

## Wickham Montessori School Safeguarding Policy

### **Aims**

- To provide Staff with the framework to promote and safeguard the wellbeing of children and in doing so ensure they meet their statutory responsibilities.
- To ensure consistent good practice across the nursery.
- To demonstrate our commitment to protecting children.

### **Policy Statement**

Safeguarding determines the actions that we take to keep children safe and protect them from harm in all aspects of their nursery life. As a nursery, we are committed to safeguarding and promoting the welfare of all of our children, staff and visitors.

The actions that we take to prevent harm; to promote wellbeing; to create safe environments; to educate on rights, respect and responsibilities; to respond to specific issues and vulnerabilities all form part of the safeguarding responsibilities of the nursery.

**Contacts:**

The designated safeguarding Officer for Wickham Montessori:

**Elizabeth Freemantle** (Tel: 07377405622)

The deputy designated safeguarding Officer:

**Diana Brandt** (Tel:07824765881)

Wickham Montessori owner: **Elizabeth Freemantle**

Local Authority Designated Officer (LADO): (**Mark Blackwell** Tel: 01962 87636) If you have concern over a member of staff.

Professional help line: (Tel: 01329 225 379) **Fareham MASH**, there to encourage people to phone in who are unsure.

Children Services Department: (0300 555 1384) If you are worried about a child.

Out of Hours Duty Social Worker: (Tel: 0845 600 4555)

Ofsted: (0300 123 1231)

## **Principles and Values**

Safeguarding is everyone's responsibility, as a nursery we ensure all staff are trained appropriately and made aware of any significant changes. Staff should work to achieve the best possible outcome by following protocol and working closely alongside the nursery's Designated Safeguarding Officer(s) (DSO).

All children in our nursery are given ample time to express their concerns and worries in a safe and positive environment. The staff will listen to the child, take their worries seriously and share the information with the DSO.

This policy will be reviewed annually in line with DfE, HSCB, HCC and any other relevant guidance.

## **Areas of Safeguarding**

Within Keeping Children Safe in Education (2016) and the Ofsted inspection guidance (2015), there are a number of safeguarding areas directly highlighted or implied within the text.

## **Definitions**

**Safeguarding:** *'is defined in the Children Act 2004 as protecting from maltreatment; preventing impairment of health and development; ensuring that children grow up with the provision of safe and effective care; and work in a way that gives the best life chances and transition to adult hood. Our safeguarding practice applies to every child.'*

The term **Staff** applies to all those working for or on behalf of the nursery, full time or part time, in either a paid or voluntary capacity. This also includes parents.

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

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

## High Risk and emerging safeguarding issues

### Preventing Radicalisation and Extremism

The prevent duty requires that all staff are aware of the signs that a child may be vulnerable to radicalisation. The risks will need to be considered for political; environmental; animal rights; or faith based extremism that may lead to a child becoming radicalised. **All staff must** have prevent training in order that they can identify the signs of children being radicalised.

As part of the preventative process, resilience to radicalisation will be built through the promotion of fundamental British values through the curriculum.

Any child who is considered vulnerable to radicalisation will be referred by the DSO to Hampshire children's social care. It will be considered in the MASH process. If the police prevent officer considers the information to be indicating a level of risk a "channel panel" will be convened and the nursery will attend and support this process.

### Gender based violence / Violence against women and girls

<https://www.gov.uk/government/policies/violence-against-women-and-girls>

The government have a strategy looking at specific issues that women and girls face. Within the context of this safeguarding policy the following sections are how we respond to violence against girls; Female genital mutilation, forced marriage, honour based violence and teenage relationship abuse.

### Female Genital Mutilation (FGM)

FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. It has no health benefits and harms girls and women in many ways. It involves removing and damaging healthy and normal female genital tissue, and hence interferes with the natural function of girls' and women's bodies.

The age at which girls undergo FGM varies enormously according to the community. **The procedure may be carried out when the girl is newborn, during childhood or adolescence, just before marriage or during the first pregnancy.** However, the majority of cases of FGM are thought to take place between the ages of 5 and 8 and therefore girls within that age bracket are at a higher risk.

