

3 SAFEGUARDING CHILDREN/CHILD PROTECTION POLICY/PROCEDURE

All staff are vetted and police checked (DBS) before they commence work within the playgroup. All staff have annual checks that include their ongoing suitability. References are followed up and all trained staff are familiar with both The Children's Act 1989 and 2004 and those of the National Standards. It will be made clear to all applicants for posts within the pre-school that any position is exempt from the provisions of the Rehabilitation of Offenders Act 1974. All positions, paid and voluntary are subject to a probationary period. Training is available to adults through the Bromley borough Early Years team and Early Years Alliance so they are able to recognise the symptoms of possible physical, emotional or sexual abuse or neglect. Also our training plan includes a rolling program of safeguarding children for all staff which includes when to complete a Common Assessment Framework form (CAF). We are committed to having a system for dealing with concerns about possible abuse, including allegations made against a member of staff or a volunteer. For definitions of 'abuse' see Appendix A and for guidelines to help recognise and respond to abuse see Appendix B. If we are worried about the welfare of a child we will contact the MASH team. We are duty bound to inform professionals of any concerns. We would share information with parents unless there is evidence in doing so, a child would be at risk of significant harm.

Recommended action on suspicion of abuse is that all the staff must report concerns as soon as possible to the Designated Child Protection Lead who will refer the concerns to the social services child protection team and OfSTED investigation and enforcement team. This will be followed up with a written record within 48 hours. A copy of this record will be stored securely and kept confidential. In the absence of the Designated Child Protection Lead, the matter should be brought to the attention of the Deputy Lead. If the suspicions in any way involve the Playgroup Leader, the report should be made to the Deputy Leader. If the suspicions in any way implicate both the Lead and Deputy Lead, then the report should be made in the first instance to the Committee Chairperson. Suspicions will not be discussed with anyone other than those nominated above. It is, of course, the right of any individual as a citizen to make direct referrals to the child protection agencies. Thus, if any person with suspicions that abuse has taken or is taking place and the Leader or Deputy Leader has not responded appropriately to the concerns that are expressed, it is open to that person to contact the relevant organisation direct.

Also included in this policy are the actions the Leader will take if there are allegations of physical injury or neglect or of sexual abuse. If we feel that a child is in immediate danger we will call the police or if they need urgent medical attention we will call an ambulance.

Children are supervised at all times when they are present in the playgroup. They go to the toilet by themselves unless they request assistance or have an accident. If this occurs a member of staff who has been registered as a 'fit' person cares for the child.

Female Genital Mutilation (FGM), is a form of physical abuse against children. The *Female Genital Mutilation Act* was introduced in 2003 and came into effect in March 2004. It was made illegal to: practice FGM in the UK; take girls who are British nationals or permanent residents of the UK abroad for FGM whether or not it is lawful in that country; and aid, abet, counsel or procure the carrying out of FGM abroad.

Some of the signs that a child may be at risk of FGM are as follows: child is female, from a culture where FGM is practiced, and parents request an extended summer holiday to their

country of origin.

If staff are concerned that a child is at risk of FGM, they must tell Sue Panther the Designated Child Protection Lead with Wendy Modeste as Deputy. Our Designated lead on the committee is Chloe Parsons. The Child Protection Lead must request to meet the parents in private, and ask them directly if they are seeking to take their daughter abroad to have FGM carried out on her. If the Child Protection Lead is dissatisfied with their response and has real concerns that FGM may be imminent, they should refer the matter to the Bromley Safeguarding Children Partnership. Contact details on page 3.

Also we are to protect children from radicalisation and extremism, under Section 26 of the Counter Terrorism and Security Act 2015; this is known as The Prevent Duty. It is our responsibility to take action when there is concern over a child or families behaviour. The statutory guidance on the Prevent Duty summarises the requirements on school and childcare providers in terms of four general themes; risk assessment, working in partnership, staff training and IT policies. Further guidance can be found at www.gov.uk/government/publications/protecting-children-from-radicalisation-the-prevent-duty Staff complete online training and attend regular safeguarding training courses including FGM and the Prevent Duty.

It is our duty to report to the appropriate agencies if we have any concerns regarding Domestic Violence/Breast Ironing/Child Sexual Exploitation (CSE)/Honour Based Violence or Forced Marriage to discuss with our Designated/Deputy Safeguarding Managers. If there is a serious risk to the child, we will involve other agencies ie LADO/Social Services/Police.

Private Fostering - We have to inform our local MASH team and local authority if we become aware of a child being privately fostered. Private fostering is when a child under the age of 16 (under the age of 18 if they are disabled) is cared for someone who is not their parent or a close parent for 28 days or more. By law you must tell your local authority when a child is looked after for 28 days or more, even on some occasions by a relative.

