

The Farmhouse Nursery School
2019 Child Protection and Safeguarding Policy

The Farmhouse Nursery School recognises its responsibility for safeguarding and child protection.

Safeguarding Team, staff and their roles

The Nursery Team Manager is:

Jess Bowerman, Contact details: 01993 700797

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

Jess Bowerman, Contact details: 01993 700797

The Deputy Designated Safeguarding Leads (DSL's) in this setting are:

Adrienne Wilsdon and Jo Gorton, Contact details: 01993 700797

The nominated Child Protection/Safeguarding Director for this setting is:

Jennifer Souter, Contact details: 01993 700797

The Nursery DSL for safeguarding and child protection is a member of the leadership team and has undertaken the approved OSCB training in inter-agency working, in addition to generalist child protection training.

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](#) 2018
- [Working Together to Safeguard Children](#) 2018
- [Framework for the Assessment of Children in Need and their Families](#) 2000
- [What to do if you are worried a Child is being Abused](#) 2015
- [Oxfordshire Safeguarding Children Board](#) (OSCB) guidelines
- [The Early Years Foundation Stage Statutory Framework](#) 2017

The Farmhouse Nursery School takes seriously its responsibility under Section 11 of the Children Act and duties under [Working Together to Safeguard Children](#) to 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 pupils from harm, and that the child's welfare is our paramount concern. The Nursery's commitment with regard to safeguarding is to provide all staff with the necessary information to enable them to meet their statutory responsibilities to promote and safeguard the wellbeing of children and to ensure consistent good practice across the setting.

The role of our **DSL** is to provide support to staff to carry out their safeguarding duties and 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.

Our setting provides 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. Any staff member who has a concern about a child's welfare should follow the referral processes. Staff should expect to support Social Workers and other agencies following any referral.

This policy applies to all staff, students and volunteers working in our setting.

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 so as 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.
- **DSL** refers to the Designated Safeguarding Lead

What staff need to know

All staff members are made 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 (sometimes called Staff Behaviour Policy)
 - The role of the DSL (including the identity of the DSL and any deputies).
 - Whistleblowing policy
 - Managing allegations about staff or volunteers
 - The safeguarding response to children who go missing from Nursery
 - What to do if they have a concern about a child
 - The Personal Care Policy
 - The Health and Safety Policy
- **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, via email, e-bulletins 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 may 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.

- **All** staff will have regard to our obligations to prevent our children from being drawn into extremism or terrorism. We recognise that this is our statutory duty under the Counter Terrorism and Security Act 2015 ([The Prevent Duty](#)). All staff will receive training on understanding the Prevent Duty.
- **All** 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 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 or not they have a statutory education, health and care plan);
- is frequently missing/goes missing from care or from home;
- 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 are aware of the indicators of abuse and neglect so they are able to identify children who may be in need of help or protection.
- Our Nursery staff 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).

- **Government advice:** 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>

What staff should do if they have concerns about a child

If staff have **any concerns** about a child's welfare, they should act on them immediately.

If staff have a concern, they should follow this child protection policy and speak to the DSL (or deputy).

Options will then include:

- managing any support for the child internally.
- 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 is always available to discuss safeguarding concerns. If in exceptional circumstances, the DSL (or deputy) is not available, this should not delay appropriate action being taken including taking 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 should not assume a colleague or another professional will take action and share information that might be critical in keeping children safe. They should be mindful that early information sharing is vital for effective identification, assessment and allocation of appropriate service provision.

Early help

If early help is appropriate, the DSL (or deputy) will generally lead on liaising with other agencies and setting up an inter-agency assessment as appropriate. Staff may 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 social care (and if appropriate the police) is made immediately.

Female Genital Mutilation mandatory reporting duty for 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, in the course of their work in the profession, a practitioner discovers that an act of FGM appears to have been carried out this **must** be reported to the police.

