

# SAFEGUARDING POLICY

## INTRODUCTION

The purpose of Marble Hill Playcentres (“MHPC”) Safeguarding Policy is to establish our responsibilities with regard to children’s safety and welfare.

We recognise it is our moral and statutory responsibility to safeguard and promote the welfare of all children. We endeavour to provide a safe and welcoming environment where children are respected and valued. We are alert to the signs of abuse and neglect and follow our procedures to ensure that children receive effective support, protection and justice.

### Our core safeguarding principles are:

- It is the setting’s responsibility to take all reasonable steps to safeguard and protect the rights, health and well-being of all children who are in our care.
- The setting will ensure that the welfare of children is given paramount consideration when developing and delivering all activities.
- All children, regardless of age, gender, ability, culture, race, language, religion or sexual identity, have equal rights to protection.
- **All staff** have an equal responsibility to act on any suspicion or disclosure that may suggest a child is at risk of harm in accordance with this policy.
- The policy will be reviewed annually, unless an incident or new legislation or guidance suggests the need for an earlier review date.
- All children and staff involved in child protection issues will receive appropriate support from the manager of the setting who will follow the procedures set out in this policy.

## Aims

Our aims are to:

- To provide staff with the necessary information to enable us to meet our statutory responsibilities to promote and safeguard the wellbeing of children.
- To ensure consistent good practice across the setting.
- To demonstrate the setting’s commitment to safeguarding children.

## Context

- The Children Act 1989 states that the child’s welfare is paramount and that every child has a right to protection from abuse, neglect and exploitation.
- This policy seeks to promote effective multi-agency working in the light of the Children Act 2004 and 2006 and Working Together to Safeguard Children 2013. It also contains information and guidance from Keeping Children Safe in Education 2019.
- We will ensure every staff member and governing body or committee members know the name of the Safeguarding and Child Protection designated person.

## Key Personnel

The **Designated Safeguarding and Child Protection Officer** in this setting is:

Name: Claire Chapman Job title: Playcentres Manager

Contact details: 0208 891 0641

The **Committee Member responsible for safeguarding** in this setting is:

Name: Kirsty Craik

Contact details: [kirsty@marblehillplaycentres.com](mailto:kirsty@marblehillplaycentres.com)

**Child Abuse** is described by the World Health Organisation as: “all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child’s health, survival, development or dignity in the context of a relationship or responsibility, trust or power”

### **Abuse and neglect**

Knowing what to look for is vital to the early identification of abuse and neglect. All staff should be aware of indicators of abuse and neglect so that they are able to identify cases of children who may be in need of help or protection. If staff are unsure, they should always speak to the designated safeguarding lead (or deputy).

Abuse, neglect and safeguarding issues are rarely stand-alone events that can be covered by one definition or label. In most cases, multiple issues will overlap with one another.

### **There are four main categories of abuse as follows:**

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

**Emotional:** the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child’s emotional development. This could be through persistent lack of affection, unrealistic adult demands. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child’s developmental capability as well as overprotection and limitation of exploration and learning, or preventing the child from participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

**Sexual abuse:** involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact including assault by penetration or non-penetrative acts. They may also include non-contact activities, such as involving children in looking at, or in the production of sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse.

**Neglect:** 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 or carer failing to provide adequate food, clothing and shelter or failing to protect a child from physical

and emotional harm or danger, failing to ensure adequate supervision or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsive to, a child's basic emotional needs.

### **Safeguarding issues**

All staff should have an awareness of safeguarding issues that can put children at risk of harm. Behaviours linked to issues such as drug taking, alcohol abuse, deliberately missing education and sexting

### **Indicators of abuse**

Physical signs define some types of abuse, for example bruising, bleeding or broken bones resulting from physical or sexual abuse, or injuries sustained while a child has been inadequately supervised. The identification of physical signs is complicated, as children may go to great lengths to hide injuries, often because they are ashamed or embarrassed, or their abuser has threatened further violence or trauma if they 'tell'. It is also quite difficult for anyone without medical training to categorise injuries into accidental or deliberate with any degree of certainty. For those reasons it is vital that staff are also aware of the range of behavioural indicators of abuse and report any concerns to the **Designated Safeguarding and Child Protection Officer**.