If there is a concern or an allegation made against a member of staff the person receiving the allegation must make a written record of the information, including the time, date and place of incident, who was present and what was said, then sign and date it and immediately report it to the Designated Senior Manager (DSM). This is Sue Panther who is the Child Protection Lead. The DSM must obtain a written record from the person receiving the allegation and approve and date it. Also record any information about times, dates and details of potential witnesses, record discussions about child/staff member, any decisions made and reason for the decisions. The DSM will contact the Local Authority Designated Officer (LADO) for consultation. Bromley LADO contact details are TEL 020 8461 7669 email LADO@bromley.gov.uk OfSTED must also be informed if the allegation is reported to the LADO.

Further information regarding this process can be found on the notice board in the foyer.

If there are any changes in behaviour of appearance of a child the Playleader will consult the parent/carer in the first instance. This could be due to illness, changes of circumstances or a new arrival in the family.

National Child Protection legalities require the Playgroup to inform them if there is any suspicion that abuse is apparent. This will be done. Suspicions and investigations will be kept confidential, shared only with those who need to know. All practitioners receive Child Protection awareness training.

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Registration is taken daily to conform to all regulations. All children's attendance is monitored regularly to ensure the setting upholds welfare requirements and safeguarding children issues. If a child's attendance is considered sporadic, persistently late or absent for long periods of time the setting will inform relevant outside agencies and complete a CAF form if necessary. Records are kept of accidents and incidents and can be referred to if needed.

Children **WILL NOT** be checked out to anybody other than the authorised parent/carer. If alternative arrangements have been made for collection of a child the **PLAYLEADER, (the registered person)** must be given full details in advance. No-one under the age of 16 years will be allowed to collect a child. If a known person arrives to collect a child but is not in a state we deem suitable to care for a child (e.g. acting violently or under the influence of alcohol or other substances) then we will not release them. We will call another authorised person to come and collect the child.

If official written information is received that a certain adult should not come in contact with a child we will abide by the decision.

Social Services will be informed if a child has not been collected after 30 minutes without prior information received.

Individual records are kept of each child and these are shared with the parents/carers and are kept in a locked cabinet in a secure area. We use tablets that can only be accessed by staff using login details and password. All children have individual keyworkers, and there is an overall keyworker coordinator for additional support. This not only enables the parent/carer to have complete confidence in the playgroup; it can be used to detect any obvious changes or difficulties the children may be encountering. Photographs that are taken using Playgroup's equipment are displayed within the Playgroup and included in the child's individual records. When the photos have been printed or uploaded the images are deleted and the equipment is always securely locked away at night. Staff are not permitted to keep their mobile phones on their person, phones are to be kept in the kitchen area. This is to ensure photographs of children are taken on Playgroups equipment only and that no video or photographs are taken on staff mobile phones. All Playgroup computers, tablets and internet connection are password protected. Also staff are asked to sign a voluntary Professional Conduct Agreement with regard to online and digital technology to ensure there is no confusion between their home and professional roles. Staff must inform the Playgroup leader of any changes to their staff disclosures.

With the provision that the care and safety of the child must always be paramount, the playgroup will do all in its power to support and work with the child's family. We positively encourage to share information with professionals to seek agreement when it is right to do so and where doing so does not place a child or adult at risk.

If parents/carers require additional assistance and guidance the group will encourage training, personal meetings and guidance to support their needs. Outside help can be gained through a selective approach.

Time will be allowed at formal Staff Meetings to discuss any general or individual issues of concern relating to child protection, this policy and subsequent practice within the Playgroup.

Designated Safeguarding Officer/Child Protection lead - Sue Panther
Deputy - Wendy Modeste
Committee Safeguarding - Chloe Parsons

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Current contact details-

Bromley Safeguarding Children Partnership (BSCP) - 020 8461 7816

St Blaise
Room B40a
Bromley Civic Centre
Stockwell Close
Bromley
BR1 3UH

www.bromleysafeguarding.org

www.bromleysafeguarding.org/search.php?q=private+fostering

Bromley Social Services - Multi-Agency Safeguarding Hub (MASH)
Children's referral and assessment team

e-mail: mash@bromley.gov.uk
T:020 8461 7373
Emergency Duty Team; 0300 303 8671

Civic Centre
Stockwell Close
Bromley
BR1 3UH

Monday to Friday 8.45am - 5.00pm
020 8461 7373 020 8461 7379 020 8461 7026

Out-of-hours emergency duty social worker 0300 303 8671

OFSTED - 0300 1231231

Bromley Local Authority Designated Officer (LADO) - 020 8461 7775
email LADO@bromley.gov.uk

Health Visitor -Community Vision, Woodbine Grove SE20 8UX
020 8778 2970/07715050786
Communityvisioncfc@bromley.gov.uk

Committee signature..... Dated.....

Playleaders signature..... Dated.....

Safeguarding Children/Child Protection policies/procedures. Royston Playgroup Sept 2023

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Childrens Act 1989 www.legislation.gov.uk/ukpga/1989/41/contents

Childrens Act 2004 www.legislation.gov.uk/ukpga/2004/31/contents

Social Services www.bromley.gov.uk

OfSTED www.gov.uk/government/organisations/ofsted

Female Genital Mutilation Act www.legislation.gov.uk/ukpga/2003/31/contents

FGM helpline 0800 028 3550

Safeguarding Vulnerable Groups Act 2006 www.legislation.gov.uk/ukpga/2006

OTHER USEFUL WEBSITES...

NSPCC www.nspcc.org.uk 0800 800 5000 e-mail help@nspcc.org.uk

Childnet www.childnet.com

Child Exploitation and Online Protection Centre (CEOP) www.thinkuknow.co.uk

Kidscape www.kidscape.org.uk

Free online training www.fgmelearning.vc-enable.co.uk/Register

London Safeguarding Children Partnership www.londonscb.gov.uk

Linked in with all policies specifically the following policies.

Whistleblowing

E- Safety

Confidentiality

Behaviour and Discipline

Allegations of physical injury or neglect

If a child has a physical injury or symptom of neglect, the Leader will:

- a) Contact Social Services for advice in cases of deliberate injury or where there is a concern about a child's safety. The parents/carers should not be informed by the Playgroup in such circumstances.
- b) Where emergency medical attention is necessary, it will be sought immediately. The Leader will inform the doctor of any suspicions of abuse.
- c) In other circumstances, the Leader will speak with the parent/carer and suggest that the medical help is sought for the child. The doctor will initiate further action if necessary.
- d) If appropriate the parent/carer will be encouraged to seek help from the Social Services Department.
- e) Where the parent/carer is unwilling to seek help, in cases of real concern, the Leader will contact Social Services for advice.

Allegations of sexual abuse

In the event of allegations or suspicions of sexual abuse, the Leader will:

- a) Contact the Social Services duty worker for children and families. The Leader will not speak to the parents / carers but will inform the Committee Chairperson.
- b) Under no circumstances will the Leader attempt to carry out any investigation into the allegation of suspicion of sexual abuse. The role of the Leader in these circumstances is to collect and clarify the precise details of the allegation or suspicions and to provide this information to the Social Services Department, whose task it is to investigate the matter under Section 47 of the Children Act 1989.
- c) Whilst allegations or suspicions of sexual abuse will normally be reported to the Leader, the absence of the Leader or Deputy Leader should not delay referral to the Social Services Department.
- d) Exceptionally, should there be disagreement between the person in receipt of the allegation or suspicion and the Leader or Deputy Leader as to the appropriateness of a referral to the Social Services Department, that person retains a responsibility as a member of the public to report serious matters to the Social Services Department and is at liberty to do so without further reference.
- e) The Committee of the Playgroup will support the Leader and Deputy Leader in their role and accept that any information they may have in their possession will be shared in a strictly limited way on a 'need to know' basis.

Action to be taken if allegation made against a member of staff

- a) Obtain written details, signed & dated by the receiving person.
- b) Countersign & date the written details by assigned Child Protection Officer.
- c) Record any information re dates, times, location of incidents & names of potential witnesses.
- d) Contact Social Services and OfSTED and also inform the Local Authority Designated Officer (LADO) 020 8461 7669 email lado@bromley.gov.uk

How to respond to a child wanting to talk about abuse

See Appendix C attached to this policy.

What to do once a child has talked to you about abuse

- a) Make notes as soon as possible (preferably within one hour of the child talking to you), writing down exactly what the child said and when s/he said it, what you said in reply and what was happening immediately beforehand (eg a description of the activity). Record dates and times of these events and when you made the record. Keep all hand written notes, even if subsequently typed. Such records should be kept very safely for an indefinite period.
- b) Follow the procedure laid down on page 1 - 'see recommended action on suspicion of abuse'.
- c) Once a child has talked about abuse, the Leader (or in the event of possible implication, any substitute defined by the process laid down in Section 5 above) should consider whether or not it is safe for the child to return home to a potentially abusive situation. On very rare occasions, it might be necessary to take immediate action to contact the Social Services Department, OfSTED and / or the Police to discuss putting into effect safety measures for the child so that they do not return home.

NSPCC www.nspcc.org.uk/

Social Services www.bromley.gov.uk

OfSTED www.gov.uk/government/organisations/ofsted

Appendix A

Definitions of abuse taken from www.NSPCC.org.uk

Child abuse can take many forms, all of which can cause long term damage to a child: physical abuse, emotional abuse, neglect, peer on peer abuse and sexual abuse. Online and domestic violence are also forms of child abuse.

