

**TWYFORD PLAYGROUP EY484175**  
**SAFEGUARDING POLICY (for STAFF & VOLUNTEERS)**

**Date ratified: February 2025**

**Date review: Annually**

**Manager Signature: Rachel Knott**

**Chair of Committee Signature: Pamela Lawrence**

**Annual Review: September 2026**

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Any links to local or national advice and guidance can be accessed via the safeguarding in education webpages: [www.hants.gov.uk/educationandlearning/safeguardingchildren/guidance/](https://www.hants.gov.uk/educationandlearning/safeguardingchildren/guidance/)

Links to online specific advice and guidance can be found at

<https://www.hants.gov.uk/socialcareandhealth/childrenandfamilies/safeguardingchildren/onlinesafety/>

Links to other pages from the local authority on safeguarding can be found at

<https://www.hants.gov.uk/socialcareandhealth/childrenandfamilies/safeguardingchildren/>

The procedures of the Hampshire Safeguarding Children Partnership can be accessed at

<http://hipsprocedures.org.uk/page/contents/>

### **Twyford Playgroup's Safeguarding Policy**

This policy should be read in conjunction with the settings Child Protection Policy and Staff Code of Conduct

### **Policy Statement**

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

The actions that we take to prevent harm; to promote wellbeing; to create safe environments; to educate on rights, respect and responsibilities; to respond to specific issues and vulnerabilities all form part of the safeguarding responsibilities of the setting. As such, this overarching policy will link to other policies which will provide more information and greater detail.

#### **Aims**

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

#### **Principles and Values**

Safeguarding and promoting the welfare of children is everyone's responsibility. Everyone who comes into contact with children and their families has a role to play. In order to fulfil this responsibility effectively, all staff should make sure their approach is child centred. This means that they should consider, at all times, what is in the best interests of the child.

Safeguarding measures are put in place to minimise harm to children. There may be occasions where gaps or deficiencies in our policies and processes will be highlighted. In these situations, a review will be carried out in order to identify learning and inform the policy, practice and culture of the setting.

All children in our setting can talk to any member of staff about situations, or to share concerns, which are causing them worries. The staff will listen to the child, take their worries seriously and share the information with the safeguarding lead.

In addition, we provide children with information about who they can talk to outside of the setting, both within the community and with local or national organisations that can provide support or help.

As a setting, we review this policy at least annually in line with DfE, HSCP, HCC and any other relevant guidance.

Date Approved by Governing Body: March 2025

#### **Areas of Safeguarding**

Keeping Children Safe in Education (2022) and the Ofsted inspection guidance (2021), have highlighted and separated a number of safeguarding areas: -

Emerging or high-risk issues (part 1); Those related to the child as an individual (part 2); other safeguarding issues affecting pupils (part 3); and those related to the running of the setting (part 4).

#### **Definitions**

Within this document:

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

The term Staff applies to all those working for or on behalf of the playgroup, full time or part time, in either a paid or voluntary capacity. This also includes parent volunteers and committee members.

Child refers to all young people who have not yet reached their 18th birthday. On the whole, this will apply to the children of our setting; however, the policy will extend to visiting children and students from other establishments.

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

### **Key personnel**

The designated safeguarding lead for the setting is: Rachel Knott

The deputy designated safeguarding leads are Pamela Lawrence and Melissa Simpson

## **Part 1 – High risk and emerging safeguarding issues**

### **Contextual Safeguarding**

All staff should be aware that safeguarding incidents and/or behaviours can be associated with factors outside the setting and/or can occur between children outside of our setting. All staff, but especially the designated and deputy safeguarding leads should consider whether children are at risk of abuse or exploitation in situations outside their families.

Risk and harm outside of the family can take a variety of different forms and children can be vulnerable to sexual exploitation, criminal exploitation, and serious youth violence in addition to other risks.

As a setting, we will consider the various factors that can impact the life of any child about whom we have concerns. We will consider the level of influence that these factors have on their ability to be protected and remain free from harm, particularly around child exploitation or criminal activity. What life is like for a child outside the setting, within the home, within the family and within the community are key considerations when the DSL is looking at any concerns.

### **Preventing Radicalisation and Extremism**

The prevent duty requires that all staff are aware of the signs that a child may be vulnerable to radicalisation. The risks include, but are not limited to, political, environmental, animal rights, or faith-based extremism that may lead to a child becoming radicalised. All staff have undertaken e-learning in order that they can identify the signs of children being radicalised.

There is no single way of identifying whether a child is likely to be susceptible to an extremist ideology. Background factors combined with specific influences such as family and friends may contribute to a child's vulnerability. Similarly, radicalisation and the grooming of children can occur through many different methods, such as social media or the internet, and at different settings.

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

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

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

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

The government has a strategy looking at specific issues faced by women and girls. Within the context of this safeguarding policy the following sections are how we respond to violence against

girls: female genital mutilation, forced marriage, honour-based violence and teenage relationship abuse all fall under this strategy.

### **Female Genital Mutilation (FGM)**

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

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

FGM is illegal in the UK.

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

At no time will staff examine pupils to confirm concerns.

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

While FGM has a specific definition, there are other abusive cultural practices which can be considered harmful to women and girls. Breast ironing is one of five UN defined 'forgotten crimes against women'. It is a practice whereby the breasts of girls typically aged 8-16 are pounded using tools such as spatulas, grinding stones, hot stones, and hammers to delay the appearance of puberty. This practice is considered to be abusive and should be referred to children's social care.

### **Forced Marriage**

In the case of children: 'a forced marriage is a marriage in which one or both spouses cannot consent to the marriage and duress is involved. Duress can include physical, psychological, financial, sexual and emotional pressure.' In developing countries 11% of girls are married before the age of 15. One in 3 victims of forced marriage in the U.K. is under 18.

It is important that all members of staff recognise the presenting symptoms, how to respond if there are concerns and where to turn for advice.

Advice and help can be obtained nationally through the Forced Marriage Unit and locally through the local police safeguarding team or children's social care.

Policies and practices in this setting reflect the fact that while all members of staff, have important responsibilities with regard to children who may be at risk of forced marriage, teachers and

management should not undertake roles in this regard that are most appropriately discharged by other children's services professionals such as police officers or social workers.

### **Characteristics that may indicate forced marriage.**

While individual cases of forced marriage, and attempted forced marriage, are often very particular, they are likely to share a number of common and important characteristics, including:

- an extended absence from school/college, including truancy;
- a drop in performance or sudden signs of low motivation;
- excessive parental restriction and control of movements;
- a history of siblings leaving education to marry early;
- poor performance, parental control of income and students being allowed only limited career choices;
- evidence of self-harm, treatment for depression, attempted suicide, social isolation, eating disorders or substance abuse; and/or
- evidence of family disputes/conflict, domestic violence/abuse or running away from home.

On their own, these characteristics may not indicate forced marriage. However, it is important to be satisfied that where these behaviours occur, they are not linked to forced marriage. It is also important to avoid making assumptions about an individual child's circumstances or act on the basis of stereotyping. For example, an extended holiday may be taken for entirely legitimate reasons and may not necessarily represent a pretext for forced marriage.

### **Honour-Based Abuse**

So-called 'honour'-based abuse (HBA) encompasses incidents or crimes which have been committed to protect or defend the honour of the family and/or the community, including female genital mutilation (FGM), forced marriage, and practices such as breast ironing. Abuse committed in the context of preserving 'honour' often involves a wider network of family or community pressure and can include multiple perpetrators. It is important to be aware of this dynamic and additional risk factors when deciding what form of safeguarding action to take.

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

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

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

- domestic abuse
- threats of violence
- sexual or psychological abuse
- forced marriage

- being held against your will or taken somewhere you don't want to go assault

All forms handled and escalated as required. If staff believe that a child is at risk or has already suffered from honour-based abuse, they will report to the DSL who will follow the usual safeguarding referral process; however, if it is clear that a crime has been committed or the child is at immediate risk, the police will be contacted in the first instance. It is important that, if honour-based abuse is known or suspected, communities and family members are NOT spoken to prior to referral to the police or social care as this could increase risk to the Child.

### **Teenage Relationship Abuse**

Relationship abuse can take place at any age and describes unacceptable behaviour between two people who are in a relationship.

Research has shown that teenagers do not always understand what may constitute abusive and controlling behaviours, e.g. checking someone's 'phone, telling them what to wear, who they can/can't see or speak to or coercing them to engage in activities they are not comfortable with. The government campaign "disrespect nobody" provides other examples of abusive behaviour within a relationship.

This lack of understanding can lead to these abusive behaviours feeling 'normal' and therefore left unchallenged, as they are not recognised as being abusive.

In response to these research findings, the setting will seek support to help prevent teenagers from becoming victims and perpetrators of abusive relationships, by encouraging them to rethink their views of violence, abuse and controlling behaviours, and understand what consent means within their relationships. This will form part of the settings curriculum content in respect of Relationship Education.

If the setting has concerns about a child in respect of relationship abuse, it will report those concerns in line with procedures to the appropriate authorities as a safeguarding concern, a crime or both.

### **Sexual Violence and Sexual Harassment Between Children**

Sexual violence and sexual harassment (SVSH) can occur between two children of any age and sex from primary to secondary stage and into colleges. It can also occur through a group of children sexually assaulting or sexually harassing a single child or group of children.

Within our setting all staff receive training about sexual violence and sexual harassment and what to do if they have a concern or receive a report. Whilst any report of sexual violence or sexual harassment should be taken seriously, staff are aware it is more likely that girls will be the victims of sexual violence and sexual harassment and more likely it will be perpetrated by boys. This pattern of prevalence will not, however, be an obstacle to ALL concerns being treated seriously.

This setting has a zero-tolerance approach to SVSH. We are clear that sexual violence and sexual harassment is not acceptable, will never be tolerated and is not an inevitable part of growing up. It cannot be described as 'banter', 'having a laugh' or 'boys being boys'.

We will also take seriously any sharing of sexual images (photos, pictures or drawings) and videos; sexual jokes, comments or taunting either in person or on social media; or on-line sexual harassment.

The child protection policy has a clear procedure dealing with SVSH.

We will follow the “Sexual violence and sexual harassment between children in settings, schools and colleges” advice provided by the DfE.

We will challenge all contact behaviours that have a sexual nature to them such as pushing or rubbing against, grabbing bottoms, breasts or genitals, pinning or flicking bras, lifting skirts or pulling down trousers and impose appropriate levels of disciplinary action, to be clear that these behaviours are not tolerated or acceptable. Support will be provided to victims of sexual violence and sexual harassment, and we will ensure that they are kept safe.

It is clear from the 2021 Ofsted review into SVSH in settings, schools and colleges that the prevalence of abusive and unwanted behaviour is widespread. As such staff in the setting will remain vigilant and intervene early to prevent low level behaviours from becoming abusive experiences.

All staff will maintain the attitude that “It could happen here”

### **Child on Child Abuse**

Child on Child abuse occurs when a young person is exploited, bullied and / or harmed by their peers who are the same or similar age: Everyone directly involved in peer-on-peer abuse is under the age of 18.

### **The Trigger Trio**

The term ‘Trigger Trio’ has replaced the previous phrase ‘Toxic Trio’ which was used to describe the issues of domestic violence, mental ill-health and substance misuse which have been identified as common features of families where harm to adults and children has occurred.

The Trigger Trio are viewed as indicators of increased risk of harm to children and young people. In an analysis of Serious Case Reviews undertaken by Ofsted in 2011, they found that in nearly 75% of these cases two or more of the triggers were present. These factors will have a contextual impact on the safeguarding of children and young people.

### **Domestic Abuse**

The Domestic Abuse Act 2021 received Royal Assent on 29 April 2021. The Act introduces the first ever statutory definition of domestic abuse and recognises the impact of domestic abuse on children, as victims in their own right, if they see, hear or experience the effects of abuse. The statutory definition of domestic abuse, based on the previous cross-government definition, ensures that different types of relationships are captured, including ex-partners and family members. The definition captures a range of different abusive behaviours, including physical, emotional and economic abuse and coercive and controlling behaviour. Both the person who is carrying out the behaviour and the person to whom the behaviour is directed towards must be aged 16 or over and they must be “personally connected”. Types of domestic abuse include intimate partner violence, abuse by family members, teenage relationship abuse and child/adolescent to parent violence and abuse. Anyone can be a victim of domestic abuse, regardless of sexual identity, age, ethnicity, socioeconomic status, sexuality or background and domestic abuse can take place inside or outside of the home. The government will issue statutory guidance to provide further information for those working with domestic abuse victims and perpetrators, including the impact on children.

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. Experiencing domestic abuse and/or violence can have a serious, long lasting emotional and psychological impact on children. In some

cases, a child may blame themselves for the abuse or may have had to leave the family home as a result.

Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour. Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

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

- being withdrawn
- suddenly behaving differently
- anxiety
- being clingy
- depression
- aggression
- problems sleeping
- eating disorders
- bed wetting
- soiling clothes
- excessive risk taking
  
- missing school
- changes in eating habits
- obsessive behaviour
- experiencing nightmares
- taking drugs
- use of alcohol
- self-harm
- thoughts about suicide

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

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

### **Parental mental health**

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

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

- The parent's/carer's needs or illnesses taking precedence over the child's needs
- The child's physical and emotional needs being neglected
- The child acting as a young carer for a parent or a sibling
- The child having restricted social and recreational activities
- The child finding it difficult to concentrate, potentially having an impact on educational achievement

- The child missing school regularly as (s)he is being kept home as a companion for a parent/carer
- The child adopting paranoid or suspicious behaviour as they believe their parent's delusions
- Witnessing self-harming behaviour and suicide attempts (including attempts that involve the child)
- Obsessional compulsive behaviours involving the child.

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

### **Parental Substance misuse**

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

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

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

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

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

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

### **Young Carers**

As many as 1 in 12 children and young people provide care for another person. This could be a parent, a relative or a sibling and for different reasons such as disability, chronic illness, mental health needs, or adults who are misusing drugs or alcohol.

Children who provide care for another are Young Carers. These young people can miss out on opportunities, and the requirement to provide care can impact on school attendance or punctuality, limit time for homework, leisure activities and social time with friends.

As a setting we may refer a young carer to children's social care for a carers assessment to be carried out. We will consider support that can be offered and make use of the resources and guidance from Save the Children in their young carers work.

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

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

#### **Children Missing from Education**

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

Early intervention is necessary to identify the existence of any underlying safeguarding risk and to help prevent the risks of a child going missing in future. Staff should be aware of their settings unauthorised absence and children missing from education procedures.

DSL's and staff should consider:

**Missing sessions:** Are there patterns in the sessions that are being missed? Is this more than avoidance? or a staff member?

- Is the child being exploited during this time?
- Are they late because of a caring responsibility?
- Have they been directly or indirectly affected by substance misuse?
- Are other children routinely missing the same sessions and does this raise other risks or concerns such as SVSH between children, exploitation, gang behaviour or substance misuse?
- Is the session being missed one that would cause bruising or injuries to become visible?

**Single missing days:** Is there a pattern in the day missed? Is it before or after the weekend suggesting the child is away from the area? Are there specific sessions or members of staff on these days? Is the parent informing the setting of the absence on the day? Are missing days reported back to parents to confirm their awareness?

- Is the child being sexually exploited during this day?
- Is the child avoiding abusive behaviour from peers or staff on this day?
- Do the parents appear to be aware and are they condoning the behaviour?
- Are the child's peers making comments or suggestions as to where the child is?
- Can the parent be contacted and made aware?

**Continuous missing days:** Has the setting been able to make contact with the parent(s)? Is medical evidence being provided? Are siblings attending school (either our or local schools)?

- Did we have any concerns about radicalisation, FGM, forced marriage, honour- based violence, sexual exploitation?
- Have we had any concerns about physical or sexual abuse?
- Does the parent have any known medical needs? Is the child safe?

The setting will view absence as both a safeguarding issue and an educational outcomes issue. The setting may take steps that could result in legal action for attendance, or a referral to children's social care, or both.

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

It is known that children who go missing are at risk of suffering significant harm, and there are specific risks around children running away and the risk of sexual exploitation.

The Hampshire Police Force, as the lead agency for investigating and finding missing children, will respond to children going missing based on on-going risk assessments in line with current guidance.

The police definition of 'missing' is: "Anyone whose whereabouts cannot be established will be considered as missing until located, and their well-being or otherwise confirmed."

Various categories of risk should be considered and Hampshire Local Safeguarding Children's Partnership provides further guidance:

Local authorities have safeguarding duties in relation to children missing from home and should work with the police to risk assess and analyse data for patterns that indicate particular concerns and risks. The police will prioritise all incidents of missing children as medium or high risk. Where a child is recorded as being absent, the details will be recorded by the police, who will also agree review times and any on-going actions with person reporting.

A missing child incident would be prioritised as 'high risk' where:

- the risk posed is immediate and there are substantial grounds for believing that the child is in danger through their own vulnerability; or
- the child may have been the victim of a serious crime; or
- the risk posed is immediate and there are substantial grounds for believing that the public is in danger.

The high-risk category requires the immediate deployment of police resources.

Authorities need to be alert to the risk of sexual exploitation or involvement in drugs, gangs or criminal activity, trafficking and to be aware of local "hot spots", as well as concerns about any individuals with whom children might runaway.

Child protection procedures must be initiated in collaboration with children's social care services whenever there are concerns that a child who is missing may be suffering, or likely to suffer, significant harm.

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

#### **Push factors include:**

- Conflict with parents/carers
- Feeling powerless
- Being bullied/abused
- Being unhappy/not being listened to
- The Trigger Trio (domestic abuse, parental mental ill health and parental substance misuse)

#### **Pull factors include:**

- Wanting to be with family/friends
- Drugs, money and any exchangeable item
- Peer pressure

For those who have been trafficked into the United Kingdom as unaccompanied asylum-seeking children, there will be pressure to make contact with their trafficker.

We will inform all parents of children who are absent (unless the parent has informed us). If the parent is also unaware of the location of their child, and the definition of missing is met, we will either support the parent to contact the police to inform them or do so ourselves with urgency.

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

CSE is a form of child sexual abuse. Sexual abuse may involve physical contact, including assault by penetration (for example, rape or oral sex) or nonpenetrative acts such as masturbation, kissing, rubbing, and touching outside clothing. It may include non-contact activities, such as involving children in the production of sexual images, forcing children to look at sexual images or watch sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse including via the internet.

CSE can occur over time or be a one-off occurrence, and may happen without the child's immediate knowledge e.g. through others sharing videos or images of them on social media.

CSE can affect any child, who has been coerced into engaging in sexual activities. This includes 16- and 17-year-olds who can legally consent to have sex. Some children may not realise they are being exploited e.g. they believe they are in a genuine romantic relationship. (from KCSiE)

- Exploitation can be isolated (one-on-one) or organised group/criminal activity
- There can be a big age gap between victim and perpetrator, but it can also be child on child
- Boys can be targeted just as easily as girls – this is not gender specific
- Perpetrators can be women and not just men
- Exploitation can be between males and females or between the same genders
- Children with learning difficulties can be particularly vulnerable to exploitation as can children from particular groups, e.g. looked after children, young carers, children who have a history of physical, sexual emotional abuse or neglect or mental health problems; children who use drugs or alcohol, children who go missing from home or the setting, children involved in crime, children with parents/carers who have mental health problems, learning difficulties/other issues, children who associate with other children involved in exploitation. However, it is important to recognise that any child can be targeted

Indicators a child may be at risk of CSE include:

- going missing for periods of time or regularly coming home late;
- regularly playgroup or education or not taking part in education;
- appearing with unexplained gifts or new possessions;
- associating with other young people involved in exploitation;
- having older boyfriends or girlfriends;
- suffering from sexually transmitted infections or becomes pregnant; mood swings or changes in emotional wellbeing;
- drug and alcohol misuse;
- displaying inappropriate sexualised behaviour.
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CSE can happen to a child of any age, gender, ability or social status. Often the victim of CSE is not aware that they are being exploited and do not see themselves as a victim.

