

# 2022/23 Child Protection and Safeguarding Policy for St. Mary's Playgroup



**October 2022 to be reviewed by September 2023**

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

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Key Personnel	Name (s)	Contact details
Designated Safeguarding Lead (DSL)	Lorraine Mold	
Deputy DSL(s)	Sharon Stacey	
Chair of committee		
Nominated Safeguarding Committee member		
Education Safeguarding Advisory Team / Local Authority Designated Officers (LADOs)	<b>LADO TEAM</b> Jo Lloyd Donna Crozier Sandra Barratt Lorna Berry  Becky Langstone (ESAT)	01865 810603  <a href="mailto:Lado.safeguardingchildren@oxfordshire.gov.uk">Lado.safeguardingchildren@oxfordshire.gov.uk</a>
Linked Locality Community Support Service (LCSS) worker		
Multi Agency Safeguarding hub (MASH)		0345 050 7666 (office hours (8.30am – 5pm, Monday to Thursday, 8.30am – 4pm, Friday)
Out of hours Emergency Duty Team (EDT)		0800 833 408
Police		101 or in emergencies 999

## INTRODUCTION

It is essential that everybody working in this Early Years Setting understands their safeguarding responsibilities. Everyone who comes into contact with children and families has a role to play in ensuring children and young people are safe from abuse, neglect exploitation and harm.

Our setting is committed to safeguarding children and aims to create a culture of vigilance. All staff should make sure that any decisions made are in the best interests of the child.

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

- [Working Together to Safeguard Children 2019](#)
- Oxfordshire Safeguarding Children Board (OSCB) guidelines
- [The Early Years Foundation Stage Statutory Framework](#)
- [What to do if you are worried a child is being abused](#)
- Oxfordshire Safeguarding Children's Board safeguarding Policies and Procedures [Contents \(proceduresonline.com\)](#)

At St. Mary's Playgroup, we take seriously our responsibility under Section 11 of the Children Act and duties under "Working Together to safeguard Children 2019", the Human Rights Act 1998, and the Equality Act 2010, 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, our committee and any volunteers working in our setting.

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

## POLICY STATEMENT

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

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

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

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

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

Our setting acknowledges the need to treat everyone equally, with fairness, dignity, and respect. Any discriminatory behaviours are challenged, and children are supported to understand how to treat others with respect. We also have a statutory duty to report and record any of the above incidents

## DEFINITIONS

**Safeguarding and promoting the welfare of children** is defined for the purposes of this policy:

- 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.

**Early Help** refers to providing support as soon as a problem emerges, at any point in a child's life.

The term **Staff** applies to all those working for or on behalf of St. Mary's Playgroup, 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 18<sup>th</sup> birthday. On the whole, this will apply to all children in our setting; however, the policy will extend to visiting children and students.

**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

**LSP** refers to Local Safeguarding Partners

**MASH** refers to Multi Agency Safeguarding Hub

**LADO** refers to the Local Authority Designated Officer (for Allegations)

**Chair** refers to the Chairperson of the management committee

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

**THE AIMS OF THESE PROCEDURES 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.
- To demonstrate our commitment to protecting children.

## **PRINCIPLES AND VALUES**

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

All children have a right to be protected from harm.

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

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

Whilst the setting will work openly with parents as far as possible, it reserves the right to contact the Local Authority 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.

## **LEADERSHIP AND MANAGEMENT**

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

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

St. Mary's Playgroup Committee takes overall responsibility for safeguarding, ensuring the DSL and the DSL team are fulfilling their role. The Chair of the committee is the nominated safeguarding committee member, who will take leadership responsibility for safeguarding. The Chair of the committee will receive reports of allegations against the manager and act on the behalf of the Officers of the management committee.

As an employer we follow safer recruitment guidance as set out in the EYFS (2021).

The Manager will ensure appropriate arrangements are in place for the supervision of staff who have contact with children and families. These will be in the form of regular one - to - one meetings. Effective supervision meetings provide support, coaching and training for the practitioner and promotes the interests of children. Supervision should foster a culture of mutual support, teamwork and continuous improvement, which encourages the confidential discussion of sensitive issues.

## **DEALING WITH CONCERNS, DISCLOSURES AND RECORD KEEPING**

If a member of staff has a concern about a child or if a child makes a disclosure, staff will appropriately respond by listening and offering reassurance. All staff must be aware that they cannot promise a child to keep secrets which might compromise the child's safety or wellbeing.