Physical abuse includes hitting, shaking, kicking, punching, scalding, suffocating and other ways of inflicting pain or injury to a child. It also includes giving a child harmful substances, such as drugs, alcohol or poison. If a parent or carer reports non-existent symptoms of illness in a child or deliberately causes an illness in a child, this is also a form of physical abuse.

Sexual abuse is when a child or young person is pressurised, forced or tricked into taking part in any kind of sexual activity with an adult or young person. This can include kissing, touching the young person's genitals or breasts, intercourse or oral sex and non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet).

Child sex abusers can come from any professional, racial, or religious background, and can be male or female. They are not always adults - children and young people can also behave in a sexually abusive way. The abuser could be a family member or someone known to the child, such as a family friend.

Abusers may act alone or as part of an organised group. Child sexual exploitation (by individuals, groups or gangs) is a type of sexual abuse. They sometimes prefer children of a particular age, sex, physical type or ethnic background. After the abuse, they will put the child under great pressure not to tell anyone about it. They will go to great lengths to get close to children and win their trust. For example, by choosing employment that brings them into contact with children, or by pretending to be children in internet chat rooms run for children and young people.

Child sex abusers are sometimes referred to as 'paedophiles' or 'sex offenders', especially when they are not family members.

Neglect is the persistent lack of appropriate care of children, including love, stimulation, safety, nourishment, warmth, education and medical attention. It can have a serious effect on a child's physical, mental and emotional development. For babies and very young children, it can be life-threatening.

Emotional abuse is when a parent or carer behaves in a way that is likely to seriously affect their child's emotional development. It can range from constant rejection and denial of affection, through to continual severe criticism, deliberate humiliation and other ways of verbally 'terrorising' a child.

Peer-on-peer abuse is any form of physical, sexual, emotional and financial abuse, and coercive control, exercised between children and within children's relationships (both intimate and non-intimate). Peer-on-peer abuse can take various forms, including: serious bullying (including cyber-bullying), relationship abuse, domestic violence, child sexual exploitation, youth and serious youth violence, harmful sexual behaviour, and/or genderbased violence. This also forms our child on child protection plan.

It's not always easy to identify when a child is being emotionally abused. But the effects are damaging and long lasting. They can lead to serious behavioural, learning, emotional or mental disorders. All of which affect the child's chances of developing into a healthy, well-adjusted adult.

Appendix B

Recognising and responding to abuse

The following signs may or may not be indicators that abuse has taken place but the possibility should be considered.

a) Physical signs of abuse

- Any injuries not consistent with the explanation given for them
- Injuries which occur to the body in places that are not normally exposed to falls, rough play etc
- Neglect - under nourishment, failure to grow, constant hunger, taking or gorging food, untreated illnesses, inadequate care etc
- Repeated urinary tract infection or unexplained tummy pains
- Bruises, bites, burns, cuts and scratches, fractures etc which do not have an accidental explanation

b) Indicators of possible sexual abuse

- Any allegations made by a child of sexual abuse
- Child with excessive pre-occupation with sexual matters and a knowledge of adult sexual behaviour that is significantly more detailed than would be expected at his/her age or who regularly engages in age inappropriate sexual play
- Sexual activity through words, play or drawing
- Inappropriate bed-sharing arrangements at home
- Severe sleep disturbances with fears, phobias, vivid dreams or nightmares, sometimes with sexual connotations
- Eating disorders

c) Emotional signs of abuse

- Changes or regression in mood or behaviour particularly where a child withdraws or becomes clingy, depressed, aggressive or extremely anxious
- Nervousness or frozen watchfulness
- Obsessions or phobias
- Sudden lack of concentration or achievement
- Inappropriate relationships with peers and/or adults
- Attention seeking behaviour
- Persistent tiredness

- Lying

Appendix C

How to respond to a child wanting to talk about abuse

It is not easy to give precise guidelines but the following may help:

a) General points

- Show acceptance of what the child says (however unlikely it may sound)
- Keep calm, look directly at the child and be honest
- Tell the child you will need to let someone else know - do not promise confidentiality
- Even when a child has broken a rule remember they are not to blame for abuse
- Be aware that the child may have been threatened or bribed not to tell
- Never push for information. If the child decides not to tell you after all accept that and let them know you are always ready to listen

b) Helpful things you may say or show

- I believe you (or the equivalent of showing acceptance of what the child says)
- Thank you for telling me, it's not your fault and I will help you

c) Don't say

- Why didn't you tell anyone before? I can't believe it. Are you sure this is true?
- How? Why? When? Who? Where?
- Never make false promises
- Never make statements such as "I am shocked, don't tell anyone else."

d) Concluding

- Reassure the child that they were right to tell you and show acceptance
- Let the child know what you are going to do next and that you will let them know what happens (you might have to consider referring to the Social Services Department or the Police to prevent a child returning home if you consider them to be seriously at risk of further abuse)
- Contact the Playgroup Leader or Deputy Leader