CSE can be a one-off occurrence or a series of incidents over time and range from opportunistic to complex organised abuse. It can involve force and/or enticement-based methods of compliance and may, or may not, be accompanied by violence or threats of violence.

We educate all staff in the signs and indicators of sexual exploitation. Children who have been exploited will need additional support to help maintain them in education. We use the child exploitation risk assessment form (CERAF) and associated guidance from the Hampshire Safeguarding Children Partnership to identify children who are at risk; the DSL will share this information as appropriate with children's social care.

We recognise that we may have information or intelligence that could be used to both protect children and prevent risk. Any relevant information that we have will be shared on the community

partnership information (CPI) form which can be downloaded from  
<https://www.safe4me.co.uk/portfolio/sharing-information/>

### **Child Criminal Exploitation (including county lines)**

Child Criminal Exploitation (CCE) is defined as: - 'where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 into any criminal activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial or other advantage of the perpetrator or facilitator and/or (c) through violence or threat of violence. The victim may have been criminally exploited even if the activity appears consensual. Child Criminal Exploitation does not always involve physical contact, it can occur through the use of technology'.

The exploitation of children and young people for crime is not a new phenomenon as evidenced by Fagan's gang in Charles Dickens book, Oliver Twist. Children under the age of criminal responsibility, or young people who have increased vulnerability due to push: pull factors who are manipulated, coerced or forced into criminal activity provide opportunity for criminals to distance themselves from crime.

It is important to note that the experience of girls who are criminally exploited can be very different to that of boys. The indicators may not be the same, however professionals should be aware that girls are at risk of criminal exploitation too. It is also important to note that both boys and girls being criminally exploited may be at higher risk of sexual exploitation.

A current trend in criminal exploitation of children and young people is 'county lines' which refer to a 'phone line through which drug deals can be made. An order is placed on the number and typically a young person will deliver the drugs to the specified address and collect the money for the deal. These lines are owned and managed by organised crime gangs, often from larger cities, who are expanding their markets into rural areas. Children are often recruited to move drugs and money between locations and are known to be exposed to techniques such as 'plugging', where drugs are concealed internally to avoid detection. Children can easily become trapped by this type of exploitation, as county lines gangs create drug debts and can threaten serious violence and kidnap towards victims (and their families) if they attempt to leave the county lines network.

Indicators that a child may be criminally exploited include:

- Increase in **Missing episodes** – particular key as children can be missing for days and drug run in other counties
- Having unexplained amounts of money, **new high-cost items** and multiple mobile phones
- Increased social media and phone/text use, almost always secretly
- **Older males** in particular seen to be hanging around and driving
- Having injuries that are unexplained and being unwilling to have them looked at
- Increase in aggression, violence and fighting
- Carrying **weapons** – knives, baseball bats, hammers, acid
- Travel receipts that are unexplained
- **Significant missing** from education and disengaging from previous positive peer groups
- Association with other young people involved in exploitation
- Children who misuse drugs and alcohol
- Parent concerns and significant changes in behaviour that affect emotional wellbeing

We will treat any child who may be criminally exploited as a victim in the first instance and using the CERAF form (Hampshire Safeguarding Children Partnership) and guidance in our referral to children's social care. If a referral to the police is also required, as crimes have been committed on the settings premises, these will also be made. Children who have been exploited will need additional support to help maintain them in education.

If there is information or intelligence about child criminal exploitation, we will report this to the police via the community partnership information form.

<https://www.safe4me.co.uk/portfolio/sharing-information/>

### **Serious Violence**

Serious violence is becoming a factor for those who are involved in criminal exploitation. It can also be an indication of gang involvement and criminal activity.

All staff will be made aware of indicators, which may signal that children, or members of their families, are at risk from or involved with serious violent crime.

These indications can include but are not limited to increased absence from the setting; a change in friendships or relationships with older individuals or groups; a significant decline in performance; signs of self-harm; significant change in wellbeing; signs of assault; unexplained injuries; unexplained gifts and/or new possessions; possession of weapons.

Staff should be aware of the range of risk factors which increase the likelihood of involvement in serious violence, such as being male, having been frequently absent or permanently excluded from settings or school, having experienced child maltreatment and having been involved in offending, such as theft or robbery.

Advice for staff can be found in the Home Office's [Preventing youth violence and gang involvement](#).

We have a duty to not only prevent the individual from engaging in criminal activity, but also to safeguard others who may be harmed by their actions.

We will report concerns of serious violence to police and social care.

If there is information or intelligence about potential serious violence, we will report this to the police via the community partnership information form.

<https://www.safe4me.co.uk/portfolio/sharing-information/>

### **Trafficked Children and modern slavery**

Modern slavery encompasses human trafficking and slavery, servitude and forced or compulsory labour. Exploitation can take many forms, including sexual exploitation, forced labour, slavery, servitude, forced criminality and the removal of organs.

Human trafficking is defined by the UNHCR in respect of children as a process that is a combination of:

- Movement (including within the UK)
- Control, through harm / threat of harm or fraud
- For the purpose of exploitation

Any child transported for exploitative reasons is considered to be a trafficking victim.

There is significant evidence that children (both of UK and other citizenship) are being trafficked internally within the UK and this is regarded as a more common form of trafficking in the UK.

There are a number of indicators which suggest that a child may have been

trafficked into the UK, and may still be controlled by the traffickers or receiving adults. These are as follows:

- Shows signs of physical or sexual abuse, and/or has contracted a sexually transmitted infection or has an unwanted pregnancy
- Has a history of going missing and unexplained moves
- Is required to earn a minimum amount of money every day
- Works in various locations
- Has limited freedom of movement
- Appears to be missing from sessions
- Is known to beg for money
- Is being cared for by adult/s who are not their parents and the quality of the relationship between the child and their adult carers is not good
- Is one among a number of unrelated children found at one address
- Has not been registered with or attended a GP practice
- Is excessively afraid of being deported.

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

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

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

When considering modern slavery, there is a perception that this is taking place overseas. The government estimates that tens of thousands of slaves are in the UK today.

Young people being forced to work in restaurants, nail bars, car washes and harvesting fruit, vegetables or other foods may have all been slaves 'hiding in plain sight' within the U.K and rescued from slavery. Other forms of slavery such as sex slaves or household slaves are more hidden but have also been rescued within the UK.

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

### **Child abduction**

Child abduction is the unauthorised removal or retention of a minor from a parent or anyone with legal responsibility for the child. Child abduction can be committed by parents or other family members; by people known but not related to the victim (such as neighbours, friends and acquaintances); and by strangers. Further information is available at:

[www.actionagainstabduction.org](http://www.actionagainstabduction.org)

When we consider who is abducted and who abducts

- Nearly three-quarters of children abducted abroad by a parent are aged between 0 and 6 years-old
- Roughly equal numbers are boys and girls
- Two-thirds of children are from minority ethnic groups.
- 70% of abductors are mothers. The vast majority have primary care or joint primary care for the child abducted.
- Many abductions occur during school holidays when a child is not returned following a visit to the parent's home country (so-called 'wrongful retentions')

If we become aware of an abduction, we will follow the HIPS procedure and contact the police and children's social care (if they are not already aware).

If we are made aware of a potential risk of abduction, we will seek advice and support from police and children's social care to confirm that they are aware and seek clarity on what actions we are able to take.

### **Returning home from care**

When children are taken into care, consideration may be given in the future to those children being returned to the care of their parents, or one of their parents. Other children are placed in care on a voluntary basis by the parents and they are able to remove their voluntary consent.

While this is a positive experience for many children who have returned to their families, for some there are different challenges and stresses in this process.

As a setting, if we are aware of one of our children who is looked after is returning to their home, we will consider what support we can offer and ensure as a minimum that the child has a person, that they trust, who they can talk to or share their concerns with.

### **Technologies**

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

The breadth of issues classified within online safety is considerable, but can be categorised into four areas of risk:

- content: being exposed to illegal, inappropriate or harmful content, for example: pornography, fake news, racism, misogyny, self-harm, suicide, anti-Semitism, radicalisation and extremism.
- contact: being subjected to harmful online interaction with other users; for example: peer to peer pressure, commercial advertising and adults posing as children or young adults with the intention to groom or exploit them for sexual, criminal, financial or other purposes.
- conduct: personal online behaviour that increases the likelihood of, or causes, harm; for example, making, sending and receiving explicit images (e.g. consensual and non-consensual sharing of nudes and semi-nudes and/or pornography, sharing other explicit images and online bullying; and
- commerce - risks such as online gambling, inappropriate advertising, phishing and or financial scams.

### **Online Safety and Social Media**

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

- unwanted contact
- grooming
- online bullying including sexting
- digital footprint
- accessing and generating inappropriate content

The setting will therefore seek to provide information and awareness to both pupils and their parents through:

- Acceptable use agreements for children, teachers, parents/carers and governors
- Curriculum activities involving raising awareness around staying safe online
- Information included in letters, newsletters, web site.
- Parents evenings / sessions
- High profile events / campaigns e.g. Safer Internet Day
- Building awareness around information that is held on relevant web sites and or publications
- Acceptable use of ICT policy

### **Cyberbullying**

Central to the settings anti-bullying policy is the principle that 'bullying is always unacceptable' and that 'all children have a right not to be bullied'.

The setting also recognises that it must take note of bullying perpetrated outside of the setting which has an impact within the setting; therefore, once aware we will respond to any cyber- bullying carried out by children when they are away from the site.

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

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

- Bullying by texts or messages or calls on mobile 'phones
- The use of mobile 'phone cameras to cause distress, fear or humiliation
- Posting threatening, abusive, defamatory or humiliating material on websites, to include blogs, personal websites, social networking sites 24
- Using e-mail to message others
- Hijacking/cloning e-mail accounts
- Making threatening, abusive, defamatory or humiliating remarks in on-line forums

Cyber-bullying may be at a level where it is criminal in character. It is unlawful to disseminate defamatory information in any media including internet sites.

Section 127 of the Communications Act 2003 makes it an offence to send, by public means of a public electronic communications network, a message or other matter that is grossly offensive or one of an indecent, obscene or menacing character.

The Protection from Harassment Act 1997 makes it an offence to knowingly pursue any course of conduct amounting to harassment.

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

### **Sexting**

'Sexting' often refers to the sharing of naked or 'nude' pictures or video through mobile phones and/or the internet. It also includes underwear shots, sexual poses and explicit text messaging is it sometimes referred to as youth produced sexual imagery.

While sexting often takes place in a consensual relationship between two young people, the use of sexted images in revenge following a relationship breakdown is becoming more commonplace.

Sexting can also be used as a form of sexual exploitation and take place between strangers.

As the average age of first smartphone or camera enabled tablet usage for a child is 6 years old, sexting is an issue that requires awareness raising across all ages.

The setting will use age-appropriate educational material to raise awareness, to promote safety and deal with pressure. Parents should be aware that they can come to the setting for advice.

### **On-line sexual abuse**

As a setting we will:

- **Report** to the police, CEOP or any other relevant body any on-line sexual abuse or harmful content we are made aware of. This could include sending abusive, harassing and misogynistic messages; sharing nude and semi-nude images and videos; and coercing others to make and share sexual imagery. We will seek guidance from the NPCC '[when to call the police](#)' document and the internet watch foundations '[report harmful content](#)' website
- **Educate** to raise awareness of what on-line sexual abuse is, how it can happen, how to limit the impact and what to do if you become aware of it.
- **Support** victims of on-line abuse within the playgroup community

## **Gaming**

Online gaming is an activity in which the majority of children and many adults get involved. The setting will raise awareness:

- By talking to parents and carers about the games their children play and help them identify whether they are appropriate
- By supporting parents in identifying the most effective way to safeguard their children by using parental controls and child safety mode
- By talking to parents about setting boundaries and time limits when games are played
- By highlighting relevant resources

## **Online reputation**

Online reputation is the opinion others get of a person when they encounter them on-line. It is formed by posts, photos that have been uploaded and comments made by others on people's profiles. It is important that children and staff are aware that anything that is posted could influence their future professional reputation. The majority of organisations and work establishments now check digital footprint before considering applications for positions or places on courses.

## **Grooming**

On-line grooming is the process by which one person with an inappropriate sexual interest in children will approach a child on-line, with the intention of developing a relationship with that child, to be able to meet them in person and intentionally cause harm.

The setting will build awareness amongst children and parents about ensuring that the child:

- Only has friends on-line that they know in real life
- Is aware that if they communicate with somebody that they have met on-line, that relationship should stay on-line. That the setting will support parents to:
- Recognise the signs of grooming
- Have regular conversations with their children about on-line activity and how to stay safe on-line

The setting will raise awareness by:

- Running sessions for parents
- Including awareness of grooming as part of their curriculum
- Identifying with parents and children how they can be safeguarded against grooming.

Additionally, to being targeted for sexual motivations, some young people are also groomed online for exploitation or radicalisation. While the drivers and objectives are different, the actual process is broadly similar to radicalisation, with the exploitation of a person's vulnerability usually being the critical factor. Those who are targeted are often offered something ideological, such as an eternal spiritual reward, or sometimes something physical, such as an economic incentive, that will make them 'feel better' about themselves or their situation.

Anyone can be at risk. Age, social standing and education do not necessarily matter as much as we previously thought, and we have seen all kinds of people become radicalised, from young men and women with learning difficulties to adults in well-respected professions. What is clear is that the more vulnerable the person, the easier it is to influence their way of thinking.

Signs of grooming can include:

- isolating themselves from family and friends;
- becoming secretive and not wanting to talk or discuss their views;
- closing computers down when others are around;
- refusing to say who they are talking to; using technology such as anonymous browsing

to hide their activity; and

- sudden changes in mood, such as becoming angry or disrespectful.

Of course, none of these behaviours necessarily mean someone is being radicalised and, when displayed, could be a symptom of bullying or other emotional issues.

## **Part 2 – Safeguarding issues relating to individual children’s needs.**

### **Homelessness**

We recognise that being homeless or being at risk of becoming homeless presents a real risk to a child’s welfare. The impact of losing a place of safety and security can affect a child’s behaviour and attachments.

In line with the Homelessness Reduction Act 2017, this setting will promote links into the Local Housing Authority for the parent or care giver in order to raise/progress concerns at the earliest opportunity.

We recognise that whilst referrals and/or discussion with the Local Housing Authority should be progressed as appropriate, this does not, and should not, replace a referral into children’s social care where a child has been harmed or is at risk of harm.

### **Children and the Court System**

We recognise that children are sometimes required to give evidence in criminal courts, either for crimes committed against them or for crimes they have witnessed. We know that this can be a stressful experience and therefore the setting will aim to support children through this process.

Along with pastoral support, the setting will use age-appropriate materials published by HM Courts and Tribunals Services (2017) that explain to children what it means to be a witness, how to give evidence and the help they can access. [Improving support for children going to court as well as witnesses.](#)

We recognise that making child arrangements via the family courts following separation can be stressful and entrench conflict in families. This can be stressful for children. This setting will support children going through this process.

Alongside pastoral support this setting will use online materials published by The Ministry of Justice (2018) which offers children information & advice on the dispute resolution service.

These materials will also be offered to parents and carers if appropriate.

### **Children with family members in prison**

Children who have a family member in prison are at greater risk of poor outcomes including poverty, stigma, isolation and poor mental health.

This setting aims to:

- understand and respect the child’s wishes. We will respect the child’s wishes about sharing information. If other children become aware, the setting will be vigilante to potential bullying or harassment
- keep as much contact as possible with the parent/caregiver.

We will maintain good links with the remaining caregiver in order to foresee and manage any developing problems. Following discussions, we will develop appropriate systems for keeping the imprisoned caregiver updated about their child’s education.

- be sensitive in lessons. This setting will consider the needs of any child with an imprisoned parent/caregiver during lesson planning.
- Provide extra support. We recognise that having a parent in prison can attach a real stigma to a child, particularly if the crime is known and serious. We will provide support and mentoring to help a child work through their feelings on the issue.

Alongside pastoral care the setting will use the resources provided by the National Information Centre on Children of Offender in order to support and mentor children in these circumstances. Children with medical conditions (in setting).

### **Pupils with medical conditions (in School)**

There is a separate policy and procedure outlining the settings position on this – this is titled ‘Administration of medicines’ and is available on our website or on request from the admin team.

We will make ensure that sufficient staff are trained to support any child with a medical condition. All relevant staff will be made aware of the condition to support the child and be aware of medical needs and risks to the child.

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

### **Pupils with medical conditions (out of setting).**

There will be occasions when children are temporarily unable to attend our setting on a full- time basis because of their medical needs. These children and young people are likely to be:

- children and young people suffering from long-term illnesses
- children and young people with long-term post-operative or post-injury recovery periods
- children and young people with long-term mental health problems (emotionally vulnerable).

Where it is clear that an absence will be for more than 15 continuous playgroup days, the Education and Inclusion branch of Children Services will be contacted to advise on the pupil’s education.

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

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

- Assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child’s disability without further exploration
- The potential for a disproportionate impact on children with SEND, for example by behaviours such as bullying, without outwardly showing any signs
- Communication barriers and difficulties in overcoming these barriers
- Having fewer outside contacts than other children

Receiving intimate care from a considerable number of carers, which may increase the risk of exposure to abusive behaviour and make it more difficult to set and maintain physical boundaries

- Having an impaired capacity to resist or avoid abuse
- Having communication difficulties that may make it difficult to tell others what is happening •
- Being inhibited about complaining from fear of losing services
- Being especially vulnerable to bullying and intimidation

- Being more vulnerable than other children to abuse by their peers.

We will respond to this by:

- Making it common practice to enable disabled children to make their wishes and feelings known in respect of their care and treatment
- Ensuring disabled children receive appropriate personal, health and social education (including sex education)
- Ensuring disabled children know how to raise concerns and give them access to a range of adults with whom they can communicate. This could mean using interpreters and facilitators who are skilled in using the child's preferred method of communication
- Recognising and utilising key sources of support including staff in setting, friends and family members where appropriate
- Developing the safe support services that families want, and a culture of openness and joint working with parents and carers on the part of services
- Ensuring that guidance on good practice is in place and being followed in relation to: intimate care; working with children of the opposite sex; managing behaviour that challenges families and services; issues around consent to treatment; anti-bullying and inclusion strategies; sexuality and safe sexual behaviour among young people; monitoring and challenging placement arrangements for young people living away from home.

## **Intimate and Personal Care**

'Intimate Care' can be defined as care tasks of an intimate nature, associated with bodily functions, bodily products and personal hygiene, which demand direct or indirect contact with, or exposure of, the sexual parts of the body. The Intimate Care tasks specifically identified as relevant include:

- Dressing and undressing (underwear)
- Helping someone use the toilet
- Changing continence pads (faeces/urine)
- Bathing / showering
- Washing intimate parts of the body
- Changing sanitary wear
- Inserting suppositories
- Giving enemas
- Inserting and monitoring pessaries.

'Personal Care' involves touching another person, although the nature of this touching is more socially acceptable. These tasks do not invade conventional personal, private or social space to the same extent as Intimate Care.

Those Personal Care tasks specifically identified as relevant here include:

- Skin care/applying external medication 30
- Feeding
- Administering oral medication
- Hair care
- Dressing and undressing (clothing)
- Washing non-intimate body parts
- Prompting to go to the toilet.

Personal Care encompasses those areas of physical and medical care that most people carry out for themselves but which some are unable to do because of disability or medical need. Children and young people may require help with eating, drinking, washing, dressing and toileting.

Where Intimate Care is required, we will follow the following principles:

**1. Involve the child in the intimate care**

Try to encourage a child's independence as far as possible in his or her intimate care. Where a situation renders a child fully dependent, talk about what is going to be done and give choices where possible. Check your practice by asking the child or parent about any preferences while carrying out the intimate care.

**2. Treat every child with dignity and respect and ensure privacy appropriate to the child's age and situation.**

Staff can administer intimate care alone however we will be aware of the potential safeguarding issues for the child and member of staff. Care should be taken to ensure adequate supervision primarily to safeguard the child but also to protect the staff member from potential risk.

**3. Be aware of your own limitations**

Only carry out activities you understand and with which you feel competent. If in doubt, ASK. Some procedures must only be carried out by members of staff who have been formally trained and assessed.

**4. Promote positive self-esteem and body image**

Confident, self-assured children who feel their body belongs to them are less vulnerable to sexual abuse. The approach you take to intimate care can convey lots of messages to a child about their body worth. Your attitude to a child's intimate care is important. Keeping in mind the child's age, routine care can be both efficient and relaxed.

**5. If you have any concerns, you must report them.**

If you observe any unusual markings, discolouration or swelling, report it immediately to the designated practitioner for child protection.

If a child is accidentally hurt during the intimate care or misunderstands or misinterprets something, reassure the child, ensure their safety and report the incident immediately to the DSL. Report and record any unusual emotional or behavioural response by the child. A written record of concerns must be made available to parents and kept in the child's child protection record.

**6. Helping through communication**

There is careful communication with each child who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc.) to discuss the child's needs and preferences. The child is aware of each procedure that is carried out and the reasons for it.

**7. Support to achieve the highest level of autonomy**

As a basic principle, children will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for themselves as they can. This may mean, for example, giving the child responsibility for washing themselves. Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child. These plans include a full risk assessment to address issues such as moving and handling, personal safety of the child and the carer and health.

Further information from the DfE can be found:

SEND code of practice: 0 to 25 years – GOV.UK ([www.gov.uk/](http://www.gov.uk/))

Supporting pupils with medical conditions at school – GOV.UK ([www.gov.uk/](http://www.gov.uk/))

Hampshire SENDIASS: Hampshire([councilfordisabledchildren.org.uk/](http://councilfordisabledchildren.org.uk/))

Mencap – Represents people with learning disabilities, with specific advice and information for people who work with children and young people.

### **Perplexing presentations (PP) / Fabricated or induced illness (FII)**

The Royal College of Paediatrics and Child Health have added the term “Perplexing presentations” to the guidance around FII.

Perplexing Presentations (PP) has been introduced to describe those situations where there are indicators of possible FII which have not caused or brought on any actual significant harm.

It is important to highlight any potential discrepancies between reports, presentations of the child and independent observations of the child. What is key to note are implausible descriptions and/or unexplained findings and/or parental behaviour.

There are three main ways that a parent/carer could fabricate or induce illness in a child. These are not mutually exclusive and include:

- fabrication of signs and symptoms. This may include fabrication of past medical history
- fabrication of signs and symptoms and falsification of hospital charts and records, and specimens of bodily fluids. This may also include falsification of letters and documents
- induction of illness by a variety of means.

If we are concerned that a child may be suffering from fabricated or induced illness, we will follow the HIPS protocol and inform children’s social care.

### **Mental Health**

The playgroup staff see the children day in, day out. They know them well and are well placed to spot changes in behaviour that might indicate an emerging problem with the mental health and emotional wellbeing of pupils. All staff should also be aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation.

The balance between the risk and protective factors is most likely to be disrupted when difficult events happen in pupils’ lives. These include:

- **loss or separation** – resulting from death, parental separation, divorce, hospitalisation, loss of friendships (especially in adolescence), family conflict or breakdown that results in the child having to live elsewhere, being taken into care or adopted
- **life changes** – such as the birth of a sibling, moving house or changing school/setting or during transition from primary to secondary school, or secondary school to sixth form

- **Traumatic events** such as abuse, domestic violence, bullying, violence, accidents, injuries or natural disaster.

When concerns are identified, setting staff will provide opportunities for the child to talk or receive support within the setting environment. Parents will be informed of the concerns and a shared way to support the child will be discussed.

Where the needs require additional professional support, referrals will be made to the appropriate team or service with the appropriate agreement.

If staff have a mental health concern about a child that is also a safeguarding concern, they will take immediate action, raising the issue with the designated safeguarding lead or a deputy.

### **Part 3 – Other safeguarding issues that may potentially have an impact on children.**

#### **Anti – Bullying**

The setting has a separate bullying policy that can be found on our website or on request from the admin team.

#### **Prejudice-based abuse**

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

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

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

This can be evidenced by:

- threatened or actual physical assault
- derogatory name calling, insults, for example racist jokes or homophobic language
- hate graffiti (e.g. on setting furniture, walls or books)
- provocative behaviour e.g. wearing of badges or symbols belonging to known right wing, or extremist organisations
- distributing literature that may be offensive in relation to a protected characteristic
- verbal abuse
- inciting hatred or bullying against children who share a protected characteristic
- prejudiced or hostile comments in the course of discussions within lessons
- teasing in relation to any protected characteristic e.g. sexuality, language, religion or cultural background
- refusal to co-operate with others because of their protected characteristic, whether real or perceived

- expressions of prejudice calculated to offend or influence the behaviour of others
- attempts to recruit other children to organisations and groups that sanction violence, terrorism or hatred.

We will respond by:

- clearly identifying prejudice-based incidents and hate crimes and monitor the frequency and nature of them within the setting
- taking preventative action to reduce the likelihood of such incidents occurring
- recognising the wider implications of such incidents for the setting and local community
- providing regular reports of these incidents to committee
- ensuring that staff are familiar with formal procedures for recording and dealing with prejudice-based incidents and hate crimes
- dealing with perpetrators of prejudice-based abuse effectively
- supporting victims of prejudice-based incidents and hate crimes
- ensuring that staff are familiar with a range of restorative practices to address bullying and prevent it happening again.

### **Drugs and substance misuse**

The setting has a separate drug policy that can be found

[If you do not have a separate policy for drug and substance misuse, the government guidance on the safeguarding in education guidance page could be considered. While the prevalence of drug and substance misuse decreases with the lower key stages, early years settings have had under 5's bring in both packets of class A drugs and drug-based paraphernalia from home. The policy needs to consider both deliberate and accidental possession and use of drugs and other substances.

### **Faith Abuse**

The number of known cases of child abuse linked to accusations of 'possession' or 'witchcraft' is small, but children involved can suffer damage to their physical and mental health, their capacity to learn, their ability to form relationships and to their self-esteem. Such abuse generally occurs when a carer views a child as being 'different', attributes this difference to the child being 'possessed' or involved in 'witchcraft' and attempts to exorcise him or her.

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

There are various social reasons that make a child more vulnerable to an accusation of 'possession' or 'witchcraft'. These include family stress and/or a change in the family structure.

The attempt to 'exorcise' may involve severe beating, burning, starvation, cutting or stabbing and isolation, and usually occurs in the household where the child lives.

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

### **Gangs and Youth Violence**

The majority of young people will not be affected by serious violence or gangs. However, where these problems do occur, even at low levels there will almost certainly be a significant impact.

We have a duty and a responsibility to protect our children. It is also well established that success in learning is one of the most powerful indicators in the prevention of youth crime. Dealing with violence also helps attainment. While children generally see educational establishments as safe places, even low levels of youth violence can have a disproportionate impact on any education. Primary schools are also increasingly recognised as places where early warning signs that younger children may be at risk of getting involved in gangs can be spotted. Crucial preventive work can be done within settings and schools to prevent negative behaviour from escalating and becoming entrenched.

We will:

- develop skills and knowledge to resolve conflict as part of the curriculum
- challenge aggressive behaviour in ways that prevent the recurrence of such behaviour
- understand risks for specific groups, including those that are gender-based, and target interventions
- safeguard, and specifically organise child protection, when needed
- make referrals to appropriate external agencies
- carefully manage individual transitions between educational establishments especially into Pupil Referral Units (PRUs) or alternative provision
- work with local partners to prevent anti-social behaviour or crime.

### **Private fostering**

Private fostering is an arrangement by a child's parents for their child (under 16 or 18 if disabled) to be cared for by another adult who is not closely related and is not a legal guardian with parental responsibility, for 28 days or more.

It is not private fostering if the carer is a close relative to the child such as grandparent, brother, sister, uncle or aunt.

The Law requires that the carers and parents must notify the Children's Services Department of any private fostering arrangement.

If the setting becomes aware that a child is being privately fostered, we will inform the Children's Services Department and inform both the parents and carers that we have done so.

### **Parenting**

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

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

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

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

We will support parents in understanding the parenting role and providing them with strategies that may assist:

- providing details of community-based parenting courses
- linking to web-based parenting resources
- referring to the school parenting worker/home school link worker (where available)
- discussing the issue with the parent and supporting them in making their own plans of how to respond differently (using evidence-based parenting programmes)
- signposting to support services
- Considering appropriate early help services

## **Part 4 –Safeguarding processes Safer Recruitment**

### **Safer Recruitment**

The setting operates a separate safer recruitment process as part of its Recruitment Policy. On all recruitment panels there is at least one member who has undertaken safer recruitment training. The recruitment process checks the identity, criminal record (enhanced DBS), mental and physical capacity, right to work in the U.K., professional qualification and seeks confirmation of the applicant's experience and history through references.

### **Staff Induction**

The DSL or their deputy will provide all new staff with training to enable them to both fulfil their role and also to understand the child protection policy, the safeguarding policy, the staff behaviour policy/code of conduct, and part one of Keeping Children Safe in Education. This induction may be covered within the annual training if this falls at the same time; otherwise, it will be carried out separately during the initial starting period.

### **Health and Safety**

There is a requirement that all settings must have a Health and Safety Policy that details the organisation, roles and responsibilities and arrangements in place at the premise for the managing and promoting of Health and Safety in accordance with the Health and Safety at Work act 1974 and regulations made under the act.

Settings must assess all their hazards and record any significant findings along with what control measures are required. The plans should wherever possible take a common sense and proportionate approach with the aim to allow activities to continue rather than preventing them from taking place. The Settings H&S policy can be accessed by requesting it from the admin team.

### **Site Security**

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

- The Gate to the back garden is locked
- Doors are kept closed and locked to prevent intrusion
- Visitors and volunteers enter at the main door and must sign in
- Visitors and volunteers

- Children are only allowed home during the playgroup day with adults/carers with parental responsibility or permission being given
- All children leaving or returning during the session have to sign out and in

## **Off site visits**

A particular strand of health and safety is looking at risks when undertaking off site visits. Some activities, especially those happening away from the setting, can involve higher levels of risk. A specific assessment of significant risks must be carried out. A member of senior staff would liaise with the local authority's outdoor education adviser and help colleagues in the setting to manage risks and support with off site visits and provides training in the management of groups during off site visits, as well as First Aid in an outdoor context. Please refer to the off-site activity policy/procedures.

## **First Aid**

The settings first aid arrangements/policy can be accessed by requesting the policy from the manager.

### **Physical Intervention (use of reasonable force)**

We have a separate policy outlining how we will use physical intervention. This can be accessed by requesting it from the Manager.

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

We will seek consent from the parent/carer of a child and other adults before taking and publishing photographs or videos that contain images that are sufficiently detailed to identify the individual in setting publications, printed media or on electronic publications.

We will not seek consent for photos where you would not be able to identify the individual.

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

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

## **Transporting pupils**

On occasions parents and volunteers will **not** support with the of transporting children to visits and off-site activities arranged by the setting.

Where parents'/volunteers' cars are used for playgroup activities the setting will notify parents/volunteers of their responsibilities for the safety of children, to maintain suitable insurance cover and to ensure their vehicle is roadworthy.

### **Disqualification under the childcare act**

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

We will check for disqualification under the Childcare Act as part of our safer recruitment processes for any offences committed by staff members or volunteers.

### **Community Safety Incidents**

Other community safety incidents in the vicinity of a setting can raise concerns amongst children and parents, for example, people loitering nearby or unknown adults engaging children in conversation, or gang related activity.

### **Use of setting or pre-school premises for non-playgroup / setting activities**

Where the hall committee hire or rent out the facilities / premises to organisations or individuals for example sports associations, they should ensure that appropriate arrangements are in place to keep children safe.

This applies regardless of whether or not children who attend the setting are part of the event.

#### **Table of changes**

##### **Changes**

Changed reference from KCSiE 2021 to 2022

Changed peer on peer to child on child

New section about hirers or users of the parish hall