All staff are aware that very young children including those with disabilities, special needs or with language delay may be more likely to communicate concerns with behaviours rather than words. All staff should be aware that children may not feel ready or know how to tell someone that they are being abused, exploited, or neglected, and /or they may not recognise their experiences as harmful. Additionally, staff will question the cause of knocks and bumps in children who have limited mobility which will include children visiting the site as well as those who are children on roll.

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

**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 on an incident form
2. Report it to the DSL/DDSL 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. 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.

5. If there are grounds to suspect a child is suffering, or is likely to suffer, significant harm the DSL (or DDSL) must contact the Local Authority 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

6. In the absence of the DSL or DDSL, staff will refer directly to MASH or the child's social worker (if applicable) and the police (if appropriate) if there is a significant concern.
7. 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.

Staff should make an accurate factual record of all that has happened as soon as possible 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 and placed in the Safeguarding file under the specific child's name.**

Incident/Welfare Concern forms and safeguarding records are kept for individual children, including chronologies, and are maintained separately from all other records relating to the child in the setting. Safeguarding records are kept in accordance with our General Data Protection

Regulations (GDPR) / Data Protection Policy and are retained centrally and securely by the DSL.

## **CONFIDENTIALITY AND INFORMATION SHARING**

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

St. Mary's Playgroup recognise that we have duties to keep any information confidential, we have a professional responsibility to share information with other agencies to safeguard children.

All staff members who come into contact with children will be given appropriate training to understand the purpose of information sharing in order to safeguard and promote children's welfare.

We will ensure that staff are confident about what they can and should do under the law, including how to obtain consent to share information and when information can be shared without consent.

Staff should not assume a colleague or another professional will take action and share information that might be critical in keeping children safe.

Governing bodies and proprietors should ensure relevant staff have due regard to the relevant data protection principles, which allow them to share (and withhold) personal information, as provided for in the Data Protection Act 2018 and the GDPR.

- DfE Guidance on Information Sharing (July 2018) provides further detail. <https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice>
- OSCB provides advice on the Seven Golden Rules of Information Sharing <https://www.oscb.org.uk/wp-content/uploads/2019/07/The-Seven-Golden-Rules-for-Info-Sharing.pdf>

All safeguarding records will be transferred to the child's receiving school/setting. These will be given to the receiving setting/school and a receipt of delivery will be obtained. We will ensure that when a pupil who is the subject of a Child Protection (CP) Plan leaves, their information is transferred to the new setting/school within 5 school days and that the child's Social Worker is informed that the child has moved.

If we do not know where the child is moving to, we will endeavour to find out. We will retain the records and speak to LCSS or MASH if we have concerns.

## **TRAINING**

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

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

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

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

Staff are also provided with other training to support the ongoing welfare of children.

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

## **SAFEGUARDING CHILDREN WITH SPECIAL EDUCATIONAL NEEDS AND/OR DISABILITIES**

St. Mary's Playgroup 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.

St. Mary's Playgroup 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.

## **MULTI AGENCY WORKING**

St. Mary's Playgroup recognises and is committed to its responsibility to work with other professionals and agencies in line with statutory guidance.

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

St. Mary's Playgroup will work to establish strong and co-operative relationships with relevant professionals in other agencies.

We will participate in Child Safeguarding Practice Reviews (CSPR's), other reviews and file audits as and when required to do so by the Oxfordshire Children's Safeguarding Board. We will ensure that we have a clear process for gathering the evidence required for reviews and audits and embed recommendations into practice and compile required actions within agreed timescales.

## **SAFER RECRUITMENT**

St. Mary's Playgroup is committed to ensure that we develop a safe culture and that all steps are taken to recruit staff and volunteers who are safe to work with our children and staff.

The Manager and the committee are responsible for ensuring that the setting follows safe recruitment processes outlined within guidance.

St. Mary's Playgroup is responsible for ensuring that the setting maintains an accurate Central Record in line with statutory guidance.

The Manager and committee will ensure that there is at least one of the persons who conducts an interview, has completed safer recruitment training.

St. Mary's Playgroup is committed to supporting the statutory guidance from the Department for Education on the application of the Childcare (Disqualification) Regulations 2009 and related obligations under the Childcare Act 2006 in settings.