**It is the responsibility of staff to report their concerns. It is not their responsibility to investigate or decide whether a child has been abused.**

A child who is being abused or neglected may:

- have bruises, bleeding, burns, fractures or other unexplained injuries
- show signs of pain or discomfort
- keep arms and legs covered, even in warm weather
- be concerned about changing clothes for swimming
- look unkempt and uncared for
- change their eating habits
- have difficulty in making or sustaining friendships
- appear fearful
- show a distrust towards adults
- be reckless with regard to their own or other's safety
- self-harm
- show signs of not wanting to go home
- display a change in behaviour – from quiet to aggressive, or happy-go-lucky to withdrawn
- challenge authority
- be constantly tired or preoccupied
- describe an abusive act that has happened to them
- be wary of physical contact
- be involved in, or particularly knowledgeable about drugs or alcohol
- display sexual knowledge or behaviour beyond that normally expected for their age and/or stage of development
- acquire gifts such as money or a mobile phone from new 'friends' or adults recently acquainted with the child's family
- tell you of their concern about a friend / peer

Individual indicators will rarely, in isolation, provide conclusive evidence of abuse. They should be viewed as part of a jigsaw and each small piece of information will help the Designated Safeguarding Lead(DSL) to decide how to proceed.

**It is very important that staff report all of their concerns, however minor or insignificant they may think they are – they do not need ‘absolute proof’ that the child is at risk.**

In conjunction with this policy please refer to the following link. This tool should be used as a framework for decision making about behaviours. It provides vital information to help inform whether to report a concern in the context of it being ‘normal’ behaviour or not within a specified age group.

**[https://legacy.brook.org.uk/brook\\_tools/traffic/index.html?syn\\_partner=](https://legacy.brook.org.uk/brook_tools/traffic/index.html?syn_partner=)**

### **How to react if a child chooses to talk to you and makes a disclosure**

A child may choose any adult to talk to; therefore all adults need to know the right way to respond:

- Stay calm, accessible and receptive.
- Give them your full attention and keep your body language open and encouraging.
- Be aware of the non-verbal messages you are giving; do not overreact or act shocked or disgusted - the child may stop talking if they feel they are upsetting the listener.
- Be compassionate, be understanding and reassure them their feelings are important. Phrases like “you’ve shown such courage today” help to reassure them that they are right to tell.
- Take your time, slow down. Respect pauses and don’t interrupt them – let them go at their own pace. Recognise and respond to their body language. It may take several conversations for them to share what’s happened to them.
- Show you understand, reflect back. Make it clear you’re interested in what they’re telling you. Reflect back what they’ve said to check your understanding - and use their language to show it’s their experience.
- Listen, hear and believe.
- Communicate with the child in a way that is appropriate to their age, understanding and preference - this is very important for children whose first language is not English.
- Ask open questions and avoid asking leading questions
- Avoid jumping to conclusions, speculation or make accusations
- Don’t probe for more information. Questioning the participant may affect how the participant’s disclosure is received at a later date.
- Don’t promise confidentiality or to keep the information a secret. Let the child know what will happen next and that you will have to pass the information on.
- Don’t automatically offer any physical touch as comfort. It may be anything but comforting to a child who is being abused.
- Don’t deal with this yourself, act in accordance with the procedure in this policy.

## THE PROCEDURE

### Responding to specific child protection concerns about a child at risk of significant harm

#### Taking action:

- The member of staff should write up their conversation as soon as possible on the Safeguarding / Welfare incident referral form in the child's own words. Staff should make this a matter of priority. The record should be signed and dated, the member of staff's name should be printed, and it should also detail where the disclosure was made and who else was present. For physical signs of abuse, a body map can also be used (**appendix 2**). The record should be handed to the Designated Safeguarding and Child Protection person or deputy **immediately**.
- If the Designated Safeguarding and Child Protection person or deputy is not available, ensure the information is shared with the most senior person in the setting that day and ensure action is taken to report the concern to children's social care.
- Inform the parent/carer about what has been observed, so long as it does not put the child at increased risk. We will also ask the child if he/she is old enough, and note what they tell us and how they behave.
- If we decide not to discuss our concerns with the child's parents we will record this and the reason why we made that judgement.
- Take action to obtain urgent medical attention for the child, if required.
- Record what we have heard or seen, what has been said, and what we did. We will use a body map (appendix 2) if required, but will not take photographs.
- Keep the notes taken at the time, without amendments, omissions or addition, whatever subsequent reports may be written (dated and signed on each page).
- If the Designated Safeguarding and Child Protection person has any reason to believe that a child is subject to either physical, emotional, sexual abuse or neglect, he/she will immediately report these concerns to the **Richmond SPA team on 020 8891 7969** or out of hours the **Emergency Duty team on 020 8744 2442** who will refer to a duty social worker.  
However, if we are seriously concerned about a child's immediate safety, we will dial 999. The setting will keep records of all decisions or actions agreed in discussion with SPA.

