



1st Place Safeguarding Policy

The aim of this policy is to provide 1st Place staff, Trustees, sessional workers, volunteers and students with clear guidance on their roles and responsibilities in safeguarding children.

We support current practice in child safeguarding protocols and are committed to ensuring that our policies and practices conform to the principles and procedures of London Child Protection Procedures, London Borough of Southwark's Safeguarding Children Partnership and Working Together to Safeguard Children (WTTSC) 2018.

1st Place recognises that ill-treatment of children and adults at risk can occur in all cultures, religions and social class and that all people without exception have the right to be protected from abuse.

We ensure that all adults working and looking after children and working with vulnerable adults are fully trained and kept abreast of all relevant legislation to ensure effective implementation of our safeguarding policy and procedures.

Policy Statement

1st Place believe that it is always unacceptable for a child or young person to experience abuse of any kind. We recognise our responsibility to safeguard the welfare of all children and young people within our nurseries, Family Hub and their reach areas.

Children may, through the relationships provided to them by 1st Place, take the opportunity to share information about a harmful experience. This may happen directly through verbal disclosure, or indirectly through play, demeanor or through another child. In addition, there may be physical evidence of neglect or injury apparent, which is noted by a member of the 1st Place team.

Our underpinning principles are:

- The welfare of the child/young person is paramount
- All children, regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity, have the right to equal protection from all types of harm or abuse.
- Working in partnership with children, young people, their parents, carers, other agencies and statutory services is essential in promoting the welfare of children and young people and keeping them safe.

- It is the responsibility of all adults to safeguard and promote the welfare of children and young people. This responsibility extends to a duty of care for those adults employed, commissioned or contracted to work with children and young people
- Adults who work with children are responsible for their own actions and behavior and should avoid any conduct which would lead someone to question their motivation and intentions
- Adults should work and be seen to work in an open and transparent way
- The same professional standards should always be applied regardless of culture, disability, gender, language, racial origin, religious belief and sexual identity.
- Adults should continually monitor and review their practice and ensure that they follow the guidance in the 1st Place Safeguarding Policy and Procedures

This policy applies to all 1st Place settings and activities, including: events and outings; play schemes; crèches; weekend activities; on transport to or from a 1st Place activity; at any other 1st Place event. It also applies to concerns identified during a visit to a family home, if a family calls into a 1st Place setting, or behaviour is witnessed by staff which causes concern. Similarly, information passed on to staff by other family members or friends may be discussed in further detail with line managers and further evidence sought, if deemed appropriate. Disclosures or concerns arising out of any of these areas of service delivery will be treated the same and are covered by this policy.

We will seek to safeguard children and young people by:

- Valuing them, listening to and respecting them
- Adopting and following safeguarding and child protection guidelines
- Recruiting staff and volunteers safely, ensuring all necessary checks are made
- Sharing information about child safeguarding and best practice with children, parents, carers, staff and volunteer
- Sharing information about safeguarding concerns with agencies who need to know and involving parents and children, when appropriate.

What is Abuse?

It is essential that those who work with children and families are alert to signs of child abuse. There are four main categories of abuse.

Physical Abuse

Hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating etc. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child. **Female Genital Mutilation (FGM)** also falls under this category

Emotional Abuse

This is the persistent emotional ill treatment of a child such as to cause severe and persistent adverse effects to the child's emotional development. It may mean conveying to children that they are worthless or unloved, inadequate or valued only

insofar as they meet the needs of another person. It may involve causing children to frequently feel frightened or in danger, or the exploitation or corruption of children. It may also involve a child witnessing domestic violence and the emotional damage this may cause. Some level of emotional abuse is involved in all types of ill treatment of a child, though it may occur alone.

Domestic abuse is a child protection issue. If children witnesses or hear domestic abuse this must be treated as a child protection matter even if they are not directly involved in the incidents. The Adoption and Children Act 2002 states that impairment can be caused by seeing or hearing the ill treatment of another. The Domestic Abuse Act 2021, (DA Act) states that children and young people will get automatic access to support like mental health and safeguarding services if they have witnessed or are a survivor of domestic abuse.