All staff should disclose any reason that may affect their suitability to work with children that could be a transferable risk to their role.

## **MANAGING ALLEGATIONS ABOUT STAFF AND VOLUNTEERS**

The Local Authority Designated Officer for Allegations (LADO) must be told of allegations against adults working with children and young people within 24 hours.

Chairs of committees should refer to this guidance if there is an allegation against the manager.

Referral to LADO includes all cases that meet the harms threshold where a person is alleged to have:

- 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 or children in a way that indicates they may pose a risk of harm to children
- behaved or may have behaved in a way that indicates they may not be suitable to work with children. This includes behaviour that may have happened outside of the setting, that might make an individual unsuitable to work with children and is known as transferable risk. Where appropriate, an assessment of transferable risk to children with whom the person works should be undertaken. If in doubt seek advice from the LADO.

There are two levels of allegation/concern:

- allegations that may meet the harms threshold (see definition above)
- allegation/concerns that do not meet the harms threshold – referred to in 2022 guidance as ‘low level concerns’
  - These will be recorded and reviewed so that potential patterns of concern, inappropriate, problematic, or concerning behaviour can be identified.

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

- Report any concerns about the conduct of any member of staff or volunteer to the manager as soon as possible.
- If an allegation is made against the manager, the concerns need to be raised with the Chair as soon as possible. If the Chair is not available, then the LADO should be contacted directly.
- There may be situations when the Manager or Chair will want to involve the police immediately, if the person is deemed to be an immediate risk to children or there is evidence of a possible criminal offence.

- Once an allegation has been received by the Manager or Chair they will contact the LADO on 01865 810603 or [lado.safeguardingchildren@oxfordshire.gov.uk](mailto:lado.safeguardingchildren@oxfordshire.gov.uk) as soon as possible **and before** carrying out any investigation into the allegation other than preliminary enquiries.

In liaison with the LADO, the setting will determine how to proceed and if necessary, a referral will be made to the MASH and/or the police. The LADO team will assess the information provided and advise on next steps, in line with Oxfordshire County Council's LADO local procedures the setting will also contact the LADO team for advice where they have concerns about an adult working or volunteering with children which does not meet the harms threshold as stated above.

'Low Level Concerns' - Creating a culture in which all concerns about adults (including allegations that do not meet the harms threshold) are shared responsibly and with the right person, recorded and dealt with appropriately, is critical.

A low-level concern is any concern – no matter how small, and even if no more than causing a sense of unease or a 'nagging doubt' - that an adult working in or on behalf of the setting may have acted in a way that is inconsistent with the staff code of conduct, including inappropriate conduct outside of work; and does not meet the allegations threshold or is otherwise not considered serious enough to consider a referral to the LADO.

Examples of such behaviour could include, but are not limited to:

- being over friendly with children.
- having favorites.
- taking photographs of children on their mobile phone.
- engaging with a child on a one-to-one basis in a secluded area or behind a closed door
- 'humiliating pupils'

Such concerns must always be recorded and reviewed so that potential patterns of concerning, problematic or inappropriate behaviour can be identified

The Local Authority Designated Officer is Jo Lloyd, contactable by phone on 01865 810603 or by email at [lado.safeguardingchildren@oxfordshire.gov.uk](mailto:lado.safeguardingchildren@oxfordshire.gov.uk)

An Allegations and Consultation Referral Form must be completed by the manager in full and forwarded to the LADO via email within 24 hours.

## WHISTLEBLOWING IN A SAFEGUARDING CONTEXT

While the setting has a separate whistleblowing policy, this is a summary that outlines the process when there is a concern that safeguarding issues have not been reported or followed correctly. This does not replace the whistleblowing policy and should be read in conjunction with the setting policy.

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

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

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

If your concern is about the manager, you should raise this with the Chair of the committee.

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

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

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

Further guidance for staff can be accessed through <https://www.gov.uk/government/publications/what-to-do-if-youre-worried-a-child-is-being-abused--2> and through the NSPCC website <https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/>

## **PREVENTING RADICALISATION**

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

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

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

## **SITE SECURITY**

All staff members have a responsibility to ensure our buildings and grounds are safe, this includes ensuring the safety of any visitors into setting.

The setting will not accept the behaviour of any individual, parent or anyone else, that threatens setting security or leads others, child or adult, to feel unsafe. Such behaviour will be treated as a serious concern and may result in a decision to refuse the person access to the setting site.