**LBRuT Single Point of Access (SPA)** Telephone: 020 8891 7969 : Email: spa@richmond.gov.uk

#### To meet and maintain our responsibilities towards children, Marble Hill Playcentres agrees to the following standards of good practice:

- To treat all children with respect.
- To be a good listener.
- To ensure staff are positive role models to children and other members of the team and never engage in rough physical or sexually provocative games.
- To maintain appropriate standards of conversation and interaction with and between children and avoid the use of sexualised or derogatory language.
- To be alert to changes in a child's behaviour.
- To recognise that challenging behaviour may be an indicator of abuse. Already in indicators
- To raise awareness of child protection issues and equip children with the skills they need to keep themselves safe.

- To involve children in decision-making which affects them (taking into account their age and stage of development).
- To ask the child's permission before doing anything for them which is of a physical nature, such as assisting with dressing or administering first aid.
- To read and understand all of the setting's safeguarding and guidance documents on wider safeguarding issues, for example, physical intervention and information-sharing.
- To be aware that the personal and family circumstances and lifestyles of some children lead to an increased risk of neglect and or abuse. Already in document

### **Peer on peer abuse**

All staff should be aware that children can abuse other children (often referred to as peer on peer abuse). This is most likely to include, but may not be limited to:

- bullying (including cyberbullying)
- physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm
- sexual violence, such as assault by penetration and sexual assault
- sexual harassment, such as sexual comments, remarks, jokes and online sexual harassment, which may be stand-alone or part of a broader pattern of abuse
- 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
- sexting (youth produced sexual imagery)
- initiation/hazing type of violence and rituals

### **Peer on peer abuse - How to respond**

- When an allegation is made by a child against another child, members of staff should consider whether the complaint raises a safeguarding concern. If there is a safeguarding concern the designated safeguarding lead (DSL) should be informed as quickly as possible. If there is evidence of physical or sexual abuse you must escalate this immediately.
- A factual record should be made of the allegation, but no attempt at this stage should be made to investigate the circumstances.
- The DSL should contact children's services to discuss the case. It is possible that children's services are already aware of safeguarding concerns around this young person. The DSL will follow through the outcomes of the discussion and make a children's services referral where appropriate.
- The DSL will make a record of the concern, the discussion and any outcome and keep a copy in MHPC safeguarding file which has restricted access.
- If the allegation indicates a potential criminal offence has taken place, the police should be contacted at the earliest opportunity and parents informed (of both the child being complained about and the alleged victim).
- It may be appropriate for MHPC to exclude the child being complained about for a period of time according to the behaviour policy and procedures.
- Where neither social services nor the police accept the complaint, a thorough investigation should take place by the Designated Safeguarding Lead and Safeguarding Trustee.
- In situations where the organisation considers a safeguarding risk is present, a risk assessment should be prepared along with a preventative, supervision plan. The plan should be monitored, and a date set for a follow-up evaluation with everyone concerned.

## **Child sexual exploitation (CSE)**

Marble Hill Playcentres follows the London Child Protection Procedures for safeguarding children from sexual exploitation. Safeguarding Children from Sexual Exploitation

In February 2017, the government updated the working definition of child sexual exploitation.

### **Child sexual exploitation definition and guide**

“Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator.

The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.”

Child sexual exploitation is a form of child sexual abuse affecting boys and girls. Sexual abuse may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside 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).

Child sexual exploitation may occur without the child being aware of events or understanding that these constitute abuse.

Child sexual exploitation is never the victim’s fault, even if there is some form of exchange: all children and young people under the age of 18 have a right to be safe and should be protected from harm.