What Staff Should do if a child is in danger or at risk of harm

To report a new concern - Immediate Concerns about a Child

The Multi-Agency Safeguarding Hub (MASH) is the front door to Children's Social Care for all child protection and immediate safeguarding concerns. If there is an immediate safeguarding concern, for example:

- Allegations/concerns that the child has been sexually/physically abused
- Concerns that the child is suffering from severe neglect or other severe health risks
- Concern that a child is living in or will be returned to a situation that may place him/her at immediate risk
- The child is frightened to return home
- The child has been abandoned or parent is absent

call the MASH immediately **Tel: 0345 050 7666**.

Emergency Duty Team (outside office hours): **0800 833 408**

A No Names Consultation should **not** be used for the above scenarios.

No name Consultations

If you would like to make a no names consultation contact the **Locality and Community Support Service (LCSS)** on:

- North Tel: 0345 2412703
- Central Tel: 0345 2412705
- South Tel: 0345 2412608

Record keeping

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

Why is all of 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 taking action.

What staff should do if they have concerns about another staff member

If staff have concerns about another staff member then;

- this must be referred to the Team Leader or Director
- where there are concerns about the Team Leader this should be referred to the Director as appropriate;
- In the event of allegations of abuse being made against the Team Leader and Director the allegations should be reported directly to the designated officer(s) at the local authority.
- The name of any member of staff considered not suitable to work with children will be notified to the DBS (Disclosure and Barring service), with the advice of ACAS/LAWCALL and LADO

What staff should do if they have concerns about safeguarding practices within the Setting

- **All staff** and volunteers should feel able to raise concerns about poor or unsafe practice and potential failures in the setting safeguarding regime and that such concerns will be taken seriously by the leadership team.
- Appropriate whistleblowing procedures, which are suitably reflected in staff training and staff behaviour policies, should be in place for such concerns to be raised with the Nursery's 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

The Nursery Child protection policy and procedures are consistent with OSCB requirements, are reviewed annually and made available to parents on request.

Safer recruitment procedures are in place that include the requirement for appropriate checks in line with national guidance. At least one person on an interview panels is trained in Safer Recruitment. A training strategy is in place that ensures all staff complete OSCB approved generalist training at three-yearly intervals. The DSL completes Designated Lead Safeguarding training at two-yearly intervals.

Arrangements to ensure that all temporary staff and volunteers are made aware of the Nursery's arrangements for safeguarding and child protection.

The Early Years Safeguarding Self-Assessment form is completed annually in line with the [Early Education Funding Term and Conditions](#) and returned to the local authority if/when requested. Any weaknesses or areas of concern identified in the Self-Assessment will be rectified without delay.

All concerns when noted and reported by staff or when disclosed by a child are recorded appropriately. Records are stored securely and reported onward in accordance with this policy guidance, but kept separately from the child's general file.

Suspected neglect and/or abuse cases are referred to children's social care or police in accordance with this guidance and local procedure. If a child with a child protection plan without explanation, the Nursery notifies children's social care. When a child with a child protection plan leaves the Nursery, their information is passed to their new Setting and the child's social worker is informed. A representative from Nursery attends and/or contributes to child protection conferences in accordance with local procedure and guidance.

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).

All staff will therefore:

- 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/Setting/behaviour_attendance/safeguarding_child_protection/Keeping_Child_Protection_Records.doc

Supporting Children

- Our setting recognises 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
- Our setting accepts 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 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 LCSS (Locality Community Support Service) 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 Social Care as soon as there is a significant concern. This includes contacting the Multi-Agency Safeguarding Hub (MASH)
- Notifying Social Care when a child/young person 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 the setting's medical records are forwarded under confidential cover to the Designated Person at the pupil's new setting immediately

Confidentiality

- All matters relating to child protection are confidential

- The DSL will disclose personal information about a child or young person 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 in order 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 Social Care 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 the Schools Safeguarding Team or Social Care on this point
- We will take 'no names consultations' with our LCSS 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

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 DSL 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 Nursery. 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 DSL(s) should have access to support and appropriate workshops, courses or meetings as organised by the Local Authority.