Regular and thorough risk assessments are carried out. Hazards are made safe and/or removed.

## **SAFEGUARDING AND THE CURRICULUM**

In this setting we ensure the content of the curriculum includes social and emotional aspects of learning. We use all opportunities to teach children about how they can keep themselves and others well and safe from harm, in an age-appropriate way.



## **RELATED SAFEGUARDING POLICIES**

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

- Behaviour Management
- Children's Health and Hygiene Policy (Including: Sickness, First Aid, Accidents, Administration of Medications, Asthma and Hygiene.)
- Collection and Non-Collection of Child
- Complaints
- FGM
- Fire Safety
- Food and Drink
- GDPR and UK GDPR
- Health and Safety
- Intimate Care and Nappy Changing
- Lockdown
- Missing Child
- Safer Recruitment
- Use of Mobile Phones, Cameras and Social Networking
- Whistleblowing

## **POLICY REVIEW**

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

**Date approved by the manager and committee:**

**Date to reviewed by the manager and committee:**

## **ANNEX 1: ROLES AND RESPONSIBILITIES IN ST. MARY'S PLAYGROUP**

### **1) Staff Responsibilities**

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

- Establish and maintain an environment where children feel secure, are encouraged to talk and are listened to.
- Ensure children know that there are adults in the setting who they can approach if they are worried or have concerns.
- Plan opportunities for children to develop the skills they need to recognise, assess and manage risk appropriately and keep themselves safe.
- Attend training in order 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, if the disclosure is an allegation against a member of staff.
- Follow the procedures set out by the Oxfordshire Safeguarding Children Board (OSCB) and take account of guidance issued by the DfE.
- Support children in line with their child protection plan.
- Treat information with confidentiality but never promising to ‘keep a secret’.
- Notify the DSL or DDSL of any child on a child protection plan or child in need plan who has unexplained absence.
- Have an understanding of Early Help and be prepared to identify and support children who may benefit from early help.
- Liaise with other agencies that support children and provide early help.
- Ensure they know who the DSL and DDSL are and know how to contact them.
- Have an awareness of the Child Protection Policy, the Behaviour Policy, the Staff Behaviour Policy (or Code of Conduct), procedures relating to the safeguarding response for children who go missing from education and the role of the DSL.

- Have an awareness of Mental Health problems and how in some cases an indicator of the child being at risk of harm.

## **2) Senior Management Team responsibilities:**

- Contribute to inter-agency working in line with Working Together to Safeguard Children 2019 guidance.
- Provide a co-ordinated offer of early help when additional needs of children are identified.
- Working with the Local Authority 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 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.

## **3) Management team and committee responsibilities**

- Ensure the setting has effective safeguarding policies and procedures including a Child Protection Policy, a Staff Code of Conduct, and a Behaviour Policy.
- 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.
- 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 that this is updated in line with guidance from Local Safeguarding Partners or local authority training courses.

- 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.

#### **4) 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 St. Mary's Playgroup 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.
- Be alert to children's poor or unusual patterns of attendance and follow up with families in a timely manner e.g. calling regarding absence and referring to Local Authority Children's Social Care if concerned.
- 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 chronologies of concerns are maintained and decision/actions taken are recorded.
- 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 and Local Safeguarding Partners 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.
- Help promote educational outcomes, understand their academic progress and attainment and maintain a culture of high aspirations for 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 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.
- Complete, along with the Management Team, the Annual Safeguarding Self-Assessment Audit and return it to the Local Authority.

## **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 Local Authority Children's 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 to dealing with disclosures - 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 or not 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.
- If you are not able to contact your DSL or the Deputy, and the child is at risk of immediate harm, contact MASH 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: VULNERABLE CHILDREN**

Any child may benefit from early help, but all staff should be particularly alert to the potential need for early help for a child who:

- is disabled and has specific additional needs.
- has special educational needs (whether they have a statutory Education, Health and Care Plan).
- is a young carer.
- is showing signs of being drawn in to anti-social or criminal behaviour, including gang involvement and association with organised crime groups.
- is frequently missing/goes missing from care or from home.
- is at risk of modern slavery, trafficking, or exploitation.
- is at risk of being radicalised or exploited.is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic

abuse; <https://www.gov.uk/government/collections/domestic-abuse-bill>

- is misusing drugs or alcohol themselves.
- has returned home to their family from care; and
- is a privately fostered child.

