

Peter Pan Playgroup

Safeguarding and Child Protection Policy (including Prevent Duty)

We aim to create an environment where children are safe from potential abuse and are committed to the safeguarding and protection of all children. We will take any appropriate action upon suspicion of abuse.

To Do This We Will:

- Comply with Ofsted requirements in respect of references and DBS checks for staff and volunteers, to ensure that no disqualified person or unsuitable person works at the setting or has access to the children.
- Ensure all potential workers within Playgroup will be required to provide at least two references, attend for interview, agree to a DBS check and work for an agreed probationary period. All such references will be followed up and in the case of applicants with unexplained gaps in their employment history, or who have moved rapidly from one job to another, explanations will be sought. Appointments will not be confirmed unless the Playgroup is confident that the applicant can be safely entrusted with children. Training will be undertaken by the Manager/Chairperson to ensure safer recruitment.
- Ensure that all adults working in Playgroup, or connected with it, both paid and voluntary, and any applicants for posts within Playgroup are clearly made aware that such work is exempt from the provisions of the Rehabilitation of Offenders Act 1974.
- Supervise children at all times.
- Ensure that adults are not left alone with individual children; that any doors are always kept open, except where they may create a safety hazard.
- Require all visitors to record their details in our visitor's book.
- Ensure that all staff/volunteers' mobile phones are locked away in the designated area.
- Have a designated person(s) to whom all concerns are referred (Designated Safeguarding Lead and back-ups).
- Ensure that all staff have appropriate training which will enable them to recognise and know how to respond to the signs and symptoms that may indicate a child is suffering from or likely to be suffering from harm of possible physical abuse, neglect, emotional or sexual abuse. They understand that they have a responsibility to act immediately by discussing their concerns with the Designated Safeguarding Lead/Deputies.
- Ongoing support and advice will be provided to staff on safeguarding matters by the Designated Safeguarding Lead through daily interactions, supervisory meetings and staff appraisals. Safeguarding training is refreshed and renewed every two years with a recognised organisation.
- Children will be encouraged to develop a sense of autonomy and independence through adult support in making choices and in finding names for their own feelings and acceptable ways to express them. This will enable children to have the self-confidence and the vocabulary to resist inappropriate approaches.
- Monitor children's attendance and punctuality and following the procedures as set out in our Attendance Policy as very poor attendance can be an indication of neglect and seen as a safeguarding issue.

Responding To Suspicions of Abuse

- We follow procedures of the Local Safeguarding Children Partnership (LSCP) for safeguarding including any specific safeguarding procedures such as responding to radicalisation/extremism concerns (see Prevent Duty) which is West Sussex County Council.
- All concerns about the welfare of children in the setting should be reported to the Designated Safeguarding Lead or the back-up designated safeguarding lead.

- Changes in children's behaviour/appearance will be investigated, including any concerns of young children where there is a potential risk of FGM (Female Genital Mutilation) or CALFB (Child Abuse Linked to Faith or Belief).
- Children whose condition or behaviour has given cause for concern will be listened to, reassured and helped to understand that they themselves are valued and respected and have not been at fault.
- A written record is made of the concern on 06.1b Safeguarding Incident Reporting form as soon as possible.
- Parents will normally be the first point of contact, but if they are not in a position to allay any legitimate anxieties, the matter will be taken up with the Integrated Front Door (West Sussex pathway for all concerns relating to children regardless of risk or complexity) in accordance with procedures laid down by the West Sussex Local Safeguarding Children Partnership.
- In exceptional circumstances, and where children are seen to be in immediate danger or at risk of significant harm, the Integrated Front Door may be the first point of reference and if a referral is necessary this is made on the same working day.
- All concerns, suspicions, investigations, case conferences, etc are kept confidential and shared only with those who need to know. Those involved are likely to be the Designated Safeguarding Lead (Manager/Supervisor), back-up designated safeguarding lead(s), key worker, and the management committee Chairperson. Any information is shared under the guidance of the West Sussex Safeguarding Children Partnership.
- If a volunteer or member of staff is accused of any form of child abuse the procedures as set out in our Allegations of Child Abuse Against Staff and Volunteers Policy will be followed.
- Procedures are followed for responding to concerns and complaints raised about quality or practice issues, through whistleblowing (see Whistleblowing Policy).