### **FGM is illegal in the UK.**

On the 31 October 2015, it became mandatory for teachers to report known cases of FGM to the police. 'Known' cases are those where either a girl informs the person that an act of FGM – however described – has been carried out on her, or where the person observes physical signs on a girl appearing to show that an act of FGM has been carried out and the person has no reason to believe that the act was, or was part of, a surgical operation within section 1(2)(a) or (b) of the FGM Act. In these situations, the DSO will be informed who will contact the police to report suspicion that FGM has happened.

### **At no time will staff examine pupils to confirm this.**

For cases where it is believed that a girl may be vulnerable to FGM or there is a concern that she may be about to be genitally mutilated the staff will inform the DSO who will report it as with any other child protection concern.

## **Honour Based Violence**

Honour based violence is a violent crime or incident which may have been committed to protect or defend the honour of the family or community.

It is often linked to family or community members who believe someone has brought shame to their family or community by doing something that is not in keeping with their unwritten rule of conduct. For example, honour based violence might be committed against people who:

- become involved with a boyfriend or girlfriend from a different culture or religion
- want to get out of an arranged marriage
- want to get out of a forced marriage
- wear clothes or take part in activities that might not be considered traditional within a particular culture
- convert to a different faith from the family

Women and girls are the most common victims of honour based violence however it can also affect men and boys. Crimes of 'honour' do not always include violence. Crimes committed in the name of 'honour' might include:

- domestic abuse
- threats of violence
- sexual or psychological abuse
- forced marriage
- being held against your will or taken somewhere you don't want to go
- assault

If staff believe that a child is at risk from honour based violence the DSO will follow the usual safeguarding referral process, however, if it is clear that a crime has been committed or the child is at immediate risk the police will be contacted in the first place. It is important that if honour based violence is known or suspected that communities and family members are NOT spoken to prior to referral to the police or social care as this could increase risk to the child.

## **The Toxic Trio**

The term 'Toxic Trio' has been used to describe the issues of domestic violence, mental ill-health and substance misuse which have been identified as common features of families where harm to women and children has occurred.

They are viewed as indicators of increased risk of harm to children and young people. In a review of Serious Cases Reviews undertaken by Ofsted in 2011, they found that in nearly 75% of these cases two or more of the issues were present.

## **Domestic Abuse**

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

- Psychological
- Physical
- Sexual

- Financial
- Emotional

Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

Research indicates that living within a home where domestic abuse takes place is harmful to children and can have a serious impact on their behaviour, wellbeing and understanding of what a normal relationship is.

Children witnessing domestic abuse are thought to be a high risk of 'significant harm'. These children may become aggressive; display anti-social behaviours; suffer from depression or anxiety; or fail to reach their educational potential.

Indicators that a child is living within a relationship with domestic abuse include:

- 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

These behaviours themselves do not indicate that a child is living with domestic abuse, but should be considered as indicators that this may be the case.

If staff believe that a child is living with domestic abuse, this will be reported to the DSO for referral to be considered by the children's social care.

## **Parental mental health**

The term "mental ill health" is used to cover a wide range of conditions, from eating disorders, mild depression and anxiety to psychotic illnesses such as schizophrenia or bipolar disorder. Parental mental illness does not necessarily have an adverse impact on a child's developmental needs, but it is essential to always assess its implications for each child in the family. It is essential that the diagnosis of a parent/carer's mental health is not seen as defining the level of risk. Similarly, the absence of a diagnosis does not equate to there being little or no risk.

For children, the impact of parental mental health can include:

- The parent / carer's needs or illnesses taking precedence over the child's needs
- Child's physical and emotional needs neglected
- A child acting as a young carer for a parent or a sibling
- Child having restricted social and recreational activities
- Child finds it difficult to concentrate- impacting on educational achievement
- A child missing nursery regularly as (s)he is being kept home as a companion for a parent / carer
- Adopt paranoid or suspicious behaviour as they believe their parent's delusions.
- Witnessing self-harming behaviour and suicide attempts (including attempts that involve the child)
- Obsessional compulsive behaviours involving the child

If staff become aware of any of the above indicators, or others that suggest a child is suffering due to parental mental health, the information will be shared with the DSO to consider a referral to children's social care.

