risk of violent extremism.
- The designated person also ensures that all staff complete *The Prevent Duty in an Early Years Environment* and *Understanding Children's Rights and Equality and Inclusion in Early Years Settings* online EduCare courses.
- If available in the area, the designated person should complete *Workshop to Raise Awareness of Prevent* (WRAP) (or equivalent) training and support staff to access the training as offered by local authorities. WRAP training covers local arrangements for dealing with concerns that a child may be at risk of extremism and/or radicalisation.
- The designated person should understand the perceived terrorism risks in relation to the area that they deliver services in.

Parental consent for radicalisation referrals

LSP procedures are followed in relation to whether parental consent is necessary prior to making a referral about a concern that a child or adult may be at risk of being drawn into terrorism. It is good practice to seek the consent of the person, or for very young children, the consent of their parent/carer prior to making a referral, but it is not a requirement to seek consent before referring a concern regarding possible involvement in extremism or terrorism if it may put a child at risk, or if an offence may have been or may be committed. Advice should be sought from local agencies responsible for safeguarding, as to whether or not consent should be sought on a case-by-case basis. Designated persons should be mindful that discussion regarding potential referral due to concerns may be upsetting for the subject of the referral and their family. Initial advice regarding whether an incident meets a threshold for referral can be sought from the relevant local agency without specific details such as names of the family being given in certain circumstances.

Consent is required prior to any individual engaging with a Channel intervention. Consent is usually sought by Channel partners, but LSP procedures should be followed regarding this.

If there is a concern that a person is already involved in terrorist activity this must be reported to the Anti-Terrorist Hot Line 0800 789 321-Text/phone 0800 0324 539. Police can be contacted on 101.

Concerns about children affected by gang activity/serious youth violence

Practitioners should be aware that children can be put at risk by gang activity, both through participation in and as victims of gang violence. Whilst very young children will be very unlikely to become involved in gang activity they may potentially be put at risk by the involvement of others in their household in gangs, such as an adult sibling or a parent/carer. Designated persons should be familiar with their LSP guidance and procedures in relation to safeguarding children affected by gang activity and ensure this is followed where relevant.

Forced marriage/Honour based violence

Forced marriage is a marriage in which one or both spouses do not consent to the marriage but are forced into it. Duress can include physical, psychological, financial, sexual and emotional pressure. In the cases of some vulnerable adults who lack the capacity to consent, coercion is not required for a marriage to be forced. A forced marriage is distinct from an arranged marriage. An arranged marriage may have family involvement in arranging the marriages, but crucially the choice of whether to accept the arrangement remains with the prospective spouses.

Forced marriage became criminalised in 2014. There are also civil powers for example a Forced Marriage Protection Order to protect both children and adults at risk of forced marriage and offers protection for those who have already been forced into marriage.

Risks in relation to forced marriage are high and it is important that practitioners ensure that anyone at risk of forced marriage is not put in further danger. If someone is believed to be at risk it is helpful to get as much practical information as possible, bearing in mind the need for absolute discretion, information that can be helpful will include things like, names, addresses, passport numbers, national insurance numbers, details of travel arrangements, dates and location of any proposed wedding, names and dates of birth of prospective spouses, details of where and with whom they may be staying etc. Forced marriage can be linked to honour-based violence, which includes assault, imprisonment and murder. Honour based violence can be used to punish an individual for undermining what the family or community believes to be the correct code of behaviour.

In an emergency police should be contacted on 999.

Forced Marriage Unit can be contacted either by professionals or by potential victims seeking advice in relation to their concerns. The contact details are below.

- Telephone: +44 (0) 20 7008 0151
- Email: fm@fco.gov.uk
- Email for outreach work: fmoutreach@fco.gov.uk

Safer Recruitment

- Woodcote Pre-School is committed to ensure the development of 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 Management committee and Trustees are responsible for ensuring that the setting follows safe recruitment processes outlined within guidance.
- We are responsible for ensuring that the setting maintains an accurate Central Record in line with statutory guidance.

- The Management committee and Trustees will ensure that at least one of the persons who conducts an interview has completed safer recruitment training.
- We are 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.

06.2 Allegations against staff, volunteers or agency staff

Concerns may come from a parent, child, colleague or member of the public. Allegations or concerns must be referred to the designated person without delay - even if the person making the allegation later withdraws it.