Making A Referral

- The Designated Safeguarding Lead or back-up follows the West Sussex Safeguarding Children Partnership procedures for making a referral which will be made to the local social care team (the Integrated Front Door - on 01403 229900).
- We keep a copy of 'Working Together to Safeguard Children' (HMG 2020) alongside 'What to do if you're worried a child is being abused' (HMG 2015) and follow the detailed guidelines given.
- All members of staff are familiar with the Child Protection Record and follow the procedures for recording and reporting.
- If a child is believed to be in immediate danger, or an incident occurs at the end of the session and staff are concerned about the child going home that day, then the Police and/or social care are contacted immediately.

Liaison With Other Agencies

- We will, if necessary, share confidential records with West Sussex Children Services. Details of all contact names, telephone numbers will be accessible, including the local NSPCC.
- If a report is to be made to the authorities, the child's parents will be informed at the same time as the report is made.
- Issues which may require notifying to Ofsted are notified to the Designated Safeguarding Lead and must remain up to date with Ofsted reporting and notification requirements.
- At times it may be deemed necessary to use WSCC integrated frontline services, to ensure support is provided to our families including Early Help and permission is always gained from parents/carers.
- If there is an incident, which may require reporting to RIDDOR the Designated Safeguarding Lead immediately seeks guidance from the Chairperson, then if there continues to be a requirement, the Designated Safeguarding Lead follows legislative requirements in relation to reporting to RIDDOR.

Responding To Marks or Injuries Observed

- If a member of staff observes or is informed by a parent/carer of a mark or injury to a child that happened at home or elsewhere, the member of staff makes a record of the information given to them by the parent/carer on our Pre-Existing Injury form, which is signed by the parent/carer, and kept in the child's personal file.
- The member of staff advises the Designated Safeguarding Lead or back-up designated lead as soon as possible if there are safeguarding concerns about the circumstance of the injury.
- If there are concerns about the circumstances or explanation given, by the parent/carer and/or child, the Designated Safeguarding Lead decides the course of action to be taken after reviewing 06.1a Child Welfare and Protection Summary and completing 06.1b Safeguarding Incident Reporting form.
- If the mark or injury is noticed later in the day and the parent is not present, this is raised with the Designated Safeguarding Lead or the back-up designated safeguarding lead who will raise it with the parent at the end of the session.
- If there are concerns about the nature of the injury, and it is unlikely to have occurred at the setting, the Designated Safeguarding Lead decides the course of action required and 06.1b Safeguarding Incident Reporting form is completed as above, taking into consideration any explanation given by the child.
- If there is a likelihood that the injury is recent and occurred at the setting, this is raised with the Designated Safeguarding Lead or the back-up designated safeguarding lead.
- If there is no cause for further concern, a record is made in the Accident Record, with a note that the circumstances of the injury are not known and the parent/carer is advised at the earliest opportunity.
- If the parent/carer believes that the injury was caused at the setting this is still recorded in the Accident Record and an accurate record made of the discussion is made on the child's personal file.

Responding To A Disclosure By A Child

- When responding to a disclosure from a child, the aim is to get just enough information to take appropriate action.
- The member of staff listens carefully and calmly, allowing the child time to express what they want to say.
- Staff do not attempt to question the child but if they are not sure what the child said, or what they meant, they may prompt the child further by saying *'tell me more about that'* or *'show me again'*.
- After the initial disclosure, staff speak immediately to the Designated Safeguarding Lead or the back-up designated safeguarding lead. They do not further question or attempt to interview a child.
- If a child shows visible signs of abuse such as bruising or injury to any part of the body and it is age appropriate to do so, the key person will ask the child how it happened.
- When recording a child's disclosure on 06.1b Safeguarding Incident Reporting form, their exact words are used as well as the exact words with which the member of staff responded.
- If marks or injuries are observed, these are recorded on a body diagram.

Records

- A written record is made of the concern on 06.1b Safeguarding Incident Reporting form as soon as possible, and a brief summary and referral (if made) is entered on 06.1a Child Welfare and Protection Summary. Each member of staff/volunteer who has witnessed an incident or disclosure also makes a written statement on 06.1b Safeguarding Incident Reporting form.
- The record will include the name, address and age of the child, timed and dated observations, describing objectively the child's behaviour/appearance, without comment or interpretation; where possible the exact words spoken by the child; action taken, the date, name and signature of the recorder.

