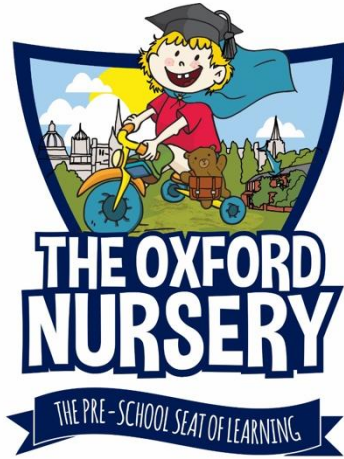




SAFEGUARDING CHILDREN POLICY

ASPECTS OF THIS POLICY, INCLUDING ALLEGATIONS AND WHISTLEBLOWING

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INTRODUCTION

IT IS A SAD FACT THAT CHILD ABUSE HAS BEEN HAPPENING SINCE TIME BEGAN WITH RESEARCH SHOWING THAT IT CAN BE FOUND IN ALL CULTURES AND IS PRESENT IN ALL SOCIO/ECONOMIC GROUPS. IT IS ONLY WHEN THE MEDIA HIGHLIGHTS A CHILD ABUSE CASE THAT MOST PEOPLE ARE REMINDED THAT THESE PROBLEMS AND ATROCITIES ARE STILL OCCURRING. IF WE ARE TO HELP PROTECT CHILDREN FROM ABUSE, IT IS IMPORTANT THAT ALL THOSE INVOLVED WITH THEM ARE ALERT TO THE POSSIBILITY OR SIGNS OF ANY ABUSE. ANYONE WORKING OR CONNECTED WITH CHILDREN ALSO NEEDS TO KNOW WHAT TO DO IF THEY HAVE CONCERNS ABOUT A CHILD'S SAFETY OR WELFARE. AS PART OF OUR EDUCATION BASED PROVISION OF CARE WE ARE COMMITTED TO RESEARCH INTO THE SUBJECT OF SAFEGUARDING CHILDREN AND MAKING SURE ALL OF OUR TEAM *(THOSE WORKING DIRECTLY WITH THE CHILDREN, THOSE WORKING IN OUR REMOTE OFFICES WHO VISIT TEMPORARILY AND OCCASIONAL SITE WORKERS) HAVE SOUND, WELL INFORMED KNOWLEDGE AND UNDERSTANDING AROUND THIS SUBJECT. IN ADDITION WE SEEK TO KEEP OUR PARENTS WELL INFORMED AND SHARE ALL ASPECTS OF THIS POLICY BOTH IN OUR DAY TO DAY COMMUNICATIONS BUT IN THE FORM OF OFFERED INFORMATION WORKSHOPS TOO.

***DISCLOSURE AND BARRING SERVICE DBS**

ALL EMPLOYED AND REGULAR TEMPORARY AND VOLUNTEER TEAM MEMBERS HAVE A CURRENT DBS CERTIFICATE ON THE UPDATE SERVICE. OUR REMOTE WORKERS WHO MAY VISIT THE PREMISES OCCASIONALLY ALSO HOLD A CURRENT DBS CERTIFICATE. WE USE A FEW SPECIFIC COMPANIES TO PROVIDE BUILDING WORK DEVELOPMENTS AND REPAIRS INCLUDING GAS, ELECTRIC AND GENERAL REPAIRS AND WHERE WE HAVE WORKERS ENTERING THE PREMISES TO SERVICE EQUIPMENT SUCH AS FIRE ALARM SYSTEMS AND ELECTRICAL APPLIANCES WE REQUEST THEY HAVE A CURRENT DBS. IF THEY DO NOT THEN THEY ARE ESCORTED AROUND THE PREMISES AND MAY NOT PERFORM ANY LONE WORKING AROUND THE CHILDREN.

STATEMENT OF OUR RESPONSIBILITY TO PROTECT CHILDREN

EVERY PROVIDER OF DAY CARE REGISTERED BY OFSTED IS LEGALLY REQUIRED TO REPORT TO CHILDRENS SERVICES ALL CASES OF ACTUAL ABUSE OR SUSPECTED ABUSE OF ANY CHILD IN THEIR CARE AS SOON AS POSSIBLE. OFSTED ALSO NEED TO BE CONTACTED ON THE DAY THE ABUSE WAS BROUGHT TO THE ATTENTION BY PHONE AS WELL AS RECEIVING A WRITTEN REPORT OF THE ALLEGED ABUSE.

ONE OF THE UNDERLYING PRINCIPLES OF THE CHILDREN ACT 1989 IS THAT THE WELFARE OF THE CHILD IS PARAMOUNT AT ALL TIMES. AT THE OXFORD NURSERY WE ACCEPT OUR DUTY AND RESPONSIBILITY TO ALL THE CHILDREN IN OUR CARE TO ACT APPROPRIATELY AT SIGNS OF ABUSE AND TO ENSURE THAT A CHILD AT RISK RECEIVES THE PROTECTION HE OR SHE NEEDS AND THAT THEIR FAMILY GAINS HELP AND SUPPORT. WHERE A CHILD MAKES A DISCLOSURE ABOUT ABUSE WE ALSO ACCEPT OUR DUTY TO INFORM BOTH THE PARENTS AND THE CHILD PROTECTION AGENCY AT MASH (MULTI AGENCY SAFEGUARDING HUB) OR CHILDREN'S SERVICES. WE AGREE THE

'CHILDREN HAVE THE RIGHT TO PROTECTION FROM BEING HURT, VIOLENCE, ABUSE AND NEGLECT' *(UNITED NATIONS CONVENTION ON THE RIGHTS OF THE CHILD, ARTICLE 19)*

IT IS A REQUIREMENT SET BY OFSTED THAT WE PROVIDE TWO REFRESHER AND REVIEW SAFEGUARDING TRAINING SESSIONS TO OUR STAFF TWICE ANNUALLY. WE DELIVER THIS TRAINING A MINIMUM OF TWO PER YEAR AND UP TO 5 TIMES A YEAR AT OUR NURSERY CLOSURE TRAINING DAYS. IN ADDITION STAFF DO REGULAR Q AND A QUIZZES, ATTEND STAFF MEETINGS AND DISCUSS ANY ISSUES THAT MAY HAVE ARISEN. ALL INDIVIDUAL STAFF MEMBERS HAVE REGULAR SUPERVISION 1:1 MEETINGS AND PARTICIPATE IN DAILY BRIEFINGS THAT COVER A RANGE OF SAFEGUARDING ISSUES AND THEMES. LATEST INFORMATION FROM OFSTED IS DELIVERED AND DISCUSSED IN STAFF MEETINGS AND DAILY BRIEFINGS.

DAWN A. FARRELL NOVEMBER 2025

DEFINITIONS OF ABUSE

WHAT IS CHILD ABUSE?

THE AREAS OF ABUSE CAN NOT EASILY BE SEPARATED FROM ONE ANOTHER. IT IS POSSIBLE THAT IF A CHILD IS BEING, FOR EXAMPLE PHYSICALLY OR SEXUALLY ABUSED, THE CHILD MAY ALSO BE SHOWING SIGNS OF EMOTIONAL ABUSE AND NEGLECT. EQUALLY A CHILD BEING SEXUALLY ABUSED FOR EXAMPLE COULD ALSO PRESENT THEMSELVES AS WELL LOOKED AFTER WITH NO OBVIOUS SIGNS OF MIS-TREATMENT.

