



We demonstrate tolerance and respect through child-led play

Safeguarding Children and Child Protection Policy

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Safeguarding Children and Child Protection Policy

1 Scope & Purpose

- 1.1 To keep this statement from the **Children Act 1989** at the heart of our work: **“The welfare of the child is paramount”**.
- 1.2 To adhere to the definition of safeguarding and promoting the welfare of children as outlined in the ‘Working Together to Safeguard Children 2018’ guidance, which is:
 - Protecting children from maltreatment;
 - Preventing impairment of children’s health and development;
 - Ensuring that children grow up in circumstances consistent with the provision of safe and effective care and,
 - Taking action to enable all children to have the best outcomes
- 1.3 To ensure that the management of the playgroup work in partnership with the committee to ensure that all children and their families are safe.
- 1.4 To acknowledge that children learn best when they are healthy, safe and secure, when their individual needs are met, and when they have positive relationships with the adults caring for them.
- 1.5 To provide a high quality setting which is welcoming, safe and stimulating so that children are able to enjoy learning and grow in confidence.
- 1.6 To promote good health, manage behaviour with sensitivity and maintain accurate and detailed records, policies and procedures.
- 1.7 To create an atmosphere in which children are encouraged to talk and are listened to attentively; and to ensure that they learn that their views are valued and respected.
- 1.8 To provide children with opportunities to develop the skills they need to recognise and stay safe from abuse across all areas of learning.
- 1.9 To take all necessary steps to keep children safe and well and ensure the suitability of adults who have contact with them.
- 1.10 To acknowledge that children with special educational needs or disability can be particularly vulnerable to abuse.
- 1.11 To acknowledge that safeguarding and promoting the welfare of children is **everyone’s** responsibility and that all adults who come into contact with children and their families have a role to play in ensuring their safety and well-being.
- 1.12 To acknowledge the importance of working alongside other agencies in the best interests of a child.

2 Outline

The management, staff and trustees are committed to:

- 2.1 Ensuring that our Safeguarding Children and Child Protection Policy applies to all staff, managers, committee trustees, students and volunteers working in the playgroup.
- 2.2 Ensuring that all safeguarding and child protection procedures are followed in line with guidance from:
 - South West Child Protection Procedures (SWCPP): [Swindon Safeguarding Partnership Procedures \(proceduresonline.com\)](http://proceduresonline.com)
 - Swindon Local Safeguarding Children Board: www.swindonlscb.org.uk



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- 2.3 Ensuring that the following legislation and documents form the basis of all safeguarding and child protection decisions:
- The Statutory Framework for the Early Years Foundation Stage 2021
 - The Children Act 2004 and 2006
 - Working together to safeguard children 2018
 - What to Do If You're Worried a Child is Being Abused: advice for practitioners 2015
 - Information sharing: advice for practitioners providing safeguarding services 2018
 - Keeping Children Safe in Education 2020
 - The Prevent Duty- Departmental advice for schools and childcare providers 2015
 - Guidance for safer working practice for those working with children and young people in education settings 2019 (Covid Addendum published April 2020).
 - Swindon SCLB The Right Help at the Right time – a guide to assessing levels of need and identifying the most appropriate support.
- 2.4 Ensuring that safer recruitment practises for checking the suitability of staff and volunteers are followed (in line with South West Child Protection Procedures [Swindon Safeguarding Partnership Procedures \(proceduresonline.com\)](#))
- 2.5 Following the LSCB "Guidance for Safer Working Practice for Adults who Work with Children" <http://www.swindonlscb.org.uk/procedures/Pages/Home.aspx>
- 2.6 Establishing and maintaining a safe environment.
- 2.7 Ensuring that staff and volunteers are aware of the signs and symptoms of abuse and know the correct procedure for reporting and referring concerns.
- 2.8 Ensuring that all staff are aware of the procedures to follow if they have a concern about another adult or a member of staff.
- 2.9 Working in partnership with other agencies; including sharing information effectively, attending child protection conferences, core groups and other relevant meetings.
- 2.10 Working in partnership with parents/carers.
- 2.11 Providing support for children who have been abused and taking part in the multi-agency action plans to maintain their safety.
- 2.12 Providing a curriculum which allows all children to access a broad range of experiences in line with their peers which they might not otherwise have access to. Acknowledging the importance of 'cultural capital'.
- 2.13 Providing a curriculum and experiences which enable all children to develop the skills they need to stay safe from abuse, including online abuse.
- 2.14 Ensuring staff and volunteers are able to identify children with potential emerging problems or concerns and implementing strategies early on to avoid them escalating. [Services for Children - Early Help - Schools Online \(swindon.gov.uk\)](#).
- 2.15 Ensuring that this policy is read in line with all other Croft Playgroup Policies.

3 The role of the Designated Safeguarding Lead (DSL) and deputy DSL

- 3.1 From Monday to Friday 8am to 6pm our designated safeguarding leads are Helen Dearlove and Michelle Barrow. Jayne Hughes is our DSL on Thursdays from 3 to 6pm.
- 3.2 Our deputy DSL is Jenny Dowman.
- 3.3 In the event of absences Mel Truman is the Acting Deputy Safeguarding lead.
- 3.4 During working hours there will be a DSL or deputy available at all times when children are present, for staff to discuss safeguarding concerns.
- 3.5 The DSL will take lead responsibility for:
- safeguarding children,
 - ensuring that all policies and procedures are implemented and shared with



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- liaising with local statutory children's services and with the Local Safeguarding Children's Board,
- providing support, advice and guidance to other staff on an on-going basis and on any specific safeguarding issue as required.

- 3.6 The DSL and the deputy will attend level 3 Child Protection training (as advised by Swindon LSCB) as a minimum; this will be refreshed every 2 years.
- 3.7 The DSL and the deputy will regularly update their knowledge and skills; this could be through attendance at update sessions, online training, newsletters etc (as a minimum annually).

4 Staff training and supervision

- 4.1 All staff other than the DSL or Deputies will attend level 1 (basic awareness) training every 3 years (as advised by Swindon LSCB). Training will enable staff to identify signs of possible abuse and neglect at the earliest opportunity, and to respond in a timely and appropriate way.
- 4.2 They will receive regular safeguarding updates through staff meetings, email, newsletter etc.
- 4.3 All staff, who have contact with children, will have regular supervision sessions which will include a discussion about children's development and well-being and about any child protection concerns.
- 4.4 All staff will have a sufficient understanding and use of English to ensure the well-being of children in their care
- 4.5 All new staff will receive induction training to help them understand their roles and responsibilities. Induction training will include, as a minimum, information about emergency evacuation procedures, safeguarding/child protection procedures, the provider's equality policy, and the health and safety policy.
- 4.6 Training courses can be accessed by visiting the Swindon LSCB website:
www.swindonlscb.org.uk
- 4.7 Training will enable staff to identify signs of possible abuse and neglect at the earliest opportunity, and to respond in a timely and appropriate way. (See appendix 1 for definitions of abuse - Working Together 2018)

5 Types of Abuse

- 5.1 Abuse is a form of maltreatment of a child and can either be caused through inflicting harm or failing to prevent harm. Working Together 2018 lists four categories of abuse; physical, emotional, sexual and neglect (see appendix 1 for definitions)
- 5.2 All staff will be alert to possible **Signs and symptoms** which may include:

Physical Abuse

- Unexplained injuries or burns, particularly if they are recurrent.
- Improbable excuses given to explain injuries.
- Refusal to discuss injuries.
- Untreated injuries.
- Admission of punishment which appears excessive.
- Fear of parents being contacted.
- Bald patches in the head.
- Withdrawal from physical contact.
- Arms and legs kept covered in hot weather.
- Fear of returning home.



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- Fear of medical help.
- Self-destructive tendencies.
- Aggression towards others.

Failure to Thrive

- Child's weight falling below expected centile.
- Height often falling below centile.
- Skin dry and pale.
- Hair thin and straw like.
- Lack of energy, listless.
- May drink a lot of juice.
- Refuses food. Vomiting and diarrhoea.
- Failure to meet milestone of development.
- Lack of concentration.
- Behavioural problems.

Neglect

- Constant hunger.
- Poor personal hygiene.
- Constant tiredness.
- Poor state of clothing.
- Emaciation.
- Frequent lateness or non-attendance
- Untreated medical problems.
- Destructive tendencies.
- Low self-esteem.
- Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking).
- No social relationships.
- Compulsive stealing or scavenging.

Emotional Abuse

- Physical, mental and developmental lags.
- Admission of punishment which appears excessive.
- Over-reaction to mistakes.
- Sudden speech disorders.
- Fear of new situations.
- Inappropriate emotional responses to painful situations.
- Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking).
- Self-mutilation.
- Fear of parents being contacted.
- Compulsive stealing

Sexual Abuse

- Fearful about certain people like relatives or friends.
- Not allowed to have friends round.
- Soreness/bleeding in the genital or anal areas or in the throat.
- Finding excuses not to go home or to a particular place.
- Having recurring nightmares /afraid of the dark.



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- Unable to concentrate, seem to be in a world of their own.
- Chronic ailments such as stomach pains and headaches.
- Sexually abuses or shows inappropriate sexual behaviour towards a sibling or friend.
- Exhibits a sudden change in attitudes at school
- Appears withdrawn, isolated, or excessively worried.
- Demonstrates outbursts of anger or irritability.
- Fearful of undressing

5.3 All staff will also be aware of;

Peer on Peer Abuse (sexual violence and sexual harassment)

We recognise that:

- Safeguarding issues can manifest themselves via peer on peer abuse
- This is most likely to include, but is not limited to, bullying, gender-based violence, sexual assaults and sexting.
- This form of abuse should never be tolerated or passed off as 'banter' or 'part of growing up'.
- We will ensure that children are appropriately supervised at all times to avoid these issues arising.

6 Radicalisation and Extremism

6.1 Staff at Croft Playgroup realise that they have a duty to protect children from radicalisation and any form of violent extremism in line with government guidance "Prevent Duty" (June 2015).

6.2 Any concerns will be reported to the DSL.

6.3 In fulfilling this duty the setting will work closely with the LSCB and will have regard to;

- Assessing the risk of children being drawn into terrorism, including support for extremist ideas that are part of terrorist ideology. This will be based on an understanding, shared with partners, of the potential risk in the local area. The setting will protect children from being drawn into terrorism by having robust safeguarding policies in place to identify children at risk, and intervening as appropriate
- Staff training so that staff have the knowledge and confidence to identify children at risk of being drawn into terrorism, and to challenge extremist ideas which can be used to legitimise terrorism and are shared by terrorist groups. Staff should know where and how to refer children for further help
- Online safety policies will ensure children are safe from terrorist and extremist material when accessing the internet by establishing appropriate levels of filtering.
- Promoting fundamental British values of democracy, rule of law, individual liberty, mutual respect and tolerance for those with different faiths and beliefs. These values are already implicitly embedded in the 2017 Early Years Foundation Stage curriculum.

6.4 As with managing all other safeguarding risks, staff who have concerns about a child, should follow the playgroups safeguarding procedures and discuss with the designated safeguarding lead.

7 Female Genital Mutilation (FGM)

7.1 We recognise that FGM is a form of abuse and must be referred to Children's Social care through the usual channels.



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- 7.2 It comprises of all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs and that it is illegal in the UK and a form of child abuse with long-lasting consequences.
- 7.3 As with managing all other safeguarding risks, staff who have concerns about a child, should follow the playgroups safeguarding procedures and discuss with the designated safeguarding lead.

8 Child Sexual Exploitation (CSE)

- 8.1 We recognise CSE as a form of sexual abuse where children are sexually exploited for money, power or status.
- 8.2 It can involve violent, humiliating and degrading sexual assaults.
- 8.3 In some cases, young people are persuaded or forced into exchanging sexual activity for money, drugs, gifts, affection or status.
- 8.4 Consent cannot be given, even where a child believes they are voluntarily engaging in sexual activity with the person who is exploiting them.
- 8.5 CSE can happen online.

9 Child Criminal Exploitation (CE)

- 9.1 Staff recognise that that criminal exploitation of children and vulnerable young adults is a form of harm, it is geographically widespread and may include drug networks or gangs grooming and exploiting children and young adults to carry drugs and money from urban areas to sub-urban and rural areas (County Lines exploitation).
- 9.2 These cases will be referred to children's social care through the usual channels.

10 Domestic Abuse (DA)

- 10.1 Staff recognise that all children who witness domestic abuse are being emotionally abused and this can cause "significant harm."
- 10.2 Domestic abuse must always be referred to MASH/FCP.
- 10.3 DA is defined as any violent or abusive behaviour used by one person to dominate and control another within a close personal or family relationship.
- 10.4 Children can witness DA in a variety of ways, they may be in the same room and get caught up in an incident, perhaps trying to defend the victim, they may be in a different room but able to hear abuse taking place and witness injuries caused by the abuse, or they may be asked to take part in verbally abusing the victim.

11 Children missing sessions/not collected

- 11.1 Staff will be aware that children's non-attendance, particularly repeatedly, can be a vital warning sign of a range of safeguarding possibilities.
- 11.2 Early intervention will be taken to identify the risk of any underlying safeguarding concerns and the settings policy for following up on non-attenders will be followed.
- 11.3 The setting will have at least 2 emergency contacts for a child.
- 11.4 Where a child is not collected and where no other contact can be safely identified and staff can no longer safely care for the child at playgroup, we apply child protection procedures. We contact our local authority social services department, (Family Contact Point) fcp@swindon.gov.uk on 01793 466903 or out of hours on 01793 436699 and inform Ofsted on 0300 123 1231



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12 Children with family members in prison

- 12.1 Staff recognise that there are negative consequences for these children and they are at risk of poor outcomes, appropriate support will be put in place. (<https://www.nicco.org.uk/>)

13 Homelessness

- 13.1 Staff will be aware that being homeless or being at risk of being homeless presents a real risk to a child's welfare.
- 13.2 The DSL will direct families to the Local Housing Authority for support and a referral will be made to children's social care if deemed necessary.

14 Private Fostering

- 14.1 Staff will be aware that they have a mandatory duty to report any child in a "private fostering" arrangement, to the Local Authority.
- 14.2 Private fostering is defined as an arrangement whereby a child under the age of 16 (or 18 if the child has a disability) is placed for 28 days or more in the care of someone who is not the child's parent(s) or a 'connected person'.

15 Disclosures

- 15.1 If a child discloses abuse, it is important to respond appropriately:
- We will listen to the child and avoid interrupting except to clarify.
 - Allow the child to make the disclosure at their own pace and in their own way.
 - We will not interrogate the child. We may ask for clarification, but leading questions will not be asked. The interviewing of children must be undertaken by trained Social workers or Police Officers.
 - We will not make any promises to the child about not passing on the information – the child needs to know that you have to talk to someone who will be able to help them.
 - We will record the information accurately, including the timing, setting and those present, as well as what was said. Do not exaggerate or embellish what you have heard in any way.
 - Inform the DSL as soon as possible (within the same working day).
- 15.2 Following a disclosure of abuse children will be supported in the playgroup.
- 15.3 All children are allocated a key person with whom they can develop a close relationship and who can tailor opportunities to the individual needs of each child.
- 15.4 We will work closely with other agencies in implementing the actions of a child protection plan designed to support and protect the child.
- 15.5 We will attend child protection conferences, core groups and strategy meetings to support the child and family as necessary.
- 15.6 Any visitor to the setting who receives a disclosure of abuse, suspects that abuse may have occurred or is concerned for the safety or welfare of a child must report immediately to the DSL or if unavailable to the deputy.

16 Procedures for Referral

- 16.1 We will refer to Swindon LSCB's guidance document "The Right Help at the Right Time" when assessing a child's level of need and the most appropriate support.
- 16.2 Any member of staff or visitor to the setting who receives a disclosure of abuse, suspects that abuse may have occurred or is concerned for the safety or welfare of a child **must** report



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- 16.3 **Family Contact Point/ MASH - 01793 466903 or if out of hours 01793 436699.**
- 16.4 A telephone referral will be confirmed in writing using the form RF1 (electronic copy available on <http://www.swindonlscb.org.uk/lscb-index/lscb-professionals-home/lscb-workers-forms.htm>), within 24 hours.
- 16.5 The referral will be shared with the parent/carer, and where appropriate with the child/young person, unless to do so may place the child at increased risk of harm, in which case advice should be sought from Family Contact Point.
- 16.6 If a child discloses physical or sexual abuse, where the alleged abuser is either a family member or someone resident within the household, Family Contact Point will be consulted before informing parents.
- 16.7 If the child is already subject to a Child Protection Plan the allocated Social Worker will be contacted, they will advise when, and by whom, the parents will be informed. (see appendix 2 –flow chart)
- 16.8 Staff will work closely with other agencies to implement the actions of a child protection plan. They will attend all child protection conferences, core groups and strategy meetings to support the child and family as necessary.

17 Early Help

- 17.1 Where staff have concerns about a child (as opposed to a child being in immediate danger) they will follow the early help process.
- 17.2 This will include identifying emerging problems, discussing concerns with the DSL, sharing information with other professionals to support early identification and assessment and in some cases acting as the lead professional in undertaking an Early Help Record and Plan (EHR).
- 17.3 Early Help cases will be kept under constant review and if the situation doesn't appear to be improving consideration will be given to a referral to FCP/MASH.
- 17.4 Staff should be alert to the potential need for early help for a child who:
- is disabled and has specific additional needs,
 - has special educational needs (whether or not they have a statutory Education, Health and Care Plan),
 - is a young carer,
 - is showing signs of being drawn into anti-social or criminal behaviour, including gang involvement and association with organised crime groups,
 - is frequently missing/goes missing from care or from home,
 - is at risk of modern slavery, trafficking or exploitation,
 - is at risk of being radicalised or exploited,
 - is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse,
 - is misusing drugs or alcohol themselves,
 - has returned home to their family from care,
 - Is a privately fostered child.
- 17.5 EHRP guidance and templates are available on the Swindon Schools online website: [Services for Children - Early Help - Schools Online \(swindon.gov.uk\)](#)

18 Child Protection Record Keeping and Information sharing



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- 18.1 Any member of staff receiving a disclosure of abuse, noticing possible abuse or with a concern about a child, will make an accurate record as soon as possible, noting what was said or seen, putting the event into context, and giving the date, time and location.
- 18.2 All records must be dated and signed and discussed with the designated safeguarding lead.
- 18.3 All hand-written records will be retained, even if they are subsequently typed up in a more formal report.
- 18.4 Written records of concerns will be kept, even where there is no need to make a referral immediately.
- 18.5 Any injuries will be marked on a body map; **photographs will never be taken** (Appendix 3)
- 18.6 Where concerns do not meet the threshold for a referral to Children's Social Care, consideration will be given to the appropriateness of completing an Early Help Record and Plan (EHRP).
- 18.7 All records relating to child protection concerns will be kept in a secure place and will remain confidential. They do not form part of the pupil's developmental records and must be kept separate from other records.
- 18.8 A chronology will be kept at the front of each individual child protection file. It will be reviewed and updated whenever a new concern is raised or additional relevant information becomes available, noting any action taken.
- 18.9 The quality of child protection records will be regularly monitored by the DSL and management.
- 18.10 Where a child transfers to school or moves to a new setting, child protection documentation will be transferred to the receiving school/setting within 14 days, preferably by hand. If hand delivery isn't possible, postal delivery will be followed up with a telephone conversation. The original documents will be transferred and a receipt for handover will be obtained.
- 18.11 Records will be retained in line with the Local Authorities Guidance on the Transfer and Retention of Child Protection Records (LSCB website).
Templates and guidance for keeping child protection records are available on Swindon schools online.
- 18.12 We will maintain records and obtain and share information with parents/carers, health professionals, the police, social services and Ofsted as appropriate and in line with "Information sharing: Advice for safeguarding practitioners" 2018.
- 18.13 We will enable a regular two-way flow of information with parents/carers, and between providers if a child is attending more than one setting.
- 18.14 Confidential information and records about staff and children are held securely and only accessible and available to those who have a right or professional need to see them. We are aware of our responsibilities under the Data Protection Act 2018 and the General Data Protection Regulations (2018) and that this legislation does not limit the sharing of information in order to keep children safe and includes sharing information without consent.
- 18.15 All staff read the setting's "Confidentiality Policy" as part of their induction procedure. Information will be shared on a strictly "need to know" basis.
- 18.16 Records relating to individual children will be retained for a reasonable period of time in line with the settings retention of records policy.

19 Parental Involvement

- 19.1 We are committed to helping parents/carers understand our responsibility for the safety and welfare of all pupils.
- 19.2 Parents/carers can access the Child Protection Policy in the Policies and Procedures file located in the entrance in both Willow and Oak room, online (www.croftplaygroup.org.uk) and are emailed to parents/carers as part of the induction process.



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- 19.3 Parents will be made aware of the policy during their induction meeting and will sign a statement to say they understand the setting's child protection responsibilities.
- 19.4 Child protection or welfare concerns will usually be discussed with parents/carers. Where a referral to social care is needed, the agreement of parents/carers will be sought before making the referral, unless to do so may place the child at increased risk of harm.
- 19.5 If a child is subject to a child protection plan, then the allocated social worker will be informed as soon as possible.
- 19.6 A lack of agreement from the parent/carer will not stop a referral going ahead.

20 Suitable People/Safer Recruitment

- 20.1 We will ensure that staff working with children are suitable to fulfil the requirements of their roles.
- 20.2 We have effective systems in place to ensure that practitioners and any other person who is likely to have regular contact with children (including those living or working on the premises) are suitable.
- 20.3 We request enhanced Disclosure and Barring Service checks and disqualification checks for all staff prior to commencing work.
- 20.4 We comply with recruitment procedures as set out in the South West Child Protection Procedure: <http://www.proceduresonline.com/swcpp/swindon/contents.html>
- 20.5 Interview panels will have at least one person who has completed Safer Recruitment Training. There will be a safeguarding statement in all job advertisements and job descriptions. Any gaps in employment history or unaccounted for periods of time will be fully investigated.
- 20.6 References will be requested prior to interview. At least one reference will be from the applicants' most recent childcare placement.
- 20.7 All staff are informed that they are expected to disclose any convictions, cautions, court orders, reprimands and warnings which may affect their suitability to work with children (whether received before or during their employment at the setting).
- 20.8 We will not allow people, whose suitability has not been checked to have unsupervised contact with children.
- 20.9 Staff are also asked to disclose if they or anyone living or working in their household has ever been disqualified from working in childcare.
- 20.10 We will record information about staff qualifications, identity checks, disqualification and vetting processes that have been completed (including the Disclosure and Barring Service reference number, the date a disclosure was obtained and details of who obtained it) on a central register.

21 Disqualification under the Childcare Act

- 21.1 All staff, students and volunteers are informed during their induction that, under the Childcare Act 2006, they are expected to provide up to date information in relation to any convictions, cautions, court orders, reprimands and warnings which may affect their suitability to work with children, whether received before or during their employment at the setting.
- 21.2 All staff, students and volunteers are requested to fill in a criminal self-declaration form as a minimum yearly.
- 21.3 There is an expectation that the playgroup would be informed if staff relationships and associations, both within and outside the workplace (including online), may have implications for the safety of children in the playgroup.

22 Volunteers



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- 22.1 A risk assessment will be undertaken for volunteers to determine whether an enhanced DBS check should be applied for.
- 22.2 This will depend on the level of activity the volunteer is engaged in and whether they are ever left unsupervised with children.

23 Managing Allegations against Staff

- 23.1 We follow the SWCPP for managing allegations against staff.
- 23.2 As soon as an allegation is made the Local Authority Designated Officer (LADO) will be contacted.
- 23.3 The LADO's are; Jon Goddard – 07392103019 (Mon-Wed) Sean Capewell – 07392103032 (Mon-Fri) or Email via Egress/Switch – Lado@swindon.gov.uk
- 23.4 The LADO will advise on the appropriate action to be taken.
- 23.5 Staff/volunteers will report an allegation about a member of staff immediately to the designated safeguarding lead, unless they are the subject of the allegation. Designated safeguarding lead will then proceed as above.
- 23.6 Where the allegation is against the Designated Safeguarding lead the member of staff/volunteer will contact the LADO as above.
- 23.7 An allegation must not be discussed with the alleged perpetrator or other members of staff/committee, unless advised to do so by the LADO.
- 23.8 In exceptional circumstances it may be necessary to protect the child, by contacting the police, before contacting the LADO.
- 23.9 The setting will make a referral to the Disclosure and Barring Service if at the end of the allegation process a member of staff or volunteer is removed from their position, or if they leave while under investigation.
- 23.10 All Staff will be directed to read the "Guidance for Safer Working Practice for Adults who Work with Children and Young People."
- 23.11 All staff will read the setting's "Whistleblowing Policy" as part of their induction procedure. They will be aware of the procedure for reporting concerns about other staff or unsafe practice. They will also know how to contact the NSPCC whistleblowing helpline on 0800 028 0285 or by email help@nspcc.org.uk

24 Online Abuse

- 24.1 Children will be taught about keeping safe online as appropriate to their levels of understanding.
- 24.2 Information about online safety will be shared with parents through leaflets, posters, and newsletters etc.
- 24.3 Where children have access to the internet, we will ensure that they are protected from harmful and inappropriate online material by putting effective monitoring and filtering in place.

25 Use of Mobile Phones and Digital Photography

- 25.1 We have a 'Technology and Online Safety policy' which outlines our expectations for the acceptable use of mobile phones, cameras and other digital media in our setting.
- 25.2 Staff mobiles and other digital media will be kept in a designated area and will not be carried on a person when children are present. Staff may use appliances in a designated area at designated times e.g., a staff room during staff breaks or before and after sessions, when



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children are not present.

- 25.3 Visitors, parents, contractors etc. are made aware that phones and other digital media are not to be used in designated areas and that no photographs, videos or audio recordings are permitted in the setting.
- 25.4 Staff will take photographs of children using the work photographic equipment; no personal equipment will be used. The work photographic equipment will be open to scrutiny at all times.
- 25.5 Photographs will not be taken in sensitive areas such as toilets or nappy changing areas.
- 25.6 Written permission will be obtained from parents/carers for appropriate use of photographs/digital images to record children's progress
- 25.7 Children's images should only be taken off site securely with the prior permission of the Manager/DSL in line with the setting's policy.

This policy was adopted by Croft Playgroup

Signed on behalf of the Croft Playgroup

Croft Playgroup Committee

Croft Playgroup Manager

Print Name: Sarah Bryant

Print Name: Michelle Barrow, Helen Dearlove

Signed.....

Signed.....

Dated.....

Dated.....

This policy will be reviewed on an annual basis and updated where appropriate, however amendments will be made as and when necessary throughout the year. Staff will be made aware of all amendments.

Date policy to be reviewed:



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Appendix 1

Definitions of Abuse “Working Together” 2018

Physical Abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Emotional Abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child’s emotional development. It may involve conveying to the child that they are worthless, unloved or inadequate, or valued in so far as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or ‘making fun’ of what they say or how they communicate. It may feature age or developmentally inappropriate expectations of the child, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another or serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of a child. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Sexual Abuse

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

Child Sexual Exploitation

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, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

Neglect

Neglect is the persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- Protect a child from physical and emotional harm or danger;
- Ensure adequate supervision (including the use of inadequate care-givers);
- Ensure access to appropriate medical care or treatment.
- Respond to a child’s basic emotional needs.



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Appendix 2

Sharing / recording concerns

An individual with concerns about a child records these and shares these with the Designated Safeguarding Lead's Michelle Barrow and Helen Dearlove or the deputy safeguarding lead Jenny Dowman as soon as possible.



Consideration

The DSL will consider the information, in the context of any other concerns / disclosures, and decide on next steps. Where possible this should be done in consultation with others in the safeguarding team. Parents / carers should be involved at this stage, **unless to do so may place the child at increased risk of significant harm, in which case advice should be sought from Family Contact Point.**



Referral to children's social care

The DSL will make a telephone referral in the first instance to Family Contact Point/ MASH on 466903. This must be followed up within 24 hours with a written referral, using form RF1. The RF1 form must be signed and dated by the referrer. **If a child discloses physical or sexual abuse, where the alleged abuser is either a family member or someone resident within the household, the setting must consult the Duty Social Worker before informing parent/s.**



No referral to children's social care

Actions will be agreed to monitor the child and support the child / family where needed. An Early Help Record and Plan (EHRP) should also be considered at this stage.



Children's social care consideration

Children's social care decides within 1 working day what action will be taken, including if an assessment is needed and will **feedback to the referrer**. This decision will be made using the **Swindon LSCB threshold document, The Right Help at the Right time.**



Assessment

Children's social care completes the assessment within 45 working days of the referral; it could be a section 17 or section 47 assessment. All schools and colleges should allow local authorities access to facilitate arrangements.



No Assessment

If the information supplied in the referral does not meet the threshold, an EHRP should be started and/or onward referral to other specialist or universal services; **children's social care will feedback to the referrer.**

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Appendix 3