Identifying

An allegation against a member of staff, volunteer or agency staff constitutes serious harm or abuse if they:

- behaved in a way that has harmed, or may have harmed a child
- possibly committed a criminal offence against, or related to, a child
- behaved towards a child in a way that indicates they may pose a risk of harm to children

Informing

- All staff report allegations to the designated person.
- The designated person alerts the designated officer. If the designated officer is unavailable the designated person contacts their equivalent until they get a response- which should be within 3-4 hours of the event. Together they should form a view about what immediate actions are taken to ensure the safety of the children and staff in the setting, and what is acceptable in terms of fact-finding.
- It is essential that no investigation occurs until and unless the Local Authority Designated Officer (LADO) has expressly given consent for this to occur, however, the person responding to the allegation does need to have an understanding of what explicitly is being alleged.
- The designated person must take steps to ensure the immediate safety of children, parents, and staff on that day within the setting.
- The Local Authority Designated Officer (LADO) is contacted as soon as possible and within one working day. If the LADO is on leave or cannot be contacted the LADO team manager is contacted and/or advice sought from the point of entry safeguarding team/MASH/point of contact, according to local arrangements.
- A child protection referral is made by the designated person if required. The LADO, line managers and local safeguarding children's services can advise on whether a child protection referral is required.
- The designated person asks for clarification from the LADO on the following areas:
 - what actions the designated person must take next and when and how the parents of the child are informed of the allegation
 - whether or not the LADO thinks a criminal offence may have occurred and whether the police should be informed and if so who will inform them
 - whether the LADO is happy for the setting to pursue an internal investigation without input from the LADO, or how the LADO wants to proceed
 - whether the LADO thinks the person concerned should be suspended, and whether they have any other suggestions about the actions the designated person has taken to ensure the safety of the children and staff attending the setting

- The designated person records details of discussions and liaison with the LADO including dates, type of contact, advice given, actions agreed and updates on the child's case file.
- Parents are not normally informed until discussion with the LADO has taken place, however in some circumstances the designated person may need to advise parents of an incident involving their child straight away, for example if the child has been injured and requires medical treatment.
- Staff do not investigate the matter unless the LADO has specifically advised them to investigate internally. Guidance should also be sought from the LADO regarding whether or not suspension should be considered. The person dealing with the allegation must take steps to ensure that the immediate safety of children, parents and staff is assured. It may be that in the short-term measures other than suspension, such as requiring a staff member to be office based for a day, or ensuring they do not work unsupervised, can be employed until contact is made with the LADO and advice given.
- The designated person ensures staff fill in Form 06.2 Safeguarding incident report.
- If after discussion with the designated person, the LADO decides that the allegation is not obviously false, and there is cause to suspect that the child/ren is suffering or likely to suffer significant harm, then the LADO will normally refer the allegation to children's social care.
- If notification to Ofsted is required the designated person will inform Ofsted as soon as possible, but no later than 14 days after the event has occurred. The designated person will liaise with the designated officer about notifying Ofsted.
- The designated person ensures that Form 06.3 Confidential safeguarding incident report is completed and sent to the designated officer.
- Avenues such as performance management or coaching and supervision of staff will also be used instead of disciplinary procedures where these are appropriate and proportionate. If an allegation is ultimately upheld the LADO may also offer a view about what would be a proportionate response in relation to the accused person.
- The designated person must consider revising or writing a new risk assessment where appropriate, for example if the incident related to an instance where a member of staff has physically intervened to ensure a child's safety, or if an incident relates to a difficulty with the environment such as where parents and staff are coming and going and doors are left open.
- All allegations are investigated even if the person involved resigns or ceases to be a volunteer.

Allegations against agency staff

Any allegations against agency staff must be responded to as detailed in this procedure. In addition, the designated person must contact the agency following advice from the LADO

Allegations against the designated person

- If a member of staff has concerns that the designated person has behaved in a way that indicates they are not suitable to work with children as listed above, this is reported to the designated officer who will investigate further.
- During the investigation, the designated officer will identify another suitably experienced person to take on the role of designated person.
- If an allegation is made against the designated officer, then the Trustees are informed.