- **PHYSICAL ABUSE** ~ NON-ACCIDENTAL INJURY OR DELIBERATELY INFLECTED INJURY. EXAMPLES - HITTING, SHAKING, SQUEEZING, BURNS, BRUISES, BROKEN LIMBS, SCALDS, WEALS, BITES, CUTS, GRIPPING. GIVING A CHILD ILLEGAL, INAPPROPRIATE OR UNNECESSARY DRUGS OR ALCOHOL. ATTEMPTING TO POISON, SUFFOCATE OR DROWN. **PHYSICAL ABUSE CAN CAUSE LONG TERM PROBLEMS.** EXAMPLES - SCARS, INTERNAL INJURIES, BRAIN DAMAGE, EVEN DEATH.
- **SEXUAL ABUSE** ~ TAKING ADVANTAGE OF A CHILD FOR THE SEXUAL PLEASURE OF AN ADULT. EXAMPLES - INAPPROPRIATE FONDLING, MASTURBATION, ORAL SEX, ANAL SEX, FULL INTERCOURSE, USE OF FOREIGN OBJECTS, EXHIBITIONISM, EXPOSING A CHILD TO PORNOGRAPHY, MAKING PORNOGRAPHIC MATERIALS, SEX RINGS, RITUALISTIC ABUSE. **SEXUAL ABUSE CAN HAVE LONG LASTING EFFECTS.** THIS WILL INCLUDE HAVING DIFFICULTIES IN LATER LIFE IN FORMING TRUSTING AND STABLE PERSONAL RELATIONSHIPS.
- **NEGLECT** ~ PERSISTENT OR SEVERE FAILURE TO MEET A CHILD'S BASIC NEEDS. EXAMPLES - LACK OF ADEQUATE FOOD, INAPPROPRIATE DIET, EXPOSING A CHILD TO COLD, LEAVING A CHILD UNATTENDED, INAPPROPRIATE CLOTHING, FAILING TO ATTEND TO PERSONAL HYGIENE. FAILING TO SEEK MEDICAL ATTENTION AND LEAVING A CHILD TO SUFFER. **NEGLECT CAN LEAD TO A CHILD HAVING HEALTH PROBLEMS.** THE CHILD MAY BE FAILING TO THRIVE.
- **EMOTIONAL ABUSE** ~ PERSISTENT LACK OF AFFECTION AND PHYSICAL INTERACTION WITH A CHILD. EXAMPLES - CONTINUOUSLY FAILING TO SHOW LOVE AND AFFECTION, PERSISTENT REJECTION, CRITICISM, BELITTILING, BULLYING, FRIGHTENING, HARASSMENT, TAUNTING, THREATENING, RIDICULING, 'SCAPEGOATING', IGNORING. **EMOTIONAL ABUSE CAN CAUSE A CHILD TO BECOME NERVOUS, WITHDRAWN, LACKING IN CONFIDENCE AND SELF ESTEEM.**
- **BULLYING** ~ THE REPETITIVE, INTENTIONAL HURTING OF ONE PERSON OR GROUP BY ANOTHER PERSON OR GROUP, WHERE THE RELATIONSHIP INVOLVES AN IMBALANCE OF POWER. BULLYING CAN BE PHYSICAL, VERBAL OR PSYCHOLOGICAL. IT CAN HAPPEN FACE-TO-FACE OR ONLINE. **TYPES OF BULLYING:** PHYSICAL BULLYING. INCLUDES HITTING, KICKING, SHOVING, SPITTING, BEATING UP, STEALING OR DAMAGING PROPERTY, VERBAL BULLYING, SOCIAL BULLYING, ELECTRONIC OR CYBERBULLYING, RACIAL BULLYING, RELIGIOUS BULLYING, SEXUAL BULLYING, DISABILITY BULLYING.

RECOGNISING ABUSE

ABUSE TAKES MANY DIFFERENT FORMS - PHYSICAL, EMOTIONAL, SEXUAL AND NEGLECT - AND CHILDREN'S REACTIONS TO ABUSE VARY GREATLY. THIS IS A LIST OF POSSIBLE SIGNS THAT ABUSE HAS OCCURRED:

- SUSPICIOUS MARKS OR BRUISES MAY BE NOTICED
- A CHANGE IN THE CHILD'S BEHAVIOUR
- YOU MAY BE AWARE OF FAMILY DIFFICULTIES
- A CHILD MAY FAIL TO ATTEND NURSERY WITHOUT EXPLANATION (IN CIRCUMSTANCES THAT MAKE YOU ANXIOUS)
- A CHILD MAY TELL YOU SOMETHING DIRECTLY ABOUT THEIR ILL TREATMENT.

THE OXFORD NURSERY REQUIRES ALL STAFF TO MAKE THEMSELVES FULLY AWARE OF SAFEGUARDING ISSUES BY ATTENDING RELEVANT COURSES WHICH ARE OFFERED AT VARIOUS TIMES DURING THE YEAR AND CURRENT CHILD PROTECTION POLICIES AND UPDATED INFORMATION PROVIDED IN WEEKLY NURSERY MEETING. THE OXFORD NURSERY IS A SELF POLICED ENVIRONMENT WHERE ALL CARERS ARE IN LOCO PARENTIS AND MUST INFORM THE DUTY MANAGER AS SOON AS AN ISSUE OF CONCERN ARISES.

WHAT TO DO ONCE A CHILD HAS TALKED ABOUT ABUSE

THE PROCEDURE IS THE SAME AS IF THE CARER HAS A SUSPICION THAT ABUSE HAS OCCURRED WITH THE EXCEPTION OF THE DETAILS. A WRITTEN ACCOUNT SHOULD BE MADE CLEARLY STATING WHAT THE CHILD SAID TO THE CARER. ALL DETAILS ARE WRITTEN AND REPORTED TO THE ROOM CO-ORDINATOR AND MANAGER. THE MANAGER WILL TAKE THE APPROPRIATE ACTION TO INFORM MASH OR CHILDREN SERVICES AND THE CHILD'S PARENTS IMMEDIATELY.

HOW TO RESPOND TO A CHILD WANTING TO TALK ABOUT ABUSE

IF A CHILD APPROACHES A CARER AND DISCLOSES INFORMATION, THE CARER MUST LISTEN TO AND BELIEVE THE CHILD. THE CHILD MUST BE REASSURED THAT HE/SHE WAS RIGHT TO TELL AND THAT THE CARER WILL TRY TO HELP.

A CARER SHOULD NEVER PROMISE TO KEEP THE ALLEGATION/ DISCLOSURE A SECRET.

IT IS IMPORTANT TO GET THE CHILD TO TALK TO THE CARER BUT HE/SHE SHOULD NOT BE LED IN WHAT IS BEING SAID. NOR SHOULD THE CARER SUGGEST WHAT MIGHT BE HAPPENING IN THE CHILD'S LIFE. THE CARER MUST LISTEN AND NOT PROBE AS THIS COULD PREJUDICE LATER ACTION. THE CARER SHOULD NOT STATE AN OPINION OR MAKE JUDGEMENT. A CARER SHOULD BE AWARE THAT WHEN A CHILD SAYS SOMETHING 'USED' TO HAPPEN THIS DOES NOT MEAN IT IS NOT STILL GOING ON. THE CHILD MUST BE AWARE THAT THE CARER MUST TELL SOMEONE ELSE SUCH AS A MANAGER.