### **Child sexual exploitation:**

- can affect any child or young person (male or female) under the age of 18 years, including 16- and 17-year olds who can legally consent to have sex
- can still be abuse even if the sexual activity appears consensual
- can include both contact (penetrative and non-penetrative acts) and non-contact sexual activity • can take place in person or via technology, or a combination of both
- can involve force and/or enticement-based methods of compliance and may, or may not, be accompanied by violence or threats of violence
- may occur without the child’s or young person’s immediate knowledge (through others copying videos or images they have created and posting on social media, for example)

- can be perpetrated by individuals or groups, males or females, and children or adults. The abuse can be a one-off occurrence or a series of incidents over time, and range from opportunistic to complex organised abuse
- is typified by some form of power imbalance in favour of those perpetrating the abuse. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, sexual identity, cognitive ability, physical strength, status, and access to economic or other resources

### **Consent**

Even where a young person is old enough to legally consent to sexual activity, the law states that consent is only valid where they make a choice and have the freedom and capacity to make that choice. If a child feels they have no other meaningful choice, are under the influence of harmful substances or fearful of what might happen if they don't comply (all of which are common features in cases of child sexual exploitation) consent cannot legally be given whatever the age of the child.

### **Key factor in child sexual exploitation**

Child sexual exploitation involves some form of exchange (sexual activity in return for something) between the victim and/or perpetrator or facilitator. Where there is no such exchange, for example, where the gain for the perpetrator is sexual gratification (or the exercise of power or control), this is described as sexual abuse (and not exploitation).

The exchange can include both tangible (such as money, drugs or alcohol) and intangible rewards (such as status, protection or perceived receipt of love or affection). The receipt of something by a child/young person does not make them any less of a victim.

It is also important to note that the prevention of something negative can also fulfil the definition of exchange, for example a child who engages in sexual activity to stop someone carrying out a threat to harm his/her family.

### **Links to other kinds of crime**

- child trafficking
- domestic abuse
- sexual violence in intimate relationships
- grooming (including online grooming)
- abusive images of children and their distribution • drugs-related offences
- gang-related activity
- immigration-related offences
- domestic servitude

### **Potential vulnerabilities.**

Although the following vulnerabilities increase the risk of child sexual exploitation, it must be remembered that not all children with these indicators will be exploited. Child sexual exploitation can occur without any of these issues.

- having a prior experience of neglect, physical and/or sexual abuse
- lack of a safe or stable home environment, now or in the past (domestic violence or parental substance misuse, mental health issues or criminality, for example)



- recent bereavement or loss
- social isolation or social difficulties
- absence of a safe environment to explore sexuality
- economic vulnerability
- homelessness or insecure accommodation status
- connections with other children and young people who are being sexually exploited
- family members or other connections involved in adult sex work
- having a physical or learning disability
- being in care (particularly those in residential care and those with interrupted care histories).
- sexual identity

### **Possible indicators of child sexual exploitation**

- acquisition of money, clothes, mobile phones, etc, without plausible explanation.
- gang association and/or isolation from peers and social networks.
- exclusion or unexplained absences from school, college or work.
- leaving home or care without explanation and persistently going missing or returning late.
- excessive receipt of texts or phone calls.
- returning home under the influence of drugs or alcohol.
- inappropriate sexualised behaviour for age or sexually transmitted infections.
- evidence of or suspicions of physical or sexual assault.
- relationships with controlling or significantly older individuals or groups.
- multiple callers (unknown adults or peers).
- frequenting areas known for sex work.
- concerning use of the internet or other social media.
- increasing secretiveness around behaviours.
- self-harm or significant changes in emotional wellbeing.
- online exploitation.

All young people are at risk from online exploitation and can be unaware that this is happening. Online exploitation includes the exchange of sexual communication or images and can be particularly challenging to identify and respond to. Children, young people and perpetrators are frequently more familiar with, and spend more time in, these environments than their parents and carers.

Online child sexual exploitation allows perpetrators to initiate contact with multiple potential victims and offers a perception of anonymity. Where exploitation does occur online, the transfer of images can be quickly and easily shared with others which makes it difficult to contain the potential for further abuse.

Children may be perpetrators of abuse

It must be recognised that children may also be perpetrators of abuse, sometimes at the same time as being abused themselves.

### **Radicalisation and extremism**

Protecting children from the risk of radicalisation is part of Marble Hill Playcentres wider safeguarding duties and is similar in nature to protecting children from other forms of harm and abuse. Section 26 of the Counter-Terrorism and Security Act 2015 places a duty on education and other children's services ('specified authorities') to have 'due regard to the need to prevent people from being drawn into terrorism'.

Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism. The government defines extremism as vocal or active opposition to fundamental British values.

Marble Hill Playcentres seek to protect children and young people against the messages of all violent extremism including, but not restricted to, those linked to Islamist ideology, or to far right/neo Nazi/white supremacist ideology, Irish Nationalist and Loyalist paramilitary groups, and extremist animal rights movements.