Sexual Abuse

This involves forcing or enticing a child or young person to take part in sexual activities, regardless of whether the child is aware of what is happening. The activities may involve physical contact, including penetrative or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

Neglect

This 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. It may involve a parent carer failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to a child's basic emotional needs.

Additional Safeguarding Concerns

Prevent Duty Legislation 2015

From July 2015 all schools and registered early years childcare providers are subject to a duty under section 26 of the Counter-Terrorism and Security Act 2015. This states that, in the exercise of their functions, they must have "due regard to the need to prevent people from being drawn into terrorism". This duty is known as the Prevent Duty.

For 1st Place to fulfil the prevent duty, it is essential that we can identify children and you people who may be vulnerable to radicalisation and know what to do when they are identified. Protecting children from the risk of radicalisation should be seen as part of our wider safeguarding duties and is similar in nature to protecting children and young people from other harms (e.g. neglect, sexual exploitation, drugs, gangs), whether they come from within their family or are the product of outside influences. Referrals must be made to the appropriate safeguarding agencies, including the Police, (dialling 101) and the Department of Education helpline 0207 340 7264.

British Values

1st Place will also build 'resilience to radicalisation' in children within our care by promoting fundamental British values and enabling them to challenge extremist views: democracy, rules of law, individual liberties, mutual respect and tolerance of those of different faiths.

The statutory framework for the Early Years Foundation stage sets the standards for learning, development and care of children 0-5, thereby assisting their personal, social and emotional development and understanding of the world.

Below are some examples of ways staff can promote British Values within the 1st Place setting:

Democracy:

As part of the focus on self-confidence and self-awareness

- Managers and staff can encourage children to see their roles in the bigger picture, encouraging children to know that their views count, value each other's views and values and talk about their feelings, for example, if they do or do not need help
- When appropriate demonstrate democracy in action, for example, children sharing views and making decisions by a show of hands
- Staff can support the decisions children make and provide activities that involve turn-taking, sharing and collaboration. Children should be given the opportunity to develop enquiring minds in an atmosphere when questions are valued

Rule of Law

As part of the focus on managing feelings and behaviour and promoting the understanding that rules matter

- Staff can ensure that children understand the consequences of their own and other people's behaviour, and learn to distinguish right from wrong
- Staff can collaborate with children to create the rules and the codes of behaviour, for example, to agree the rules for tidying up and ensure that children understand that all rules apply to them

Individual Liberty – freedom for all

As part of the focus on self-confidence and self-awareness and people and communities

- Children should develop a positive sense of themselves. Staff can provide opportunities for children to develop their self-knowledge, self-esteem and increase their confidence in their own abilities, for example, through allowing children to take risks on an obstacle course, mixing colours, talking about their experiences and learning
- Staff should encourage a range of experiences that allow children to explore the language of feelings and responsibility, reflect on their differences and understand we are free to have different opinions, for example in a small group discuss what they feel about transferring into Reception Class.

Mutual respect and tolerance: treat others as you want to be treated

As part of the focus on people & communities, managing feelings & behaviour and building relationships

- Managers and leaders should create an ethos of inclusivity and tolerance

where views, faiths, cultures and races are valued, and children are engaged with the wider community.

- Children should acquire a tolerance and appreciation of and respect for their own and other cultures; know about similarities and differences between themselves and others and among families, faiths, communities, cultures and traditions and share and discuss practices, celebrations and experiences.
- Staff should encourage and explain the importance of tolerant behaviours such as sharing and respecting other's opinions.
- Staff should promote diverse attitudes and challenge stereotypes, for example, sharing stories that reflect and value the diversity of children's experiences and providing resources and activities that challenge gender, cultural and racial stereotyping.