## **Parental Substance misuse**

Substance misuse applies to the misuse of alcohol as well as 'problem drug use', defined by the Advisory Council on the Misuse of Drugs as drug use which has: 'serious negative consequences of a physical, psychological, social and interpersonal, financial or legal nature for users and those around them.

Parental substance misuse of drugs or alcohol becomes relevant to child protection when substance misuse and personal circumstances indicate that their parenting capacity is likely to be seriously impaired or that undue caring responsibilities are likely to be falling on a child in the family.

For children, the impact of parental substance misuse can include:

- Inadequate food, heat and clothing for children (family finances used to fund adult's dependency)
- Lack of engagement or interest from parents in their development, education or wellbeing
- Behavioural difficulties- inappropriate display of sexual and/or aggressive behavior.
- Bullying (including due to poor physical appearance)
- Isolation – finding it hard to socialise, make friends or invite them home
- Tiredness or lack of concentration
- Child talking of or bringing into school drugs or related paraphernalia
- Injuries /accidents (due to inadequate adult supervision)
- Taking on a caring role
- Continued poor academic performance including difficulties completing homework on time
- Poor attendance or late arrival

These behaviours themselves do not indicate that a child's parent is misusing substances, but should be considered as indicators that this may be the case.

If staff believe that a child is living with parental substance misuse, this will be reported to the DSO for referral to be considered for children's social care.

### **Missing, Exploited and Trafficked Children (MET)**

Within Hampshire, the acronym MET is used to identify all children who are missing; believed to be at risk of or being sexually exploited; or who are at risk of or are being trafficked. Given the close links between all of these issues, there has been a considered response to join all three issues so that cross over of risk is not missed.

### **Children Missing from Education**

Patterns of children missing sessions can be an indicator of either abuse or safeguarding risks. A relatively short length of time a child is missing does not reduce risk of harm to that child, and all absence or non-attendance should be considered with other known factors or concerns.

DSOs and staff should consider:

Missing sessions:

- Are there patterns in the sessions that are being missed?
- Have they been directly or indirectly affected by substance misuse?
- Is the session being missed because bruising or injuries to become visible?

Single missing days:

- Is there a pattern in the day missed?
- Is it before or after the weekend suggesting the child is away from the area?
- Is the parent informing the nursery of the absence on the day?

Continuous missing days:

- Has the nursery been able to make contact with the parent?
- Is medical evidence being provided?
- Are siblings attending school (either our or local schools)?
- Did we have any concerns about radicalisation, FGM, forced marriage, honour based violence, sexual exploitation?
- Have we had any concerns about physical or sexual abuse?

The nursery will view absence as a potential safeguarding issue and will call the family by 10AM that day to find out reason for absence, this will be document and stored as necessary. We ask that all parents let us know in advance when they are going to take their children on holiday or for prior appointments.

### **Children Missing from Home or Care**

Children who run away from home or from care, provide a clear behavioural indication that they are either unhappy or do not feel safe in the place that they are living. Research shows that children run away from conflict or problems at home or school, neglect or abuse, or because children are being groomed by predatory individuals who seek to exploit them. Many will run away on numerous occasions.

The association of chief police officers has provided the following definitions and guidance.

**Missing person is:** 'Anyone whose whereabouts cannot be established and where the circumstances are out of character or the context suggests the person may be the subject of crime or at risk of harm to themselves or another.'

**An absent person is:** 'A person not at a place where they are expected or required to be.'

All cases classified as 'missing' by the police will receive an active police response – such as deployment of police officers to locate a child. Cases where the child was classified as 'absent' will be recorded by the police and risk assessed regularly but no active response will be deployed.

The absent case will be resolved when a young person returns or new information comes to light suggesting that he/she is at risk. In the latter instance, the case is upgraded to 'missing'.