Recording

- A record is made of an allegation/concern, along with supporting information, using Form 06.2 Safeguarding incident report; normally by the practitioner who has observed the incident. This is then entered on the file of the child, and Form 06.1 Child welfare and protection summary is completed and placed in the front of the child's file.
- If the allegation refers to more than one child, this is recorded in each child's file.
- If relevant, a child protection referral is made, with details held on the child's file.

Disclosure and Barring Service

- If a member of staff is dismissed because of a proven or strong likelihood of child abuse, inappropriate behaviour towards a child, or other behaviour that may indicate they are unsuitable to work with children such as drug or alcohol abuse, or other concerns raised during supervision when the staff suitability checks are done, a referral to the Disclosure and Barring Service is made.

Escalating concerns

- If a member of staff believes at any time that children may be in danger due to the actions or otherwise of a member of staff or volunteer, they must discuss their concerns immediately with the designated person.
- If after discussions with the designated person, they still believe that appropriate action to protect children has not been taken they must speak to the designated officer.
- If there are still concerns then the whistle blowing procedure must be followed, as set out in 06.1 Responding to safeguarding or child protection concerns.

Local Authority Designated Officer (LADO)

If you believe that a member of the Pre-School staff is harming a child (an allegation) and this has been reported to the Pre-School Manager and no / insufficient action has been taken, or the member of staff you have concerns about is the Pre-School Manager, then you are able to contact the Designated Officers team (LADO) on 01865 810603 or email

lado.safeguardingchildren@oxfordshire.gov.uk.

06.3 Visitor or intruder on the premises

The safety and security of the premises is maintained at all time and staff are vigilant in areas that pose a risk, such as shared premises. A risk assessment is completed to ensure that unauthorised visitors cannot gain access.

Visitors with legitimate business - generally a visitor will have made a prior appointment

- On arrival, they are asked to verify their identity and confirm who they are visiting.
- Staff will ask them to sign in and explain the procedures for the use of mobile phones and emergency evacuation.
- Visitors (including visiting VIPs) are never left alone with the children at any time.
- Visitors to the setting are monitored and asked to leave immediately should their behaviour give cause for concern.

Intruder

An intruder is an individual who has not followed visitor procedures and has no legitimate business to be in the setting; he or she may or may not be a hazard to the setting.

- An individual who appears to have no business in the setting will be asked for their name and purpose for being there.
- The staff member identifies any risk posed by the intruder.
- The staff member ensures the individual follows the procedure for visitors.
- The Pre-School Manager is immediately informed of the incident and takes necessary action to safeguard children.
- If there are concerns for the safety of children, staff evacuate them to a safe place in the building and contact police. In some circumstance this could lead to 'lock-down' of the setting and will be managed by the responding emergency service (see procedures 01.14 and 01.15 Terrorist threat/attack and lock-down).
- The designated person informs their designated officer of the situation at the first opportunity.
- In the case of a serious breach where there was a perceived or actual threat to the safety of the children, the manager/designated person completes Form 06.3 Confidential safeguarding incident report and copies in their line manager on the day of the incident. The Trustees ensure a robust organisational response and ensure that learning is shared.

06.4 Uncollected child

If a child is not collected by closing time, or the end of the session and there has been no contact from the parent, or there are concerns about the child's welfare then this procedure is followed.

- The designated person is informed of the uncollected child as soon as possible and attempts to contact the parents by phone.
- If the parents cannot be contacted, the designated person uses the emergency contacts to inform a known carer of the situation and arrange collection of the child.
- All reasonable attempts are made to contact the parents or nominated carers.
- After one hour, the designated person contacts the local social care out-of-hours duty officer if the parents or other known carer cannot be contacted and there are concerns about the child's welfare or the welfare of the parents.
- The designated person should arrange for the collection of the child by social care.
- Where appropriate the designated person should also notify the police.

Members of staff do not:

- go off the premises to look for the parents
- leave the premises to take the child home or to a carer
- offer to take the child home with them to care for them in their own home until contact with the parent is made
- The child stays at the setting in the care of two of our fully-vetted workers, one of whom will be our Manager or Deputy Manager, until the child is safely collected either by the parents or nominated carer, or by a social care worker or by another person specified by social care.
- Staff make a record of the incident in the child's file using Form 06.2. A record of conversations with parents should be made, with parents being asked to sign and date the recording.
- This is logged on the child's personal file along with the actions taken. Form 06.3 Confidential safeguarding incident report should also be completed if there are safeguarding and welfare concerns about the child, or if Social Care have been involved due to the late collection.
- Depending on circumstances, we reserve the right to charge parents for the additional hours worked.
- If there are recurring incidents of late collection, a meeting is arranged with the parents to agree a plan to improve time-keeping and identify any further support that may be required.