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 young person 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 Team Manager or the most senior member of staff available

- The Team 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:

Alison Beasley, Designated Officer (01865 815956),

LADO team 01865 810603 or

Lado.safeguardingchildren@oxfordshire.gov.uk

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 Team Manager themselves, the person receiving the allegation will immediately inform the Director who will consult with Designated Officers team, without notifying the Team Manager first
- The Nursery will follow the procedures for managing allegations against staff, as outlined in **Keeping Children Safe in Education 2018**
- Suspension of the member of staff against whom an allegation has been made needs careful consideration, and we will consult with the Designated Officers team and HR before making any decisions around suspension
- Our Nursery agreement for other users requires that the organiser will follow LA procedures for managing allegations against staff and, where necessary, the suspension of adults from premises

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 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
- 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.

Anti-Bullying

- Our policy on the prevention and management of bullying is set out in a separate 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. The Nursery will take seriously any bullying concerns and both investigate and take action to protect pupils where appropriate
- We will liaise with the anti-bullying co-ordinator from OCC where appropriate <http://Setting.oxfordshire.gov.uk/cms/content/anti-bullying>
- See full details in our Promoting positive 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 Setting trips and visits
- See full details in our Health and safety policy

Children with Special Educational Needs

Within the Nursery 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.
- **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 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 (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 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 care-givers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

- **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 through the use of 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).
- **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 DSL (and any deputies) should be aware of contact details and referral routes in to 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.

- **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**¹³ 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.

- **Forced marriages (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 or not the forced marriage takes place)

marrying someone who lacks the mental capacity to consent to the marriage (whether they're pressured to or not)

- **Prevent**

The Counter Terrorism & Security Act 2015

The Act places a Prevent duty on specified Settings 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 Setting, non-maintained special Setting, maintained nursery Setting, independent Setting (including academies and free Setting) and alternative provision academies, PRUs, registered early years providers, registered late years providers and some holiday schemes.

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 take into account 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 Setting
- Please see the links below for further guidance and information around this

The Prevent Duty for Schools and Childcare Providers

<https://www.gov.uk/government/publications/protecting-children-from-radicalisation-the-prevent-duty>

ALL staff should complete online training

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

http://course.ncalt.com/Channel_General_Awareness/01/index.html

Sexting

Flowchart for Setting

<http://schools.oxfordshire.gov.uk/cms/sites/schools/files/folders/folders/documents/bhavioursupportservice/SextinginSchools-FlowchartofConcern.pdf>

Information booklet

<http://schools.oxfordshire.gov.uk/cms/sites/schools/files/folders/folders/documents/bhavioursupportservice/SextinginSchools-InformationBooklet.pdf>

Risk assessment

<http://schools.oxfordshire.gov.uk/cms/sites/schools/files/folders/folders/documents/bhavioursupportservice/SextinginSchools-RiskAssessment.pdf>

- **Sexual violence and sexual harassment between children**

Context

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

Children who are victims of sexual violence and sexual harassment will likely find the experience stressful and distressing. This will, in all likelihood, adversely affect their educational attainment. 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 up skirts. Dismissing or tolerating such behaviours risks normalising them.

- **What is Sexual violence and sexual harassment?**

- **Sexual violence**

It is important that Setting and college 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 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?**²⁰ 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.²¹
- **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 (Setting 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; 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.

As is always the case, if staff are in any doubt as to what to do they should speak to the DSL (or a deputy).

- **Children in need**

A child in need is defined under the Children Act 1989 as a child who is unlikely to achieve or maintain a reasonable level of health or development, or whose health and development is likely to be significantly or further impaired, without the provision of services; or a child who is disabled. Local authorities are required to provide services for children in need for the purposes of safeguarding and promoting their welfare. Children in need may be assessed under section 17 of the Children Act 1989.

- **Children suffering or likely to suffer significant harm**

Local authorities, with the help of other organisations as appropriate, have a duty to make enquires under section 47 of the Children Act 1989 if they have reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm. Such enquiries enable them to decide whether they should take any action to safeguard and promote the child’s welfare and must be initiated where there are concerns about maltreatment, including all forms of abuse and neglect, female genital mutilation or other so-called honour based violence, and extra-familial threats like radicalisation and sexual exploitation.

- **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 Nursery and/or can occur between children outside the Nursery. All staff, but especially the DSL (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 Setting and colleges 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 and acceptable use of technology including mobile phones and cameras**

At our Nursery we recognise that it is crucial to safeguard our pupils from potentially harmful and inappropriate online material. As such we ensure appropriate filters and appropriate monitoring systems are in place.

- **Use of Mobile Phones and cameras**

Staff and children will not carry or use personal mobile phones and cameras within the Nursery working hours. Visitors will not use mobile phones or their own cameras when on the premises.

For further guidance see the separate mobile phone and camera policy.

- **Allegations of abuse made against other children (Peer on Peer abuse)**

Our staff recognise that children are capable of abusing 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 child care and protection issue for both children.

Please see our full Managing allegations against other pupil's/Peer on Peer abuse policy for further details.

- **Opportunities to teach children about safeguarding**

In our Nursery we ensure our children are taught about keeping themselves safe, including online, through teaching and learning opportunities, as part of a broad and balanced curriculum.

Dealing with Disclosures

If a child asks to speak to you about a problem, do not promise confidentiality but explain that it may be necessary to consult a colleague.

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 but take what is said seriously.

Reassure

Stay calm, no judgements, empathise. **Never make a promise that you can 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 or not you need to refer this matter, but don't interrogate for full details.

Don't ask leading questions – keep the open questions e.g. 'is there anything else you want to say?'

If you need to try to get more details again keep to open questions, "tell me a bit more about that"

If you do ask questions remember to record the questions you ask as well as the responses the young person gives

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

Explain what you will do next – inform designated teacher, keep in contact.

Record

If possible, make brief notes about what they are actually 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 actually said by the student rather than your interpretation of what they are telling you, be factual at all times

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

Report

Report the incident to the DSL 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 child or any others involved. This is a highly skilled role and any attempts by yourself could affect possible criminal proceedings.

Record Keeping

The DSL 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.

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

Information to be recorded:

- Child's name and date of birth
- Child in normal context
- The incident with dates and times
- A verbatim record of what the child or young person has said
 - If recording bruising/injuries indicate position, colour, size, shape and time on body map.
- Action taken.

