

Safeguarding and Child Protection Policy & Procedure

Date: December 2016

*Updated: January 2019, July 2020, November 2020, June 2021, January 2022,
April 2023, May 2024, May 2025*

To meet and maintain our responsibilities towards children, the Adventure Play Hub (APH) 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 maltreatment/abuse
- 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

Key Personnel

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

Name: **Said Aden** Job title: **Manager term-time**

Name: **Georgina Henry** Job title: **Manager school holidays**

Contact details: 020 7586 1884 hello@adventureplayhub.org

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

Name: **Ann-Marie Cascarino**

Contact details: 07944 846 774 ann-marie@adventureplayhub.org

Ani Meehan – **Trustee & Ofsted Nominated Individual**

07903 851194 / ani.meehan@hotmail.co.uk

Safeguarding

Safeguarding and promoting the welfare of children is defined as protecting children from maltreatment and preventing impairment of children's health or development to ensure that children are growing up in circumstances consistent with the provision of safe and effective care and undertaking that role so as to enable those children to have optimum life chances and to enter adulthood successfully.

Child Protection

Child protection is a part of safeguarding and promoting welfare. It refers to the activity that is undertaken to protect specific children who are suffering, or are at risk of suffering, significant harm. [Working Together to Safeguard Children \(2023\)](#) sets out how organisations and individuals should work together to safeguard and promote the welfare of children and how practitioners should conduct the assessment of children.

The concept of significant harm

Some children are in need because they are suffering, or likely to suffer, significant harm. The 'Children Act 1989' introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children, and gives Local Authorities' a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm.

Dealing with child abuse and maltreatment is one of the hardest things a Play Worker may have to face. It is both personally and professionally challenging, and requires sensitivity, judgement, and a calm head. It is **essential** that play workers understand what their responsibilities are – and what action to take – if abuse is suspected, discovered or disclosed. The following procedure and associated guidelines apply to **all** instances of suspected, discovered and disclosed abuse, whoever the suspected abuser may be.

Identification of Child Abuse Recognition

Child abuse may come to your attention by:

- Direct disclosure from a child
- Via a third party
- Through the child's behaviour
- Through observations of an injury

Definitions of Child Abuse

'Child abuse refers to any child under 18 years who, through the actions of parents and/or other carers, or through their failure to act, has suffered or is likely to suffer physical or serious emotional harm'. All forms of child abuse centres upon the misuse of adult power over children

Categories of Child Abuse:

- Emotional Abuse
- Neglect
- Physical Abuse
- Sexual Abuse

Immediate Protection

There are rare occasions when it is immediately clear that there is a risk to the life of a child or an urgent clear likelihood of serious injury. Such cases call for the agencies with statutory powers – Social Care and the police in order to secure the immediate safety of the child.

Signs & Symptoms

Signs that a child may have suffered or be suffering from abuse come in many forms. They are broadly divided into physical signs and behavioural signs. (For the signs and symptoms of Abuse see: Appendix A)

Pattern of minor physical injuries:

- Children who are dirty, smelly, poorly clothed or appear undernourished or unfed, underweight or of small stature
- Children who have lingering illnesses where it appears there are delays in seeking medical attention/advice on part of the family
- Recurrent physical symptoms for which there is no clear explanation
- Deterioration in performance or sudden significant changes in behaviour

(Taken from [Working Together to Safeguard Children \(2023\)](#))

Individual indicators will rarely, in isolation provide conclusive evidence of abuse. They will be viewed as part of the jigsaw, and a small piece of information will help the Designated Child Protection Officer how to proceed. The setting does not need 'absolute proof' that the child is at risk to make a referral.

Direct Disclosure:

- Deal with any first aid/medical treatment needed
- Listen to the child, but do not push for information, offer reassurance and give assurance that the member of staff will take action
- Find an appropriate early opportunity to explain that it is likely that the information will need to be shared with others, do not promise to keep secrets
- Discuss your concerns with your Play Leader. They will in turn (where necessary) consult with the Senior Worker or Designated Safeguarding Officer (DSO) and Nominated Individual (NI).

- If the Play Leader, Trustee responsible, DSO 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
- Record in writing on a APH **Child Safety Concern Form** including dates and times (a copy of this will be passed to the DSO & NI)

On Observing Indicators of Abuse:

- If you suspect or notice an injury or are worried about a sudden change in a child's/Young person's behaviour or personality, discuss it with your Play Leader
- Record your observations and actions on a APH **Child Safety Concern Form** including dates and times

Third Party Disclosure:

- If someone discloses abuse other than the alleged victim, you should be treated with the same priority as first party disclosure.
- Tell your play Leader, APH Co-ordinator or Designated CP Officer. Abuse that has not been directly disclosed can still be reported to Children's Services as grave concern