## **ANNEX 4: 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 persistent 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 5: 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;
- physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise
- causing physical harm;

Sexual violence and harassment can occur between two children of any age and sex, and it is important for Early Years staff to be aware that this is a form of abuse. Staff must challenge any form of derogatory and sexualised language or behaviour and should be vigilant to sexualised/aggressive touching/grabbing.

Our setting acknowledges the need to treat everyone equally, with fairness, dignity and respect. Any discriminatory behaviours are challenged and children are supported to understand how to treat others with respect.

**This is dealt with through our behaviour management policy.**

## **ANNEX 6: SAFEGUARDING ISSUES**

**All** staff should have an awareness of safeguarding issues that can put children at risk of harm. Behaviours linked to issues such as drug taking, alcohol abuse and deliberately missing education put children in danger.

### **MENTAL HEALTH**

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

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

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

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

- All staff should also be aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation.
- Only appropriately trained professionals should attempt to make a diagnosis of a mental health problem. Staff, however, are well placed to observe children day-to-day and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one.
- Where children have suffered abuse and neglect, or other potentially traumatic adverse childhood experiences, this can have a lasting impact throughout childhood, adolescence and into adulthood. It is key that staff are aware of how these children's experiences, can impact on their mental health, behaviour and education.
- If staff have a mental health concern about a child that is also a safeguarding concern, immediate action should be taken, following their child protection policy and speaking to the designated safeguarding lead or a deputy.

<https://www.gov.uk/government/publications/promoting-children-and-young-peoples-emotional-health-and-wellbeing>

The department has published advice and guidance on Preventing and Tackling Bullying, and Mental Health and Behaviour in Schools.

The Anna Freud Centre has produced materials for the Early Years sector Early Years Practitioner Guidance | Babies, Young Children Mental Health & Wellbeing | Early Years In Mind | Anna Freud Centre

There are three thresholds for and types of referral that need to be considered:

- is this a child with additional needs; where their health, development or achievement may be adversely affected?
- age-appropriate progress is not being made and the causes are unclear



- the support of more than one agency is needed to meet the child or young person's needs

Is this a Child in Need matter? Section 17 of the Children Act 1989 says:

- they are unlikely to achieve or maintain, or to have opportunity to achieve or maintain, a reasonable standard of health or development, without the provision of services by a local authority
- their health or development is likely to be impaired, or further impaired, without the provision of such services
- they are SEND (and as such can face additional safeguarding challenges)

If this is a child in need, discuss the issues with the Designated Safeguarding Lead and parents. Obtain their consent for referral.

Is this a Child Protection matter? Section 47 of the Children Act 1989 says

- children at risk or who are suffering significant harm
- children suffering the effects of significant harm
- serious health problems

More on the thresholds can be found here: [Oxfordshire-Threshold-of-Needs-2021.pdf \(oscb.org.uk\)](https://www.oscb.org.uk/oxfordshire-threshold-of-needs-2021.pdf)

If this is a child protection matter, this should be discussed with the DSL and will need to be referred to the MASH by the setting as soon as possible. Multi-Agency Safeguarding Hub (MASH) | Oxfordshire County Council

### Risks Associated with Parent/Carer Mental Health

The majority of parents who suffer mental ill-health can care for and safeguard their children and/or unborn child. Some parents, however, will be unable to meet the needs and ensure the safety of their children.

Our approach is to recognise; seek support; instil preventive factors and monitor. The DSL should seek support through the Early Help team but escalate to the MASH Team if they are concerned that the child involved is being placed at immediate risk of harm. The link below details the Early Help services available to children, young people, and their families. Early Help and the Locality Community Support Service (LCSS) - Oxfordshire Safeguarding Children Board ([oscb.org.uk](https://www.oscb.org.uk))

## **FEMALE GENITAL MUTILATION (FGM)**

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

All staff should speak to the designated safeguarding lead (or deputy) with regard to any concerns about female genital mutilation (FGM) and involve MASH as appropriate. All staff must carry out annual FGM training.