06.5 Missing child

In the building

- As soon as it is noticed that a child is missing, the member of staff informs the designated person who initiates a search within the setting.
- If the child is found on-site, the designated person checks on the welfare of the child and investigates the circumstances of the incident.
- If the child is not found on site, one member of staff searches the immediate vicinity, if there is no sign of the child, the police are called immediately.
- The parents of the missing child are then called and informed.
- The designated person contacts their designated officer, to inform them of the situation and seek assistance.

Off-site (outing or walk)

- As soon as it is noticed that a child is missing, the senior staff present carries out a headcount.
- One member of staff searches the immediate vicinity.
- If the child is not found, the senior staff calls the police and then contacts the designated person.
- The designated person informs the parents of the missing child.
- Members of staff return the children to the setting as soon as possible if it is safe to do so. According to the advice of the police, one senior member of staff should remain at the site where the child went missing and wait for the police to arrive.
- The designated person contacts the designated officer, who attends the setting.

Recording and reporting

- A record is made on Form 06.1 Child welfare and protection summary and Form 06.2 Safeguarding incident report. The Pre-School Manager as designated person completes and circulates Form 06.3 Confidential safeguarding incident report to the designated officer on the same day that the incident occurred.

The investigation

- Ofsted are informed as soon as possible (and at least within 14 days).
- The designated officer carries out a full investigation.
- The designated person and the designated officer speak with the parents together and explain the process of the investigation.
- Each member of staff present during the incident writes a full report using Form 06.2 Safeguarding incident report, which is filed in the child's file. Staff do not discuss any missing child incident with the press.

06.6 Incapacitated parent

Incapacitated refers to a condition which renders a parent unable to take responsibility for their child; this could be at the time of collecting their child from the setting or on arrival. Concerns may include:

- appearing drunk
- appearing under the influence of drugs
- demonstrating angry and threatening behaviour to the child, members of staff or others
- appearing erratic or manic

Informing

- If a member of staff is concerned that a parent displays any of the above characteristics, they inform the designated person as soon as possible.
- The designated person assesses the risk and decides if further intervention is required.
- If it is decided that no further action is required, a record of the incident is made on Form 06.2 Safeguarding incident report.
- If intervention is required, the designated person speaks to the parent in an appropriate, confidential manner.
- The designated person will, in agreement with the parent, use emergency contacts listed for the child to ask an alternative adult to collect the child.
- The emergency contact is informed of the situation by the designated person and of the setting's requirement to inform social care of their contact details.
- The designated officer is informed of the situation as soon as possible and provides advice and assistance as appropriate.
- If there is no one suitable to collect the child social care are informed.
- If violence is threatened towards anybody, the police are called immediately.
- If the parent takes the child from the setting while incapacitated the police are called immediately and a referral is made to social care.

Recording

- The designated person completes Form 06.2 Safeguarding incident report and if social care were contacted Form 06.3 Confidential safeguarding incident report is completed by the designated officer. If police were contacted Form 06.3 Confidential safeguarding incident report should also be copied to the Trustees.
- Further updates/notes/conversations/ telephone calls are recorded.

06.7 Death of a child on-site

Identifying

- If it is suspected that a child has died in the setting, emergency resuscitation will be given to the child by a qualified First Aider until the ambulance arrives.
- Only a medical practitioner can confirm a child has died.

Informing

- The designated person ensures emergency services have been contacted; ambulance and police.
- The parents are contacted and asked to come to the setting immediately, informing them that there has been an incident involving their child and that an ambulance has been called; asking them to come straight to the setting or hospital as appropriate.
- The designated person calls the designated officer and informs them of what has happened.
- The Trustees are contacted and Form 06.3 Confidential safeguarding incident report is prepared by the designated person and designated officer.
- A member of staff is delegated to phone all parents to collect their children. The reason given must be agreed by the designated officer and the information given should be the same to each parent.
- The decision on how long the setting will remain closed will be based on police advice.
- Ofsted are informed of the incident by the nominated person and a RIDDOR report is made.
- Staff will not discuss the death of a child with the press.