Within any case of children who are missing both push and pull factors will need to be considered.

Push factors include:

- Conflict with parents/carers
- Feeling powerless
- Being bullied/abused
- Being unhappy/not being listened to
- The Toxic Trio

Pull factors include:

- Wanting to be with family/friends
- Drugs, money and any exchangeable item
- Peer pressure
- For those who have been trafficked into the United Kingdom as unaccompanied asylum seeking children there will be pressure to make contact with their trafficker

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

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity:

(a) in exchange for something the victim needs or wants

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. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology (*Definition and a guide for practitioners, local leaders and decision makers working to protect children from child sexual exploitation*, February 2017).

- Exploitation can be isolated (one-on-one) or organised group/criminal activity.
- There can be a big age gap between victim and perpetrator, but it can also be peer-on-peer

- Boys can be targeted just as easily as girls – this is not gender specific
- Perpetrators can be women and not just men
- Exploitation can be between males and females or between the same genders
- Children with learning difficulties can be particularly vulnerable to exploitation
- As can children from particular groups, e.g. looked after children, young carers, children who have a history of physical, sexual emotional abuse or neglect or mental health problems.
- Children who use drugs or alcohol
- Children who go missing from home or school
- Children involved in crime
- Children with parents/carers who have mental health problems, learning difficulties/other issues
- Children who associate with other children involved in exploitation.

**However, it is important to recognise that any child can be targeted.**

Indicators a child may be at risk of CSE include:

- Going missing for periods of time or regularly coming home late.
- Regularly missing school or education or not taking part in education.
- Appearing with unexplained gifts or new possessions.
- Associating with other young people involved in exploitation.
- Having older boyfriends or girlfriends.
- Suffering from sexually transmitted infections.
- Mood swings or changes in emotional wellbeing.
- Drug and alcohol misuse.
- Displaying inappropriate sexualised behaviour.

CSE can happen to a child of any age, gender, ability or social status. Often the victim of CSE is not aware that they are being exploited and do not see themselves as a victim.

As a nursery, we educate all staff in the signs and indicators of sexual exploitation. We use the sexual exploitation risk assessment form (SERAF) and associated guidance to identify children and young people who are at risk and the DSO will share this information as appropriate with children's social care.

We recognise that we may have information or intelligence that could be used to both protect children and prevent risk. Any relevant information that we have will be shared on the community partnership information (CPI) form (**see at bottom on this policy**).

### **Trafficked Children**

Human trafficking is defined by the UNHCR (UN Refugee Agency) in respect of children as a process that is a combination of:

- Movement (including within the UK) for the purpose of exploitation.

Any child transported for exploitative reasons is considered to be a trafficking victim. There is significant evidence that children (both of UK and other citizenship) are being trafficked internally within the UK and this is regarded as a more common form of trafficking in the UK.

There are a number of indicators which suggest that a child may have been trafficked into the UK, and may still be controlled by the traffickers or receiving adults. These are as follows:

- Shows signs of physical or sexual abuse, and/or has contracted a sexually transmitted infection or has an unwanted pregnancy.

- Has a history with missing links and unexplained moves.
- Is required to earn a minimum amount of money every day.
- Works in various locations.
- Has limited freedom of movement.
- Appears to be missing for periods.
- Is known to beg for money.
- Is being cared for by adult/s who are not their parents and the quality of the relationship between the child and their adult carers is not good.
- Is one among a number of unrelated children found at one address.
- Has not been registered with or attended a GP practice.
- Is excessively afraid of being deported.

