

# High Flyers Oxford Limited

## Safeguarding and Child Protection Policy

### INTRODUCTION

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

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

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

[Working Together to Safeguard Children](#)

[Keeping children safe in education - GOV.UK \(www.gov.uk\) 2023 \(KCSIE\)](#)

[The Early Years Foundation Stage Statutory Framework](#)

[What to do if you are Worried a Child is being abused](#)

[Oxfordshire Safeguarding Children's Board Safeguarding Policies and Procedures](#)

[Promoting the education of children with a social worker \(publishing.service.gov.uk\)](#)

This policy should be read in conjunction with these national and local policies and procedures.

At High Flyers takes seriously its responsibility under Section 11 of the Children Act and duties under "Working Together to safeguard Children", the Human Rights Act 1998, and the Equality Act 2010, (including the Public Sector Equality Duty), 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.

All our staff have a full and active part to play in protecting our children from harm. Children's welfare is our paramount concern.

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

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



All staff, the provider and volunteers will sign to confirm they have read and understood this policy.

## **POLICY STATEMENT**

We recognise our moral and statutory responsibility to safeguard and promote the welfare of all children. We make every effort to provide a safe and welcoming environment underpinned by a culture of openness where both children and adults feel secure, able to talk and believe that they are being listened to.

We maintain an attitude of 'it could happen here' where safeguarding is concerned. The purpose of this policy is to provide the provider, staff, and volunteers with the framework they need to keep children safe and secure in our setting and to inform parents and guardians how we will safeguard their children whilst they are in our care.

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

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

For definitions used throughout this policy see Annex A. For categories of abuse see Annex E.

## **PRINCIPLES AND VALUES**

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

All children have a right to be protected from harm.

All staff have a key role in prevention of harm and an equal responsibility to act on any suspicion or disclosure that may indicate a child is at risk of harm, either in the setting, [the home](#) or in the community, in accordance with safeguarding guidance.

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

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

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

## **LEADERSHIP AND MANAGEMENT**

The management team/Provider recognise that staff anxiety around child protection can compromise good practice and so have established clear lines of accountability,



training, and advice to support both the process and individual staff within that process.

In this setting any individual can contact the Designated Safeguarding Lead (DSL) Alison Ighani, or the Deputy Designated Safeguarding Lead (DDSL) Nicola Herbert, Cheryl Evans if they have concerns about a child or an adult.

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

As an employer we follow safer recruitment guidance as set out in the most up to date KCSIE.

Managers will ensure arrangements are in place for the supervision of staff who have contact with children and families. These are in the form of regular one - to - one meetings.

Effective supervision meetings provide support, coaching and training for the practitioner and promotes the interests of children. Supervision should foster a culture of mutual support, teamwork and continuous improvement, which encourages the confidential discussion of sensitive issues.

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

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

All staff are aware that very young children including those with disabilities, special needs or with language delay may be more likely to communicate concerns with behaviours rather than words. All staff should be aware that children may not feel ready or know how to tell someone that they are being abused, exploited, or neglected, and /or they may not recognise their experiences as harmful.

Additionally, staff will question the cause of knocks and bumps in children who have limited mobility which will include children visiting the site as well as those who are children registered with the setting.

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

- Make an initial record of the information (as soon as is practicable)
- Report it to the DSL/DDSL immediately
- The DSL will consider if there is a requirement for immediate medical intervention. However, urgent medical attention should not be delayed if the DSL is not immediately available

If there are grounds to suspect a child is suffering, or is likely to suffer, significant harm the DSL (or DDSL) must contact the Local Authority Children's Social Care via MASH, sharing:

- ❖ the known facts
- ❖ any suspicions or allegations



- ❖ whether or not there has been any contact with the child's family.
- ❖ All practitioners must be alert to any issues of concern in the child's life at home or elsewhere
- ❖ Any concerns about children's safety or welfare, they must notify agencies with statutory responsibilities immediately.

Oxfordshire MASH can be contacted by phone on **0345 050 7666**  
 (Monday to Thursday 8.30am – 5pm, Friday 8.30am – 4pm)  
 Outside office hours call the Emergency Duty Team on **0800 833 408**

#### Northamptonshire

- By telephone contact to the Multi-Agency Safeguarding Hub (MASH): 0300 126 7000 (Option 1).
- By using the online referral form found at: MASH ONLINE REFERRAL<sup>8</sup>
- In an emergency outside office hours, contact children's social care out of hours team on 01604 626938 or the Police<sup>9</sup>
  - If a child is in immediate danger at any time, left alone or missing

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

If there is not considered to be a risk of significant harm, the DSL will either actively monitor the situation, and/or consider the Early Help process through completion of the Strengths and Needs form with the family.

Concern forms are kept ... (on our I pal system, links to online and copies in the safeguarding and/or operations folder.

Staff should make an accurate factual record as soon as possible including details of:

- Dates and times of their observations
- Dates and times of any discussions in which they were involved
- Any injuries
- Explanations given by the child/adult
- Any actual words or phrases used by the child
- Any questions the staff member asked (remembering not to ask any leading questions)
- What action was taken

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

Safeguarding records are kept for individual children, including chronologies, and are maintained separately from all other records relating to the child in the setting. Safeguarding records are kept in accordance with our GDPR/Data Protection policy.

## CONFIDENTIALITY AND INFORMATION SHARING



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

We recognise that whilst all matters relating to safeguarding are confidential, we have a professional responsibility to share information with other agencies to safeguard children.

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

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

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

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

DfE Guidance on Information Sharing (July 2018) provides further detail. <https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice>

OSCB provides advice on the Seven Golden Rules of Information Sharing <https://www.oscb.org.uk/wp-content/uploads/2019/07/The-Seven-Golden-Rules-for-Info-Sharing.pdf>

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

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

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

The Manager will be kept informed of any significant concerns by the DSL, (if they are not the DSL), and all other staff are informed on a need-to-know basis.

## **TRAINING**

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



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

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

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

Staff are also provided with other training to support the ongoing welfare of children (*Include training such as Oral Health Training, Restorative Practice, Attachment Theory, Key Person Training, Early Help Strengths and Needs, SEND*).

Any update in national or local safeguarding guidance will be shared with all staff in briefings/meetings and the next whole setting training.

This policy will be updated by the DSL during the year to reflect any changes brought about by new guidance.

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

At Name of Setting we acknowledge that children with special educational needs (SEN) and disabilities can face additional safeguarding challenges as they may have an impaired capacity to resist or avoid abuse. We recognise that additional barriers can exist when recognising abuse and neglect of children with SEND.

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

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

## **MULTI AGENCY WORKING**

We recognise and are committed to working with other professionals and agencies in line with statutory guidance.

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

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



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

## **SAFER RECRUITMENT**

We are committed to ensuring a safe culture where all steps are taken to recruit staff and volunteers who are safe to work with our children and staff.

The Provider/Management Team are responsible for ensuring that the setting follows safe recruitment processes.

The Provider/the Manager is responsible for ensuring that the setting maintains an accurate Central Record.