Responding

- The Trustees will decide how the death is investigated within the organisation after taking advice from relevant agencies.
- The Trustees will coordinate support for staff and children to ensure their mental health and well-being.

06.8 Looked after children

Identification

A 'Looked after Child' is a child in public care, who is placed with foster carers, in a residential home or with parents or other relatives.

Services provided to Looked After Children

Under two-year-olds

- Places will not normally be provided for under two-year-olds who are in public care.
- We can offer services that enable a child to play/engage with other children while the carer stays.
- Where the child is already in attendance and has a secure attachment with an existing key person a continuation of the existing place will be offered.

Two-year-olds

- Places will be offered to two-year-old children who are looked after; where the placement in the setting will normally last a minimum of three months.
- Where the child is already in attendance and has a secure attachment with an existing key person a continuation of the existing place will be offered.

Three- and four-year-olds

- Places will be offered for funded three- and four-year-olds who are looked after; where the placement in the setting will normally last a minimum of six weeks.
- If a child who attends a setting is taken into care and is cared for by a local carer the place will continue to be made available to the child.

Additional Support

- The designated person and key person liaise with agencies and professionals involved with the child, and his or her family, and ensure appropriate information is gained and shared.
- A meeting of professionals involved with the child is convened by the setting at the start of a placement. A Personal Education Plan (PEP) for children over 3 years old is put in place within 10 days of the child becoming looked after.
- Following this meeting, Form 06.4 Care plan for looked after children is completed. The care plan is reviewed after two weeks, six weeks, three months, and thereafter at three to six monthly intervals.
- Regular contact will be maintained with the social worker through planned meetings, which will include contribution to the PEP which is reviewed annually.

06.9 E-safety (including all electronic devices with internet capacity)

Online Safety

It is recognised by Woodcote Pre-School that the use of technology presents challenges and risks to children and adults both inside and outside the setting. The DSL has overall responsibility for online safeguarding within the setting.

It is important that children and young people receive consistent messages about the safe use of technology and are able to recognise and manage the risks posed in both the real and the virtual world.

Terms such as 'e-safety', 'online', 'communication technologies' and 'digital technologies' refer to fixed and mobile technologies that adults and children may encounter, now and in the future, which allow them access to content and communications that could raise issues or pose risks. The issues are:

Content – being exposed to illegal, inappropriate or harmful material

Contact – being subjected to harmful online interaction with other users

Conduct – personal online behaviour that increases the likelihood of, or causes, harm

I.C.T Equipment

- The Pre-School Manager ensures that all computers have up-to-date virus protection installed.
- Tablets are only used for the purposes of observation, assessment and planning and to take photographs for individual children's learning journeys.
- Tablets remain on the premises and are stored securely at all times when not in use.
- Staff follow the additional guidance provided with the system

Internet access

- Children never have unsupervised access to the internet.
- The Pre-School Manager ensures that risk assessments in relation to e-safety are completed.
- Only reputable sites with a focus on early learning are used (e.g. CBeebies).
- Video sharing sites such as YouTube are not accessed due to the risk of inappropriate content.
- Children are taught the following stay safe principles in an age appropriate way:
 - only go online with a grown up
 - be kind online **and** keep information about me safely
 - only press buttons on the internet to things I understand
 - tell a grown up if something makes me unhappy on the internet
- Staff support children's resilience in relation to issues they may face online, and address issues such as staying safe, appropriate friendships, asking for help if unsure, not keeping secrets as part of social and emotional development in age-appropriate ways.
- All computers for use by children are sited in an area clearly visible to staff.

- Staff report any suspicious or offensive material, including material which may incite racism, bullying or discrimination to the Internet Watch Foundation at www.iwf.org.uk.

The Pre-School Manager ensures staff have access to age-appropriate resources to enable them to assist children to use the internet safely.

Personal mobile phones – staff and visitors (includes internet enabled devices)

- Personal mobile phones and internet enabled devices are not used by staff during working hours. This does not include breaks where personal mobiles may be used off the premises or in a safe place e.g. the Function Room. The Pre-School Manager completes a risk assessment for where they can be used safely.
- Personal mobile phones are switched off and stored in a locked cupboard.
- In an emergency, personal mobile phones may be used in an area where there are no children present with permission from the Pre-School Manager.
- Staff ensure that contact details of the setting are known to family and people who may need to contact them in an emergency.
- Staff do not take their mobile phones on outings.
- Members of staff do not use personal equipment to take photographs of children.
- Parents and visitors do not use their mobile phones on the premises. There is an exception if a visitor's company/organisation operates a policy that requires contact with their office periodically throughout the day. Visitors are advised of a private space where they can use their mobile.