For those children who are internally trafficked within the UK indicators include:

- Physical symptoms (bruising indicating either physical or sexual assault).
- Prevalence of a sexually transmitted infection or unwanted pregnancy.
- Reports from reliable sources suggesting the likelihood of involvement in sexual exploitation or the child has been seen in places known to be used for sexual exploitation.
- Evidence of drug, alcohol or substance misuse.
- Being in the community in clothing unusual for a child i.e. inappropriate for age, or borrowing clothing from older people.
- Relationship with a significantly older partner.
- Accounts of social activities, expensive clothes, mobile phones or other possessions with no plausible explanation of the source of necessary funding.
- Persistently missing, staying out overnight or returning late with no plausible explanation.
- Returning after having been missing, looking well cared for despite having not been at home.
- Having keys to premises other than those known about.
- Low self- image, low self-esteem, self-harming behaviour including cutting, overdosing, eating disorder, promiscuity.
- Entering or leaving vehicles driven by unknown adults,
- Going missing and being found in areas where the child or young person has no known links; and/or possible inappropriate use of the internet and forming on-line relationships, particularly with adults.

These behaviours themselves do not indicate that a child is being trafficked, but should be considered as indicators that this may be the case.

If staff believe that a child is being trafficked, this will be reported to the DSO for referral to be considered to children's social care.

### **Technologies**

Technological hardware and software is developing continuously with an increase in functionality of devices that people use. The majority of children use online tools to communicate with others locally, nationally and internationally. Access to the Internet and other tools that technology provides is an invaluable way of finding, sharing and communicating information. While technology itself is not harmful, it can be used by others to make children vulnerable and to abuse them.

### **Online Safety**

With the current speed of on-line change, some parents and carers have only a limited understanding of online risks and issues. Parents may underestimate how often their children come across potentially harmful and inappropriate material on the internet and may be unsure about how to respond.

Some of the risks could be:

- unwanted contact
- grooming
- online bullying including sexting
- digital footprint

The nursery will therefore seek to provide information and awareness to parents through:

- Information included, newsletters, web site,
- Parents evenings/sessions
- Building awareness around information (leaflet on Safeguarding board)
- Social media

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- grooming
- online bullying including sexting
- digital footprint

### **Cyberbullying**

***“bullying is always unacceptable’ and that ‘all children/staff have a right not to be bullied’.***

**The nursery should also recognise that it must take note of bullying perpetrated outside nursery which spills over into the nursery and so we will respond to any cyber-bullying we become aware of carried out by children/staff when they are away from the site.**

**Cyber-bullying is defined as “an aggressive, intentional act carried out by a group or individual using electronic forms of contact repeatedly over time against a victim who cannot easily defend himself/herself.”**

By cyber-bullying, we mean bullying by electronic media:

- Bullying by texts or messages or calls on mobile phones
- The use of mobile phone cameras to cause distress, fear or humiliation
- Posting threatening, abusive, defamatory or humiliating material on websites, to include blogs, personal websites, social networking sites
- Using e-mail to message others
- Hijacking/cloning e-mail accounts
- Making threatening, abusive, defamatory or humiliating remarks in on-line forums

Cyber-bullying may be at a level where it is criminal in character.

It is unlawful to distribute slanderous information in any media including internet sites.

Section 127 of the Communications Act 2003 makes it an offence to send, by public means of a public electronic communications network, a message or other matter that is grossly offensive or one of an indecent, obscene or menacing character. The Protection from Harassment Act 1997 makes it an offence to knowingly pursue any course of conduct amounting to harassment.

If we become aware of any incidents of cyberbullying, we will need to consider each case individually as to any criminal act that may have been committed. The nursery will pass on information to the police if it feels that it is appropriate or are required to do so.

### **Online reputation**

Online reputation is the opinion others get of a person when they encounter them online. It is formed by posts, photos that have been uploaded and comments made by others on people's profiles. It is important that staff are aware that anything that is posted could influence their future professional reputation. The majority of organizations and work establishments now check digital footprint before considering applications for positions or places on courses. No member of staff is allowed to discuss or post anything on a social media site relating to Wickham Montessori School, or its staff member, children or families of children in our care.

### **Safeguarding issues relating to individual childrens needs**

### **Children with medical conditions**

As a nursery, we will make sure that sufficient staff are trained to support any pupil with a medical condition. Every member of staff holds an advance paediatric first aid certificate.

All staff will be made aware of any condition a child has and be aware of the medical needs and risks to that child. (all rooms have a list of dietary requirements and allergens).

An individual healthcare plan may be put in place to support the child and their medical needs.