A minimum approach, for example having notices on the walls or multi-faith books on the shelves will fall short of 'actively promoting'.

What is not acceptable is:

- actively promoting intolerance of other faiths, cultures and races
- failure to challenge gender stereotypes and routinely segregate girls and boys
- isolating children from their wider community
- failure to challenge unacceptable behaviours (whether of staff, children or parents/carers) that are not in line with the fundamental British values of democracy, rule of law, individual liberty, mutual respect and tolerance for those of different faiths and cultures

In addition to these types of abuse and neglect, members of staff will also be alert to following specific safeguarding issues:

Female Genital Mutilation (FGM)

Concerns that a child has been or may be about to be subject to FGM must be reported as a safeguarding concern.

Breast Ironing

Breast ironing (also called breast flattening) is when young girls' breasts are damaged over time to flatten them and delay their development. Sometimes, an elastic belt, or binder, is used to stop them from growing. Although there is no specific law within the UK around breast ironing, it's a form of child abuse.

Forced Marriage

In forced marriage, one or both spouses do not consent to the marriage and some element of duress is involved. Duress includes both physical and emotional pressure and abuse. Forced marriage is primarily, but not exclusively, an issue of violence against females. Most cases involve young women and girls between 13 and 30 years of age, although there is evidence to suggest that as many as 15% of victims are male. These procedures are aimed at dealing with forced marriage for a child/young person under 18 years old.

Honour Based Violence

The term 'honour crime' or 'honour-based violence' embraces a variety of crimes of violence (mainly but not exclusively against women and girls), including assault, imprisonment and murder where the family or their community is punishing the person. They are being punished for allegedly undermining what the family or community believes to be the correct code of behaviour. In going against this code, the person is deemed to be bringing 'shame' or 'dishonour' to the family.

Mental Health

We are 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. Only appropriately trained professionals should attempt to make a diagnosis of a mental health problem. Our staff members however, are well placed to observe children day-to-day and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one. Where children have suffered abuse and neglect, or other potentially traumatic adverse childhood experiences, this can have a lasting impact throughout childhood, adolescence and into adulthood. It is key that our staff members are aware of how these children's experiences can impact on their mental health, behaviour and education. If staff have a mental health concern about a child that is also a safeguarding concern, this will be shared with the DSL with a view to referring to appropriate agencies following the referral procedures.

Child Criminal Exploitation (CCE)

CCE is where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child into any criminal activity in exchange for something the victim needs or wants, and/or for the financial or other advantage of the perpetrator or facilitator and/or through violence or the threat of violence. The victim may have been criminally exploited even if the activity appears consensual. CCE does not always involve physical contact; it can also occur through the use of technology.

CCE can include children being forced to work in cannabis factories, being coerced into moving drugs or money across the country (county lines), forced to shoplift or pickpocket, or to threaten other young people. Some of the indicators of CCE are: children who appear with unexplained gifts or new possessions; children who associate with other young people involved in exploitation; children who suffer from changes in emotional well-being; children who misuse drugs and alcohol; children who go missing for periods of time or regularly come home late; and children who are regularly absent from school or education or do not take part in education. Any possible CCE case will be shared with the DSL with a view to referring to appropriate agencies following the referral procedures.

Child Sexual Exploitation (CSE)

CSE is a type of sexual abuse in which children are sexually exploited for money, power or status. Children or young people may be tricked into believing they are in a loving, consensual relationship. They might be invited to parties and given drugs and alcohol. They may also be groomed online. Some indicators of children being sexually exploited are: going missing for periods of time or regularly coming home late; being regularly absent from school or education or not taking part in education; appearing with unexplained gifts or new possessions; associating with