Cameras and videos

- Members of staff do not bring their own cameras or video recorders to the setting.
- Photographs/recordings of children are only taken for valid reasons, e.g. to record learning and development, or for displays, and are only taken on equipment belonging to the setting.
- Camera and video use is monitored by the Pre-School Manager.
- Where parents request permission to photograph or record their own children at special events, general permission is first gained from all parents for their children to be included. Parents are told they do not have a right to photograph or upload photos of anyone else's children.
- Photographs/recordings of children are only made if relevant permissions are in place.
- If photographs are used for publicity, parental consent is gained and safeguarding risks minimised, e.g. children may be identified if photographed in a sweatshirt with the name of their setting on it.

Cyber Bullying

If staff become aware that a child is the victim of cyber-bullying at home or elsewhere, they discuss this with the parents and refer them to help, such as: NSPCC Tel: 0808 800 5000 www.nspcc.org.uk or ChildLine Tel: 0800 1111 www.childline.org.uk

Use of social media

Staff are expected to:

- understand how to manage their security settings to ensure that their information is only available to people they choose to share information with
- ensure the organisation is not negatively affected by their actions and do not name the setting
- are aware that comments or photographs online may be accessible to anyone and should use their judgement before posting
- are aware that images, such as those on Snapshot may still be accessed by others and a permanent record of them made, for example, by taking a screen shot of the image with a mobile phone
- observe confidentiality and refrain from discussing any issues relating to work
- not share information they would not want children, parents or colleagues to view
- set privacy settings to personal social networking and restrict those who are able to access
- not accept service users/children/parents as friends, as it is a breach of professional conduct
- report any concerns or breaches to the designated person in their setting
- not engage in personal communication, including on social networking sites, with children and parents with whom they act in a professional capacity. There may be occasions when the practitioner and family are friendly prior to the child coming to the setting. In this case information is shared with the Pre-School Manager and a risk assessment and agreement in relation to boundaries are agreed

Use/distribution of inappropriate images

- Staff are aware that it is an offence to distribute indecent images and that it is an offence to groom children online. In the event of a concern that a colleague is behaving inappropriately, staff advise the designated person who follow procedure 06.2 Allegations against staff, volunteers or agency staff.

6.10 Key person supervision

Staff taking on the role of key person must have supervision meetings in line with this procedure.

Structure

- Supervision meetings are held every term for key persons.
- Key persons are supervised by the Pre-School Manager or Deputy.
- Supervision meetings are held in a confidential space suitable for the task.
- Key persons should prepare for supervision by having the relevant information to hand.

Content

The child focused element of supervision meetings must include discussion about:

- the development and well-being of the supervisee's key children and offer staff opportunity to raise concerns in relation to any child attending.
- reflection on the journey a child is making and potential well-being or safeguarding concerns for the children they have key responsibility for
- promoting the interests of children.
- coaching to improve professional effectiveness based on a review of observed practice/teaching
- reviewing plans and agreements from previous supervisions including any identified learning needs for the member of staff
- During supervision staff can discuss any concerns they have about inappropriate behaviour displayed by colleagues, but must never delay until a scheduled supervision to raise concerns.
- Staff are reminded of the need to disclose any convictions, cautions, court orders, reprimands and warnings which may affect their suitability to work with children that have occurred during their employment. New information is referred immediately to the designated officer.

Recording

- Key person supervision discussions are recorded and is retained by the supervisor and a copy provided to the key person.
- The key person and supervisor must sign and date the minutes of supervision within 4-6 weeks of it happening and disagreements over recorded content must be minuted.
- Each member of staff has a supervision file that is stored securely at all times.
- Concerns raised during supervision about an individual child's welfare may result in safeguarding concerns not previously recognised as such, these are recorded on Form 06.1 Safeguarding incident report and placed on the child's file. The reasons why the concerns have not previously been considered are explored.
- Additional safeguarding or welfare decisions made in relation to a child during supervision are recorded on the individual case file. The supervisor (if not the designated person) should ensure the recording is made and the designated person is notified.