Even very young children have been exposed, in rare circumstances, to extremism at home and elsewhere including online. As children get older, they look for adventure and excitement and they may start to ask questions about their identity and belonging. During that stage of their development they are vulnerable to extremist groups that may claim to offer answers, identity and a social network apparently providing a sense of belonging.

During the process of radicalisation, it is possible to intervene to prevent vulnerable people being radicalised. Marble Hill Playcentres are committed to preventing children from being radicalised and drawn into any form of extremism or terrorism.

Marble Hill Playcentres promotes the values of democracy, the rule of law, individual liberty, mutual respect and tolerance of those with different faiths and beliefs by providing children with opportunities through the discussion of issues of religion, ethnicity and culture and by ensuring that all children are valued and listened to within the organisation.

Marble Hill Playcentres staff receive training that provides them with both the information they need to understand the risks affecting children and young people in this area, and a specific understanding of how to identify individual children who may be at risk of radicalisation and how to support them. Staff are trained to report all concerns about possible radicalisation and extremism to the Designated Safeguarding Lead immediately as they would any other safeguarding concern.

Marble Hill Playcentres' recognises the importance of providing a safe space for children to discuss controversial issues and build the resilience and critical thinking skills needed in order to challenge extremist perspectives. When any member of staff has concerns that a child or young person may be at risk of radicalisation or involvement in terrorism, they will speak with the DSL.

Marble Hill Playcentres staff will discuss any concerns about possible radicalisation identified with a child or young person's parents and carers as with any other safeguarding or child protection issue unless there is reason to believe that doing so would place the child at risk. They will also support parents and carers who raise concerns about their children being vulnerable to radicalisation.

We will then follow normal safeguarding procedures, which may involve contact the Single Point of Access for consultation and further advice and/or making appropriate referrals to the police PREVENT team and Channel programme (a multi agency approach to identify and support individuals at risk) for any child whose behaviour or comments suggest that they are vulnerable to being radicalised and drawn into extremism and terrorism in order to ensure that children receive appropriate support. The Department of Education has also set up a dedicated telephone helpline for staff to raise concerns around Prevent (020 7340 7264).

We expect all staff, volunteers, visiting professionals, individuals or agencies associated with Marble Hill Playcentres to behave in accordance with the organisations' staff code of conduct policy. We will challenge the expression and/or promotion of extremist views and ideas by any adult on the premises or at project events and, when necessary, will make appropriate referrals in respect of any such adult.

Parents and staff may find the following websites informative and useful:

<https://www.gov.uk/government/publications/protecting-children-from-radicalisation-the-prevent-duty>

<https://educateagainsthate.com/>

### **Female genital mutilation (FGM)**

Female genital mutilation (FGM) is a form of child abuse. It is the collective name given to a range of procedures involving the partial or total removal of the external female genitalia for non-medical reasons or other injury to the female genital organs. It has no health benefits and harms girls and women in many ways. The practice, which is most commonly carried out without anaesthetic, can cause intense pain and distress and long-term health consequences, including difficulties in childbirth.

- FGM is carried out on girls of any age, from young babies to older teenagers and adult women, so staff should be aware of risk indicators. These risk indicators may include:
- children talking about getting ready for a special ceremony
- family taking a long trip abroad
- child's family being from one of the 'at risk' communities for FGM (Kenya, Somalia, Sudan, Sierra Leon, Gambia, Egypt, Nigeria, Eritrea as well as non-African communities including Yemeni, Afghani, Kurdistan, Indonesia and Pakistan)
- knowledge that the child's sibling has undergone FGM
- child talks about going abroad to be 'cut' or to prepare for marriage

Many such procedures are carried out abroad and staff will be particularly alert to suspicions or concerns expressed by a female about going on a long holiday during the summer holiday period. Staff should be aware that it is also possible for these procedures to be undertaken in the UK. In England, Wales and Northern Ireland, the practice is illegal under the Female Genital Mutilation Act 2003. Any person found guilty of an offence under the Female Genital Mutilation Act 2003 is liable to a maximum penalty of 14 years imprisonment or a fine, or both. (See Female Genital Mutilation Statutory Guidance and Kingston and Richmond Safeguarding Children Partnership FGM Policy for further information).

[https://kingstonandrichmondsafeguardingchildrenpartnership.org.uk/media/upload/fck/file/Kingston%20and%20Richmond%20LSCB%20FGM%20Policy%20Updated%202019%20F%20June%202019\(1\).pdf](https://kingstonandrichmondsafeguardingchildrenpartnership.org.uk/media/upload/fck/file/Kingston%20and%20Richmond%20LSCB%20FGM%20Policy%20Updated%202019%20F%20June%202019(1).pdf)

If staff have a concern that a girl may be at risk of FGM, they will record their concern and inform the Designated Safeguarding and Child Protection Officer immediately.

#### **Signs that may indicate a child has undergone FGM:**

- prolonged absence from school and other activities
- behaviour change on return from a holiday abroad, such as being withdrawn and appearing subdued bladder or menstrual problems
- finding it difficult to sit still and looking uncomfortable
- complaining about pain between the legs
- mentioning something somebody did to them that they are not allowed to talk about
- secretive behaviour, including isolating themselves from the group
- reluctance to take part in physical activity
- repeated urinary tract infection

The individual who becomes aware of a case of FGM will record their concerns on the safeguarding reporting form and inform the Designated Safeguarding and Child Protection Officer who will support staff in making a direct report to the police.

There are no circumstances in which a member of staff will examine a girl.

#### **Children who may be particularly vulnerable to abuse and neglect**

Several factors may contribute to that increased vulnerability, including: prejudice and discrimination; isolation; social exclusion; communication issues. Some children are more vulnerable to abuse and neglect than others. Such as a reluctance on the part of some adults to accept that abuse can occur; as well as an individual child's personality, behaviour, disability, mental and physical health needs and family circumstances. To ensure that all children receive equal protection, we will give special consideration to children who are:

- disabled or have special educational needs
- young carers
- affected by parental substance misuse, domestic abuse and violence or parental mental health needs
- asylum seekers
- looked after by the local authority or otherwise living away from home
- vulnerable to being bullied, or engaging in bullying behaviours
- living in temporary accommodation
- living transient lifestyles • living in chaotic and unsupportive home situations
- vulnerable to discrimination and maltreatment on the grounds of race, ethnicity, religion, disability or sexuality

- already viewed as a ‘problem’
- at risk of child sexual exploitation (CSE)
- do not have English as a first language
- at risk of female genital mutilation (FGM)
- at risk of forced marriage
- at risk of being drawn into extremism

This list provides examples of vulnerable groups and is not exhaustive. *Special consideration includes the provision of safeguarding information and resources in community languages and accessible formats for children with communication needs.*

### **Procedure for dealing with complaints and allegations about staff**

Despite all efforts to recruit safely there may be occasions when allegations of abuse against children are reported to have been committed by staff, practitioners and/or volunteers, who work with children in our organisation.

An allegation is any information which indicates that a member of staff or volunteer may have:

- behaved in a way that has, or may have harmed a child
- possibly committed a criminal offence against or related to a child
- behaved towards a child or children in a way that indicates they may pose a risk of harm to children

This applies to any child the member of staff or volunteer has contact with in their personal, professional or community life, such as if they had child protection concerns raised for their own children. To reduce the risk of allegations, all staff should be aware of safer working practice and should be familiar with the guidance contained in the organisations code of conduct and the ‘Guidance for safer working practice for adults who work with children and young people in education settings’ Guidance for safer working practice Guidance about conduct and safe practice, including safe use of mobile phones by staff will also be given at induction.

All staff should take care not to place themselves in a vulnerable position with a child. It is always advisable for interviews or work with individual children or parents to be conducted in view of other adults –other adults to be aware that the interview or work is taking place or to ensure other adults are present in the centre if working on site. We understand that a child may make an allegation against a member of staff or staff may have concerns about another staff member.

If such an allegation is made, or information is received which suggests that a person may be unsuitable to work with children, the member of staff receiving the allegation or aware of the information, will immediately inform the Designated Safeguarding Child Protection Officer.

The Designated Safeguarding Child Protection Officer on all such occasions will discuss the content of the allegation with the local authority designated officer (LADO) within 24 hours and before taking any further action.

Email: [LADO@achievingforchildren.org.uk](mailto:LADO@achievingforchildren.org.uk)

Phone: 020 8891 7370

Kingston and Richmond SPA: 020 8547 5008 (outside of office hours, please ring 020 8770 5000)

If the allegation made to a member of staff concerns the Designated Safeguarding Child Protection Officer, the person receiving the allegation will immediately inform the board of trustees who will consult the LADO as above.