other young people involved in exploitation; having older boyfriends or girlfriends; suffering from sexually transmitted infections; mood swings or changes in emotional wellbeing; drug and alcohol misuse and displaying inappropriate sexualised behaviour. A child under the age of 13 is not legally capable of consenting to sex (it is statutory rape) or any other type of sexual touching. Sexual activity with a child under 16 is also an offence. It is an offence for a person to have a sexual relationship with a 16 or 17 year old if that person holds a position of trust or authority in relation to the young person. Non consensual sex is rape whatever the age of the victim. If the victim is incapacitated through drink or drugs, or the victim or his or her family has been subject to violence or the threat of it, they cannot be considered to have given true consent and therefore offences may have been committed. Child sexual exploitation is therefore potentially a child protection issue for all children under the age of 18. Further information on signs of a child's involvement in sexual exploitation is available in Home Office guidance: Child sexual exploitation: guide for practitioners. Where it comes to our notice that a child under the age of 13 is, or may be, sexually active, whether or not they are being supported by our services, this will result in an immediate referral to Children's Services. In the case of a young person between the ages of 13 and 15, an individual risk assessment will be conducted in accordance with the London Safeguarding Children Procedures. This will determine how and when information will be shared with parents and the investigating agencies.

Consensual and non-consensual sharing of nudes and semi-nude images and/or videos (also known as sexting or youth produced sexual imagery)

Creating and sharing nudes and semi-nudes of under-18s (including those created and shared with consent) is illegal. Sharing nudes and semi-nudes covers the incidents where

- a person under the age of 18 creates and shares nudes and semi-nudes of themselves with a peer under the age of 18
- a person under the age of 18 shares nudes and semi-nudes created by another person under the age of 18 with a peer under the age of 18
- a person under the age of 18 is in possession of nudes and semi-nudes created by another person under the age of 18.

When such an incident involving nudes and semi-nudes comes to a member of staff's attention, this will be shared with the designated safeguarding lead with a view to referring to appropriate agencies following the referral procedures. Further information and advice on nudes and semi-nudes is available in the non-statutory guidance produced by the UK Council for Internet Safety (UKCIS) 'Sharing nudes and semi-nudes: advice for education settings working with children and young people'.

Serious violence

All staff will be made aware of indicators, which may signal that children are at risk from, or are involved with serious crime. These may include increased absence from school, a change in friendships or relationships with older individuals or groups, a significant decline in performance, signs of self-harm or significant change in wellbeing, or signs of assault or unexplained injuries. Unexplained gifts or new possessions could also indicate that children have been approached by, or are involved with, individuals associated with criminal networks or gangs and may be at risk of criminal exploitation. We are aware that there is a 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 school, having experienced

child maltreatment and having been involved in offending, such as theft or robbery. We are also aware that fear and a need for self-protection is a key motivation for children to carry a weapon – it affords a child a feeling of power. Neighbourhoods with high levels of deprivation and social exclusion generally have the highest rates of gun and knife crime. Children are more likely to carry knives and other weapons than guns. All staff will be aware of the associated risks and will share any concerns about or knowledge of such children immediately with the DSL. Further advice on these is available in the Home Office documents Advice to schools and colleges on gangs and youth violence and Criminal exploitation of children and vulnerable adults: county lines.

County lines

County lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs using dedicated mobile phone lines or other form of “deal line”. This activity can happen locally as well as across the UK – no specified distance of travel is required. Children and vulnerable adults are exploited to move, store and sell drugs and money. Offenders will often use coercion, intimidation, violence (including sexual violence) and weapons to ensure compliance of victims. Children can be targeted and recruited into county lines in a number of locations including schools (mainstream and special), further and higher educational institutions, pupil referral units, children's homes and care homes. Children are also increasingly being targeted and recruited online using social media. Children can easily become trapped by this type of exploitation as county lines gangs can manufacture drug debts which need to be worked off or threaten serious violence and kidnap towards victims (and their families) if they attempt to leave the county lines network. Some specific indicators that may be present where a child is criminally exploited through involvement in county lines are children who: go missing and are subsequently found in areas away from their home; have been the victim or perpetrator of serious violence (e.g. knife crime); are involved in receiving requests for drugs via a phone line, moving drugs, handing over and collecting money for drugs; are exposed to techniques such as ‘plugging’, where drugs are concealed internally to avoid detection; are found in accommodation that they have no connection with, often called a ‘traphouse or cuckooing’ or hotel room where there is drug activity; owe a ‘debt bond’ to their exploiters; have their bank accounts used to facilitate drug dealing.