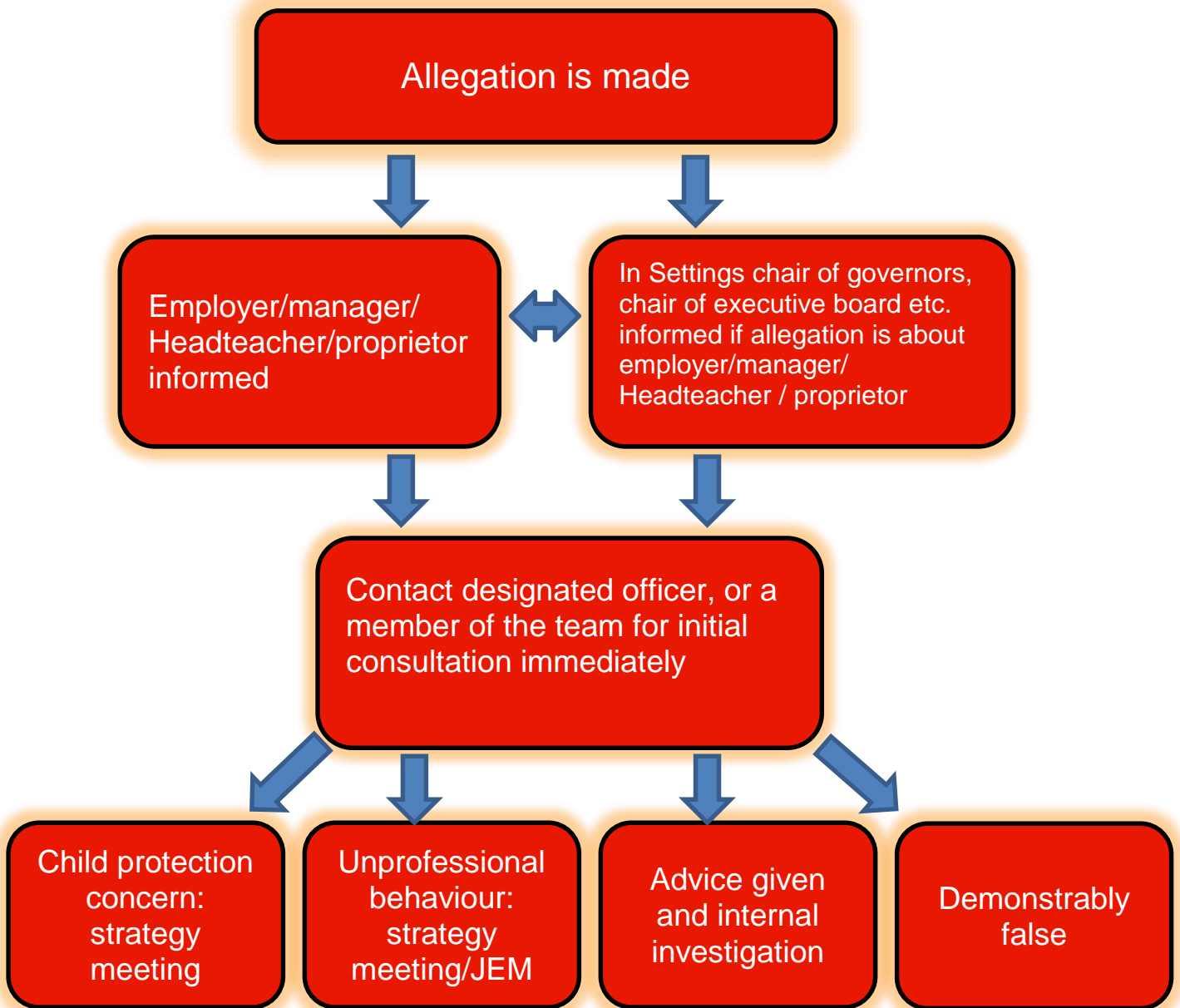
Information Sharing

Sharing information is an intrinsic part of any frontline practitioners' job when working with children and young people. More information including the 7 Golden Rules for information sharing can be found in the following document (updated to be in line with GDPR and Data Protection Act 2018).

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

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 JEM: Joint Evaluation Meeting

Staff have concerns about a child or young person

referral not required, setting takes relevant action, possibly including early help and monitors in house

referral made if concerns escalate

DSL or (staff member) make referral to social care/police

Social care makes a decision on how to progress the referral and the type of response required

Child in need of immediate protection (referrer informed)

Section 47 enquiry (referrer informed)

Section 17 enquiry (referrer informed)

No further action required (referrer informed)

Appropriate emergency action taken by police or social care

Identify child at risk of significant harm, will proceed to initial child protection plan (ICPC)

Identify child in need, offer appropriate support to child and family

Nursery consider early help assessment, working with other universal services (consider CAF)

At all stages, staff should keep the child's best interest at the forefront of any decisions. The child's circumstances should be kept under review, and re-referrals should be made where appropriate.

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

Internal use only

This policy was adopted on	Signed on behalf of The Nursery	Date for review
September 2019		Annually