### **If you have a concern about a colleague**

All staff have a duty to disclose any concerns they have about the conduct of other staff or adults in contact with children. An allegation of child abuse made against a member of staff (within the work environment or outside of work) or other adult in contact with children in the setting may come from a parent, another member of staff or from a child's disclosure.

The setting will:

- Treat the matter seriously.
- Avoid asking leading questions.
- Keep an open mind.
- Make a written record of the information that includes: when the alleged incident took place (time and date), who was present, and what was said to have happened.
- Sign and date the written record.
- Report the matter immediately to the Designated Safeguarding and Child Protection Officer, or named deputy, where the designated person is the subject of an allegation.
- Contact Single Point of Access (SPA) for advice and further guidance, who will contact The Local Authority Designated Officer (LADO), and cooperate fully with the process of the SPA team and with any Police investigations (The LADO will offer advice and guidance in relation to members of staff working in Richmond upon Thames regardless where the child lives).
- Follow the settings disciplinary procedure. Due to the serious nature of the concerns, staff may be suspended until a full investigation has taken place. The setting will support and treat with respect the member of staff whilst suspended.
- Await the outcome of the investigation before taking further disciplinary action.
- Ensure, if it appears from the results of the investigation that the allegations are justified, that disciplinary action will follow, taking legal advice where necessary.
- Where it seems likely that 'on balance of probabilities' abuse may have taken place, be able in law to dismiss the individual and refer them to The Disclosure and Barring Service (DBS).
- If the result of the investigation is that it was a false allegation, give the individual appropriate support.

### **Support for those involved in a child protection issue**

Child neglect and abuse is devastating for the child and can also result in distress and anxiety for staff who become involved.

- We will support the children, their families and staff by:
- Taking all suspicions and disclosures seriously.
- Responding sympathetically to any request from a member of staff for time out to deal with distress or anxiety.
- Maintaining confidentiality and sharing information on a need-to-know basis only with relevant individuals and agencies.
- Storing records securely.
- Offering details of help lines, counselling or other avenues of external support.

- Following the procedures laid down in our whistle blowing, complaints and disciplinary procedures.
- Cooperating fully with relevant statutory agencies.

## Whistleblowing

We recognise that children cannot be expected to raise concerns in an environment where staff fail to do so.

Our organisation works hard to encourage a culture of mutual respect and learning. We welcome comments and feedback and provide staff, children, parents and service users with a safe mechanism to raise any concerns.

All staff should be aware of their duty to raise concerns, where they exist, about the management of child protection, which may include the attitude or actions of colleagues, poor or unsafe practice and potential failures in the organisation's safeguarding arrangements.

In the first instance this should be raised with the Designated Safeguarding Child Protection Officer or board of trustees. If it becomes necessary to consult outside the organisation, they should speak to the LADO for further guidance and support.

The NSPCC whistleblowing helpline is available for staff who do not feel able to raise concerns regarding child protection failures internally. Staff can call: 0800 028 0285 or email: [help@nspcc.org.uk](mailto:help@nspcc.org.uk)

Whistle-blowing issues regarding the Designated Safeguarding Child Protection Officer should be raised with the board of trustees.

Updated on 08/03/20	By Claire chapman  Playcentres Manager
Reviewed on 12/05/20	By Kirsty Craik  Marble Hill Playcentres Committee

## APPENDIX

**MARBLE HILL ADVENTURE PLAYGROUND**

**ACCIDENT REPORT FORM**

To be completed IN FULL by member of staff dealing with accident/incident

One copy to be kept by the Adventure Playground. One copy to management or committee.  
Final copy for parent/carer and where applicable signed by the same.

**ABOUT THE INJURED PERSON:**

NAME:  
ADDRESS:

Date of Birth      Age      Male      Female

**ABOUT THE ACCIDENT/INCIDENT**

Where did it happen (precise location)?

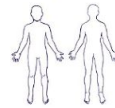
Date      Time of Accident

Describe what happened (Briefly)

**WAS ANY PHYSICAL INJURY SUSTAINED?**      Y/N

What was the injury?

Please indicate part of body injured on diagram below



Did the injury require First Aid treatment?      Yes      No

Describe any treatment given

Any other information:

**Details of person completing form**

Name

Status/Position

Signature      Date:

SIGNATURE OF PARENT/CARER (if applicable)