Child on child abuse

Children are capable of abusing other children. This can happen both at home, school in the community or online and take different forms, such as bullying (including cyberbullying, prejudice-based and discriminatory bullying); abuse in intimate personal relationships between children; physical abuse (such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm, which may include an online element that facilitates, threatens and/or encourages physical abuse; violence, particularly pre-planned, forcing other children to use drugs or alcohol, initiation/hazing type violence and rituals), emotional abuse (blackmail or extortion, threats and intimidation), sexual violence, such as rape, assault by penetration and sexual harassment, such as sexual comments, remarks, jokes and online sexual harassment, consensual and non-consensual sharing of nudes and semi-nudes images and/or videos (also known as sexting or youth produced sexual imagery), sexual abuse (indecent exposure, indecent touching or serious sexual assaults, forcing

other children to watch pornography or take part in sexting) and sexual exploitation (causing someone to engage in sexual activity without consent, such as forcing someone to strip, touch themselves sexually, or to engage in sexual activity with a third party; having an older boyfriend/girlfriend, associating with unknown adults or other sexually exploited children, staying out overnight, photographing or videoing other children performing indecent acts) and upskirting, which typically involves taking a picture under a person's clothing without them knowing, with the intention of viewing their genitals or buttocks to obtain sexual gratification or cause the victim humiliation, distress or alarm. Upskirting is now a criminal offence. Although it is more likely that girls will be victims and boys perpetrators, all child-on-child abuse is unacceptable and will be taken seriously. We do not tolerate these or pass them off as "banter", "just having a laugh" or "part of growing up".

It is important that all our staff recognise the indicators and signs of child-on-child abuse and know how to identify it and respond to reports. Any possible child on child abuse case will be shared with the DSL with a view to referring to appropriate agencies following the referral procedures.

Sexual harassment, online sexual abuse and sexual violence

Sexual harassment, online sexual abuse and sexual violence (including sexualised language) is unacceptable in our school, and we have appropriate sanctions in place. We understand that sexual harassment, online sexual abuse and sexual violence are happening in and around the school, even when there are no specific reports. We work actively to prevent sexual harassment, online sexual abuse and sexual violence through a whole-school approach that includes an effective behaviour policy, pastoral support and a carefully planned relationships, sex and health education curriculum, which specifically addresses sexual harassment, online abuse, sexual violence and issues of consent.

We will ensure that children are taught about safeguarding risks, including online risks and will support pupils to understand what constitutes a healthy relationship, both online and offline. Our staff members have been made aware and have appropriate knowledge of 'Part 5: Child on child sexual violence and sexual harassment' of DfE guidance "Keeping children safe in education". All pupils are supported to report concerns about harmful sexual behaviour freely. We will take concerns seriously and deal with them swiftly and appropriately and will ensure pupils are confident that this is case. We will be alert to factors that increase vulnerability or potential vulnerability such as mental ill health, domestic abuse, children with additional needs, and children from groups at greater risk of exploitation and/or of feeling unable to report abuse (for example, girls and LGBT children). We will identify and address any barriers that can prevent a pupil from making a disclosure, for example communication needs. Staff will share any concerns about or knowledge of such incidents immediately with the DSL with a view to ensuring that support systems are in place for victims. Where necessary, we will work with relevant external agencies to address the issue, which may include a referral to MASH and reporting to the Police. We will keep comprehensive records of all allegations.