## **CONTEXTUAL SAFEGUARDING**

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

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

## **CHILDREN MISSING FROM EDUCATION**

All staff should be aware that children going missing from education, particularly repeatedly, can act as a vital warning sign of a range of safeguarding possibilities. This may include abuse and neglect, which may include sexual abuse or exploitation and child criminal exploitation. It may indicate parental mental health problems, risk of substance abuse, risk of travelling to conflict zones or risk of female genital mutilation. Early intervention is necessary to identify the existence of any underlying

safeguarding risk and to help prevent the risks of a child going missing in future.

St. Mary's Playgroup monitors and records all absences from Playgroup. Even though a child does not legally need to attend we are aware that repeated absences could indicate a safeguarding issue.

## **DOMESTIC ABUSE**

The Domestic Abuse Act 2021 received Royal Assent on 29 April 2021. The Act introduces the first ever statutory definition of domestic abuse and recognises the impact of domestic abuse on children, as victims in their own right, if they see, hear or experience the effects of abuse. The statutory definition of domestic abuse, based on the previous cross-government definition, ensures that different types of relationships are captured, including ex-partners and family members. The definition captures a range of different abusive behaviours, including physical, emotional and economic abuse and coercive and controlling behaviour. Both the person who is carrying out the behaviour and the person to whom the behaviour is directed towards must be aged 16 or over and they must be "personally connected" (as defined in section 2 of the 2021 Act) All children can witness and be adversely affected by domestic abuse in the context of their home life where domestic abuse occurs between family members. Exposure to domestic abuse and/or violence can have a serious, long lasting emotional and psychological impact on children. In some cases, a child may blame themselves for the abuse or may have had to leave the family home as a result.

## **FAITH BASED ABUSE**

Our policy recognises the 'National Action Plan to Tackle Abuse linked to faith or belief' which describes this abuse as:

*'not about challenging people's beliefs, but where beliefs lead to abuse that must not be tolerated. This includes belief in witchcraft, spirit possession, demons or the devil, the evil eye, or djinns, dakini, kindoki, ritual or muti murders and use of fear of the supernatural to make children comply with being trafficked for domestic slavery or sexual exploitation. The beliefs which are not confined to one faith, nationality or ethnic community.'*

When this type of abuse is suspected staff will make a referral to MASH for support and guidance.

<https://www.gov.uk/government/publications/national-action-plan-to-tackle-child-abuse-linked-to-faith-or-belief>

## **DRUGS AND ALCOHOL**

Children can be at risk of drugs and alcohol directly and indirectly. They may be at direct risk of having access to these or indirectly because they affect family life at home through use by parents/carers, siblings, child-minders etc.

More details can be found at: Substance Misuse - Oxfordshire Safeguarding Children Board ([oscb.org.uk](http://oscb.org.uk))

## **HOMELESSNESS**

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

Further information around safeguarding issues can be found on the OSCB website.

## **FABRICATED OR INDUCED ILLNESS / PERPLEXING PRESENTATION**

Staff must be aware of the risk of children being abused through fabricated or induced illness (FII). There are three main ways of the carer fabricating or inducing illness in a child. These are not mutually exclusive and include:

- fabrication of signs and symptoms. This may include fabrication of past medical history
- fabrication of signs and symptoms and falsification of hospital charts and records, and specimens of bodily fluids. This may also include falsification of letters and documents
- induction of illness by a variety of means

Where this is identified and considered a risk a referral will be made to the MASH for support and guidance. The setting may involve other agencies in making their assessments. That could include school nurse, community paediatrician, occupational therapists for example.

## **PREVENTING RADICALISATION**

Protecting children from the risk of radicalisation is part of our settings' wider safeguarding duties and is similar in nature to protecting children from other forms of harm and abuse. During the process of radicalisation, it is possible to intervene to prevent vulnerable people being radicalised.

Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism.

The Prevent guidance refers to the importance of Prevent Awareness training to equip staff to identify children at risk of being drawn into terrorism and to challenge extremist ideas.

St. Mary's Playgroup requires all Practitioners to be trained on Prevent duty.