Checking continuing suitability

- Supervisors check with staff if there is any new information pertaining to their suitability to work with children. This only needs to be recorded on the supervision meeting record.
- Where staff are on zero hours contracts or are employed as and when needed, their line manager completes the staff suitability self-declaration form quarterly, and/or at the beginning of every new period of work.

- Regarding the use of agency staff/support workers/self-employed persons there is an expectation that as part of the agreement with agencies they have sought information regarding their employee's suitability to work with children. Line managers must review this regularly.
- The position for students on placement is the same as that for agency staff

Exceptional Circumstances

Where exceptional circumstances prevent staff from conducting supervision as outlined in this procedure, the line manager is informed in writing, a copy placed on the supervision file and the appropriate actions agreed to ensure that the setting meets its obligations within the EYFS.

Legal references

Children Act 1989 – s 47
Protection of Children Act 1999
Care Act 2014
Children Act 2004 s11
Children and Social Work Act 2017
Safeguarding Vulnerable Groups Act 2006
Counter-Terrorism and Security Act 2015
General Data Protection Regulation 2018
Data Protection Act 2018
Modern Slavery Act 2015
Sexual Offences Act 2003
Serious Crime Act 2015
Criminal Justice and Court Services Act (2000)
Human Rights Act (1998)
Equalities Act (2006)
Equalities Act (2010)
Disability Discrimination Act (1995)
Data Protection Act (2018)
Freedom of Information Act (2000)

Further Guidance

Working Together to Safeguard Children (HMG 2018)
Statutory Framework for the Early Years Foundation Stage 2021
What to Do if You're Worried a Child is Being Abused (HMG 2015)
Prevent duty guidance for England and Wales: guidance for specified authorities in England and Wales on the duty of schools and other providers in the Counter-Terrorism and Security Act 2015 to have due regard to the need to prevent people from being drawn into terrorism' (HMG 2015)
Keeping Children Safe in Education 2018
Education Inspection Framework (Ofsted 2019)
The framework for the assessment of children in need and their families (DoH 2000)
The Common Assessment Framework (2006)
Statutory guidance on inter-agency working to safeguard and promote the welfare of children (DfE 2015)
Information sharing advice for safeguarding practitioners (DfE 2018)
The Team Around the Child (TAC) and the Lead Professional (CWDC 2009)

The Common Assessment Framework (CAF) – guide for practitioners (CWDC 2010)

The Common Assessment Framework (CAF) – guide for managers (CWDC 2010)

Multi-Agency Statutory Guidance on Female Genital Mutilation (HMG. 2016)

Multi-Agency Public Protection Arrangements (MAPPA) (Ministry of Justice, National Offender Management Service and HM Prison Service 2014)

Safeguarding Children from Abuse Linked to a Belief in Spirit Possession (HMG 200)

Safeguarding Children in whom Illness is Fabricated or Induced (HMG 2007)

Safeguarding Disabled Children: Practice Guidance (DfE 2009)

Safeguarding Children who may have been Trafficked (DfE and Home Office 2011)

Child sexual exploitation: definition and guide for practitioners (DfE 2017)

Handling Cases of Forced Marriage: Multi-Agency Practice Guidelines (HMG 2014)

NSPCC 24-hour FGM helpline: 0800 028 3550 or email fgmhelp@nspcc.org.uk

Government help and advice: www.gov.uk/female-genital-mutilation

Accident Record (Early Years Alliance 2019)

Multi-agency practice guidelines: Handling cases of Forced Marriage (HMG 2014)

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/322307/HMG MULTI AGENCY PRACTICE GUIDELINES v1 180614 FINAL.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/322307/HMG_MULTI_AGENCY_PRACTICE_GUIDELINES_v1_180614_FINAL.pdf)

Recruiting Early Years Staff (Pre-school Learning Alliance 2016)

People Management in the Early Years (Pre-school Learning Alliance 2016)

DfE Guidance on Information Sharing (July 2018)

<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>

[Guidance to support schools with Data protection activity, including compliance with GDPR](#)

Annex 1

Roles and Responsibilities at Woodcote Pre-School

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.
- 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.

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

Management team 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.

DSL responsibilities

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

- 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.

Annex 2

Dealing with disclosures

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 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
- 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
- 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
- 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:

- 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. 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

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](#)