Sexual violence and sexual harassment between children

Sexual violence and sexual harassment can occur between two children of any age and sex. It can also occur through a group of children sexually assaulting or sexually harassing a single child or group of children. It can occur online and offline (both

physically and verbally). 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. Children who are victims of sexual violence and sexual harassment will find the experience stressful and distressing. This will affect their educational attainment. We will handle reports of sexual violence and harassment between children, both on and outside school premises, in accordance with 'Part 5: Child on child sexual violence and sexual harassment' of DfE guidance "Keeping children safe in education" and train our staff members accordingly (including teachers delivering relationships, sex and health education). Staff will share any concerns about or knowledge of such incidents immediately with the DSL with a view to ensuring that support systems are in place for victims (and alleged perpetrators). We take these incidents seriously and ensure that victims are protected, offered appropriate support and every effort is made to ensure their education is not disrupted. Where necessary, we will work with relevant external agencies to address the issue, which may include a referral to MASH and reporting to the Police.

On one hand, we need to safeguard the victim (and the wider pupil/student body) and on the other hand provide the alleged perpetrator with an education, safeguarding support as appropriate and implement any disciplinary sanctions. Harmful sexual behaviours in young children may be (and often are) a symptom of either their own abuse or exposure to abusive practices and or materials. We will take advice, as appropriate, from children's social care, specialist sexual violence services and the police. If the alleged perpetrator moves to another educational institution (for any reason), we will make the new educational institution aware of any ongoing support needs and where appropriate, potential risks to other children and staff. The designated safeguarding lead will take responsibility to ensure this happens as well as transferring the child protection file.

Harmful sexual behaviour (HSB)

Children's sexual behaviour exists on a wide continuum, ranging from normal and developmentally expected, to inappropriate, problematic, abusive and violent. Problematic, abusive and violent sexual behaviour is developmentally inappropriate and may cause developmental damage. HSB can occur online and/or face-to-face and can also occur simultaneously between the two. We consider HSB in a child protection context. When considering HSB, both ages and the stages of development of the children are critical factors. Sexual behaviour between children can be considered harmful if one of the children is much older, particularly if there is more than two years' difference or if one of the children is pre-pubescent and the other is not.

However, a younger child can abuse an older child, particularly if they have power over them, for example, if the older child is disabled or smaller in stature. We aim to have a good understanding of HSB, which will aid in planning preventative education, implementing preventative measures and incorporating the approach to sexual violence and sexual harassment into the whole school approach to safeguarding. HSB can, in some cases, progress on a continuum. Addressing inappropriate behaviour can be an important intervention that helps prevent problematic, abusive and/or violent behaviour in the future. Children displaying HSB

have often experienced their own abuse and trauma. We will work with appropriate agencies to address HSB and to support children displaying HSB.

Children who are lesbian, gay, bi, or trans (LGBT) We note that a child or a young person may be LGBT is not in itself an inherent risk factor for harm. However, children who are LGBT can be targeted by other children. In some cases, a child who is perceived by other children to be LGBT (whether they are or not) can be just as vulnerable as children who identify as LGBT. Risks can be compounded where children who are LGBT lack a trusted adult with whom they can be open. Our staff will endeavour to reduce the additional barriers faced and provide a safe space for them to speak out or share their concerns with members of staff. LGBT inclusion is part of the statutory Relationships Education, Relationship and Sex Education and Health Education curriculum. We will work with appropriate agencies to counter homophobic, biphobic and transphobic bullying and abuse and to provide support to LGBT children.