## **COUNTY LINES**

County Lines is a term used to describe gangs, groups or drug networks that supply drugs from urban to suburban areas across the country, including market and coastal towns, using dedicated mobile phone lines or 'deal lines. They exploit children and vulnerable adults to move the drugs and money to and from the urban area, and to store the drugs in local markets. They will often use intimidation, violence, and weapons, including knives, corrosives, and firearms. County lines is a major, cross-cutting issue involving drugs, violence, gangs, safeguarding, criminal and sexual exploitation, modern slavery, and missing persons. County lines activity and the associated violence, drug dealing, and exploitation has a devastating impact on young people, vulnerable adults, and local communities. Further information can be found here: [Child Criminal Exploitation - Oxfordshire Safeguarding Children Board \(oscb.org.uk\)](http://ChildCriminalExploitation-OxfordshireSafeguardingChildrenBoard.org.uk)

## **CHILDREN WITH FAMILY MEMBERS IN PRISON**

Approximately 200,000 children in England and Wales have a parent sent to prison each year these children are at risk of poor outcomes including poverty, stigma, isolation, and poor mental health. The National Information Centre on children of offenders NICCO provides information designed to support professionals working with offenders and their children to help mitigate negative consequences for these children.

## Annex 7: ONLINE SAFETY

The use of technology has become a significant part of many safeguarding issues. Child Sexual Exploitation; radicalisation; sexual predation- technology often provides the platform that facilitates harm. An effective approach to online safety empowers a setting to protect and educate the setting community including parents and carers in their children's use of technology and establishes mechanisms to identify, intervene and escalate any incident where appropriate.

The breadth of issues classified within online safety is considerable, but can be categorised into three areas of risk:

- 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

St. Mary's Playgroup will do all we can to limit children's exposure to the risks from the settings IT system and ensure the setting has appropriate filters and monitoring systems in place and regularly review their effectiveness.

St. Mary's Playgroup recognises the specific risks that can be posed by mobile phones and cameras and in accordance the EYFS 2021 has appropriate policies in place that are shared and understood by all members of the setting community. Please see our mobile phone and camera policy.

St. Mary's Playgroup acknowledges that whilst filtering and monitoring is an important part of settings online safety responsibilities, it is only one part of our approach to online safety. Children and adults may have access to systems external to the setting control such as mobile phones and other internet enabled devices and technology and where concerns are identified appropriate action will be taken.

Staff should help children to gain an understanding of when they might be at risk when using the internet and digital technology and where to get support if they need it.

Staff should refer to [Safeguarding children and protecting professionals in early years settings: online safety considerations - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/safeguarding-children-and-protecting-professionals-in-early-years-settings-online-safety-considerations)

## **Annex 8: PRE-APPOINTMENT CHECKS AND SAFER RECRUITMENT**

Any offer of appointment made to a successful candidate, including one who has lived or worked abroad, must be conditional on satisfactory completion of the necessary pre-employment checks. Providers must not allow people, whose suitability has not been checked, including through a criminal records check, to have unsupervised contact with children being cared for.

When appointing new staff, providers must:

- verify a candidate's identity. Identification checking guidelines can be found on the GOV.UK website
- obtain (via the applicant) an enhanced DBS certificate (including barred list information, for those who will be engaging in regulated activity)
- obtain a separate barred list check if an individual will start work in regulated activity before the DBS certificate is available
- verify the person's right to work in the UK. If there is uncertainty about whether an individual needs permission to work in the UK, follow advice on the GOV.UK website.
- if the person has lived or worked outside the UK, make any further checks the setting consider appropriate and verify professional qualifications, as appropriate
- consider carrying out an online search on shortlisted candidates to help identify any issues that are publicly available online
- ensure a candidate's qualifications are 'approved' (full and relevant) in order for them to be counted in ratios. You can check qualifications here [www.gov.uk](http://www.gov.uk) Check early years qualifications - GOV.UK ([www.gov.uk](http://www.gov.uk))
- only accept copies of a curriculum vitae (CV) alongside an application form. A CV on its own will not provide adequate information.

## **ANNEX 9: CENTRAL RECORD**

The EYFS states: Providers other than childminders must record information about staff qualifications and the identity checks and vetting processes that have been completed (including the criminal records check reference number, the date a check was obtained and details of who obtained it).

See section above for other checks which must be recorded.

Committee member's identity and vetting checks should also be recorded. Governance is not a regulated activity and so they do not need a barred list check unless, in addition to their governance duties, they also engage in regulated activity.

## **ANNEX 10: STAFF INDUCTION AND AWARENESS TRAINING**

The EYFS states:

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

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



## ANNEX 11: CONTACTS/LINKS

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

Information sharing advice:

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

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

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

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

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

MASH leaflet for parents:

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

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

[When to call the Police](#)

## ANNEX 12

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

Name	Role	Signature	Date