The Provider/Management team will ensure that there is at least one of the persons involved in the whole recruitment process, has completed safer recruitment training.

The Provider/Manager is committed to supporting the statutory guidance from the Department for Education on the application of the Childcare (Disqualification) Regulations 2009 and related obligations under the Childcare Act 2006 in settings.

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

Any contractors, commissioned services or others working on site will be made aware of our Safeguarding policy and procedures.

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

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

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

Allegations against the manager will be reported to ADDNAME and/or ROLE.

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

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



There are two levels of allegation/concern:

- ❖ allegations that may meet the harms threshold (see paragraph above)
- ❖ allegation/concerns that do not meet the harms threshold – referred to in 2023 KCSIE guidance as ‘low level concerns’. These will be recorded and reviewed so that potential patterns of concern, inappropriate, problematic, or concerning behaviour can be identified.

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

Report any concerns about the conduct of any member of staff or volunteer to the manager as soon as possible.

If an allegation is made against the manager, the concerns need to be raised with the Provider/Chairperson as soon as possible. If the Provider/Chairperson is not available, then the LADO should be contacted directly.

*Placeholder statement- If there are concerns that the owner/proprietor has acted in a way that meets the threshold for contacting the LADO (the definition is stated previously in the policy) the person raising the concern should contact the LADO directly. If the threshold for making a LADO referral has not been met then the settings Whistleblowing Policy should be followed.*

Where settings are not the employer of supply staff, they should ensure allegations are dealt with properly. In no circumstances should a setting decide to cease to use a supply staff due to safeguarding concerns, without finding out the facts and liaising with the LADO to determine a suitable outcome. Further information can be found in KCSIE.

There may be situations when the Manager or Provider / Chair will want to involve the police immediately, if the person is deemed to be an immediate risk to children or there is evidence of a possible criminal offence.

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

Northamptonshire - The Designated Officer (formerly known as the Local Authority Designated Officer or LADO)

You can e-mail your query to [LADOConsultations@nctrust.co.uk](mailto:LADOConsultations@nctrust.co.uk) and a Designated Officer will get back to you as soon as they are able to.

You can contact the Designated Officer for North Northamptonshire, Sheila Kempster on 07831 123193 or for West Northamptonshire, Andy Smith on 07850 854309.

Please contact LADO on Monday – Friday between 14:00 – 17:00. If you are unable to get through, please leave a message and they will get back to you as soon as they can. Alternatively, you can leave a message via voicemail on 01604 362993.

In liaison with the LADO, the setting will determine how to proceed and if necessary, a referral will be made to the MASH and/or the police. The LADO team will assess the information provided and advise on next steps, in line with KCSIE 2023 part 4,



and Oxfordshire County Council's LADO local procedures. The setting will inform OFSTED.

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

## **WHISTLEBLOWING IN A SAFEGUARDING CONTEXT**

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

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

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

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

If your concern is about the manager, you should raise this with ADD NAME (e.g. Provider/Chair of Committee).

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

If you believe that a member of the setting staff is harming a child (an allegation) and this has been reported to the manager and no / insufficient action has been taken, or the member of staff you have concerns about is the manager/provider, then you are able to contact the LADO .

If you believe that a child is being abused by individuals outside the setting, you can make a referral to The Local Authority Children's Social Care by calling the MASH .

## **PREVENTING RADICALISATION**

All our staff will undergo online Prevent Awareness training to support staff in identifying radicalisation and understanding what steps they need to take to protect the staff, children and families in our setting. This provides an introduction to the Prevent duty and explains how it aims to safeguard vulnerable people from being radicalised to supporting terrorism or becoming terrorists themselves.

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

## **SITE SECURITY**



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

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

Our visitor policy is held [enter location]

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

### **SAFEGUARDING AND THE CURRICULUM**

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

### **PROMOTING EDUCATIONAL OUTCOMES**

There is a culture of high aspirations for children where safeguarding and welfare has been an issue. Staff will understand their development needs, promote educational outcomes, progress and attainment, and identify the challenges that children in this group might face. Additional academic support and adjustments will be made to best support these children. Where a child has a Social Worker, staff will work closely with the Social Worker to ensure the child makes progress and reaches their full potential.

### **RELATED SAFEGUARDING POLICIES**

*Amend these details according to your individual setting documents etc. and add any other relevant documents or policies to the list.*

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

Behaviour Management, linked to the Use of Physical Intervention

Online Safety and social media

Use of mobile phones and cameras (including wearable technology)

Anti-Bullying

Data Protection and Information Sharing

Image Use

Personal and Intimate Care

Health and Safety

Attendance

Risk Assessments (e.g. trips, Use of technology)

First Aid and Accidents

Administering Medicines

Staff Behaviour Policy/ Code of conduct for staff

Acceptable Use of Technology

Code of conduct for staff

Safer Recruitment

Whistleblowing

Complaints

Food Hygiene



Emergency Evacuation and lockdown  
Missing child  
Uncollected child  
Visitor policy

## **POLICY REVIEW**

Systems are in place to monitor the implementation of and compliance with this policy and accompanying procedures.

The senior management team will ensure that action is taken to remedy any deficiencies and weaknesses identified in child protection arrangements without delay.

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

Date approved by Provider/Management team:

Date reviewed by Provider/Management team:

## Annex A: DEFINITIONS

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

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

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

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

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

For the purpose of this policy **Provider** refers to an individual or an organisation who provides childcare. This may be in the private, voluntary or independent sector. It could cover sole traders, partnerships, committees, trustees.



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

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

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

**DSL** refers to Designated Safeguarding Lead and **DDSL** refers to Deputy Designated Safeguarding Lead

**Safeguarding Partners** - local safeguarding arrangements are led by three statutory safeguarding partners:

The Local Authority

Integrated Care Systems (Previously the clinical commissioning group)

The Chief Police Officer.

In Oxfordshire the safeguarding partners have made arrangements to work with other relevant partners through the OSCB

**OSCB** refers to Oxfordshire Safeguarding Children Board

**LCSS** refers to Locality Community Support Service

**MASH** refers to Multi Agency Safeguarding Hub

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

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

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

## Annex B: ROLES AND RESPONSIBILITIES

Staff Responsibilities - All staff have a key role to play in identifying concerns early and in providing help for children.

To achieve this, they will:

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

Ensure children know that there are adults in the setting who they can approach if they are worried or have concerns.

Plan opportunities within the curriculum for children to develop the skills they need to recognise, assess and manage risk appropriately and keep themselves safe.

Attend training to be aware of and alert to the signs of abuse.

Maintain an attitude of "it could happen here" with regards to safeguarding.

Record their concerns if they are worried that a child is being abused and report these to the DSL as soon as practical that day. If the DSL is not contactable immediately a DDSL should be informed.



Be prepared to refer directly to the Local Authority Children's Social Care (MASH), and the police if appropriate, if there is a risk of significant harm and the DSL or DDSL is not available.

Follow the allegations procedures, as set out in this policy and KCSIE 2023, if the disclosure is an allegation against a member of staff.

Follow the procedures set out by the Oxfordshire Safeguarding Children Board (OSCB) and take account of guidance issued by the DfE.

Support children in line with their child protection plan.

Treat information with confidentiality but never promising to 'keep a secret'.

Notify the DSL or DDSL of any child on a child protection plan or child in need plan who has unexplained absence.

Have an understanding of early help and be prepared to identify and support children who may benefit from early help.

Liaise with other agencies that support children and provide early help.

Ensure they know who the DSL and DDSL are and know how to contact them.

Have an awareness of the Child Protection Policy, the Behaviour Policy, the Staff Behaviour Policy (or Code of Conduct), procedures relating to the safeguarding response for children who are absent from education and the role of the DSL.

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

## 2) Senior Management Team responsibilities:

Contribute to inter-agency working in line with Working Together to Safeguard Children guidance.

Provide a co-ordinated offer of early help when additional needs of children are identified.

Ensure staff are alert to the various factors that can increase the need for early help as written in KCSIE

Working with the Local Authority Children's Social Care, support their assessment and planning processes including the setting's attendance at conference and core group meetings and the contribution of written reports for these meetings.

Carry out tasks delegated by the Provider/Management team such as training of staff, safer recruitment and maintaining a central register.

Provide support and advice on all matters pertaining to safeguarding and child protection to all staff, regardless of their position within the setting.

Treat any information shared by staff or children with respect and follow agreed policies and procedures.

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

## 3) Provider/Management Team Responsibilities

Ensure that an open and positive culture around safeguarding which puts the children first is created.

Ensure they facilitate a whole setting approach to safeguarding. This means ensuring safeguarding and child protection are at the forefront and underpin all relevant aspects of process and policy development. Ultimately, all systems, processes and policies should operate with the best interests of the child at their heart.

Ensure the setting has effective safeguarding policies and procedures including a Child Protection Policy, a Staff Behaviour Policy or Code of Conduct, a Behaviour Policy and a written response to children who **are absent from** education.



Ensure OSCB is informed in line with local requirements about the discharge of duties via the Annual Safeguarding Early Years Self-Assessment which should be completed and returned to the Early Years Team when requested (see Early Education Funding Terms and Conditions).

Ensure recruitment, selection and induction follows safer recruitment practice including all appropriate checks.

Ensure allegations against staff are dealt with by the Manager. Allegations against the Manager are dealt with by the Chair/ Provider.

Ensure a member of the Senior Leadership Team is appointed as Designated Safeguarding Lead and has this recorded in their job description.

Ensure staff have been trained appropriately and this is updated in line with guidance.

Ensure any safeguarding deficiencies or weaknesses are remedied without delay.

Ensure a nominated committee member for safeguarding is identified.

Ensure that children are taught about safeguarding, including online safety, in an age-appropriate way.

Ensure Filtering and Monitoring systems are in place of IT systems that children may have access to and these are regularly reviewed to ensure their effectiveness. Staff must be informed of expectations and roles and responsibilities regarding filtering and monitoring at induction.

Ensure that, as part of the requirement for staff to undergo regular updated safeguarding training, including online safety and the requirement to ensure children are taught about safeguarding, is integrated, aligned, and considered as part of the whole setting safeguarding approach and wider staff training and curriculum planning.

Ensure where governing bodies or providers hire or rent out setting facilities/ premises to organisations or individuals (for example to community groups, sports associations, and service providers to run community or extra-curricular activities) they should ensure that appropriate arrangements are in place to keep children safe.

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

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

Refer cases to MASH, and the police where appropriate, in a timely manner avoiding any delay that could place the child at more risk.

Assist the Provider/Management team in fulfilling its safeguarding responsibilities set out in legislation and statutory guidance.

Attend appropriate training and demonstrate evidence of continuing professional development to carry out the role.

Ensure every member of staff knows who the DSL and the DDSL are, have an awareness of the DSL role and know how to contact them.

Ensure all staff and volunteers understand their responsibilities in being alert to the signs of abuse and responsibility for referring any concerns about a child to the DSL and concerns about an adult to the Manager.

Be alert to children's poor or unusual patterns of attendance and follow up with families in a timely manner e.g. first day calls to the family, referring to Local Authority Children's social care or the police if concerns are urgent.

Ensure whole setting training occurs regularly, with at least annual updates so that staff and volunteers can fulfil their responsibilities knowledgeably.

Ensure any members of staff joining the setting outside the agreed training schedule receive induction prior to commencement of their duties.



Keep records of child protection concerns securely and separately from the main child file and use these records to assess the likelihood of risk.

Ensure chronologies of concerns are maintained and decisions/actions taken are recorded.

Ensure that safeguarding records are transferred accordingly (separate from child files) and in a timely fashion when a child transfers setting.

Ensure that, where a child transfers setting and is on a Child Protection Plan or is a Child We Care For, their information is passed to the new setting immediately and that the child's social worker is informed. Consideration is given to a transition meeting prior to moving if the case is complex or on-going.

Be aware of the training opportunities and information provided by OSCB to ensure staff are aware of the latest local guidance on safeguarding

Develop, implement and review procedures in the setting that enable the identification and reporting of all cases, or suspected cases, of abuse.

Meet any other expectations set out for DSLs in KCSIE 2023.

Help promote educational outcomes, understand their academic progress and attainment, and maintain a culture of high aspirations for these children where safeguarding and welfare has been an issue; supporting teaching staff to identify the challenges that children in this group might face and the additional academic support and adjustments that they could make to best support these children.

Work alongside and liaise with other agencies and the Three Safeguarding Partners in line with Working together to Safeguard Children.

Complete, along with the Management Team, the Annual Safeguarding Self-Assessment Audit and return it to the Local Authority

## Annex C: DEALING WITH DISCLOSURES

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

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

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

### Guiding principles to dealing with disclosures - the seven R's

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

**Reassure** - Reassure the child, but only so far as is honest and reliable  
Don't make promises you may not be able to keep e.g. 'I'll stay with you' or 'everything will be alright now' or 'I'll keep this confidential'

Do reassure e.g. you could say: 'I believe you', 'I am glad you came to me', 'I am sorry this has happened', 'We are going to do something together to get help'



**Respond** - Respond to the child only as far as is necessary for you to establish whether you need to refer this matter, but do not interrogate for full details  
Do not ask 'leading' questions i.e. 'did he touch your private parts?' or 'did she hurt you?' Such questions may invalidate your evidence (and the child's) in any later prosecution in court

Do not ask the child why something has happened.

Do not criticise the alleged perpetrator; the child may care about him/her, and reconciliation may be possible

Do not ask the child to repeat it all for another member of staff. Explain what you have to do next and whom you have to talk to. Reassure the child that it will be a senior member of staff

**Report** - Share concerns with the DSL as soon as possible

If you are not able to contact your DSL or the DDSL, and the child is at risk of immediate harm, contact MASH directly

**Record** - If possible, make some very brief notes at the time, and record them as soon as possible (amend to reflect your recording process, electronic, paper etc)  
Keep your original notes on file. Record the date, time, place, persons present and noticeable nonverbal behaviour, and the words used by the child. If the child uses sexual 'pet' words, record the actual words used, rather than translating them into 'proper' words

Complete a body map to indicate the position of any noticeable bruising

Record facts and observable things, rather than your 'interpretations' or 'assumptions'

**Remember** - Support the child: listen, reassure, and be available

Complete confidentiality is essential. Share your knowledge only with appropriate professional colleagues

Try to get some support for yourself if you need it

**Review** processes (led by DSL)

Has the action taken provided good outcomes for the child?

Did the procedure work?

Were any deficiencies or weaknesses identified in the procedure? Have these been remedied?

Is further training required?



## Annex D: VULNERABLE CHILDREN

Any child may benefit from [early help](#) but all staff should be particularly alert to the potential need for early help for a child who:

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



#### Annex E: CATEGORIES OF ABUSE

**Emotional abuse** is the persistent emotional maltreatment of a child such that it causes severe and persistent adverse effects on the child's emotional development and conveying 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  
interactions that are beyond a child's developmental capability  
overprotection and limitation of exploration and learning  
preventing the child from participating in normal social interaction.

seeing or hearing the ill-treatment of another

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.

**Neglect** is the persistent failure to meet a child's basic physical 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 misuse.

Once a child is born, it may involve a parent 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
- ensure access to appropriate medical care or treatment

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs. Educational neglect is also considered

<https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/neglect/>  
[Neglect - Oxfordshire Safeguarding Children Board \(oscb.org.uk\)](https://www.oscb.org.uk/)

**Physical abuse** may involve hitting, shaking, throwing, poisoning, burning, 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.

**Sexual abuse** involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing, and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children. The sexual abuse of children by other children is a specific safeguarding issue in education (KCSIE 2023).

#### Annex F: MENTAL HEALTH

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

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

Where children have suffered abuse and neglect, or other potentially traumatic adverse childhood experiences, this can have a lasting impact throughout childhood, adolescence and into adulthood. It is key that staff are aware of how these children's experiences, can impact on their mental health, behaviour, and education

If staff have a mental health concern about a child that is also a safeguarding concern, immediate action should be taken, following their child protection policy, and speaking to the designated safeguarding lead or a deputy.

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

The department has published advice and guidance on [Preventing and Tackling Bullying](#), and [Mental Health and Behaviour in Schools](#).

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



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

**Is this a child with additional needs** where their health, development or achievement may be adversely affected? - age-appropriate progress is not being made and the causes are unclear; the support of more than one agency is needed to meet the child or young person's needs

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

- they are unlikely to achieve or maintain, or to have opportunity to achieve or maintain, a reasonable standard of health or development, without the provision of services by a local authority
  - their health or development is likely to be impaired, or further impaired, without the provision of such services
  - they are SEND (and as such can face additional safeguarding challenges)
- If this is a child in need, discuss the issues with the Designated Safeguarding Lead and parents. Obtain their consent for referral.

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

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

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

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

## **Annex G: ADDITIONAL FORMS OF ABUSE**

### **Child Abduction and Community safety Incidents**

Child abduction is the unauthorised removal or retention of a minor from a parent or anyone with legal responsibility for the child. Child abduction can be committed by parents or other family members; by people known but not related to the victim (such as neighbours, friends and acquaintances); and by strangers. Other community safety incidents in the vicinity of a school can raise concerns amongst children and parents, for example, people loitering nearby or unknown adults engaging children in conversation.

It is important that lessons focus on building children's confidence and abilities rather than simply warning them about all strangers. Further information is available at: <http://www.actionagainstabduction.org/> and <https://clevernevergoes.org/>

### **Child Sexual Exploitation (CSE) & Child Criminal Exploitation (CCE)**

Both CSE and CCE are forms of abuse and both occur where an individual or group takes advantage of an imbalance in power to coerce, manipulate or deceive a child into sexual or criminal activity. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, sexual identity, cognitive ability, physical strength, status, and access to economic or other resources. In some cases, the abuse will be in exchange for something the victim needs or wants and/or will be to the financial benefit or other advantage (such as increased status) of the perpetrator or facilitator. The abuse can be perpetrated by individuals or groups, males or females and children or adults.



The abuse can be a one-off occurrence or a series of incidents over time and range from opportunistic to complex organised abuse. It can involve force and/or enticement-based methods of compliance and may, or may not, be accompanied by violence or threats of violence. Victims can be exploited even when activity appears consensual, and it should be noted exploitation. As well as being physical can be facilitated and/or take place online.

### **Child Sexual Exploitation (CSE)**

CSE occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. CSE does not always involve physical contact; it can also occur through the use of technology. CSE can affect any child or young person (male or female) under the age of 18 years, including 16- and 17-year-olds who can legally consent to have sex. It can include both contact (penetrative and non-penetrative acts) and non-contact sexual activity and may occur without the child or young person's immediate knowledge (e.g., through others copying videos or images they have created and posted on social media). CCE indicators can also be indicators of CSE, as can: • children who have older boyfriends or girlfriends; and • children who suffer from sexually transmitted infections or become pregnant.

The department provide: [Child sexual exploitation: guide for practitioners](#)  
A full list of indicators can be found here: [Child Sexual Exploitation - Oxfordshire Safeguarding Children Board \(oscb.org.uk\)](#)

### **Child Criminal Exploitation (CCE)**

While there is still no legal definition of 'Child Criminal Exploitation' or CCE, it is increasingly being recognised as a major factor behind crime in communities the UK, while also simultaneously victimising vulnerable young people and leaving them at risk of harm. A simple definition of CCE is: CCE often occurs without the victim being aware that they are being exploited and involves young people being encouraged, cajoled, or threatened to carry out crime for the benefit of others. In return they are offered friendship or peer acceptance, but also cigarettes, drugs (especially cannabis), alcohol or even food and accommodation.

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



## 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 consent

- a child under the age of 13 can never consent to any sexual activity.
- the age of consent is 16.

## Children who are absent from education

Good attendance promotes good outcomes for children. In a small minority of cases, good attendance practice may also lead to the earlier identification of more serious concerns for a child or family and may have a vital part to play in keeping a child or other family members safe from harm.

All children, regardless of their circumstances and the setting they are in, are entitled to an education which is suitable to their age, ability, aptitude, and any special educational needs they may have. Local authorities have a duty to establish, as far as it is possible to do so, the identity of children of compulsory school age who are absent from education in their area.

Children being absent from education for prolonged periods and/or on repeat occasions can act as a vital warning sign to a range of safeguarding issues including neglect, child sexual and child criminal exploitation - particularly county lines. It may also be a sign in very young children of parental mental health issues.

Schools and settings should put in place appropriate safeguarding policies, procedures and responses for children who are absent from education, particularly on repeat occasions. It is essential that all staff are alert to signs to look out for and the individual triggers to be aware of when considering the risks of potential safeguarding concerns such as travelling to conflict zones, FGM and forced marriage.

## For Schools

All schools must inform their local authority of any pupil who is going to be deleted from the admission register where they:

- have been taken out of school by their parents and are being educated outside the school system e.g., home education, have ceased to attend school and no longer live within reasonable distance of the school at which they are registered
- have been certified by an appropriate medical practitioner as unlikely to be in a fit state of health to attend school before ceasing to be of compulsory school age, and neither he/she nor his/her parent has indicated the intention to continue to attend the school after ceasing to be of compulsory school age
- are in custody for a period of more than four months due to a final court order and the provider does not reasonably believe they will be returning to the school at the end of the period have been permanently excluded

The local authority must be notified when a school is to delete a pupil from its register under the above circumstances. Schools should contact the Admissions Team: Tel: 01865 815175 ( Oxfordshire). This should be done as soon as the grounds for deletion are met, but no later than deleting the pupil's name from the



register. It is essential that schools comply with this duty, so that local authorities can, as part of their duty to identify children of compulsory school age who are missing education, follow up with any child who might be in danger of not receiving an education and who might be at risk of abuse or neglect.

All schools must inform the local authority of any pupil who fails to attend school regularly or has been absent without the school's permission for a continuous period of 10 school days or more, at such intervals as are agreed between the school and the local authority (or in default of such agreement, at intervals determined by the Secretary of State).

Settings who care for children who are not yet statutory school age need to be alert to children who have poor attendance or who have not started at the Early Years setting without explanation. If you have concerns about poor or unexplained attendance discuss with the family and, with the family's consent, complete a Strengths and Needs Form and contact your LCSS locality worker, or in urgent cases MASH.

### **Children with family members in prison**

Approximately 200,000 children in England and Wales have a parent sent to prison each year these children are at risk of poor outcomes including poverty, stigma, isolation, and poor mental health. The National Information Centre on children of offenders [NICCO](#) provides information designed to support professionals working with offenders and their children to help mitigate negative consequences for these children. [Home - Children Heard and Seen](#) support children, young people and their families who are impacted by parental imprisonment.

| <b>Type of Abuse</b>  | <b><u>Possible Indicators</u></b>  |
|---|--|
| <p><b>Neglect</b><br/>The persistent failure to meet a child's basic physical and psychological needs, likely to result in the serious impairments 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:<br/>provide food, clothing and shelter;<br/>protect a child from physical and emotional harm or danger;<br/>ensure adequate supervision;<br/>ensure access to appropriate medical care or treatment.</p> | <p>Obvious signs of lack of care including:<br/>Problems with personal hygiene;<br/>Constant hunger;<br/>Inadequate clothing;<br/>Emaciation;<br/>Lateness or non-attendance at the setting;<br/>Poor relationship with peers;<br/>Untreated medical problems;<br/>Compulsive stealing and scavenging;<br/>Rocking, hair twisting, thumb sucking;<br/>Running away;<br/>Low self-esteem.</p> |



|  |  |
|--|--|
| <p><b>Physical Abuse</b><br/>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</p>   | <p>Physical signs that do not tally with the given account of occurrence<br/>conflicting or unrealistic explanations of cause repeated injuries delay in reporting or seeking medical advice.</p>  |
| <p><b>Sexual Abuse</b><br/>Forcing or enticing a child 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, penetrative or non-penetrative acts and also includes involving children in watching pornographic material or watching sexual acts.</p> | <p>Sudden changes in behaviour<br/>Displays of affection which are sexual and age inappropriate<br/>Tendency to cling or need constant reassurance<br/>Tendency to cry easily<br/>Regression to younger behaviour – e.g. thumb sucking, acting like a baby<br/>Unexplained gifts or money<br/>Depression and withdrawal<br/>Wetting/soiling day or night<br/>Fear of undressing for PE</p> |
| <p><b>Emotional Abuse</b><br/>The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.</p>  | <p>Rejection<br/>Isolation<br/>child being blamed for actions of adults<br/>child being used as carer for younger siblings<br/>affection and basic emotional care giving/warmth, persistently absent or withheld.</p>  |

### Domestic Abuse

The Domestic Abuse Act 2021 received Royal Assent on 29 April 2021. The Act introduces the first ever statutory definition of domestic abuse and recognises the impact of domestic abuse on children, as victims in their own right, if they see, hear or experience the effects of abuse. All children can witness and be adversely affected by domestic abuse in the context of their home life where domestic abuse occurs between family members. Experiencing domestic abuse 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 can encompass a wide range of behaviours and may be a single incident or a pattern of incidents. That abuse can be, but is not limited to, psychological, physical, sexual, financial or emotional. Children can be victims of domestic abuse. They may see, hear, or experience the effects of abuse at home and/or suffer domestic abuse in their own intimate relationships (teenage relationship



abuse). All of which can have a detrimental and long-term impact on their health, well-being, development, and ability to learn.

Refuge runs the National Domestic Abuse Helpline, which can be called free of charge and in confidence, 24 hours a day on 0808 2000 247. [Home | Refuge National Domestic Abuse Helpline \(nationaldahelpline.org.uk\)](https://www.refuge.org.uk/national-domestic-abuse-helpline)

### **Homelessness**

Being homeless or being at risk of becoming homeless presents a real risk to a child's welfare. The designated safeguarding lead (and any deputies) should be aware of contact details and referral routes into the Local Housing Authority so they can raise/progress concerns at the earliest opportunity. Indicators that a family may be at risk of homelessness include household debt, rent arrears, domestic abuse and anti-social behaviour, as well as the family being asked to leave a property. Whilst referrals and/or discussion with the Local Housing Authority should be progressed as appropriate, and in accordance with local procedures, this does not, and should not, replace a referral into local authority 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 the focus to early intervention and encourages those at risk to seek support as soon as possible, before they are facing a homelessness crisis.

### **So-called 'honour'-based abuse (including Female Genital Mutilation and Forced Marriage)**

So-called 'honour'-based abuse (HBA) encompasses incidents or crimes which have been committed to protect or defend the honour of the family and/or the community, including female genital mutilation (FGM), forced marriage, and practices such as breast ironing. Abuse committed in the context of preserving 'honour' often involves a wider network of family or community pressure and can include multiple perpetrators. It is important to be aware of this dynamic and additional risk factors when deciding what form of safeguarding action to take. All forms of HBA are abuse (regardless of the motivation) and should be handled and escalated as such. Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a child being at risk of HBA, or already having suffered HBA. Actions If staff have a concern regarding a child who might be at risk of HBA or who has suffered from HBA, they should speak to the designated safeguarding lead (or a deputy). As appropriate, the designated safeguarding lead (or a deputy) will activate local safeguarding procedures, using existing national and local protocols for multi-agency liaison with the police and local authority 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 below).

### **FGM**

FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs. It is illegal in the UK and a form of child abuse with long-lasting harmful consequences. FGM mandatory reporting duty for teachers Section 5B of the Female Genital Mutilation Act 2003 (as



inserted by section 74 of the Serious Crime Act 2015) places a statutory duty upon teachers, along with regulated health and social care professionals in England and Wales, to report to the police where they discover (either through disclosure by the victim or visual evidence) that FGM appears to have been carried out on a girl under 18. Those failing to report such cases may face disciplinary sanctions. It will be rare for teachers to see visual evidence, and they should not be examining pupils or students, but the same definition of what is meant by “to discover that an act of FGM appears to have been carried out” is used for all professionals to whom this mandatory reporting duty applies. Information on when and how to make a report can be found at: [Mandatory reporting of female genital mutilation procedural information](#). Teachers must personally report to the police cases where they discover that an act of FGM appears to have been carried out. Unless the teacher has good reason not to, they should still consider and discuss any such case with the school or college’s designated safeguarding lead (or deputy) and involve local authority children’s social care as appropriate. The duty does not apply in relation to at risk or suspected cases (i.e. where the teacher does not discover that an act of FGM appears to have been carried out, either through disclosure by the victim or visual evidence) or in cases where the woman is 18 or over. In these cases, teachers should follow local safeguarding procedures. [Harmful Practices - Oxfordshire Safeguarding Children Board \(oscb.org.uk\)](#)

### **Forced marriage**

Forcing a person into a marriage is a crime in England and Wales. A forced marriage is one entered into without the full and free consent of one or both parties and where violence, threats or any other form of coercion is used to cause a person to enter into a marriage. Threats can be physical or emotional and psychological. A lack of full and free consent can be where a person does not consent or where they cannot consent (if they have learning disabilities, for example). Nevertheless, some perpetrators use perceived cultural practices to coerce a person into marriage. In addition, since February 2023 it has also been a crime to carry out any conduct whose purpose is to cause a child to marry before their eighteenth birthday, even if violence, threats or another form of coercion are not used. As with the existing forced marriage law, this applies to non-binding, unofficial ‘marriages’ as well as legal marriages. [The right to choose: government guidance on forced marriage - GOV.UK \(www.gov.uk\)](#)

### **Fabricated or Induced Illness / Perplexing Presentation**

Staff must be aware of the risk of children being abused through fabricated or induced illness (FII). There are three main ways of the carer fabricating or inducing illness in a child.

These are not mutually exclusive and include:

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

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



occupational therapists for example.

### **Gang and Youth / Serious Violence**

Children and Young People who become involved in gangs are at risk of violent crime and as a result of this involvement are deemed vulnerable. Agencies and professionals have a responsibility to safeguard these children and young people and to prevent further harm both to the young person and their potential victims. Risks associated with gang activity include access to weapons (including firearms), retaliatory violence and territorial violence with other gangs, knife crime, sexual violence, and substance misuse

<https://www.gov.uk/government/publications/serious-violence-strategy>

Children are also increasingly being targeted and recruited online using social media. Children can easily become trapped by this type of exploitation as county lines gangs can manufacture drug debts which need to be worked off or threaten serious violence and kidnap towards victims (and their families) if they attempt to leave the county lines network.

A number of the indicators for CSE and CCE may be applicable to where children are involved in county lines. Some additional specific indicators that may be present where a child is criminally exploited through involvement in county lines are children who:

go missing and are subsequently found in areas away from their home.  
have been the victim or perpetrator of serious violence (e.g., knife crime).

### **Faith Based Abuse**

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

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

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

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

**Modern Slavery and the National Referral Mechanism (NRM)** Modern slavery encompasses human trafficking and slavery, servitude and forced or compulsory labour. Exploitation can take many forms, including sexual exploitation, forced labour, slavery, servitude, forced criminality and the removal of organs. Further information on the signs that someone may be a victim of modern slavery, the support available to victims and how to refer them to the NRM is available in Statutory Guidance. Modern slavery: how to identify and support victims - GOV.UK

### **Risks Associated with Parent/Carer Mental Health**



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

Our approach is to recognise; seek support; instil preventive factors and monitor. The DSL should seek support through the Early Help team but escalate to the MASH Team if they are concerned that the child involved is being placed at immediate risk of harm. The link below details the Early Help services available to children, young people, and their families.

[Early Help and the Locality Community Support Service \(LCSS\) - Oxfordshire Safeguarding Children Board \(oscb.org.uk\)](#)

### **Drugs and Alcohol**

Children can be at risk of drugs and alcohol directly and indirectly. They may be at direct risk of having access to these substances (see guidance on gangs) or indirectly because they affect family life at home through use by parents/carers, siblings, child-minders etc. Risks associated with drugs and alcohol are built into the year 5-6 curriculum in schools.

More details can be found at: [Substance Misuse - Oxfordshire Safeguarding Children Board \(oscb.org.uk\)](#)  
[Parents who Misuse Substances \(trixonline.co.uk\)](#)

### **Preventing Radicalisation**

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

Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism. There is no single way of identifying an individual who is likely to be susceptible to an extremist ideology. Specific background factors may contribute to vulnerability which are often combined with specific influences such as family, friends or online, and with specific needs for which an extremist or terrorist group may appear to provide an answer. The internet and the use of social media has become a major factor in the radicalisation of young people. As with managing other safeguarding risks, staff should be alert to changes in children's behaviour which could indicate that they may need help or protection. Staff should use their professional judgement in identifying children who might be at risk of radicalisation and act proportionately which may include making a referral to the Channel programme

From 1 July 2015 all settings are subject to a duty under section 26 of the Counterterrorism and Security Act 2015 ('The CTSA 2015'). Settings must have regard to statutory PREVENT GUIDANCE issued under section 29 of the CTSA 2015. This duty is known as the Prevent duty. It applies to a wide range of public-facing bodies and is to prevent people from being drawn into terrorism.

The statutory Prevent guidance summarises the requirements in terms of four general themes:

- risk assessment
- working in partnership



- staff training
- IT policies

Settings are expected to assess the risk of children being drawn into terrorism, including support for extremist ideas that are part of terrorist ideology. This means being able to demonstrate both a general understanding of the risks affecting children and young people in the area and a specific understanding of how to identify individual children who may be at risk of radicalisation and what to do to support them. Settings should have clear procedures in place for protecting children at risk of radicalisation. It is not necessary for settings to have distinct policies on implementing the Prevent duty. The Prevent duty builds on existing local partnership arrangements. For example, Early Years providers should ensure that their safeguarding arrangements consider the policies and procedures of Local Safeguarding Children Board (LSCBs).

Designated safeguarding leads and other senior leaders should familiarise themselves with the revised [Prevent duty guidance: for England and Wales](#). The Prevent guidance refers to the importance of Prevent Awareness training to equip staff to identify children at risk of being drawn into terrorism and to challenge extremist ideas. Individual settings are best placed to assess the training needs of staff in the light of their assessment of the risk to children of being drawn into terrorism. As a minimum, however, settings should ensure that the designated safeguarding lead undertakes Prevent awareness training and is able to provide advice and support to other members of staff on protecting children from the risk of radicalisation.

Settings must ensure that children are safe from terrorist and extremist material when accessing the internet in the setting. Settings should ensure that suitable filtering is in place. It is also important that settings teach children about online safety more generally. Further information and guidance are available on the OSCP website: [Radicalisation - Oxfordshire Safeguarding Children Board \(oscb.org.uk\)](http://www.oscb.org.uk). The Department for Education has also published advice for schools and childcare providers on the Prevent duty and is intended to complement the Prevent guidance and signposts other sources of advice and support. <https://www.gov.uk/government/publications/protecting-children-from-radicalisation-the-prevent-duty>

### **Channel**

Setting staff should understand when it is appropriate to make a referral to the Channel team. 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. It provides a mechanism for settings to make referrals if they are concerned that an individual might be vulnerable to radicalisation. An individual's engagement with the programme is entirely voluntary at all stages.

Section 36 of the CTSA 2015 places a duty on local authorities to ensure Channel panels are in place. The panel must be chaired by the local authority and include the police for the relevant local authority area. Following a referral, the panel will assess the extent to which identified individuals are vulnerable to being drawn into terrorism, and, where considered appropriate and necessary consent is obtained, arrange for support to be provided to those individuals. Section 38 of the CTSA 2015 requires partners of Channel panels to co-operate with the panel in the carrying out of its functions and with the police in providing information about a referred individual. Settings are advised to have regard to Keeping Children Safe in Education and, as



partners, are required to cooperate with local Channel panels. Channel guidance can be found here: <https://www.gov.uk/government/publications/channel-and-prevent-multi-agency-panel-pmap-guidance>

**Sexual harassment, violence, harmful sexual behaviours** (inc. child on child abuse and 'upskirting')

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. Sexual violence refers to sexual offences under the Sexual Offences Act 2003, including rape, assault by penetration and sexual assault.

The following information relates to school aged children, but it is important for Early Years staff to be aware that this is a form of abuse.

It is important that settings are aware of sexual violence and the fact children can, and sometimes do, abuse their peers in this way. When referring to sexual harassment we mean 'unwanted conduct of a sexual nature' that can occur online and offline and both inside and outside of school/college. 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.

Staff must challenge any form of derogatory and sexualised language or behaviour. Staff should be vigilant to sexualised/aggressive touching/grabbing. DfE guidance situates sexual violence, sexual harassment, and harmful sexual behaviour in the context of developing a whole-school safeguarding culture, where sexual misconduct is seen as unacceptable, and not 'banter' or an inevitable part of growing up.

It should be recognised that these issues are likely to occur, and so schools should have procedures in place to deal with them. Groups at particular risk include girls, students who identify as Lesbian, Gay, Bisexual, Transgender+ (LGBT+), or are perceived by peers to be LGBT+, and pupils with SEND. We recognise that these children can be targeted by other children, so it is vital your school provide a safe space for these children to speak out and share their concerns with members of staff. Pupils are protected from 'upskirting', bullying, homophobic, biphobic and transphobic behaviour, racism, sexism, and other forms of discrimination. Staff have familiarity with the [Equality Act 2010 and the Public Sector Equality Duty](#) (PSED), the Human Rights Act 1998 and recent reforms to the Act and how they apply to safeguarding

<https://www.gov.uk/government/consultations/human-rights-act-reform-a-modern-bill-of-rights/outcome/human-rights-act-reform-a-modern-bill-of-rights-consultation-response>

Our setting acknowledges the need to treat everyone equally, with fairness, dignity, and respect. Any discriminatory behaviours are challenged, and children are supported to understand how to treat others with respect. We also have a statutory duty to report and record any of the above incidents. Schools must record incidents across the whole spectrum of sexual violence, sexual harassment, and harmful sexualised behaviours so that they can understand the scale of the problem in their own schools and make appropriate plans to reduce it.



All such incidents should be immediately reported to the Designated Safeguarding Lead (DSL) or equivalent and managed in line with your setting's child protection policies. Victims of harm should be supported by the school's pastoral system and, and their wishes and feelings considered and that the law on child-on-child abuse is there to protect them, not criminalise them.

The appropriate safeguarding lead person should be familiar with the full guidance from the UK Council for Internet Safety (UKCIS), Sharing nudes and semi-nudes: advice for education settings working with children and young people <https://www.gov.uk/government/publications/sharing-nudes-and-semi-nudes-advice-for-education-settings-working-with-children-and-young-people>

### **Upskirting**

'Upskirting' is where someone takes a picture under a person's clothing (not necessarily a skirt) without their permission and or knowledge, with the intention of viewing their genitals or buttocks (with or without underwear) to obtain sexual gratification, or cause the victim humiliation, distress, or alarm. It is a criminal offence. Anyone of any gender, can be a victim. The Voyeurism (Offences) Act, which is commonly known as the Upskirting Act, came into force on 12 April 2019.

### **Annex H: Managing Allegations against staff**

The Local Authority Designated Officer for Allegations (LADO) must be told of allegations against adults working with children and young people within 24 hours. Chairs of committees should refer to this guidance if there is an allegation against the manager. This includes all cases that meet the harms threshold where a person is alleged to have:

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

There are two levels of allegation/concern:

- allegations that may meet the harms threshold (see definition above)
- allegation/concerns that do not meet the harms threshold – referred to in 2023 guidance as 'low level concerns'

Providers should have policies and processes to deal with concerns (including allegations) which do not meet the harm threshold. Concerns may arise in several ways and from a number of sources. For example: suspicion; complaint; or disclosure made by a child, parent, or other adult within or outside of the organisation; or as a result of vetting checks undertaken.

It is important that settings have appropriate policies and processes in place to manage and record any such concerns and take appropriate action to safeguard children.



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

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

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

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

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

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

Northamptonshire : You can contact the Designated Officer for North Northamptonshire, Sheila Kempster on 07831 123193 or for West Northamptonshire, Andy Smith on 07850 854309.

## **Annex I: Online Safety and Cybercrime**

Refer to the following Gov.uk information

[Safeguarding children and protecting professionals in early years settings: online safety considerations for managers - GOV.UK \(www.gov.uk\)](#)

[Safeguarding children and protecting professionals in early years settings: online safety guidance for practitioners - GOV.UK \(www.gov.uk\)](#)

The use of technology has become a significant component of many safeguarding issues. Child Sexual Exploitation; radicalisation; sexual predation- technology often provides the platform that facilitates harm. An effective approach to online safety empowers a setting to protect and educate the setting community including parents



and carers in their children's use of technology and establishes mechanisms to identify, intervene and escalate any incident where appropriate.

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

content: being exposed to illegal, inappropriate, or harmful material

contact: being subjected to harmful online interaction with other users

conduct: personal online behaviour that increases the likelihood of, or causes, harm

A Digital Safety policy, which covers the use of mobile phones, cameras, and other digital recording devices/wearable technology. Providers must do all they can to limit children's exposure to the risks from the settings IT system and ensure the setting has appropriate filters and monitoring systems in place and regularly review their effectiveness. Providers should ensure their setting has appropriate filters and monitoring systems in place and staff receive training about this induction.

Whilst considering their responsibility to safeguard and promote the welfare of children and provide them with a safe environment in which to learn, providers should consider the age range of their pupils, the number of pupils, how often they access the IT system and the proportionality of costs vs risks.

The appropriateness of any filters and monitoring systems are a matter for individual settings and will be informed in part, by the risk assessment required by the Prevent Duty. The UK Safer Internet Centre has published guidance as to what "appropriate" filtering and monitoring might look like: [UK Safer Internet Centre: appropriate filtering and monitoring](#)

The policy for remote learning that demonstrates an understanding of how to follow safeguarding procedures when planning remote education strategies and teaching remotely. The setting maintains the capability to provide remote education when it is not possible for some or all their pupils to attend in person. (All IT policies are located.....).

<https://www.gov.uk/government/publications/providing-remote-education-guidance-for-schools>

Cybercrime is criminal activity committed using computers and/or the internet. It is broadly categorised as either 'cyber-enabled' (crimes that can happen off-line but are enabled at scale and at speed on-line) or 'cyber dependent' (crimes that can be committed only by using a computer). Cyber-dependent crimes include: unauthorised access to computers (illegal 'hacking'), 'Denial of Service' (Dos or DDoS) attacks or 'booting'. These are attempts to make a computer, network or website unavailable by overwhelming it with internet traffic from multiple sources, and, making, supplying or obtaining malware (malicious software) such as viruses, spyware, ransomware, botnets and Remote Access Trojans with the intent to commit further offence, including those above.

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

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

When appointing new staff, providers must:

- verify a candidate's identity. Identification checking guidelines can be found on the GOV.UK website



- obtain (via the applicant) an enhanced DBS certificate (including barred list information, for those who will be engaging in regulated activity)
- obtain a separate barred list check if an individual will start work in regulated activity before the DBS certificate is available
- schools that work with children between 8 and 18 years old must recognise that the 'relationships and associations' that staff have in school and outside (including online), may have an implication for the safeguarding of children in the school. Where this is the case, the member of staff must speak to the school (Childcare Act 2006 – as amended)
- verify the candidate's mental and physical fitness to carry out their work responsibilities. A job applicant can be asked relevant questions about disability and health to establish whether they have the physical and mental capacity for the specific role
- verify the person's right to work in the UK. If there is uncertainty about whether an individual needs permission to work in the UK, follow advice on the GOV.UK website.
- if the person has lived or worked outside the UK, make any further checks the setting consider appropriate and verify professional qualifications, as appropriate
- carry out prohibition check for all staff with QTS
- complete a risk assessment for each volunteer to decide whether they need to do an enhanced DBS check or not. (Please note even if it is decided an enhanced DBS is to be requested, if the volunteer is not in regulated activity, then you're not legally allowed to do a barred list check)
- consider carrying out an online search on shortlisted candidates to help identify any issues that are publicly available online. [It is good practice to inform shortlisted candidates that online searches will be carried out.](#)
- ensure a candidate's qualifications are 'approved' (full and relevant) in order for them to be counted in ratios. You can check qualifications here [Check early years qualifications - GOV.UK \(www.gov.uk\)](#)
- only accept copies of a curriculum vitae (CV) alongside an application form. A CV on its own will not provide adequate information.

### **Annex K: CENTRAL RECORD**

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

See section above for other checks which must be recorded.

Copies of DBS certificates and records of criminal information disclosed by the candidate are covered by UK GDPR/DPA 2018 Article 10. To help schools and colleges comply with the requirements of the Data Protection Act 2018, when a school or college chooses to retain a copy, there should be a valid reason for doing so and it should not be kept for longer than six months. When the information is destroyed a school or college may keep a record of the fact that vetting was carried out, the result and the recruitment decision taken if they choose to. Schools and colleges do not have to keep copies of DBS certificates, in order to fulfil the duty of maintaining the single central record.

For supply staff, settings should also include whether written confirmation that the employment business supplying the member of supply staff has carried out the relevant checks and obtained the appropriate certificates, whether any enhanced



DBS check certificate has been provided in respect of the member of supply staff, and the date that confirmation was received.

Committee member's identity and vetting checks should also be recorded.

Governance is not a regulated activity and so they do not need a barred list check unless, in addition to their governance duties, they also engage in regulated activity.

### **Annex L: STAFF INDUCTION**

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

The DSL will ensure that all new staff and volunteers, including committees and trustees (including temporary staff) are aware of the setting's internal safeguarding processes.

All staff members (including temporary staff) will receive training to ensure they are aware of a range of safeguarding issues. Committee members should also receive relevant training.

All staff members (including temporary staff) will receive regular safeguarding and child protection updates, at least annually.

All staff members (including temporary staff) will be made aware of the settings expectations regarding safe and professional practice via the staff behaviour policy (or code of conduct) and Acceptable Use Policy.

The DSL and manager will provide an annual report to the Provider/Management team / committee detailing safeguarding training undertaken by all staff and will maintain up to date register of who has been trained.

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

### **Annex M: Contacts and Links**

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|--|--------------------------|---|
| MASH<br>Oxfordshire                    | <b>0345 050<br/>7666</b> | <a href="http://www.oscb.org.uk/concerned-about-a-child/">http://www.oscb.org.uk/concerned-about-a-child/</a> |
| Out of Hours<br>Emergency Duty<br>Team | <b>0800 833<br/>408</b>  |   |
| MASH<br>Northamptonshire               |                          |   |



|   |   |  |
|---|---|--|
| LCSS North  | 0345<br>2412703                         | <a href="mailto:LCSS.North@oxfordshire.gov.uk">LCSS.North@oxfordshire.gov.uk</a>                               |
| LCSS Central                                      | 0345<br>2412705                         | <a href="mailto:LCSS.Central@oxfordshire.gov.uk">LCSS.Central@oxfordshire.gov.uk</a>                           |
| LCSS South  | 0345<br>2412608                         | <a href="mailto:LCSS.South@oxfordshire.gov.uk">LCSS.South@oxfordshire.gov.uk</a>                               |
| Designated Officer<br>(LADO,<br>Oxfordshire)      | 01865<br>810603                         | <a href="mailto:Lado.safeguardingchildren@oxfordshire.gov.uk">Lado.safeguardingchildren@oxfordshire.gov.uk</a> |
| Designated Officer<br>(LADO,<br>Northamptonshire) | 07831<br>123193 or,<br>07850<br>854309. | <a href="mailto:LADOConsultations@nctrust.co.uk">LADOConsultations@nctrust.co.uk</a> and a                     |
| Police:<br>Emergency<br>Non-emergency             | 999<br>101                              |  |
| OSCB  |   | <a href="http://oscb.oxfordshire.gov.uk">oscb.oxfordshire.gov.uk</a>   |

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

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

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

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

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

Additional links

[The United Nations convention on the Rights of the Child](#)

[The Children and Families Act 2014.](#)



**Annex N: Staff signatures**

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

| Name | Role | Signature | Date |
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