- Discussions with parents are recorded and when recording a conversation with parents/carers that is significant, regarding the incident or a related issue, parents/carers are asked to sign and date it a record of the conversation. It should be clearly recorded what action was taken, what the outcome was and any follow-up.
- Initial discussion with social care and follow up phone calls to or from social care are recorded in the child's file; with date, time, the name of the social care worker and what was said.
- These records including if a referral was made, and copies of all documents will be kept in chronological order and stored securely in a separate confidential safeguarding file, only accessible to the Designated Safeguarding Lead (Manager/Supervisor), back-up designated safeguarding lead(s), key worker and Chairperson, if applicable

Decision Making (all categories of abuse)

- The Designated Safeguarding Lead makes a professional judgement about referring to other agencies, including Social Care using the West Sussex Safeguarding Children Partnership threshold document (Continuum of Need):
 - Level 1: Child's needs are being met. Universal support.
 - Level 2: Universal Plus. Additional professional support is needed to meet child's needs.
 - Level 3: Universal Partnership Plus. Targeted Early Help. Coordinated response needed to address multiple or complex problems.
 - Level 4: Specialist/Statutory intervention required. Children in acute need, likely to be experiencing, or at risk of experiencing significant harm.
- Staff are alert to indicators that a family may benefit from early help services and should discuss this with the Designated Safeguarding Lead, also completing 06.1b Safeguarding Incident Reporting form if they have not already done so.

Seeking Consent From Parents/Carers To Share Information Before Making A Referral For Early Help (Tier 2/3*)

Parents/carers are made aware of the setting's Privacy Notice, Information Sharing Policy, Confidentiality Policy and Children's Record Policy, which explains the circumstances under which information about their child will be shared with other agencies. When a referral for early help is necessary, the Designated Safeguarding Lead must always seek consent from the child's parents to share information with the relevant agency.

- If consent is sought and withheld and there are concerns that a child may become at risk of significant harm without early intervention, there may be sufficient grounds to over-ride a parental decision to withhold consent.
- If a parent/carer withholds consent, this information is included on any referral that is made to the local authority. In these circumstances a parent should still be told that the referral is being made beforehand (unless to do so may place a child at risk of harm).
- *Tier 2: Children with additional needs, who may be vulnerable and showing early signs of abuse and/or neglect; their needs are not clear, not known or not being met.
- *Tier 3: Children with complex multiple needs, requiring specialist services in order to achieve or maintain a satisfactory level of health or development or to prevent significant impairment of their health and development and/or who are disabled.

Informing Parents/Carers When Making A Child Protection Referral

- In most circumstances consent will not be required to make a child protection referral, because even if consent is refused, there is still a professional duty to act upon concerns and make a referral. When a child protection referral has been made, the Designated Safeguarding Lead contacts the parents/carers (only if agreed with social care) to inform them that a referral has been made, indicating the concerns that have been raised, unless social care advises that the parent/carer should not be contacted until such time as their investigation, or the police investigation, is concluded. Parents/carers are not informed prior to making a referral if:

- there is a possibility that a child may be put at risk of harm by discussion with a parent/carer, or if a serious offence may have been committed, as it is important that any potential police investigation is not jeopardised;
- there are potential concerns about sexual abuse, fabricated illness, or FGM;
- contacting the parent/carer puts another person at risk; situations where one parent may be at risk of harm, e.g. abuse; situations where it has not been possible to contact parents/carers to seek their consent may cause delay to the referral being made.
- The Designated Safeguarding Lead makes a professional judgment regarding whether consent (from a parent/carer) should be sought before making a child protection referral as described above. They record their decision about informing or not informing parents along with an explanation for this decision. Advice will be sought from the appropriate children's social work team if there is any doubt.

Reporting A Serious Child Protection Incident Using 06.1c Confidential Safeguarding Incident Report Form

- The Designated Safeguarding Lead will seek advice if required prior to making a referral as described above.
- For child protection concerns at Tier 3 and 4** it will be necessary for the Designated Safeguarding Lead to complete 06.1c Confidential Safeguarding Incident Report form.
- Any updates that are received are recorded until the issue is concluded.
- ** Tier 3: Children with complex multiple needs, requiring specialist services in order to achieve or maintain a satisfactory level of health or development or to prevent significant impairment of their health and development and/or who are disabled.
- **Tier 4: Children in acute need, who are suffering or are likely to suffer significant harm.

Professional Disagreement/Escalation Process

- If a member of staff disagrees with a decision made by the Designated Safeguarding Lead not to make a referral to social care they must initially discuss and try to resolve it with them.
- Supervision sessions are also used to discuss concerns, but this must not delay making safeguarding referrals.
- If the disagreement cannot be resolved with the Designated Safeguarding Lead and the member of staff continues to feel a safeguarding referral is required, then they discuss this with the Chairperson.
- If issues cannot be resolved whistleblowing should be used, as set out in our Whistleblowing Policy.