Recognition of Abuse

There are several indicators, which may raise concern that a child has been or is being abused:

- Disclosure - a child may talk about abuse they have experienced (currently or historically)
- A third party - a parent, relative, carer, another child, neighbour – sharing concerns
- Concern about conduct of colleagues

All staff and volunteers must be aware of the common signs that may indicate abuse:

- Unexplained concerns about health and development
- Concerns about the parent/carer/child relationship
- Mental ill health, substance or alcohol misuse which is adversely affecting the parents/carers capacity
- Inappropriate explanation for injuries to the child
- Domestic violence in the home environment
- Concerns about an unborn child where there have been previous concerns for an older child
- Significant changes in a child's behaviour
- Deterioration in the child's well being
- Information from a third party
- Mention of a holiday to a home country where FGM is practiced widely
- Unexplained bruising, marks or signs of possible abuse
- Child's comments which may cause concern

All parents/ carers should be advised that, to avoid any misunderstanding any injuries/marks sustained should be shared with staff on arrival and they must complete and sign an 'injuries sustained outside the centre' form. Likewise, the setting must tell the parent/carer collecting a child of any injury/mark sustained during the child's time at the setting. Staff will ask parents/carers to sign an incident/ accident form on Blossom nursery software to confirm that they have been informed.

Safeguarding Roles and Responsibilities

Local authorities have a statutory duty to investigate if they have 'reasonable cause to suspect that a child is suffering or is likely to suffer **'significant harm'**.

Children's/Social Services carry these responsibilities on behalf of the local authority, so 1st Place has a duty to report or seek advice from Children's Social Care if we have any concerns about a child's welfare.

Nicola Howard, Director, is the **lead person for safeguarding** across the organisation. Her role is:

- To ensure safe recruitment of staff and volunteers
- To ensure that all staff, students, volunteers and staff of partner agencies receive a safeguarding induction followed by continuous training and updates.
- To be available to offer advice and support staff
- To be the reference person for concerns regarding children's welfare
- To ensure appropriate reports and records are maintained.
- To liaise with Children Services regarding referrals
- To ensure appropriate representation at safeguarding case conferences
- To ensure all staff members have access to essential literature on safeguarding
- To ensure that OFSTED is informed of any allegations of abuse which are alleged to have taken place on the premises

Each of our centres has eight designated safeguarding officers across our nurseries and community services. These staff members have received safeguarding training and are responsible for liaison with Children's Social Care, the Safeguarding Children's Partnership and OFSTED in any child protection situation.

Marie Skelton – Head of Early Years Education is a designated person with oversight of all 1st Place Early Education provision

Robyn Coulter, Early Education Manager is designated person for early years and childcare and deputy safeguarding person for early education at **1st Place Children & Parents Centre**

Sara Noor, Early Education Manager is designated person for early years and childcare and deputy safeguarding person for early education at **1st Place at The Elephant**

Sophie Walsh, Early Education Manager is designated person for early years and childcare and deputy safeguarding person for early education at **1st Place at Lorrimore Square**

Elena Salazar, Family Services Manager is designated person for Family Support Services

Judy Morris, Senior Early Years Practitioner is designated person for sessional crèche and play learning services

Dina Bray, Senior Community Family Worker, is designated person for Family Services

Molly Roberson, Special Educational Needs Co-ordinator is a designated person within the Early Education department

Sam Tomkins, Human Resources and Administration Manager is a designated person with the Business department

Working with Children and Families

At 1st Place, we work in partnership with parents whenever possible, however safeguarding issues will take precedence over working in partnership as the interests of the child are paramount.

1st Place will ensure that at first contact families will be made aware that the Centre has a safeguarding policy to protect all children and adults at risk from harm and is therefore required by law to inform Social Services of any suspicion of abuse.

At all times during the safeguarding process, practice should involve minimising distress to the child and ensuring that families are treated with sensitivity and respect. Parents require support, and asking and accepting help should be regarded as a positive move rather than parenting failure.

Parents and carers should be kept fully informed at all times, unless to do so would jeopardise the safety and welfare of the child. It is important to remember that the child and family may require continued support and services and, as far as possible, professionals should work in a way which will promote a constructive working relationship with the family in the future.

1st Place staff who are having contact with parents and carers may also have concerns about them. If so, they should follow the guidelines in the **1st Place Safeguarding Adults at Risk Policy**.