### **Special educational needs and disabilities**

**SENCO coordinators: Lisa Doyle and Ashley Pitt.**

Children who have special educational needs and/or disabilities can have additional vulnerabilities when recognising abuse and neglect.

These can include:

- Assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration.
- The potential for children with SEN and disabilities being disproportionately impacted by behaviours such as bullying, without outwardly showing any signs.
- Communication barriers and difficulties in overcoming these barriers.
- Have fewer outside contacts than other children.
- Receive intimate care from a considerable number of carers, which may increase the risk of exposure to abusive behaviour and make it more difficult to set and maintain physical boundaries.
- Have an impaired capacity to resist or avoid abuse.
- Have communication difficulties that may make it difficult to tell others what is happening.
- Be inhibited about complaining in case of losing services.
- Be especially vulnerable to bullying and intimidation.
- Be more vulnerable than other children to abuse by their peers.

As a nursery, we will respond to this by:

- Make it common practice to enable disabled children to make their wishes and feelings known in respect of their care and treatment.
- Ensure that disabled children receive appropriate personal, health and social education.
- Make sure that all disabled children know how to raise concerns and give them access to a range of adults with whom they can communicate. This could mean using interpreters and facilitators who are skilled in using the child's preferred method of communication.
- Recognise and utilising key sources of support including staff in nursery, friends and family members where appropriate.
- Develop the safe support services that families want, and a culture of openness and joint working with parents and carers on the part of services.
- Ensure that guidance on good practice is in place and being followed in relation to: intimate care; managing behaviour that challenges families and services; issues around consent to treatment; anti-bullying and inclusion strategies.

### **Intimate care**

Guidelines for good practice adapted from the Chailey Heritage centre:

1. Treat every child with dignity and respect and ensure privacy appropriate to the child's age and the situation. Privacy is an important issue. Much intimate care is carried out by one staff member alone with one child. Having people working alone does increase the opportunity for possible abuse. However, this is balanced by the loss of privacy and lack of trust implied if two people have to be present - quite apart from the practical difficulties. It should also be noted that the presence of two people does not guarantee the safety of the child or young person - organised abuse by several perpetrators can, and does, take place.
2. Involve the child as far as possible in his or her own intimate care. Try to avoid doing things for a child that s/he can do alone, and if a child is able to help ensure that s/he is given the chance to do so. This is as important for tasks such as removing underclothes as it is for washing the private parts of a child's body. Support children in doing all that they can themselves. If a child is fully dependent on you, talk with her or him about what you are doing and give choices where possible.
3. If you are concerned that during the intimate care of a child:
  - You accidentally hurt the child.
  - The child seems sore or unusually tender in the genital area.
  - The child appears to be sexually aroused by your actions.
  - The child misunderstands or misinterprets something.
  - The child has a very emotional reaction without apparent cause (sudden crying or shouting).

Report any such incident as soon as possible to the DSO, make a brief written note of it. This is for two reasons: first, because some of these could be cause for concern, and secondly, because the child or another adult might possibly misconstrue something you have done.

4. Additionally, if you are a member of staff who has noticed that a child's demeanour has changed directly following intimate care, e.g. sudden distress or withdrawal, this should be noted in writing and discussed with your DSO.
  - Physical dependency in basic core needs, for example toileting, bathing, dressing, may increase the accessibility and opportunity for some carers to exploit being alone with and justify touching the child inappropriately.
  - Repeated "invasion" of body space for physical or medical care may result in the child feeling ownership of their bodies has been taken from them
  - Children with additional needs can be isolated from knowledge and information about alternative sources of care and residence. This means, for example, that a child who is physically dependent on daily care may be more reluctant to disclose abuse, since they fear the loss of these needs being met. Their fear may also include who might replace their abusive carer

### **Other safeguarding issues impacting Children**

#### **Prejudice based abuse**

Prejudice based abuse or hate crime is a criminal offence which is perceived by the victim or any other person to be motivated by a hostility or prejudice based on a person's real or perceived:

- Disability
- Race
- Religion
- Gender identity
- Sexual orientation

Although this sort of crime is collectively known as 'Hate Crime' the offender doesn't have to go as far as being motivated by 'hate', they only have to exhibit 'hostility'.

This can be evidenced by:

- threatened or actual physical assault.
- Derogatory name calling, insults, for example racist jokes or homophobic language.
- Provocative behaviour e.g. wearing of badges or symbols belonging to known right wing, or extremist organisations.,
- Distributing literature that may be offensive in relation to a protected characteristic.
- Verbal abuse.
- Inciting hatred or bullying against pupils who share a protected characteristic.
- Prejudiced or hostile comments in the course of discussions within lessons.
- Teasing in relation to any protected characteristic e.g. sexuality, language, religion or cultural background.
- Refusal to co-operate with others because of their protected characteristic, whether real or perceived
- Expressions of prejudice calculated to offend or influence the behaviour of others.
- Attempts to recruit other pupils to organisations and groups that sanction violence, terrorism or hatred.

### **Faith Abuse**

The number of known cases of child abuse linked to accusations of "possession" or "witchcraft" is small, but children involved can suffer damage to their physical and mental health, their capacity to learn, their ability to form relationships and to their self-esteem.

Such abuse generally occurs when a carer views a child as being "different", attributes this difference to the child being "possessed" or involved in "witchcraft" and attempts to exorcise him or her.

A child could be viewed as "different" for a variety of reasons such as, disobedience; independence; bed-wetting; nightmares; illness; or disability. There is often a weak bond of attachment between the carer and the child.

There are various social reasons that make a child more vulnerable to an accusation of "possession" or "witchcraft". These include family stress and/or a change in the family structure. The attempt to "exorcise" may involve severe beating, burning, starvation, cutting or stabbing and isolation, and usually occurs in the household where the child lives.

If the nursery becomes aware of a child who is being abused in this context, the DSO will follow the normal referral route in to children's social care.

## **Private fostering**

Private fostering is an arrangement by a child's parents for their child (under 16 or 18 if disabled) to be cared for by another adult who is not closely related and is not a legal guardian with parental responsibility for 28 days or more. It is **NOT** private fostering if the carer is a close relative to the child such as grandparent, brother, sister, uncle or aunt.

The Law requires that the carers and parents must notify the children's services department of any private fostering arrangement.

If the nursery becomes aware that a child is being privately fostered then they will inform the children's services department and inform both the parents and carers that we have done so.

## **Parenting**

All parents will struggle with the behaviour of their child(ren) at some point. This does not make them poor parents or generate safeguarding concerns. Rather it makes them human and provides them with opportunities to learn and develop new skills and approaches to deal with their child(ren).

Some children have medical conditions and/or needs e.g. Tourette's, some autistic linked conditions, ADHD; that have a direct impact on behaviour and can cause challenges for parents in dealing with behaviours. This does not highlight poor parenting either.

Parenting becomes a safeguarding concern when the repeated lack of supervision, boundaries, basic care or medical treatment places the child(ren) in situations of risk or harm.

In situations of ~~poor parenting~~ where parents struggle with tasks such as setting boundaries and providing appropriate supervision, timely interventions can make drastic changes to the wellbeing and life experiences of the child(ren) without the requirement for a social work assessment or plan being in place.

At our nursery, we will support parents in understanding the parenting role and provide them with strategies to make a difference by:

- providing details of community based parenting courses <http://www3.hants.gov.uk/childrens-services/familyinformationdirectory.htm>
- linking to web based parenting resources (for example <http://www.familylives.org.uk/>)
- Considering appropriate early help services <http://www3.hants.gov.uk/childrens-services/childrens-trust/earlyhelp.htm>

## **Safeguarding processes**

### **Safer Recruitment**

Wickham Montessori operates in accordance with the safer recruitment process. Safer recruitment training is mandatory for anyone in a position that may employ or interview potential candidates. The process checks the identity, criminal record (enhanced DBS), mental and physical capacity, right to work in the U.K., professional qualification and seeks confirmation of the applicant's experience and history through references.

### **Staff Induction**

The DSO or their deputy will provide all new staff with training to enable them to both fulfil their role and also to understand the child protection policy, the safeguarding policy, the staff behaviour policy/code of conduct, and part one of Keeping Children Safe in Education.

This induction may be covered within the annual training if this falls at the same time; otherwise it will be carried out separately during the initial starting period.

### **Health and Safety**

The site, the equipment and the activities carried out as part of the curriculum are all required to comply with the Health and Safety at Work act 1974 and regulations made under the act.

All risks are required to be assessed and recorded plans of how to manage the risk are in place. (kept in folder in the office)The plans should always take a common sense and balanced approach to allow activities to be safe rather than preventing them from taking place.

All staff members will be made aware of the manual handling posters around the setting and will take a manual handling course. This protects both the children and staff.

### **Site Security**

We aim to provide a secure site, but recognise that the site is only as secure as the people who use it. Therefore, all people on the site have to adhere to the rules which govern it. These are:

- All gates are locked at all times
- Doors are kept locked to prevent intrusion or children leaving the premises.
- Visitors and volunteers enter must sign in.
- Children are only allowed home with adults/carers with parental responsibility or permission being given.
- All children arriving and leaving must have the times recorded for out and in.
- Empty classrooms have windows closed

### **Off site visits**

A particular strand of health and safety is looking at risks when undertaking off site visits. Some activities, especially those happening away from the nursery can involve higher levels of risk. If these are annual or infrequent activities, a review of an existing assessment may be all that is needed. If it is a new activity, then a specific assessment of significant risks must be carried out. Please refer to our outings policy.

### **First Aid**

All staff are made aware of the first aid locations, one upstairs and one downstairs in the kitchen. Every member of staff holds an advanced paediatric first aid certificate which is updated every three years. Once new training becomes necessary staff are sent on it in order to comply with the children's needs.

### **Taking and the use and storage of images**

As a nursery we will seek consent from all parents and carers before taking and publishing photographs or videos that contain images that are sufficiently detailed to identify the individuals in publications, printed media or on electronic publications.

We will seek consent for the period the child remains registered with us and, unless we have specific written permission we will remove photographs after a child (or teacher) appearing in them leaves the nursery or if consent is withdrawn.

Photographs will only be taken on nursery equipment and stored on the nursery computer. No images of children will be taken or stored on privately owned equipment by staff members.

### **Disqualification under the Childcare Act**

The Childcare Act of 2006 was put in place to prevent adults who have been cautioned or convicted of a number of specific offences from working within childcare.

Staff (meaning individuals employed by the nursery or local authority, those undertaking training (both salaried and unsalaried), casual workers and volunteers) are covered by this legislation in the following circumstances:

They are employed or provide early years childcare (this covers the age range from birth until 1 September following a child's fifth birthday). This includes education in nursery and reception classes

The legislation also applies to any staff directly concerned in the management of such early or later years' provision.

In 2009 additional regulations were made to include those living in the same household as another person who is (or would be) disqualified under the Act.

As a nursery, we require all staff who may be impacted by this piece of legislation to complete a self declaration form and to inform the manager immediately if they become aware of any changes to their circumstances that would require us to be aware.

If a member of staff is impacted by the disqualification by association provisions we will ask them to apply for a waiver from Ofsted and put in place appropriate risk management plans while the waiver is being processed.

If a waiver is not granted we will seek advice from our HR provider and/or the LADO as to how risk is most effectively managed.



## Community Partnership Information

*Guidance:* This form is for the sharing of non-urgent information by partner agencies that relates to the **Missing, Exploited and Trafficked** agenda and inter-connecting issues, such as **Modern Slavery**. This information may be sanitised and used in subsequent partnership forums for the purposes of identifying and mitigating risk. Completed forms should be sent electronically to

**Your name:**

**Your organisation:**

**Your telephone number:**

**Your email address:**

**Information (including date & location):**

**Information Source:**

Where did this information come from (name/Dob/address)?

Can they be re-contacted? What are their contact details?

How did they find this information out?