HELPING VICTIMS OF ABUSE AND TEACHING PERSONAL SAFETY SKILLS

WITHIN THE AREAS OF PHYSICAL DEVELOPMENT AND PERSONAL, SOCIAL & EMOTIONAL DEVELOPMENT IN OUR FOUNDATION STAGE CURRICULUM (EYFS) AT THE OXFORD NURSERY THE CHILDREN WILL HAVE ACCESS TO MANY ACTIVITIES AND MATERIALS TO HELP THEM LEARN ABOUT KEEPING SAFE AND LEARN ABOUT ACCEPTABLE BEHAVIOURS. IN ALL THE ACTIVITIES WE ARE SEEKING TO HELP OUR CHILDREN DEVELOP A POSITIVE SELF-ESTEEM AND A CONFIDENT APPROACH TO LIFE. THROUGH BOOKS AND TOPICS SUCH AS 'PEOPLE WHO CARE FOR US' WE CAN TACKLE ASPECTS OF LIFE THAT ARE UNPLEASANT OR DANGEROUS SUCH AS 'STRANGER DANGER. BY OFFERING A FUN APPROACH TO LEARNING AND A CALM CARING ATMOSPHERE WE WOULD HOPE THAT OUR CHILDREN WOULD HAVE THE CONFIDENCE TO TELL US ABOUT 'BAD' THINGS THAT MAY BE HAPPENING TO THEM.

SIMILARLY, FOR STAFF, WE RUN 'IN-HOUSE' CHILD PROTECTION TRAINING, AS PART OF OUR STAFF MEETING WHERE WE HAVE OPEN FORUMS TO DISCUSS ISSUES. (ALL MATTERS OF A SENSITIVE NATURE ARE NOT DISCUSSED IN THIS OPEN MANNER). THE OXFORD NURSERY ALSO INVITES STAFF TO TAKE REFRESHER COURSES OFFERED BY OXFORDSHIRE STEP INTO TRAINING AND OXFORDSHIRE SAFEGUARDING CHILDREN BOARD (RUN BY OXFORDSHIRE COUNTY COUNCIL). IN ADDITION WE OFFER 'IN-HOUSE' CHILD PROTECTION TRAINING WHICH HAS BEEN SOURCED FROM OXFORDSHIRE SAFEGUARDING CHILDREN BOARD. IN THIS WAY WE ARE CONFIDENT THAT STAFF ARE BEING VIGILANT IN DETECTING POSSIBLE SIGNS OF ABUSE OR NEGLECT AND THEY ARE TRAINED TO REPORT SUSPICIONS AS SET OUT IN THIS POLICY.

APPOINTING CARERS

STAFF AT THE OXFORD NURSERY SETTINGS ARE APPOINTED AFTER AN APPLICATION HAS BEEN MADE TO THE NURSERY AND AN INTERVIEW HAS BEEN ATTENDED INCLUDING A WORKING INTERVIEW AND THE APPLICANT IS DEEMED SUCCESSFUL AND SUITABLE TO WORK WITH CHILDREN. REFERENCES ARE TAKEN UP ON THE NEW EMPLOYEE. IN ADDITION, THE DISCLOSURE BARRING SERVICE (DBS) IS NOTIFIED AND THE NEW EMPLOYEE COMPLETES THE APPROPRIATE DOCUMENTS. PROOF OF IDENTITY AND RESIDENCE ARE REQUIRED FOR THE DBS AT NO TIME DOES THE NEW EMPLOYEE WORK UNATTENDED WITH THE CHILDREN UNTIL ALL THE NECESSARY POLICE AND HEALTH CHECKS HAVE BEEN MADE. ALL EMPLOYEES

FROM OVERSEAS ARE ALSO REQUIRED TO PROVIDE AN OVERSEAS POLICE CHECK FROM THEIR HOME EMBASSY IF THEY HAVE LIVED IN THE UK FOR LESS THAN 10 YEARS. WHERE THIS IS REQUIRED THE INDIVIDUAL WILL NOT BE ABLE TO BEGIN WORK UNTIL THE RELEVANT DOCUMENT IS RECEIVED. THE OXFORD NURSERY WILL BE NOTIFIED THAT THE AUTHORISED COMPANY MAKING THE SEARCHES IN WRITING THAT THESE CHECKS HAVE BEEN COMPLETED AND APPROVED AND NOTICE WILL BE GIVEN TO SAY THAT THE NEW EMPLOYEE IS SUITABLE TO WORK WITH CHILDREN.

IN ADDITION, THE OXFORD NURSERY HAS CLEAR GUIDELINES FOR ALL STAFF IN THE EVENT OF THEM WITNESSING INAPPROPRIATE BEHAVIOUR OCCURRING ON THE PREMISES BY A COLLEAGUE. STAFF KNOW THEY HAVE A DUTY AND RESPONSIBILITY TO TELL THE MANAGER. THE MANAGER WOULD THEN TAKE THE APPROPRIATE ACTION. A ' POSITIVE BEHAVIOUR POLICY' AND 'CARING RULES' ARE IN PLACE AND ALL STAFF FAMILIARISE THEMSELVES WITH THEM DURING THEIR INDUCTION/TRAINING PERIOD AND AT VARIOUS TIMES DURING STAFF MEETINGS.

HOW TO RESPOND IF THERE IS SUSPICION THAT ABUSE HAS OCCURRED

IF A CARER BELIEVES A CHILD MAY BE SUFFERING ABUSE OR NEGLECT, ACTION MUST BE TAKEN. IF THE CARER IS CONCERNED ABOUT DIVIDED LOYALTIES BETWEEN PARENT AND CHILD, IT MUST BE REINFORCED THAT **'THE SAFETY AND WELFARE OF THE CHILD MUST COME FIRST'**, AND THAT ADULTS CAN PROTECT AND STAND UP FOR THEMSELVES. ALL STAFF MUST REMEMBER THAT CHILDREN ARE VULNERABLE AND UNABLE TO PROTECT THEMSELVES. THE SAFETY AND WELFARE OF OUR CHILDREN MAY BE DEPENDANT ON A MEMBER OF STAFF PASSING ON CONCERNS TO THE MANAGER. IT IS ALWAYS IMPORTANT TO ACT PROMPTLY, PARTICULARLY IN THE CASES OF SUSPECTED PHYSICAL ABUSE OR NEGLECT WHICH COULD BE LIFE THREATENING.

ALL CONCERNS SHOULD BE SHARED WITH ROOM CO-ORDINATOR AND THE NURSERY MANAGER AND A DECISION WILL BE MADE ON WHAT ACTION TO TAKE.

OUR SAFEGUARDING CHILDREN POLICY IS DISPLAYED IN THE NURSERY OFFICE OR FOYER FOR THE DUTY MANAGER WHICH HAS A STEP BY STEP GUIDE TO FOLLOW ALONG WITH ESSENTIAL PHONE NUMBERS.

WRITTEN RECORDS OF EVENTS AND CONVERSATIONS WITH PARENTS MUST BE KEPT AND IT SHOULD BE CLEAR THAT ALL INFORMATION SHOULD BE FACTUAL AND NOT SUPPOSITION OR OPINION. IF DEEMED APPROPRIATE CHILDREN AND STAFF WILL BE ASKED TO PROVIDE FACTS ABOUT 'IN NURSERY' EVENTS. WHERE NURSERY STAFF MAKE REASONABLE SUGGESTIONS SUCH AS A PARENT TAKING A SICK CHILD TO VISIT THE DOCTOR, THIS MUST BE DOCUMENTED AS WELL AS THE OUTCOME. A NOTE SHEET CAN BE FOUND AT THE BACK OF A CHILD'S LEARNING JOURNEY FILE. DETAILS OF EVENTS ARE TO INCLUDE DATES AND TIMES AND ANY CHANGES THAT MAY HAVE OCCURRED. IF THE ROOM CO-ORDINATOR AND MANAGER ARE CONCERNED BY THE INFORMATION THEY HAVE BEEN GIVEN THEN CHILDREN SERVICES OR MASH WILL BE CONTACTED. THE MANAGER WILL MAKE THIS CALL AND WILL HAVE THE CHILD'S NECESSARY RECORDS WITH THEM. THE CONCERNS WILL THEN BE DISCUSSED WITH AN ASSESSMENT TEAM WORKER BEFORE A FORMAL REFERRAL ABOUT THE CHILD IS MADE. THE CHILD DEEMED TO BE AT RISK, IS CONTINUED TO BE MONITORED AND RECORDS ARE KEPT. THE NURSERY WILL BE INFORMED THAT A RESPONSE HAS BEEN MADE BUT INFORMATION ABOUT ACTION TAKEN WILL REMAIN CONFIDENTIAL WITH THE CHILD PROTECTION AGENCIES. ALL INFORMATION IS ON A **'NEED TO KNOW BASIS'** AND NOT EVEN THE NURSERY MANAGER WILL KNOW UNLESS DEEMED NECESSARY. THEREFORE IT IS NOT OUR PLACE TO DECIDE HOW SERIOUS THE ALLEGATION IS OR WHAT KIND OF INVESTIGATION WILL BE IMPLEMENTED.

IF A STAFF MEMBER HAS A CONCERN RELATED TO THE DIRECT MANAGER, OR FEELS THAT THE CONCERN NEEDS TO BE TAKEN OUTSIDE OF THE NURSERY SETTING THE MANAGING DIRECTOR IS CONTACTABLE ON HER MOBILE AT ANY TIME. IF THIS IS NOT APPROPRIATE THE STAFF MEMBER MUST CONTACT THE LOCAL AUTHORITY DESIGNATED OFFICER, USING THE PHONE NUMBER NOTED IN THIS POLICY AND DISPLAYED IN THE NURSERY OFFICE.

INFORMING PARENTS

AS SOON AS A CARER SUSPECTS THAT A CHILD IS AT RISK AND THEY HAVE DISCUSSED THEIR CONCERNS WITH THE ROOM CO-ORDINATOR AND MANAGER, THE MANAGER SHOULD TAKE STEPS TO SPEAK WITH THE PARENTS/ GUARDIANS OF THE CHILD. WHEN A MANAGER HAS TAKEN STEPS

TO CONTACT MASH OR CHILDREN SERVICES, THE ASSESSMENT TEAM WOULD NORMALLY EXPECT THE FAMILY TO HAVE BEEN TOLD ABOUT THIS INTENDED ACTION.

THE ONLY EXCEPTION TO INFORMING PARENTS WOULD BE IF THERE WAS A CONCERN THAT IT COULD COMPROMISE THE SAFETY OR WELFARE OF THE CHILD CONCERNED.

CHILDREN SERVICES MAY WISH TO CONTACT AND INTERVIEW THE PARENTS AND OTHER FAMILY MEMBERS AS WELL AS THE CHILD. IN SITUATIONS WHERE ABUSE IS SUSPECTED INVOLVING A FAMILY NOT KNOWN TO BE INVOLVED WITH CHILDREN'S SERVICES THE MASH TEAM SHOULD BE CONTACTED. IN THE EVENT THAT ABUSE IS SUSPECTED INVOLVING A FAMILY THAT IS KNOWN TO BE INVOLVED WITH CHILDREN'S SERVICE THE DUTY SOCIAL WORKER SHOULD BE CONTACTED.

ALLEGATIONS

PARENT AND STAFF PROCEDURE ON SUSPICION THAT A MEMBER OF STAFF HAS ABUSED A CHILD.

THE OXFORD NURSERY HAS A LEGAL REQUIREMENT TO MAKE SURE THAT ALL CARERS WHO WORK WITH CHILDREN HAVE THE NECESSARY CRIMINAL (ENHANCED DISCLOSURE AND BARRING SERVICE -DBS) AND HEALTH CHECKS BEFORE THEY ARE DEEMED SATISFACTORY TO WORK WITH CHILDREN. EVEN THEN THE OXFORD NURSERY TRAINS STAFF TO BE VIGILANT ABOUT THE BEHAVIOUR OF COLLEAGUES AT ALL TIMES AND ARE EXPECTED TO INFORM MANAGEMENT IF THEY NOTE ANYTHING UNACCEPTABLE. WE WORK AS A TEAM AND MAKE SURE THAT EACH ROOM IS ALWAYS COVERED WITH THE NECESSARY 'CLEARED' AND LEADING QUALIFIED MEMBER OF STAFF, INCLUDING MEAL AND BREAK TIMES. WE ARE VERY LUCKY TO HAVE ACCESS TO 'SUPPLY' STAFF FROM OUR OTHER SETTINGS (EY, MP AND ST) IN TIMES OF OUR OWN STAFF SICKNESS, WHO ARE ALSO APPROPRIATELY CHECKED. IN THE EVENT OF OUR USUAL 'SUPPLIES' BEING UNAVAILABLE WE USE CHILD CARE AGENCIES AND INSIST THAT THEY ARE DBS CLEARED STAFF.

STAFF HAVE A CLEAR POLICY ON SAFEGUARDING CHILDREN AND THE PROCEDURE TO TAKE SHOULD THEY SUSPECT ANY FORM OF ABUSE IS OCCURRING.

SIMILARLY, IF A PARENT SHOULD SUSPECT THAT THEIR CHILD OR ANY OTHER CHILD IN OUR CARE IS SUFFERING ABUSE BY A CARER AT THE OXFORD NURSERY THEY SHOULD FOLLOW THESE STEPS:

PARENT MAKES A FORMAL COMPLAINT TO A UNIT MANAGER OR MANAGER, BOTH VERBALLY IN THE FIRST INSTANCE AND THEN IN WRITING AS SOON AS IS POSSIBLE.

THE UNIT MANAGER SHARES THE INFORMATION WITH THE MANAGER IMMEDIATELY, PERSON TO PERSON OR BY TELEPHONE.

THE UNIT MANAGER AND/OR MANAGER MUST INFORM THE ACCUSED MEMBER OF STAFF OF THE ALLEGATIONS IMMEDIATELY AND LISTEN TO THEIR DETAILS OF EVENTS, MAKING WRITTEN NOTES. THE ACCUSED MEMBER OF STAFF MUST THEN BE SUSPENDED FROM ALL DUTIES WORKING WITH CHILDREN WITH ALL DUE SENSITIVITY TO THE SITUATION, ON FULL PAY PENDING A FULL ENQUIRY.

OFSTED AND CHILDRENS SERVICES OR MASH WILL BE INFORMED BY TELEPHONE AND IN WRITING IMMEDIATELY OF THE SITUATION AND THE OXFORD NURSERY WILL AWAIT INVESTIGATION FORTHWITH.

THE ACCUSING PARENT WILL BE KEPT INFORMED OF THE SITUATION AND WILL BE POLITELY REQUESTED TO HONOUR OUR STATEMENT OF CONFIDENTIALITY.

THE MANAGER WILL DETERMINE WHICH CARERS ARE REQUIRED TO OFFER INFORMATION, MAINTAINING CONFIDENTIALITY TO THE BEST OF HER ABILITY AND WILL ALERT NECESSARY CARERS ON A 'NEED TO KNOW' BASIS.

OFSTED AND CHILDREN SERVICES WILL DETERMINE THE OUTCOME OF THE SITUATION WHEN THE CARER MAY EITHER BE REINSTATED TO EMPLOYMENT WITH THE OXFORD NURSERY IF ALLEGATIONS ARE DEEMED FALSE OR CRIMINAL PROCEEDINGS TO ENSUE IF EVIDENCE SUGGESTS THIS. IF ALLEGATIONS ARE DEEMED CORRECT THROUGHOUT INVESTIGATION THE EMPLOYEE WILL GO THROUGH DISCIPLINARY PROCEEDINGS. THEIR CONTRACT WITH THE NURSERY MAY BE TERMINATED ON THE GROUNDS OF SERIOUS/GROSS MISCONDUCT IN LINE WITH THE IN-HOUSE DISCIPLINARY PROCEDURE AND A REFERRAL TO DBS WILL BE MADE BY THE MANAGER.

THE OXFORD NURSERY MANAGEMENT HAS RESPONSIBILITY TO KEEP ALL PARTIES INFORMED AT EACH STAGE OF DEVELOPMENT.

CHILD SEX EXPLOITATION (CSE)

THE SEXUAL EXPLOITATION OF CHILDREN AND YOUNG PEOPLE UNDER 18 INVOLVES EXPLOITATIVE SITUATIONS, CONTEXTS AND RELATIONSHIPS WHERE YOUNG PEOPLE, (OR A THIRD PERSON OR PERSONS) RECEIVE SOMETHING, (E.G. FOOD, ACCOMMODATION, DRUGS, ALCOHOL, CIGARETTES, AFFECTIONS, GIFTS, MONEY) AS A RESULT OF THEM PERFORMING AND/OR OTHERS PERFORMING ON THEM, SEXUAL ACTIVITIES. CHILD SEXUAL EXPLOITATION CAN OCCUR THROUGH THE USE OF TECHNOLOGY WITHOUT THE CHILD'S IMMEDIATE RECOGNITION; FOR EXAMPLE BEING PERSUADED TO POST SEXUAL IMAGES ON THE INTERNET/MOBILE PHONES WITHOUT IMMEDIATE PAYMENT OR GAIN. IN ALL CASES THOSE EXPLOITING THE CHILD/YOUNG PERSON HAVE POWER OVER THEM BY VIRTUE OF THEIR AGE, GENDER, INTELLECT, PHYSICAL STRENGTH AND/OR ECONOMIC OR OTHER RESOURCES. VIOLENCE, COERCION AND INTIMIDATIONS ARE COMMON, INVOLVEMENT IN EXPLOITATIVE RELATIONSHIPS BEING CHARACTERISED IN THE MAIN BY THE CHILD'S OR YOUNG PERSON'S LIMITED AVAILABILITY OF CHOICE, RESULTING FROM THEIR SOCIAL/ECONOMIC AND/OR EMOTIONAL VULNERABILITY. (DCSF 2009)

KEY FACTS ABOUT CSE

- SEXUAL EXPLOITATION OFTEN STARTS AROUND THE AGE OF 10 YEARS OLD. GIRLS ARE USUALLY TARGETED FROM AGE 10 AND BOYS FROM AGE 8.
- IT AFFECTS BOTH GIRLS AND BOYS AND CAN HAPPEN IN ALL COMMUNITIES.
- ANY PERSON CAN BE TARGETED BUT THERE ARE SOME PARTICULARLY VULNERABLE GROUPS: LOOKED AFTER CHILDREN, CHILDREN LEAVING CARE AND CHILDREN WITH DISABILITIES.
- VICTIMS OF CSE MAY ALSO BE TRAFFICKED (LOCALLY, NATIONALLY AND INTERNATIONALLY).
- OVER 70% OF ADULTS INVOLVED IN PROSTITUTION WERE SEXUALLY EXPLOITED AS CHILDREN OR TEENAGERS.
- SEXUAL VIOLENCE OR ABUSE AGAINST CHILDREN REPRESENTS A MAJOR PUBLIC HEALTH AND SOCIAL WELFARE PROBLEM WITHIN UK SOCIETY, AFFECTING 16% OF CHILDREN UNDER 16. THAT IS APPROXIMATELY 2 MILLION CHILDREN.

FEMALE GENITAL MUTILATION

FEMALE GENITAL MUTILATION (FGM): PROFESSIONALS IN ALL AGENCIES, AND INDIVIDUALS AND GROUPS IN RELEVANT COMMUNITIES, NEED TO BE ALERT TO THE POSSIBILITY OF A GIRL BEING AT RISK OF FGM, OR ALREADY HAVING SUFFERED FGM. THERE IS A RANGE OF POTENTIAL INDICATORS THAT A CHILD OR YOUNG PERSON MAY BE AT RISK OF FGM, WHICH INDIVIDUALLY MAY NOT INDICATE RISK BUT IF THERE ARE TWO OR MORE INDICATORS PRESENT THIS COULD SIGNAL A RISK TO THE CHILD OR YOUNG PERSON. VICTIMS OF FGM ARE LIKELY TO COME FROM A COMMUNITY THAT IS KNOWN TO PRACTISE FGM. PROFESSIONALS SHOULD NOTE THAT GIRLS AT RISK OF FGM MAY NOT YET BE AWARE OF THE PRACTICE OR THAT IT MAY BE CONDUCTED ON THEM, SO SENSITIVITY SHOULD ALWAYS BE SHOWN WHEN APPROACHING THE SUBJECT. WARNING SIGNS THAT FGM MAY BE ABOUT TO TAKE PLACE, OR MAY HAVE ALREADY TAKEN PLACE, CAN BE FOUND ON PAGES 11-12 OF THE MULTI-AGENCY PRACTICE GUIDELINES (<https://www.gov.uk/government/publications/female-genital-mutilation-guidelines>) REFERRED TO ABOVE. STAFF SHOULD ACTIVATE LOCAL SAFEGUARDING PROCEDURES, USING EXISTING NATIONAL AND LOCAL PROTOCOLS FOR MULTI-AGENCY LIAISON WITH POLICE AND CHILDREN'S SOCIAL CARE.

GOOD PRACTICE - INDIVIDUALS

- RECOGNISE THE SYMPTOMS AND DISTINGUISH THEM FROM OTHER FORMS OF ABUSE
- TREAT THE CHILD/YOUNG PERSON AS A VICTIM OF ABUSE
- UNDERSTAND THE PERSPECTIVE / BEHAVIOUR OF THE CHILD/YOUNG PERSON AND BE PATIENT WITH THEM
- HELP THE CHILD/YOUNG PERSON TO RECOGNISE THAT THEY ARE BEING EXPLOITED
- COLLATE AS MUCH INFORMATION AS POSSIBLE
- SHARE INFORMATION WITH OTHER AGENCIES AND SEEK ADVICE / REFER TO SOCIAL CARE

GOOD PRACTICE - ORGANISATIONS

- ENSURE ROBUST SAFEGUARDING POLICIES AND PROCEDURES ARE IN PLACE WHICH COVER CSE
- PROMOTE AND ENGAGE IN EFFECTIVE MULTI-AGENCY WORKING TO PREVENT ABUSE
- WORK TO HELP VICTIMS MOVE OUT OF EXPLOITATION
- COOPERATE TO ENABLE SUCCESSFUL INVESTIGATIONS AND PROSECUTIONS OF PERPETRATORS

BREAST IRONING

BREAST IRONING OR BREAST FLATTENING, IS THE POUNDING AND MASSAGING OF A PUBESCENT GIRLS BREASTS, USING HEATED OR HARD OBJECTS TO TRY AND MAKE THEM STOP DEVELOPING OR DISAPPEAR. WHILST IT IS UNLIKELY A VERY YOUNG CHILD MAY HAVE THIS DONE WE HAVE A DUTY OF CARE TO KNOW AND UNDERSTAND THIS PRACTICE AND CHALLENGE THIS CRUEL BEHAVIOUR FOLLOWING THE APPROPRIATE CHANNELS THROUGH OUR LADO.

CHILD TRAFFICKING

WE LIVE IN A SOCIETY WHERE THE SAD REALITY OF CHILDREN BEING EXPLOITED AND OR 'SOLD' SEEMS ABHORRENT AND SOMETHING THAT HAPPENS ELSEWHERE. THIS IS AN INCREASING SAFEGUARDING ISSUE IN OUR COUNTRY AND ON OUR DOORSTEP AND WE MUST BE VIGILANT TO DETECT EVIDENCE OF THIS HAPPENING. WE FOLLOW STRICT PROCEDURES TO FOLLOW UP UNEXPLAINED ABSENCES AND IF WE HAVE CONCERNS ABOUT A CHILD, WHERE THEY ARE GOING AND WITH WHOM WE ASK QUESTIONS OF THE PARENT. IF OUR CONCERNS ARE NOT ALLAYED WE FOLLOW THE PROCEDURES TO FOLLOW THAT CONCERN WITH OFSTED AND CHILDREN'S SERVICES. WE ARE ALSO VIGILANT TO SUSCEPTIBLE YOUNG STAFF MEMBERS AND WE ASK ABOUT THEIR WELFARE AT REGULAR SUPERVISION MEETINGS. WE LOOK FOR SIGNS OF GROOMING AND TALK ABOUT THE FRIENDSHIPS THEY MAY HAVE AND THE FAMILY RELATIONSHIPS. WE TALK OPENLY ABOUT THE SIGNS OF GROOMING SUCH AS EXPENSIVE GIFTS, STRICT RULES ON HOW LATE THEY ARE AT WORK, AND WHO THEY ARE 'ALLOWED' TO BE FRIENDS WITH OR GO OUT WITH.

GROOMING

GROOMING IS WHEN SOMEONE BUILDS AN EMOTIONAL CONNECTION WITH A CHILD TO GAIN THEIR TRUST FOR THE PURPOSES OF SEXUAL ABUSE, SEXUAL EXPLOITATION OR TRAFFICKING.

CHILDREN AND YOUNG PEOPLE CAN BE GROOMED ONLINE OR FACE-TO-FACE, BY A STRANGER OR BY SOMEONE THEY KNOW - FOR EXAMPLE A FAMILY MEMBER, FRIEND OR PROFESSIONAL.

GROOMERS MAY BE MALE OR FEMALE. THEY COULD BE ANY AGE.

MANY CHILDREN AND YOUNG PEOPLE DON'T UNDERSTAND THAT THEY HAVE BEEN GROOMED OR THAT WHAT HAS HAPPENED IS ABUSE.

SIGNS OF GROOMING

THE SIGNS OF GROOMING AREN'T ALWAYS OBVIOUS AND GROOMING IS USUALLY BUT NOT ALWAYS IN OLDER CHILDREN RATHER THAN EARLY YEARS AND GROOMERS WILL OFTEN GO TO GREAT LENGTHS NOT TO BE IDENTIFIED.

IF A CHILD IS BEING GROOMED THEY MAY:

BE VERY SECRETIVE, INCLUDING ABOUT WHAT THEY ARE DOING ONLINE

HAVE OLDER BOYFRIENDS OR GIRLFRIENDS

GO TO UNUSUAL PLACES TO MEET FRIENDS

HAVE NEW THINGS SUCH AS CLOTHES OR MOBILE PHONES THAT THEY CAN'T OR WON'T EXPLAIN

HAVE ACCESS TO DRUGS AND ALCOHOL.

IN OLDER CHILDREN, SIGNS OF GROOMING CAN EASILY BE MISTAKEN FOR 'NORMAL' TEENAGE BEHAVIOUR, BUT YOU MAY NOTICE UNEXPLAINED CHANGES IN BEHAVIOUR OR PERSONALITY, OR INAPPROPRIATE SEXUAL BEHAVIOUR FOR THEIR AGE.

THINGS YOU MAY NOTICE

IF YOU'RE WORRIED THAT A CHILD IS BEING ABUSED, WATCH OUT FOR ANY UNUSUAL BEHAVIOURS SUCH AS:

WITHDRAWN, SUDDENLY BEHAVES DIFFERENTLY, ANXIOUS, CLINGY, DEPRESSED, AGGRESSIVE, PROBLEMS SLEEPING, EATING DISORDERS, WETS THE BED, SOILS CLOTHES, TAKES RISKS, MISSES SCHOOL, CHANGES IN EATING HABITS, OBSESSIVE BEHAVIOUR, NIGHTMARES, DRUGS, ALCOHOL, SELF-HARM, THOUGHTS ABOUT SUICIDE

BLUE WHALE CHALLENGE

FROM OSCB WEBSITE...WARNING ABOUT THE BLUE WHALE CHALLENGE AFFECTING CHILDREN AND YOUNG PEOPLE

PARENTS AND PROFESSIONALS ARE ADVISED TO BE ON THEIR GUARD AGAINST A SICK SOCIAL MEDIA CHALLENGE WHICH ENCOURAGES YOUNGSTERS TO CUT THEMSELVES. AT ITS MOST EXTREME, THE SO-CALLED 'BLUE WHALE' CHALLENGE ENCOURAGES TEENAGE SUICIDE.

POLICE SAY IT IS IMPORTANT TO KEEP THE SCARE IN PERSPECTIVE. THEY SAY THEY ARE KEEN TO GIVE CHILDREN AND PARENTS THE LATEST INFORMATION, RATHER THAN SPREADING PANIC.

HERE ARE LINKS BELOW FOR MORE INFORMATION:

[HTTP://WWW.DEVONLIVE.COM/BLUE-WHALE-SUICIDE-CHALLENGE-IN-DEVON-WHAT-PARENTS-AND-CHILDREN-NEED-TO-KNOW-NOW/STORY-30199306-DETAIL/STORY.HTML](http://www.devonlive.com/blue-whale-suicide-challenge-in-devon-what-parents-and-children-need-to-know-now/story-30199306-detail/story.html)

[HTTPS://WWW.CONNEXIONFRANCE.COM/PRACTICAL/HEALTH/DEADLY-BLUE-WHALE-CHALLENGE-SPREADS-TO-FRANCE](https://www.connexionfrance.com/practical/health/deadly-blue-whale-challenge-spreads-to-france)

COUNTY LINES

COUNTY LINES GENERALLY DESCRIBES THE PROCESS IN WHICH GANGS FROM MAJOR CITIES EXPAND THEIR DRUG NETWORKS TO OTHER AREAS OF THE COUNTRY. THESE GANGS TYPICALLY USE DEDICATED MOBILE PHONE **LINES** TO SUPPLY DRUGS TO PEOPLE IN LOCAL AREAS, HENCE THE TERM '**COUNTY LINES**'. GANGS ARE USING CHILDREN AS YOUNG AS 14 TO SMUGGLE AND SELL CRACK AND HEROIN. THIS LINKS TO MODERN SLAVERY AND GROOMING AND CONVICTIONS HAVE BEEN MADE.

MOMO CHALLENGE

THE MOMO CHALLENGE OR 'SUICIDE GAME' AS IT IS ALSO KNOWN CENTRES AROUND A SCARY AVATAR THAT POPS UP DURING CHILDREN'S PROGRAMMES AND INSTRUCTS THE YOUNG VIEWERS TO FOLLOW IT'S INSTRUCTIONS WHICH ARE ORDERS OR DARES. IF THEY FAIL TO FOLLOW THEY ARE THREATENED WITH TERRIBLE CONSEQUENCES SUCH AS THEIR FAMILY ALL BEING KILLED. IT IS THOUGHT TO HAVE STARTED AS A FORM OF BAITING TO EXTORT MONEY OR STEAL DATA.

ONLINE SAFETY

THE INTERNET IS AMAZING. CHILDREN CAN PLAY, LEARN, CREATE AND CONNECT - OPENING UP A WHOLE WORLD OF EXCITING POSSIBILITIES. BUT HOW DO WE KEEP TRACK OF WHAT WE ARE DOING AND MAKE SURE THEY ARE STAYING SAFE?

WHETHER WE ARE AN ONLINE EXPERT OR WE ARE NOT SURE WHERE TO START HERE ARE 4 KEY CONSIDERATIONS:

EXPLORE THE ONLINE WORLD TOGETHER

TALK TO CHILDREN ABOUT STAYING SAFE ONLINE

KNOW AND MANAGE THE SOFTWARE AND TOOLS WE USE AT NURSERY

FOLLOW THE POLICY FOR E-LEARNING AT NURSERY

WHISTLE BLOWING

ALL INDIVIDUALS USING THE NURSERY FOR CHILDCARE SERVICES, OR STAKEHOLDERS OF THE NURSERY INCLUDING STAFF AND ASSOCIATED INDIVIDUALS HAVE A RESPONSIBILITY TO RAISE ANY CONCERNS REGARDING CHILDREN AND THEIR WELFARE.

INDIVIDUALS MUST NOT WORRY ABOUT POSSIBLE REPERCUSSIONS IN CASES WHERE THEY ARE CONCERNED ABOUT A CHILD'S WELFARE AS THE OVERRIDING CONCERN MUST ALWAYS BE THE CHILD'S SAFETY. THE SAFETY AND WELL BEING OF A CHILD MUST BE THE PARAMOUNT INTEREST AND PASSING ON INFORMATION TO THE DSL, SOCIAL SERVICES OR OFSTED IS ESSENTIAL. WHERE INDIVIDUALS ARE CONCERNED ABOUT REPERCUSSIONS RESULTING FROM WHISTLE BLOWING TO THE DETRIMENT OF THEIR FRIENDS OR RELATIONSHIPS WITHIN OR OUTSIDE OF NURSERY THEY MUST BE CLEAR THAT **ANY** ABUSE OR WRONG DOING TOWARDS A CHILD MUST BE DISCLOSED TO A DSL OR HIGHER AUTHORITY SUCH AS OFSTED. FAILURE TO WHISTLE BLOW DESPITE KNOWLEDGE OF WRONG DOING AGAINST A CHILD MAY RESULT IN DISCIPLINARY ACTION FROM THE OXFORD NURSERY AND FURTHER INVESTIGATION BY HIGHER AUTHORITY AND POSSIBLE PROSECUTION. NO PERSON MAY KNOWINGLY PROTECT ANOTHER PERSON FROM INTERNAL OR EXTERNAL INVESTIGATION IN RELATION TO SAFEGUARDING ISSUES.

A CONCERN MAY BE RAISED TO THE SAFE GUARDING LEAD OF EACH NURSERY SITE, WHERE THEY WILL RESPOND TO THE CONCERN, INFORMING THE APPROPRIATE AGENCIES. THE NURSERY DIRECTOR HAS OVERALL RESPONSIBILITY AND HER CONTACT DETAILS ARE READILY AVAILABLE FOR ANY PERSON WISHING TO WHISTLE BLOW, WHERE IT IS NOT APPROPRIATE TO LIAISE WITH AN INDIVIDUAL SITE. ALL INFORMATION IS TREATED WITH THE STRICTEST CONFIDENCE OUTLINED IN THE CONFIDENTIALITY POLICY.

IF IT IS CONSIDERED BY THE INDIVIDUAL TO BE INAPPROPRIATE TO DISCUSS THEIR CONCERN WITH THE NURSERY DIRECTOR, THE INDIVIDUAL MAY CONTACT OXFORDSHIRE SAFEGUARDING BOARD, CHILDREN'S SERVICES, MASH, OFSTED OR THE POLICE. THESE CONTACT NUMBERS ARE DETAILED BELOW.

CALFBW-WITCHCRAFT (CALFBW IS CHILD ABUSE LINKED TO FAITH BELIEF AND WITCHCRAFT)

THE NUMBER OF CASES OF CHILD ABUSE LINKED TO A BELIEF IN SPIRITS, POSSESSION AND WITCHCRAFT IS SMALL, BUT WHERE IT OCCURS THE IMPACT ON THE CHILD IS GREAT, CAUSING MUCH DISTRESS AND SUFFERING TO THE CHILD. IT IS LIKELY THAT A PROPORTION OF THIS TYPE OF ABUSE REMAINS UNREPORTED.

RESEARCH COMMISSIONED BY THE DFE IN 2006 REVIEWED CHILD ABUSE CASES THAT HAD OCCURRED BETWEEN 2000 AND 2005 TO IDENTIFY ANY CASES WHERE THE ABUSE WAS LINKED TO ACCUSATIONS OF POSSESSION OR WITCHCRAFT. 38 CASES INVOLVING 47 CHILDREN WERE FOUND TO BE RELEVANT AND SUFFICIENTLY WELL DOCUMENTED. THE CHILDREN CAME FROM A VARIETY OF BACKGROUNDS INCLUDING AFRICAN, SOUTH ASIAN AND EUROPEAN.

INFANT ORAL MUTILATION (IOM)

INFANT ORAL MUTILATION (IOM) INVOLVES GOUGING OUT THE TEETH OF A TODDLER/CHILD TO PREVENT COMMON CHILDHOOD ILLNESSES. IOM IS A TRADITIONAL PRACTICE PERFORMED, USUALLY BY VILLAGE HEALERS BUT ALSO BY PRIESTS AND MIDWIVES AS AN ACCEPTED REMEDY FOR ILLNESS. INFANTS PRESENTING WITH DIARRHOEA AND/OR FEVERS ARE SUBJECTED TO THE REMOVAL OF UNERUPTED BABY TEETH AS THE SWELLING OF THE GUMS IS MISTAKENLY THOUGHT TO INDICATE THE PRESENCE OF 'TOOTH WORMS'. THE TOOTH BUDS, USUALLY OF THE EYE TEETH, ARE PRISED OUT OF THE GUM, WITHOUT ANAESTHESIA, WITH UNSTERILE TOOLS SUCH AS A BICYCLE SPOKE, A HOT NAIL, A PENKNIFE ETC. BLOOD LOSS AND SHOCK DUE TO THE CRUDE NATURE OF THE OPERATION CAN LEAD TO ANAEMIA. THE UNHYGIENIC METHODS CAN CAUSE SEPTICAEMIA, TETANUS, TRANSMISSION OF BLOOD-BORNE DISEASES SUCH AS HIV/ AIDS, AND CAN ON OCCASIONS BE FATAL. LONG TERM EFFECTS CAN INCLUDE ERADICATION AND/OR MALFORMATION OF OTHER PRIMARY AND PERMANENT TEETH IN THE AREA.

SAFER EATING PRACTICES AT THE OXFORD NURSERY

IN RECENT YEARS THERE HAVE BEEN NUMEROUS OCCASIONS WHERE CHILDREN HAVE CHOKED WHILST EATING AT NURSERY. OFSTED HAVE RELEASED NEW DIRECTIVES IN SEPTEMBER 2025 THAT DETAIL UPDATED STATUTORY GUIDELINES FOR ALL MEAL TIMES. A FIRST AIDER MUST BE PRESENT AT ALL TIMES DURING ANY SNACK OR MEAL TIME AND ALL MEASURES TAKEN TO MINIMISE THE RISK OF CHOKING, FROM FOOD PREPARATION TO ORGANISATION OF MEAL TIMES.. DETAILED INFORMATION ON ALLERGIES AND DIETARY NEEDS MUST BE CURRENT AND KNOWN BY THOSE DELIVERING THE MEAL. THE OXFORD NURSERY SETTINGS HAVE A STAND ALONE 'SAFER EATING PRACTICES' DOCUMENT FOR ALL STAFF TO READ AND UNDERSTAND.

OXFORDSHIRE SAFEGUARDING CHILDREN PARTNERSHIP (OSCP)

THE OXFORDSHIRE SAFEGUARDING CHILDREN PARTNERSHIP (OSCP) IS A STATUTORY BODY THAT BRINGS TOGETHER KEY LOCAL AGENCIES, INCLUDING THE COUNTY COUNCIL, NHS AND THE POLICE, TO ENSURE THEY WORK TOGETHER EFFECTIVELY TO KEEP CHILDREN AND YOUNG PEOPLE IN OXFORDSHIRE SAFE FROM ABUSE AND NEGLECT. THE OSCP PROVIDES RESOURCES, TRAINING AND MULTI-AGENCY PROCEDURES TO HELP EVERYONE UNDERSTAND THEIR SAFEGUARDING RESPONSIBILITIES AND IT CO-ORDINATES LOCAL EFFORTS TO IMPROVE HOW AGENCIES COOPERATE TO PROTECT CHILDREN'S WELFARE. THE KEY FUNCTIONS OF THE OSCP: **COLLABORATION, ACCOUNTABILITY, GUIDANCE AND PROCEDURES, LEARNING AND RESOURCES ...FOR IMMEDIATE RESPONSE WHEN CONCERNED ABOUT A CHILD CALL THE MULTI-AGENCY SAFEGUARDING HUB (MASH) ON 01865 519 800**

IMPORTANT NUMBERS

MASH (MULTI AGENCY SAFEGUARDING Hub): 0845 050 7666 *TO BE USED FOR ALL 'NEW' REFERRALS.

INITIAL CONTACT FOR CONCERNS ABOUT CHILDREN FOR ALL SITES.

CENTRAL TEAM- OXFORD CITY (CHILDREN'S SERVICES): 01865 328563 (FIRST POINT OF CONTACT FOR ST)

NORTH TEAM (CHILDREN'S SERVICES): 01865 323039 (FIRST POINT OF CONTACT FOR EY)

LOCAL AUTHORITY DESIGNATED OFFICER: 01865 815956/323457

OFSTED ON 0300 1231231

POLICE ENQUIRY TEAM: 101

NSPCC CHILD PROTECTION HELPLINE: 0800 8005000

CONTACT MASH ON 0845 050 7666 INFORMING THEM OF THE NEW ALLEGATION, OR CHILDRENS SERVICES WHERE THE FAMILY CONCERNED ARE ALREADY KNOWN TO SOCIAL SERVICES. ALL 'NO NAME CONSULTATIONS' WHERE ADVICE IS BEING SOUGHT SHOULD BE REFERRED TO CHILDREN'S SERVICES. TAKE THE CALL HANDLERS NAME AND RECORD THE TIME OF THE CALL. THE CALL HANDLER WILL IMMEDIATELY ADVISE YOU ON WHAT YOU SHOULD DO NEXT.

THIS MAY BE- CALL THE POLICE, CALL THE PARENT OF THE CHILD, SUSPEND A MEMBER OF STAFF. THESE ARE JUST EXAMPLES AND WILL DIFFER GREATLY DEPENDENT UPON THE NATURE OF THE CONCERN. THROUGH YOUR OWN TRAINING YOU ARE LIKELY TO HAVE A VERY GOOD IDEA OF WHAT IS REQUIRED EVEN BEFORE YOU HAVE SPOKEN TO THE RELEVANT AGENCY.

THEN YOU MUST CONTACT OFSTED ON 0300 1231231, THEY WILL TAKE THE DETAILS YOU HAVE, WILL ASK YOU WHAT YOU HAVE DONE ALREADY AND WILL ASK YOU TO PUT EVERYTHING IN WRITING. THEY WILL THEN REFER THIS INFORMATION TO THE COMPLIANCE TEAM WITHIN OFSTED.

SAFEGUARDING POLICY NOVEMBER 2024
REVIEWED NOVEMBER 2025