**The Safeguarding policy is shared with parents when using 1st Place services
The Safeguarding policy and procedures will be available to parents at all times.**

Consent and Information Sharing

1st Place has a clear and robust Information Sharing Policy. Staff adhere to this policy and its procedures during their work with children and families. However, if circumstances arise when it is felt that a child is at risk, the need to safeguard the welfare of the child will override the preservation of confidentiality and information may be shared without consent. Parents will be made aware of this before they use 1st Place services.

Research and experience has shown that keeping children safe from harm requires professionals to share information. However, such information sharing must take place within a framework of both common and statute law.

The common law duty of confidentiality requires that personal information kept by professionals and agencies should not be disclosed without the consent of the subject unless disclosure is necessary to safeguard a child. Disclosure should be justified in each case.

The Data Protection Act 2018 requires that information is kept secure and only disclosed without the consent of the subject in certain conditions which include the prevention or detection of a crime.

The Human Rights Act 1998 includes the right to respect for private and family life and an infringement of this right is only acceptable in certain circumstances one of which is the prevention of the rights and freedoms of others.

Staff will only share information without the consent of parent/carers if permission seeking would place the child at risk of significant harm.

Staff, Volunteer and Student Safeguarding Training/Development

All staff, volunteers and students working directly with children, young people or vulnerable adults must have a current enhanced DBS in place and be provided with adequate support and training to fulfil their safeguarding responsibilities. This should include the following as a minimum:

- All staff and volunteers must receive a copy of the Safeguarding Policy and given the name and contact details 1st Place Designated Safeguarding Lead and Officers. Safeguarding responsibilities must be clearly explained during the first week of the induction process. On-line L1 awareness training to be completed in first week of induction.
- All staff and volunteers must sign to acknowledge receipt of a copy of the Safeguarding Policy which will be kept in their staff file
- All staff must be provided with training, to a minimum of Level Two at least every two years. Additional child protection training can be identified and arranged when this is deemed appropriate or where this is identified as a developmental need for individual members of staff.
- All staff and volunteers should be provided with supervision and management support in line with their safeguarding responsibilities
- Managers must ensure that all volunteers and students have access to a copy of 'Working Together to Safeguard Children' July 2018
- Volunteers and students should be given the opportunity to discuss any concerns they may have about the safety or wellbeing of a child with their assigned manager.

This policy will be reviewed annually or more frequently if there are changes to legislation

Local Children's/ Social Services & Police contact details:

Family Early Help Duty – 0207 525 1922
earlyhelp@southwark.gov.uk

Multi Agency Safeguarding Hub – MASH – 020 7525 1921
Mash@southwark.gov.uk Out of Hours – 0207 525 5000

Duty Child Protection Co-Ordinator – 0207 525 3297
Strategic Lead Officer for Education Services – 0207 525 0654

LADO – Local Authority Designated Officer 0207 525 0689

Children's Services Duty Desk 020 7525 3893/2702

Southwark Safeguarding Children Partnership – 020 7525 3306 sscb@southwark.gov.uk

Southwark Primary Care NHS Trust
Designated doctor (Paediatrician) 0203 3049 8009
Designated Nurse 0203 049 8133

Guy's and St Thomas' Hospital NHS Foundation Trust
Named Doctor (Guy's): 020 7188 4635
Named Nurse: 020 7188 2473
Named Midwife: 0203 299 3084

King's College Hospital
Named Doctor: 020 3299 3984
Named nurse: 020 3299 1185

South London and Maudsley NHS Trust
Named doctor 0207138 1591
Named Nurse 0203228 3483

Metropolitan Police - Child Abuse Investigation Team (CAIT)
For general advice call: 020 7232 6355/6 To make a referral call: 020 7230 3700

NSPCC (24-hour help line) – 0808 800 5000

Detailed protocols relating to various aspects of the child protection process are available on the Southwark website (www.southwark.gov.uk) and in the manual kept in each setting.

1st Place Safeguarding Trustee

Alan Dallas

Signature of Named Trustee:
