



Child Protection and Safeguarding Policy for Grow Learn Play Project CIC

In line with Keeping Children Safe in Education September 2023

This policy is in line with Keeping Children Safe in Education 2023.

The policy must be reviewed and updated at least every 12 months.

Grow Learn Play Project CIC recognises its responsibility for safeguarding and child protection.



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PART 1

Introduction

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

- “Keeping Children Safe in Education” 2023”
- “Framework for the Assessment of Children in Need and their Families” 2017
- “What to do if you are worried a Child is being Abused” 2015
- Oxfordshire Safeguarding Children Board guidelines

The Directors takes seriously its responsibility under Section 11 of the Children Act and duties under “working together” 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 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 staff, and volunteers working in our setting.

This policy has been written in line with Keeping Children Safe in Education 2023
All staff will sign to confirm they have read and understood this policy.

Terminology

Safeguarding and promoting the welfare of children refers to the process of protecting children from abuse or neglect, preventing the impairment of their health or development, ensuring that children grow up in circumstances consistent with the provision of safe and effective and nurturing care and undertaking that role to enable those children to have optimum life chances and to enter adulthood successfully.

Child Protection refers to the processes undertaken to meet statutory obligations laid out in the [Children Act 1989](#) and associated guidance (see [Working Together to Safeguard Children, An Interagency Guide to Safeguard and Promote the Welfare of Children](#)) in respect of those children who have been identified as suffering, or being at risk of suffering harm.

Staff refers to all those working for or on behalf of the setting, full time, or part time, in either a paid or voluntary capacity.

Child refers to all young people who have not yet reached their 18th birthday.

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

DSL: Designated Safeguarding Lead

CP: Child protection

CIN: child in need

Aims

The purpose of Grow Learn Play Project CIC safeguarding policy is to ensure every child and young person who is registered in our setting is safe and protected from harm. It is also to provide all staff with the necessary information to enable them to meet their statutory responsibilities to promote and safeguard the wellbeing of children. Adopting an 'holistic safeguarding whole setting approach, to listen to and work in collaboration with children, parents, staff, and partner agencies.

To ensure consistent good practice across the setting.

To demonstrate the setting's commitment regarding safeguarding children

Expectations

All staff and visitors will:

- Be familiar with this Safeguarding policy.
- Understand their role in relation to safeguarding.
- Be alert to signs and indicators of possible abuse.
- Record concerns and give record to DSL.
- Deal with disclosures of abuse from children.

The role of setting and setting staff

Our setting and staff are particularly important as they can identify concerns early, provide help for children, and prevent concerns from escalating.

All our setting staff have a responsibility to provide a safe environment in which children can learn.

Our setting has a DSL who will provide support to our staff members to carry out their safeguarding duties and who will liaise closely with other services such as children's social care. The DSL (and any deputies) are most likely to have a complete safeguarding picture and be the most appropriate person to advise on the response to safeguarding concerns.

All our staff are prepared to identify children who may benefit from early help. Early help means providing support as soon as a problem emerges at any point in a child's life, from the foundation years through to the teenage years.

Any of our staff members who have a concern about a child's welfare will follow the referral processes (detailed on page 6). Staff will be expected to support Social Workers and other agencies following any referral.

What setting staff need to know

All our staff members are aware of the systems within our setting which support safeguarding, these are explained to them as part of their induction and include:

- This Child Protection and Safeguarding policy
- The staff Code of Conduct
- The role of the DSL (including the identity of the DSL and any deputies).
- Keeping Children Safe in Education Part 1
- Whistleblowing policy
- Managing allegations about staff or volunteers
- What to do if they have a concern about a child

All staff receive appropriate safeguarding and child protection training which is regularly updated. In addition, all staff receive safeguarding and child protection updates (for example, staff notices and staff meetings), as required, and at least annually, to provide them with relevant skills and knowledge to safeguard children effectively.

All staff are made aware of the early help process and understand their role in this.

All staff are aware of the process for making child protection referrals to children's social care and for statutory assessments under the Children Act 1989, especially section 17(children in need) and section 47 (a child suffering, or likely to suffer, significant harm) that follow a referral, along with the role that might be expected to play in such assessments.

All staff know what to do if a child tells them he/she is being abused or neglected. Staff understand how to maintain an appropriate level of confidentiality. They understand that this means only to involve those who need to be involved, such as the DSL (or a deputy) and children's social care.

Staff will never promise a child that they will not tell anyone about the allegation/disclosure that the child has made, as this may ultimately not be in the best interests of the child.

What staff should look out for?

Any child may benefit from early help, but our setting staff are particularly alert to the potential need for early help for a child who:

- is a young carer.
- is disabled and has specific additional needs.
- has special educational needs (whether they have a statutory education, health, and care plan).
- is at risk of modern slavery, trafficking, or exploitation.
- is in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health problems or domestic abuse.
- has returned home to their family from care.
- is showing early signs of abuse and/or neglect.
- is at risk of being radicalised or exploited.
- is a privately fostered child.

All staff members are aware of the indicators of abuse and neglect so they can identify children who may need help or protection (see part 2 of this policy for the definitions)

What to do if you are worried a child is being abused- Advice for practitioners provides more information on understanding and identifying abuse and neglect.

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

Staff members at our setting are advised to maintain an attitude of “**it could happen here**” where safeguarding is concerned. When concerned about the welfare of a child, staff members should always act in the **best interests of the child.**

Knowing what to look for is vital to the early identification of abuse and neglect. If staff members are unsure, they should **always** speak to the DSL (or deputy).

What staff should do if they have concerns about a child.

If our staff have **any concerns** about a child's welfare, they should act on them immediately. See page 29 for a flow chart setting out the process for our staff when they have concerns about a child.

If staff have a concern, they follow the Child Protection Policy and speak to the DSL (or deputy).

Options will then include:

- managing any support for the child internally via the settings own pastoral support processes.
- an early help assessment: a referral for statutory services, for example as the child might be in need,
- is in need or suffering or likely to suffer harm.

The DSL or a deputy should always be available to discuss safeguarding concerns. If in exceptional circumstances, the DSL (or deputy) is not available, this should not delay appropriate action being taken. Staff should speak to a member of the senior leadership team and/or take advice from local children's

social care. In these circumstances, any action taken should be shared with the designated safeguarding lead (or deputy) as soon as is practically possible.

Our staff will not assume a colleague, or another professional will act and share information that might be critical in keeping children safe. They will be mindful that early information sharing is vital for effective identification, assessment, and allocation of appropriate service provision. Information sharing:

Early help

If early help is appropriate, the designated safeguarding lead (or deputy) will lead on liaising with other agencies and setting up an inter-agency assessment as appropriate. Staff will be required to support other agencies and professionals in an early help assessment, in some cases acting as the lead professional. Any such cases should be kept under constant review and consideration given to a referral to children's social care for assessment for statutory services if the child's situation does not appear to be improving or is getting worse.

Statutory Assessments

Where a child is suffering, or is likely to suffer from harm, it is important that a referral to children's Local safeguarding Partners (LSP) (and if appropriate the police) is made immediately.

Female Genital Mutilation mandatory reporting duty practitioners

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

Record keeping.

All concerns, discussions and decisions made, and the reasons for those decisions, will be recorded in writing. If in doubt about recording requirements, staff should discuss with the DSL (or deputy).

Why is all this important?

It is important for children to receive the right help at the right time to address risks and prevent issues escalating. Research and serious case reviews have repeatedly shown the dangers of failing to take effective action. Examples of this poor practice include:

- failing to act on and refer the early signs of abuse and neglect.
- poor record keeping.
- failing to listen to the views of the child.
- failing to re-assess concerns when situations do not improve.
- not sharing information.
- sharing information too slowly; and
- a lack of challenge to those who appear not to be acting.

What staff will do if a child is in danger or at risk of harm.

- **If a child is in immediate danger or is at risk of harm a referral will be made to children's social care and/or the police immediately.** Anyone can make a referral. Where referrals are not made by the DSL, the DSL should be informed, as soon as possible, that a referral has been made.

What staff will do if they have concerns about another staff member?

If our staff members have concerns about another staff member, then.

- this must be referred to the DSL/Early Years Manager.
- Where there are concerns about the manager or assistant manager this should be referred to the chair of trustees,

Full details can be found in Part 2 of this Policy.

What staff will do if they have concerns about safeguarding practices within the setting?

- All our staff and volunteers should feel able to raise concerns about poor or unsafe practice and potential failures in the setting's safeguarding regime and that such concerns will be taken seriously by the senior leadership team.
- Appropriate whistleblowing procedures, which are suitably reflected in staff training and Staff Code of Conduct, are in place for such concerns to be raised with the setting's senior leadership team.
- Where a staff member feels unable to raise an issue with their employer or feels that their genuine concerns are not being addressed, other whistleblowing channels may be open to them:
- General guidance can be found at – <https://www.gov.uk/whistleblowing>
- The NSPCC whistleblowing helpline is available for staff who do not feel able to raise concerns regarding child protection failures internally. Staff can call: 0800 028 0285 – line is available from 8:00 AM to 8:00 PM, Monday to Friday and Email: help@nspcc.org.uk

PART 2

Key personnel at our setting:

The **Designated Safeguarding Lead (DSL)** for child protection for this setting is:

Theresa Baker (Managing Director)

Contact details: 01295 257100.

theresa.baker@glpp.uk

The **Deputy Designated Safeguarding Lead (DSL)** for this setting is:

Jemma Kerby (Education Director)

Contact details: 01295 257100.

jemma.kerby@glpp.uk

Roles and responsibilities

Our setting has a nominated a senior member of staff to coordinate Child Protection arrangements and this person is named in this Policy Guidance. Our setting will ensure that the Designated Safeguarding Lead or a deputy is available (during setting hours) to discuss safeguarding concerns. Our setting will also ensure that there are adequate and appropriate measures in place to cover out of hour/out of term activities.

The Board of Directors

The Board of Directors of our setting undertakes the regular review of safeguarding related policies and procedures that operate in our setting.

The Board of Directors have a crucial role in monitoring and challenging staff on the effectiveness of safeguarding arrangements.

Our Board of Directors ensure that:

- A DSL for safeguarding and child protection who is a member of the senior leadership team and who has undertaken the approved LSP training in inter-agency working, in addition to basic child protection training.
- Child protection policy and procedures that are consistent with LSP requirements, reviewed annually and made available to parents on the settings website.
- Procedures for dealing with allegations of abuse made against members of staff including allegations made against the manager or assistant manager.
- Safer recruitment procedures that include the requirement for appropriate checks in line with national guidance
- A training strategy that ensures all staff, including the manager, receive child protection training, with refresher training at three-yearly intervals. The DSL should receive refresher training at two-yearly intervals.
- Regular update sessions for staff regarding safeguarding. Keeping staff up to date with any changes and ensuring that safeguarding remains a priority within the setting.
- Arrangements to ensure that all temporary staff and volunteers are made aware of the settings arrangements for child protection.
- The Board of Directors nominates a member to be responsible for liaising with the local authority and other agencies in the event of an allegation being made against the Early Years Manager.

The Early Years Manager:

- Ensures that the safeguarding and child protection policy and procedures are implemented and followed by all staff.
- Allocates sufficient time and resources to enable the DSL and deputy to carry out their roles effectively, including the assessment of children' and attendance at strategy discussions and other necessary meetings.
- Ensures that all staff feel able to raise concerns about poor or unsafe practice and that such concerns are handled sensitively and in accordance with the setting's whistle blowing procedures.
- Ensures that child's safety and welfare is addressed through the curriculum.

The setting has ensured that the DSL:

- Is appropriately trained.
- Acts as a source of support and expertise to the setting
- Understands LSP procedures.
- Keeps written records of all concerns when noted and reported by staff or when disclosed by a child, ensuring that such records are stored securely and reported onward in accordance with this policy guidance, but kept separately from the child's general file.
- Refers cases of suspected neglect and/or abuse to children's local safeguarding partners or police in accordance with this guidance and local procedure.
- Notifies children's local safeguarding partners if a child with a child protection plan is absent for more than two days without explanation.
- Ensures that when a child with a child protection plan leaves the setting, their information is passed to their new school and the child's social worker is informed.
- Attends and/or contributes to child protection conferences in accordance with local procedure and guidance.
 - Coordinates the setting's contribution to child protection plans.
 - Develops effective links with relevant statutory and voluntary agencies.
 - Ensures that all staff sign to indicate that they have read and understood this policy.
 - Ensures that the child protection policy is updated annually.
 - Liaises with the Directors as appropriate.
 - Keeps a record of staff attendance at child protection training.
 - Provides an annual safeguarding report to Directors.
 - Makes this policy available to parents.

Deputy DSL(s)

Is appropriately trained and, in the absence of the designated safeguarding lead, carries out those functions necessary to ensure the ongoing safety and protection of children. In the event of the long-term absence of the designated person, the deputy will assume all the functions above.

All staff will:

Follow the Oxfordshire Safeguarding Children Board Procedures/Local Authority guidance in all cases of abuse, or suspected abuse (these can be found at www.OSCB.org.uk).

We will therefore:

- Implement and follow part 1 of this guidance.

- Understand that our responsibility to safeguard children requires that we all appropriately share any concerns that we may have about children.
- Support the child's development in ways that will foster security, confidence, and resilience.
- Provide an environment in which children and young people feel safe, secure, valued, and respected, feel confident and know how to approach adults if they are in difficulties.
- Provide a systematic means of monitoring children known or thought to be at risk of harm, and ensure we contribute to assessments of need and support plans for those children where appropriate.
- Ensure that detailed and accurate written records of concerns about a child are kept even if there is no need to make an immediate referral. See guidance on record keeping:
- http://portal.oxfordshire.gov.uk/content/public/CYPF/schools/behaviour_attendance/safeguarding_child_protection/Keeping_Child_Protection_Records.doc

Supporting Children

- We recognise that a child who is abused, who witnesses violence or who lives in a violent environment may feel helpless and humiliated, may blame him/herself, and find it difficult to develop and maintain a sense of self-worth.
- We accept that research shows that the behaviour of a child in these circumstances may range from that which is perceived to be normal to aggressive or withdrawn.

Our setting will support all children and young people by:

- Encouraging the development of self-esteem and resilience in every aspect of life.
- Promoting a caring, safe, and positive environment.
- Liaising and working together with all other support services and those agencies involved in the safeguarding of children.
- Carrying out no name consultations with the LSP where appropriate
- Carrying out EHA's (Early Help Assessments) where appropriate to identify what support can be put in place for the child and family.
- Notifying local safeguarding partners as soon as there is a significant concern.
- Notifying local safeguarding partners when a child attending our setting is privately fostered.
- Providing continuing support to a child (about whom there have been concerns) who leaves the setting by ensuring that such concerns and setting medical records are forwarded under confidential cover to the Designated Person at the pupil's new school immediately.

Confidentiality

- We recognise that all matters relating to child protection are confidential.
- The Designated Person will disclose personal information about a child to other members of staff on a need-to-know basis only.

- However, all staff must be aware that they have a professional responsibility to share information with other agencies to safeguard children.
- All staff must be aware that they cannot promise a child to keep secrets which might compromise the child's safety or well-being or that of another.
- We will always undertake to share our intention to refer a child to local safeguarding partners with their parents /carers unless to do so could put the child at greater risk of harm or impede a criminal investigation. If in doubt, we will consult with Social Care on this point.
- We will take no names consultations with our LSP/local Assessment Teams/ MASH team to discuss concerns we may have, but we understand that if they then ask for a name, we will disclose those details and it will become a referral.

(Safeguarding Hub) MASH Team: 01865 810603
Designated officer: Jo Lloyd
Kingfisher Team Child Sexual Exploitation 01865 309196
OFSTED 0300 123 1231
North assessment team 01865 323039
Emergency Duty team 0800 833408
No names consultation LCSS North 0345 241 2703
LADO Team contact: 01865 810603
Oxfordshire safeguarding Board 01865 815843
Locality Support Partners North 0345 241 2703

Supporting Staff

- We recognise that staff working in the setting who have become involved with a child who has suffered harm or appears to be likely to suffer harm may find the situation stressful and upsetting.
- We will support such staff by providing an opportunity to talk through their anxieties with the Designated Person and to seek further support. This could be provided by another trusted colleague, Occupational Health, and/or a representative of a professional body or trade union, as appropriate.
- In consultation with all staff, we have adopted a code of conduct for staff at our setting. This forms part of staff induction and is in the staff handbook. We understand that staff should have access to advice on the boundaries of appropriate behaviour.
- We recognise that our Designated Person(s) should have access to support and appropriate workshops, courses or meetings as organised by the LA.

Allegations against staff

- All staff should take care not to place themselves in a vulnerable position with a child. It is always advisable for interviews or work with individual children or parents to be conducted in view of other adults.
- We understand that a child or adult may make an allegation against a member of staff. If such an allegation is made, the member of staff receiving the allegation will immediately inform the Early Years Manager
- The Manager on all such occasions will discuss the content of the allegation with the Designated Officer's team for the Local Authority (LADO), **before taking any action.** In our county the named Designated Officer is:

Jo Lloyd, Designated Officer LADO team 01865 810603 or

Contact must be made with the Designated Officer or one of the Assistant Designated Officer's before any internal investigation is commenced.

- If the allegation made to a member of staff concerns the manager themselves, the person receiving the allegation will immediately inform the Chair of the trustees who will consult with Designated Officers team, without notifying the manger first.
- The setting will follow the procedures for managing allegations against staff, as outlined in Keeping Children Safe in Education 2023.
- Suspension of the member of staff against whom an allegation has been made needs careful consideration, and we will consult with HR before making any decisions around suspension.

See flowchart 'Appendix B' for further details.

Whistleblowing

- We recognise that children cannot be expected to raise concerns in an environment where staff fail to do so.
- All staff should be aware of their duty to raise concerns about the attitude or actions of colleagues and appropriate advice will be sought from the Designated Officers Team where necessary.
- See full details in our setting's whistleblowing policy.

Physical Intervention/Positive Handling

- Our policy on physical intervention/positive handling by staff is set out separately, as part of our Behaviour Policy.
- Such events should be recorded and signed by a witness.
- We recommend that staff who are likely to need to use physical intervention should be appropriately trained in Manual Handling Procedures.
- We understand that physical intervention of a nature which is both unreasonable and disproportionate to the circumstances and or causes injury or distress to a child may be considered under child protection or disciplinary procedures.
- See full details in our Behaviour policy.

Anti-Bullying

- Our policy on the prevention and management of bullying is set out in our separate Behaviour Policy and acknowledges that to allow or condone bullying may lead to consideration under child protection procedures. Bullying is a safeguarding matter that if left unresolved can become a child protection matter. Our setting will take seriously any bullying concerns, and both investigate and take action to protect pupils where appropriate.

- See full details in our Behaviour Policy

Health & Safety

- Our Health & Safety policy reflects the consideration we give to the protection of our children both physically within the setting environment and, for example, in relation to internet use, and when away from the setting when undertaking trips and visits.
- See full details in our health and safety policy.

Children with Special Educational Needs

At our setting we recognise that children with special educational needs (SEN) and disabilities can face additional safeguarding challenges. This policy reflects the fact that additional barriers can exist when recognising abuse and neglect in this group of children. This can include:

- assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration.
- children with SEN and disabilities can be disproportionately impacted by things like bullying- without outwardly showing any signs; and
- communication barriers and difficulties in overcoming these barriers.

Types of abuse and neglect

All staff should be aware that abuse, neglect, and safeguarding issues are rarely standalone events that can be covered by one definition or label. In most cases multiple issues will overlap with one another.

- **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 (e.g. via the internet). They may be abused by an adult or adults or 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. The following may be indicators of physical abuse (this is not a check list). Multiple bruises in clusters, or of uniform shape. Bruises carrying an imprint, such as hand or a belt. Bite marks. Round burn marks. Multiple burn marks on unusual areas of the body such as the back, shoulders, or buttocks. An injury that is not consistent with the account given.
- **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 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.

- **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 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 (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.
- **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 because 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.

Contextual Safeguarding:

Contextual safeguarding is about the impact of the public/social context on young people's lives, and consequently their safety. It seeks to identify and respond to harm and abuse posed to young people outside their home, either from adults or other young people. As an approach it looks at how interventions can change the processes and environments, to make them safer for all young people, as opposed to focusing on an individual.

Specific safeguarding issues

- **All** staff have an awareness of safeguarding issues- some of which are listed below. Staff are made aware that behaviours linked to the likes of, alcohol abuse, truancy and sexting put children in danger.
- **All** staff are made aware that safeguarding issues can manifest themselves via peer-on-peer abuse. This is most likely to include, but not limited to: bullying (including cyber bullying), physical abuse such as hitting, kicking, shaking, biting, hair pulling or otherwise causing physical harm, sexual violence/sexual harassment, sexting (also known as youth produced sexual imagery) and initiation/hazing type violence and rituals. Staff are clear about our policy and procedures with regards to peer-on-peer abuse.
- **We** are aware that 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 (or deputy) should be considering the context within which such incidents and/or behaviours occur. 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. 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.

Online safety

At our setting our children increasingly work online, we recognise that it is crucial to safeguard our children from potentially harmful and inappropriate online material. As such we ensure appropriate filters and appropriate monitoring systems are in place. The staff helps and supports children to recognise and avoid online safety risks and to help build their digital resilience.

Use of mobile phones by staff.

The following procedures have been introduced to protect children from abuse and staff, volunteers from allegations and suspicion of abuse.

- Personal mobile phones should not be carried by staff or volunteers when in the early years. In exceptional circumstances permission must be gained from the line manager for each occasion that a personal mobile is needed in session.
- Where a session is being delivered from a location without landline telephone access a mobile phone will be available and kept with the documentation and be always clearly visible to staff.
- The setting has designated mobile phones available in the setting for use by staff to communicate and record by video and photograph. These phones do not leave the setting and are returned to the office at the end of each day.

Use of mobile phones by parents

Mobile phones and conversations within groups can be distracting and disruptive taking parents/carers attention away from the responsibility of looking after their children.

- If calls are received during sessions in respect to other group users, our policy is to encourage parents/carers to keep the conversation brief and return the call after the group has finished.
- If lengthy or urgent calls must be taken, staff may ask the parent/carer involved to leave.

We encourage parents not to use mobile phones at all in the early years.

Use of photography – camera and phone cameras

- A keyway that staff support children's development and engage parents/carers in children's learning is through photographs and video footage that record children's progress and achievements. Consent forms from parents/carers need to be signed to allow use of cameras for appropriate recording purposes in this way.

We encourage parents/carers to record their children's progress, such requests must be made to the staff member running the group session before any photos of a children centre activity can be take.

Opportunities to teach safeguarding.

In our setting we ensure our children are taught about safeguarding, including online, through teaching and learning opportunities, as part of providing a broad and balanced curriculum. This may include covering relevant issues through personal, social, health and economic education (PSHE).

Allegations of abuse made against other children (child-on-child)

Our staff recognise that children can abuse their peers. In a situation where child abuse is alleged to have been carried out by another child, our child protection procedures should be adhered to for both the victim and the alleged abuser; this means it should be considered as a childcare and protection issue for both children.

Child on child abuse can take many forms, and gender issues can be prevalent when dealing with this type of abuse this could for example include girls being sexually touched/assaulted or boys being subject to initiation/hazing type violence and or bullying (including cyberbullying).

Up skirting:

Upskirting is a highly intrusive practice, which typically involves someone taking a picture under another person's clothing without their knowledge, with the intention of viewing their genitals or buttocks (with or without underwear).

The new law will capture instances where the purpose of the behaviour is to obtain sexual gratification, or to cause humiliation, distress, or alarm.

Anyone, and any gender, can be a victim and this behaviour is completely unacceptable.

What effect can upskirting have on victims?

Upskirting is distressing and a humiliating violation of privacy for victims.

reports to the police will be taken seriously.

What punishment can upskirting perpetrators face under the new law?

Perpetrators will face two years in prison. By criminalising this distressing practice, it is hoped that it deters people from committing the crime. Upskirting, where committed to obtain sexual gratification, can result in the most serious offenders being placed on the sex offenders register.

The new law will send a clear message that such behaviour is criminal and will not be tolerated.

Mental Health

KCSiE requires all staff to 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.

'Appendix A' contains important additional information about specific forms of abuse and safeguarding issues.

Dealing with Disclosures

Receive

Always stop and listen straight away to someone who wants to tell you about incidents or suspicions of abuse. Listen quietly and actively, giving your undivided attention. Allow silences when needed. Do not show shock or disbelief and take what is said seriously.

Reassure

It is important to stay calm, make no judgements and empathise. **Never make a promise to keep what a child has said a secret.** Give reassurance that only those who need to know will be told. Reassure the young person that they were right to tell you.

React

React to the student only as far as is necessary for you to establish whether you need to refer this matter, but don't interrogate for full details.

Refrain from asking leading questions.

If you need to try to get more detail about what has been disclosed, use questions such as tell me, explain to me, and describe to me.

If you do ask further questions, please remember to record the questions you have asked as well as the responses provided.

Do not criticise the perpetrator; the student may have affection for him/her.

Explain your next steps to the student, i.e. who you will be speaking to and what will happen next.

Record

If possible, make brief notes about what they are telling you at the time. Keep these notes, however rough they are. If you are unable to make notes at the time, write down what was said as soon as you can.

Record what was said by the student rather than your interpretation of what they are telling you, be always factual.

Record the date, time, place, and any noticeable nonverbal behaviour.

Report

Report the incident to the designated teacher and do not tell any other adults or students what you have been told.

Never attempt to carry out an investigation of suspected abuse by interviewing the young person or any others involved. This is a highly skilled role and any attempts by yourself could affect possible criminal proceedings.

Record Keeping

The DSL (and deputy) for child protection is responsible for ensuring that the necessary paperwork is completed and sent to the relevant people and stored in a safe and confidential place. This means that the records will be a coherent factual record of the concerns that are stored on individual children in a clear chronological order.

http://schools.oxfordshire.gov.uk/cms/sites/schools/files/folders/folders/documents/safeguarding/Keeping_Child_Protection_Records.doc

Front page chronologies should be used and be part of all individual safeguarding files.

Appendix A Specific safeguarding issues

Children and the court system

Children are sometimes required to give evidence in criminal courts, either for crimes committed against them or for crimes they have witnessed. There are two age-appropriate guides to support children 5-11-year-olds and 12–17-year-olds.

They explain each step of the process and support and special measures that are available. There are diagrams illustrating the courtroom structure and the use of video links is explained.

Making child arrangements via the family courts following separation can be stressful and entrench conflict in families. This can be stressful for children. The Ministry of Justice has launched an online child arrangements information tool with clear and concise information on the dispute resolution service. This may be useful for some parents and carers.

Children missing from education.

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

Children with family members in prison

Approximately 200,000 children have a parent sent to prison each year. These children are at risk of poor outcomes including poverty, stigma, isolation, and poor mental health. NICCO provides information designed to support professionals working with offenders and their children, to help mitigate negative consequences for those children.

Child Sexual Exploitation (CSE)

The sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people, (or a third person or persons) receive something, (e.g. food, accommodation, drugs, alcohol, cigarettes, affections, gifts, money) as a result of them performing and/or others performing on them, sexual activities. Child sexual exploitation can occur using technology without the child's immediate recognition; for example, being persuaded to post sexual images on the internet/mobile phones without immediate payment or gain. In all cases those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion, and intimidations are common, involvement in exploitative relationships being characterised in the main by the child's or young person's limited availability of choice, resulting from their social/economic and/or emotional vulnerability. (DCSF 2009).

Key Facts about CSE

- Sexual exploitation often starts around the age of 10 years old. Girls are usually targeted from age 10 and boys from age 8.
- It affects both girls and boys and can happen in all communities.
- Any person can be targeted but there are some particularly vulnerable groups: Looked after Children, Children Leaving Care and Children with Disabilities.
- Victims of CSE may also be trafficked (locally, nationally, and internationally).
- Over 70% of adults involved in prostitution were sexually exploited as children or teenagers.

Sexual violence or abuse against children represents a major public health and social welfare problem within UK society, affecting 16% of children under sixteen. That is approximately two million children.

Good practice – Individuals

- Recognise the symptoms and distinguish them from other forms of abuse.
- Treat the child/young person as a victim of abuse.
- Understand the perspective/behaviour of the child/young person and be patient with them.
- Help the child/young person to recognise that they are being exploited.
- Collect as much information as possible.
- Share information with other agencies and seek advice/refer to Social Care

Good practice – Organisation's

- Ensure robust safeguarding policies and procedures are in place which cover CSE.
- Promote and engage in effective multi-agency working to prevent abuse.
- Work to help victims move out of exploitation.
- Cooperate to enable successful investigations and prosecutions of perpetrators.

Child Criminal Exploitation: County Lines

Criminal exploitation of children is a geographically widespread form of harm that is a typical feature of county lines criminal activity: drug networks or gangs groom and exploit children and young people to carry drugs and money from urban areas to suburban and rural areas, market, and seaside towns. Key to identifying potential involvement in county lines are missing episodes when the victim may have been trafficked for the purpose of transporting drugs and a referral to the National Referral Mechanism¹² should be considered. Like other forms of abuse and exploitation, county lines exploitation:

- can affect any child or young person (male or female) under the age of 18 years.
- can affect any vulnerable adult over the age of 18 years.
- can still be exploitation even if the activity appears consensual.
- can involve force and/or enticement-based methods of compliance and is often accompanied by violence or threats of violence.
- can be perpetrated by individuals or groups, males or females, and young people or adults; and
- is typified by some form of power imbalance in favour of those perpetrating the exploitation. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, cognitive ability, physical strength, status, and access to economic or other resources.

Cuckooing

Cuckooing is a form of county lines crime. In this instance, the drug dealers take over the home of a vulnerable person to criminally exploit them by using their home as a base for drug dealing, often in multi-occupancy or social housing properties.

Signs and symptoms include:

- An increase in people, particularly unknown people, entering or leaving a home or taking up residence.
- An increase in cars or bikes outside a home
- A neighbour who hasn't been seen for an extended period
- Windows covered or curtains closed for a long period.
- Change in resident's mood and/or demeanour (for example, secretive, withdrawn, aggressive or emotional)
- Substance misuse and/or drug paraphernalia
- Increased anti-social behaviour.

If **cuckooing** is suspected, then any concerns must be reported in line with our safeguarding procedures.

Child abuse linked to faith or belief (CALFB)

Child abuse linked to faith or belief (CALFB) can happen in families when there is a concept of belief in:

- Witchcraft and spirit possession, demons or the devil acting through children or leading them astray (traditionally seen in some Christian beliefs)
- The evil eye or djinns (traditionally known in some Islamic faith contexts) and dakini (in the Hindu context)
- Ritual or multi-murders where the killing of children is believed to bring supernatural benefits, or the use of their body parts is believed to produce potent magical remedies.
- Use of belief in magic or witchcraft to create fear in children to make them more compliant when they are being trafficked for domestic slavery or sexual exploitation.
- Children's actions are believed to have brought bad fortune to the family or community.

If **CALFB** is suspected, then any concerns must be reported in line with our safeguarding procedures.