Supporting Families

- The staff in Playgroup will continue to work closely with the family.
- Confidential records kept on a child will be shared with their parents.
- Where abuse at home is suspected, staff will continue to welcome the child and family whilst investigations proceed.
- Whilst the care and safety of the child is the priority, staff will work with, and support, the child's family.

Prevent Duty (Children and young people vulnerable to extremism or radicalisation)

- Peter Pan Playgroup have a duty to identify and respond appropriately to concerns of any child or adult at risk of being influenced by or being made vulnerable by the risks of extremism that result in being radicalised or drawn into terrorism. There are potential safeguarding implications for children and young people who have close or extended family or friendship networks linked to involvement in extremism or terrorism.
- Peter Pan Playgroup follows the 'Prevent Duty' which sets out the need for 'British Values' to help everyone live in safe and welcoming communities where they feel they belong. These British Values are defined as:

Democracy
The rule of law
Individual liberty and mutual respect
Tolerance of those with different faiths and beliefs.

- These values are universal aspirations for equality. As such, they are fundamental to helping all children become compassionate, considerate adults who form part of a fair and equal society. All staff are aware of their responsibilities with regard to equality, inclusion and children's rights.
- The Designated Safeguarding Lead will familiarise themselves with West Sussex Safeguarding Children's Partnership procedures as well as online guidance including Channel Duty guidance (protecting people vulnerable to being drawn into terrorism).
- The Designated Safeguarding Lead should also ensure that they and all other staff working with children and young people understand how to recognise that someone may be at risk of extremism or violent extremism and how to respond. Training will be made available and undertaken.
- The Designated Safeguarding Lead will ensure that all staff are aware of their responsibilities with regard to equality and inclusion and children's rights.
- Staff will be alert to harmful behaviours by influential adults in a child's life. This may include discriminatory and/or extremist discussions between parents, family and/or staff members, and will take action when they observe behaviour or concern.
- Staff will identify children who may be vulnerable to radicalisation, and know what to do when they are identified.
- The Designated Safeguarding Lead will refer concerns about risks of extremism/radicalisation to West Sussex Safeguarding Children's Partnership or the Channel panel, as appropriate.
- They assess the risk of children being drawn into terrorism and work in partnership with local partners such as the police, prevent coordinators, CAP (Child Assault Prevention), Ofsted, and West Sussex Safeguarding Children Partnership.

Parental Consent For Radicalisation Referrals

- West Sussex Safeguarding Children Partnership procedures are followed in relation to whether parental consent is necessary prior to making a referral about a concern that a child or adult may be at risk of being drawn into terrorism.
- It is good practice to seek the consent of the person, or for very young children, the consent of their parent/carer prior to making a referral, but it is not a requirement to seek consent before referring a concern regarding possible involvement in extremism or terrorism if it may put a child at risk, or if an offence may have been or may be committed.
- Advice will be sought from the Integrated Front Door as to whether consent should be sought on a case-by-case basis.
- The Designated Safeguarding Lead should be mindful that discussion regarding potential referral due to concerns may be upsetting for the subject of the referral and their family. Initial advice regarding whether an incident meets a threshold for referral can be sought from the Integrated Front Door without specific details such as names of the family being given in certain circumstances.

- Consent is required prior to any individual engaging with a Channel intervention. Consent is usually sought by Channel partners, but West Sussex Safeguarding Children Partnership procedures should be followed regarding this.
- If there is a concern that a person is already involved in terrorist activity this must be reported to the Anti-Terrorist Hot Line 0800 789 321-Text/phone 0800 0324 539. Police can be contacted on 101.

Concerns About Children Affected By Gang Activity/Serious Youth Violence

- Whilst young children will be very unlikely to become involved in gang activity they may potentially be put at risk by the involvement of others in their household in gangs, whether through participation in or as victims of gang violence such as an adult sibling or a parent/carer.
- The Designated Safeguarding Lead will make themselves familiar with West Sussex Safeguarding Children Partnership guidance and procedures in relation to safeguarding children affected by gang activity and ensure this is followed where relevant.

Female Genital Mutilation (FGM)

It is illegal to undertake FGM or to assist anyone to enable them to practice FGM under the Female Genital Mutilation Act 2003, it is an offence for a UK national or permanent UK resident to perform FGM in the UK or overseas. The practice is medically unnecessary and poses serious health risks to girls. FGM is mostly carried out on girls between the ages of 0-15, statistics indicate that in half of countries who practise FGM girls were cut before the age of 5.

Symptoms of FGM in very young girls may include difficulty walking, sitting or standing; painful urination and/or urinary tract infection; urinary retention; evidence of surgery; changes to nappy changing or toileting routines; injury to adjacent tissues; spends longer than normal in the bathroom or toilet; unusual and/or changed behaviour after an absence from the setting (including increased anxiety around adults or unwillingness to talk about home experiences or family holidays); parents are reluctant to allow child to undergo normal medical examinations; if an older sibling has undergone the procedure a younger sibling may be at risk; discussion about plans for an extended family holiday.

Staff will be alert to symptoms that would indicate that FGM has occurred, or may be about to occur, and take appropriate safeguarding action.

West Sussex Safeguarding Children Partnership guidance will be followed in relation to FGM, and the Designated Safeguarding Lead is informed regarding specific risks relating to the culture and ethnicity of children who may be attending their setting and shares this knowledge with staff.

The Designated Safeguarding Lead or back-up will contact the police immediately as well as refer to the Integrated Front Door if they believe that FGM may be about to occur.

Further guidance: NSPCC 24-hour FGM helpline: 0800 028 3550 or email fgmhelp@nspcc.org.uk
Government help and advice: www.gov.uk/female-genital-mutilation

Domestic Abuse

Domestic abuse can happen to anyone regardless of gender, age, social background, religion, sexuality or ethnicity, and domestic abuse can happen at any stage in a relationship.

The cross-government definition of domestic violence and abuse is *'any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to: psychological; physical; sexual; financial; and emotional'*.

We aim to develop staff knowledge of recognising the signs and symptoms of domestic abuse. These signs may include:

- Changes in behaviour: for example, becoming very quiet, anxious, frightened, tearful, aggressive, distracted, depressed etc.

- Visible bruising or single, or repeated, injury with unlikely explanations.
- Change in the manner of dress: for example, clothes that do not suit the climate which may be used to hide injuries.
- Partner or ex-partner stalking employee or parent in or around the workplace; this may include excessive phone calls or messages.
- Partner or ex-partner exerting an unusual amount of control or demands over work schedule.
- Frequent lateness or absence from work.

All children can witness and be adversely affected by domestic abuse in the context of their home life where domestic abuse occurs between family members. Exposure to domestic abuse and/or violence can have a serious, long lasting emotional and psychological impact on children.

Signs that children may have witnessed domestic abuse include:

- Anxiety;
- Regressive behaviours;
- Constant or regular sickness, such as colds or headaches;
- Difficulties with concentration;
- Emotional and behavioural difficulties;
- Withdrawal;
- Low self-esteem.

We will raise awareness of domestic abuse within Playgroup:

- Ensuring all staff can identify the signs and symptoms of domestic abuse and know how to report concerns.
- Sharing information with external organisations that can offer support with incidents of domestic abuse.
- Making available the telephone number for the free 24-hour National Domestic Abuse Helpline (0808 2000 247).
- Sharing our Safeguarding and Child Protection Policy which includes domestic abuse, with all parents/carers.

If we are concerned that domestic abuse is happening within a home and a child is at risk, we will follow our Safeguarding and Child Protection Policy's reporting procedures.

Where incidents of domestic abuse are shared by an employee or parent, we will respect confidentiality at all times and not share information without their permission. However, we will share this information, without permission, in cases of child protection, or where we believe there is an immediate risk of serious harm to the person involved.

Forced Marriage / Honour Based Violence

A forced marriage is defined as 'a marriage in which one, or both spouses, do not consent to the marriage but are coerced into it. Duress can include physical, psychological, financial, sexual and emotional pressure. In the cases of some vulnerable adults who lack the capacity to consent, coercion is not required for a marriage to be 'forced'. A forced marriage is distinct from an arranged marriage. An arranged marriage may have family involvement in arranging the marriages, but crucially the choice of whether to accept the arrangement remains with the prospective spouses.

If we suspect or receive information about a forced marriage being planned, then we will follow our safeguarding reporting procedures. If the person concerned is under the age of 18 years then we will report the incident to the children's social care team.

If we believe a person is in imminent danger of being forced into a marriage, we may contact the police and the Governments Forced Marriage Unit (FMU) on 020 7008 0151.

Forced marriage can be linked to honour-based violence, which includes assault, imprisonment and murder. Honour based violence can be used to punish an individual for undermining what the family or community believes to be the correct code of behaviour. In an emergency in cases of child protection, or where we believe there is an immediate risk of serious harm to the person involved, police should be contacted on 999.