Impact on the child

The impact on the child may take many forms, which come under the general categories of child abuse and maltreatment such as starvation, isolation, beatings, administering substances and many others. Practitioners need to be alert, observe patterns, and hear what the child may report.

The child might come to believe that they are possessed, and this might be harmful and complicate working with them.

Some carers and parents believe that a child can pass evil spirits to an unborn child, and practitioners will need to be mindful that a pre-birth assessment may be required, and that children subsequently born into the household may be vulnerable to harm.

Practitioners should make a referral to Children's Social Care, if there are concerns of risks to a child, and whilst being sensitive to cultural or religious beliefs, the focus on the child should never be forgotten.

Domestic Abuse

The cross-government definition of domestic violence and abuse is:

Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence, or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

- psychological
- physical
- sexual
- financial; and
- emotional

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. Domestic abuse affecting young people can also occur within their personal relationships, as well as in the context of their home life.

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, 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.

The Homelessness Reduction Act 2017 places a new legal duty on English councils so that everyone who is homeless or at risk of homelessness will have access to meaningful help including an assessment of their needs and circumstances, the development of a personalised housing plan, and work to help them retain their accommodation or find a new place to live. The following factsheets usefully summarise the new duties: Homeless Reduction Act Factsheets. The new duties shift focus to early intervention and encourage those at risk to seek support as soon as possible before they are facing a homelessness crisis.

In most cases school and college staff will be considering homelessness in the context of children who live with their families, and intervention will be on that basis. However, it should also be recognised in some cases 16- and 17-year-olds could be living independently from their parents or guardians, for example through their exclusion from the family home, and will require a different level of intervention and support. Children's services will be the lead agency for these young people and the designated safeguarding lead (or a deputy) should ensure appropriate referrals are made based on the child's circumstances. The department and the Ministry of Housing, Communities and Local Government have published joint statutory guidance on the provision of accommodation for 16- and 17-year-olds who may be homeless and/ or require accommodation.

So-called 'honour-based' violence

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

Actions

If staff have a concern regarding a child that might be at risk of HBV or who has suffered from HBV, they should speak to the designated safeguarding lead (or deputy). As appropriate, they will activate local safeguarding procedures, using existing national and local protocols for multiagency liaison with police and children's social care. Where FGM has taken place, since 31 October 2015 there has been a mandatory reporting duty placed on **teachers** that requires a different approach (see following section).

Female Genital Mutilation FGM

FGM is child abuse and a form of violence against women and girls, and therefore should be dealt with as part of existing child safeguarding/protection structures, policies, and procedures.

FGM is illegal in the UK. In England, Wales and Northern Ireland, the practice is illegal under the Female Genital Mutilation Act 2003.

Other than in the excepted circumstances, it is an offence for **any person (regardless of their nationality or residence status)** to:

- perform FGM in England, Wales, or Northern Ireland (section 1 of the Act).
- assist a girl to carry out FGM on herself in England, Wales, or Northern Ireland (section 2 of the Act); and
- Assist (from England, Wales, or Northern Ireland) a non-UK person to carry out FGM outside the UK on a **UK national or permanent UK resident** (section 3 of the Act).

Forced Marriage (FM)

FM is now a specific offence under s121 of the Anti-Social Behaviour, Crime and Policing Act 2014 that came into force on 16 June 2014.

A FM is a marriage conducted without the valid consent of one or both parties, and where duress is a factor. Forced marriage is when someone faces physical pressure to marry (e.g. threats, physical violence, or sexual violence) or emotional and psychological pressure (e.g. if someone is made to feel like they're bringing shame on their family). This is very different to an arranged marriage where both parties give consent.

FM is illegal in England and Wales. This includes:

- taking someone overseas to force them to marry (whether the forced marriage takes place)
- marrying someone who lacks the mental capacity to consent to the marriage (whether they are pressured to or not)

Preventing Radicalisation

The Counter Terrorism & Security Act 2015

The Act places a Prevent duty on specified schools to have "due regard to the need to prevent people from being drawn into terrorism". The education and childcare specified authorities in Schedule 6 to the Act are as follows:

- The proprietors of maintained schools, non-maintained special schools, maintained nursery schools, independent schools (including academies and free schools) and alternative provision academies, PRUs, registered early years' providers, registered late years providers and some holiday schemes.

Schools/settings subject to the Prevent Duty will be expected to demonstrate activity in the following areas –

- Assessing the risk of children being drawn into terrorism
- Demonstrate that they are protecting children and young people from being drawn into terrorism by having robust safeguarding policies.
- Ensure that their safeguarding arrangements consider the policies and procedures of the Local Safeguarding Children Board.

- Make sure that staff have training that gives them the knowledge and confidence to identify children at risk of being drawn into terrorism, and to challenge extremist ideas which can be used to legitimise terrorism.
- Expected to ensure children are safe from terrorist and extremist material when accessing the internet in the setting.
- Channel is a programme which focuses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism. Referrals can be made by the setting through the safeguarding Hub 0345 050 7666

All staff must be aware of the signs and indicators of radicalisation. Staff must be proactive in reporting concerns.

Sexual violence and sexual harassment between children in settings

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, likely, adversely affect their educational attainment. Sexual violence and sexual harassment exist on a continuum and may overlap, they can occur online and offline (both physical and verbal) and are never acceptable. It is important that **all** victims are taken seriously and offered appropriate support. Staff should be aware that some groups are potentially more at risk. Evidence shows girls, children with SEND and LGBT children are at greater risk.

Staff should be aware of the importance of:

- making clear that sexual violence and sexual harassment is not acceptable, will never be tolerated and is not an inevitable part of growing up.
- not tolerating or dismissing sexual violence or sexual harassment as “banter”, “part of growing up”, “just having a laugh” or “boys being boys”; and
- challenging behaviours (potentially criminal in nature), such as grabbing bottoms, breasts, and genitalia, flicking bras, and lifting skirts. Dismissing or tolerating such behaviours risks normalising them.

What is Sexual Violence and Sexual Harassment?

Sexual violence

It is important that staff are aware of sexual violence and the fact children can, and sometimes do, abuse their peers in this way. When referring to sexual violence we are referring to sexual offences under the Sexual Offences Act 2003/19 as described below:

Rape: A person (A) commits an offence of rape if: he intentionally penetrates the vagina, anus, or mouth of another person (B) with his penis, B does not consent to the penetration and A does not reasonably believe that B consents.

Assault by Penetration: A person (A) commits an offence if: s/he intentionally penetrates the vagina or anus of another person (B) with a part of her/his body or anything else, the penetration is sexual, B does not consent to the penetration and A does not reasonably believe that B consents.

Sexual Assault: A person (A) commits an offence of sexual assault if: s/he intentionally touches another person (B), the touching is sexual, B does not consent to the touching and A does not reasonably believe that B consents.

What is consent? Consent is about having the freedom and capacity to choose. Consent to sexual activity may be given to one sort of sexual activity but not another, e.g. to vaginal but not anal sex or penetration with conditions, such as wearing a condom. Consent can be withdrawn at any time during sexual activity and each time activity occurs. Someone consents to vaginal, anal, or oral penetration only if s/he agrees by choice to that penetration and has the freedom and capacity to make that choice.

Sexual Harassment

When referring to sexual harassment we mean ‘unwanted conduct of a sexual nature’ that can occur online and offline. When we reference sexual harassment, we do so in the context of child-on-child sexual harassment. Sexual harassment is likely to: violate a child’s dignity, and/or make them feel intimidated, degraded, or humiliated and/or create a hostile, offensive or sexualised environment.

Whilst not intended to be an exhaustive list, sexual harassment can include:

- sexual comments, such as: telling sexual stories, making lewd comments, making sexual remarks about clothes and appearance, and calling someone sexualised names.

- sexual “jokes” or taunting.
- physical behaviour, such as: deliberately brushing against someone, interfering with someone’s clothes (schools and colleges should be considering when any of this crosses a line into sexual violence - it is important to talk to and consider the experience of the victim) and displaying pictures, photos, or drawings of a sexual nature; and
- online sexual harassment. This may be standalone, or part of a wider pattern of sexual harassment and/or sexual violence.

It may include:

- non-consensual sharing of sexual images and videos.
- sexualised online bullying.
- unwanted sexual comments and messages, including, on social media; and
- sexual exploitation; coercion and threats

The response to a report of sexual violence or sexual harassment

The initial response to a report from a child is important. It is essential that all victims are reassured that they are being taken seriously and that they will be supported and kept safe. A victim should never be given the impression that they are creating a problem by reporting sexual violence or sexual harassment. Nor should a victim ever be made to feel ashamed for making a report.

If staff have a concern about a child or a child makes a report to them, they should follow the referral process as set out from paragraph in part one of this policy. As is always the case, if staff are in any doubt as to what to do, they should speak to the designated safeguarding lead (or a deputy).

Attendance:

As part of our requirements under the statutory framework we are required to monitor children’s attendance patterns to ensure they are consistent and no cause for concern.

We ask parents to inform the nursery prior to their children taking holidays or days off, and all incidents of sickness absence should be reported to the nursery the same day, so the nursery management are able to account for a child’s absence.

If a child has not arrived at nursery within one hour of their normal start time, the parents will be contacted to ensure the child is safe and healthy. If the parents are not contactable then the emergency contacts numbers listed will be used to ensure all parties are safe. Staff will work their way down the emergency contact list until contact is established and we are made aware that all is well with the child and family.

If contact cannot be established, then we would assess if a home visit were required to establish all parties are safe. If contact is still not established, we would assess if it would be appropriate to contact relevant authorities, including the police, for them to investigate further.

Where a child is part of a child protection plan, or during a referral process, any absences will immediately be reported to the Local Authority children’s social care team to ensure the child remains safe and well.

Fabricated or induced illness (FII)

This abuse is when a parent fabricates the symptoms of, or deliberately induces, illness in a child. The parent may seek out unnecessary medical treatment or investigation. They may exaggerate a real illness and symptoms, or deliberately induce an illness through poisoning with medication or other substances, or they may interfere with medical treatments. This may also be presented through false allegations of abuse or encouraging the child to appear disabled or ill to obtain unnecessary treatment or specialist support.

FII is a form of **physical abuse**. and any concerns must be reported in line with our safeguarding procedures.

Breast ironing or breast flattening

Breast ironing, also known as breast flattening, is a process where young girls’ breasts are ironed, massaged and/or pounded down using hard or heated objects for the breasts to disappear or to delay the development of the breasts entirely. It is believed that by carrying out this act, young girls will be protected from harassment, rape, abduction, and early forced marriage. These actions can cause serious health issues such

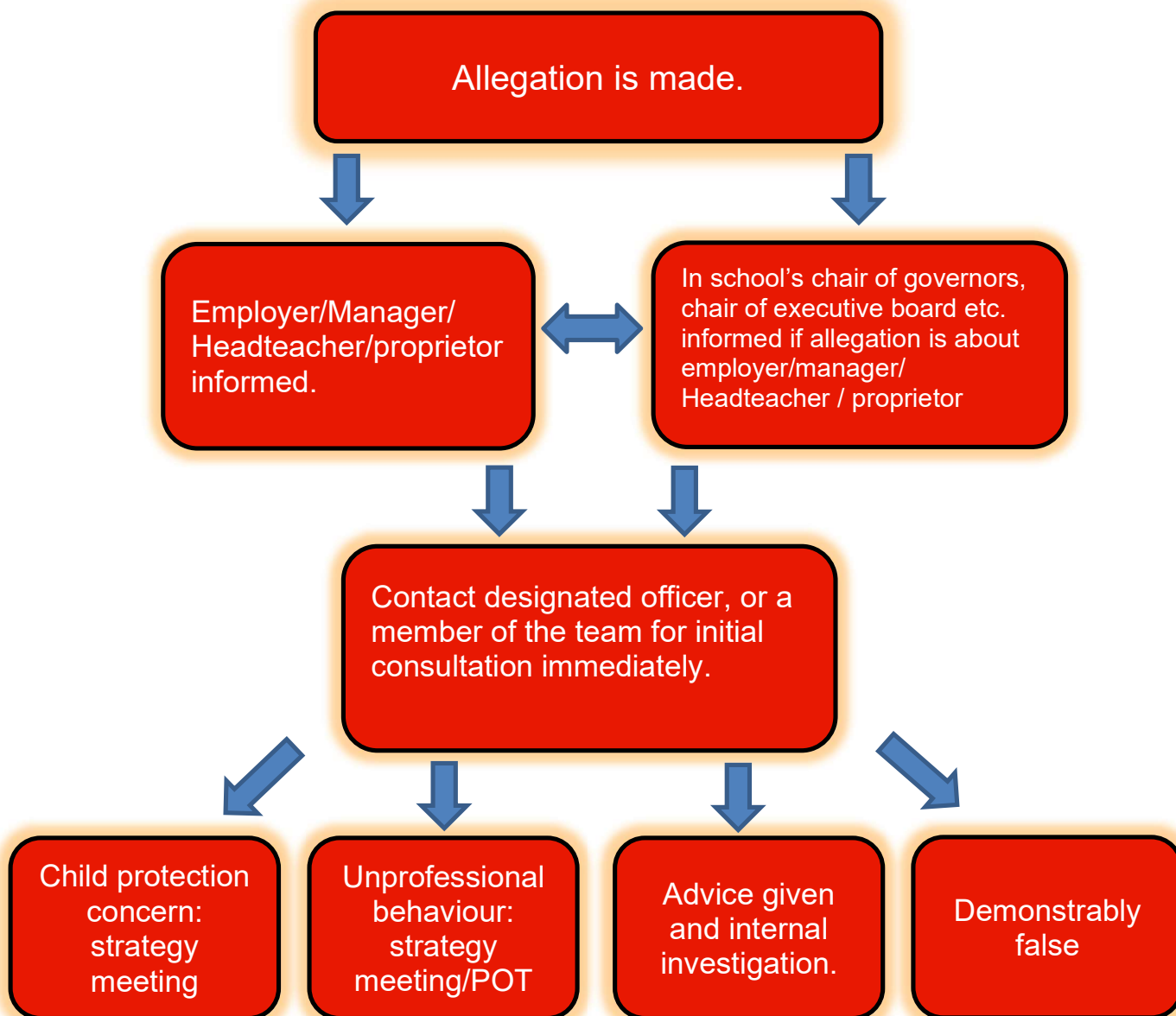
as abscesses, cysts, itching, tissue damage, infection, discharge of milk, dissymmetry of the breasts, severe fever.

Breast ironing/flattening is a form of **physical abuse**. and any concerns must be reported in line with our safeguarding procedures.

Appendix B

Allegation flowchart

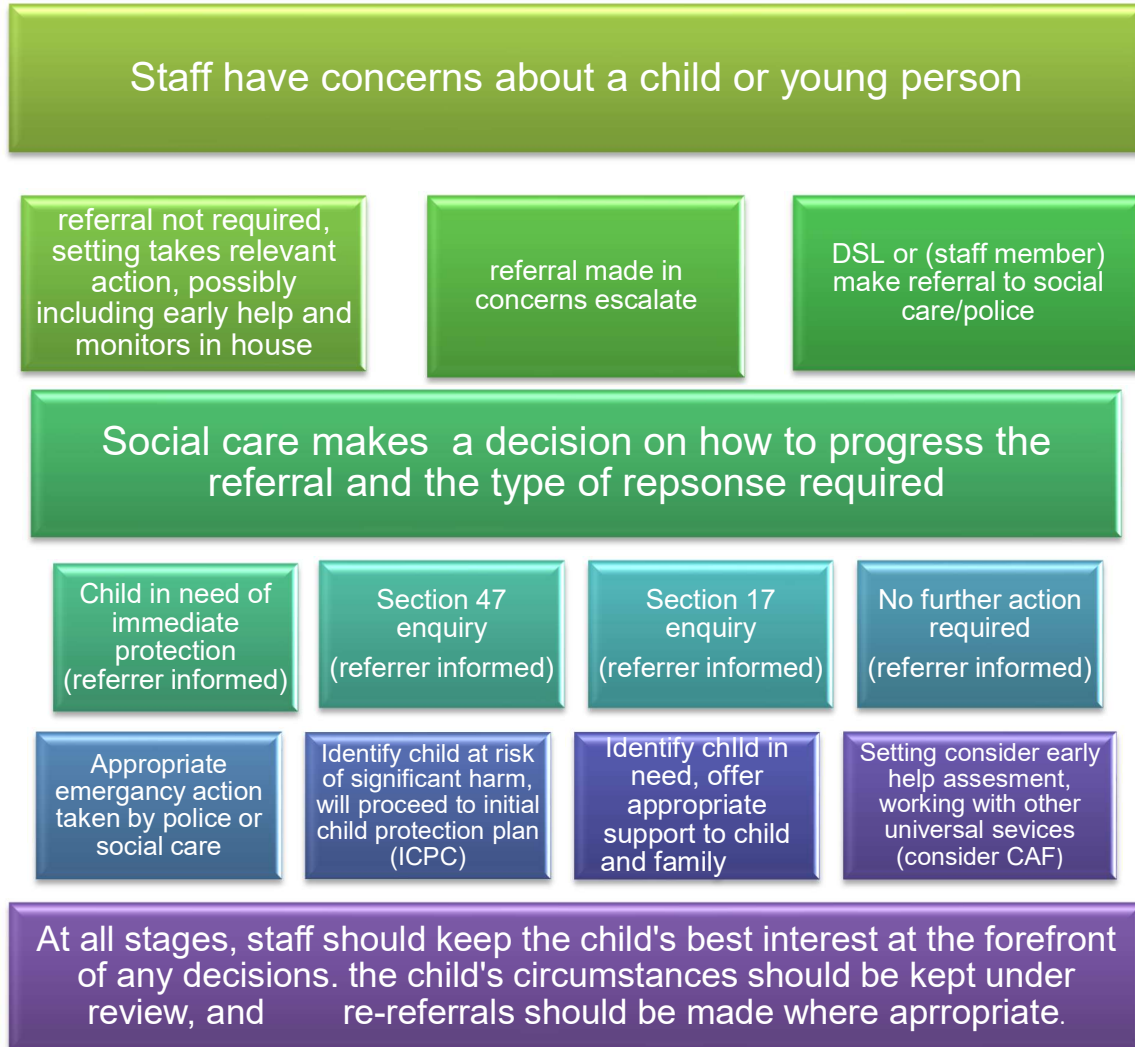
If you have a concern that a person who works with children and young people may have behaved inappropriately or you have received information that may constitute an allegation you must:



Please note POT: Position of Trust Meeting

Appendix C

Actions where there are concerns about a child.



Please note the referrer should always receive feedback after a referral is made or be involved in any ongoing meetings if the case progresses.

Reviewed by Directors of Grow Learn Play Project CIC on		March 2024	
Signed on behalf of the Directors		<i>T. Baker</i>	
Last reviewed:	March 2024	Date of next review	September 2024