In an emergency take the action necessary to help the child for example call 999

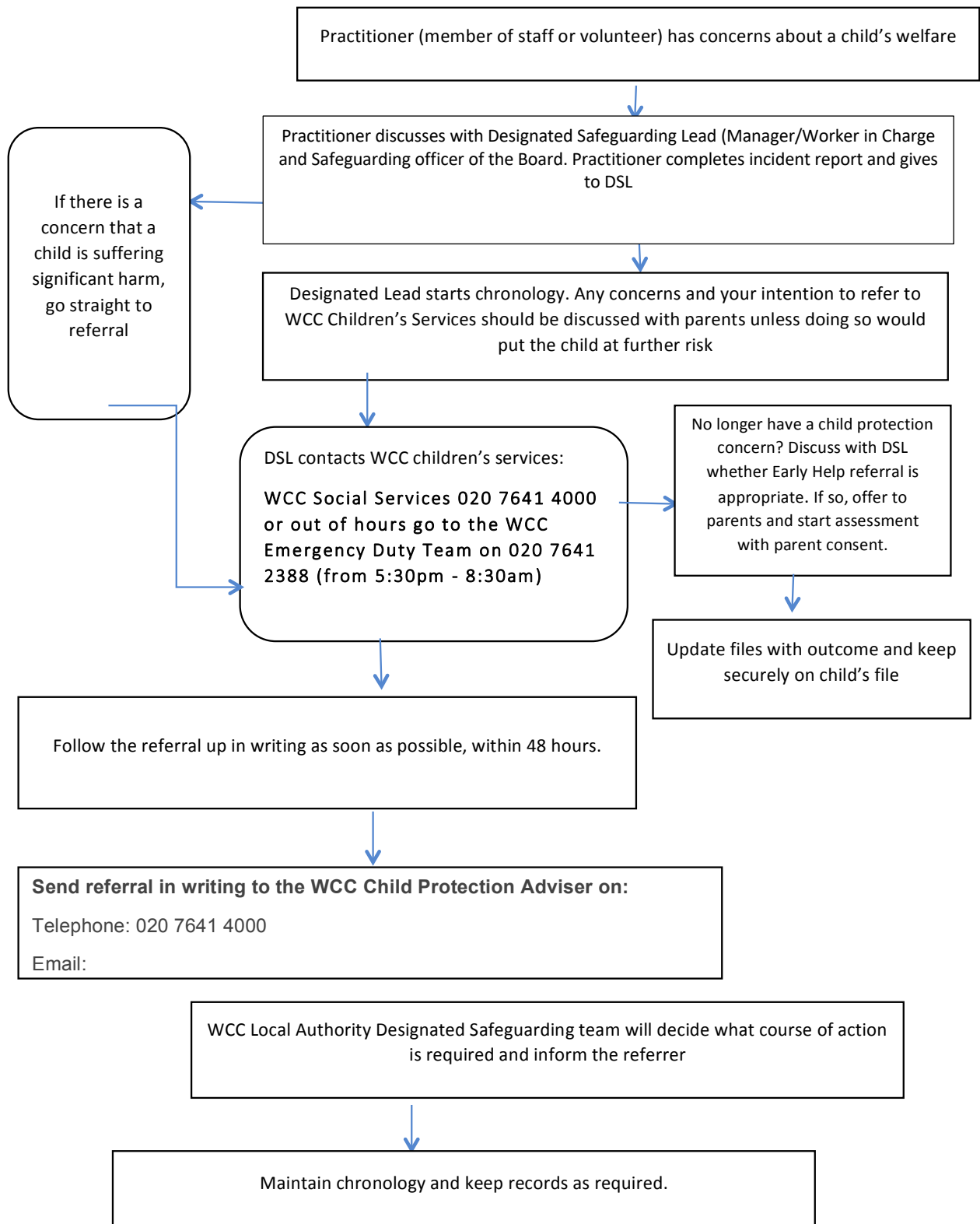
- If you take the child/young person to casualty and explain your child protection concerns, medical staff will contact either Children's Services or the police

Radicalisation

We have due regard to the need to prevent people from being drawn into terrorism (the Prevent duty), under section 26 of the Counter-Terrorism and Security Act 2015. Staff are trained to understand the risks affecting children in the local area, how to identify children at risk of radicalisation and what to do to support them. Staff build children's resilience to radicalisation by providing a safe environment for debating controversial issues and helping them to understand how they can influence and participate in decision-making. See Appendix A: Possible Signs of Abuse/Neglect.

Remember: It is important that everyone in the organisation is aware that the person who first encounters a case of alleged or suspected abuse is not responsible for deciding whether or not abuse has occurred. That is a task for the professional child protection agencies following a referral to them of concern about a child.

The Procedure for Raising Safeguarding Concerns



Multi Agency Safeguarding Hub (MASH) Contacts RBKC

MASH provide useful safeguarding contact information for the areas of Kensington and Chelsea, Westminster. Westminster and the Royal Borough of Kensington and Chelsea share some services and names and positions may be identical across both.

Useful MASH Safeguarding Contacts for Professionals –

Kensington & Chelsea

<https://www.rbkc.gov.uk/lscp/information-professionals-and-volunteers/useful-safeguarding-contacts-professionals>

If you have a concern about a child, please make your referral to the relevant local authority front door, and where appropriate, the local authority will refer cases to the MASH team – <https://www.gov.uk/find-local-council>

For case consultations or follow-up enquiries please contact the
Duty Child Protection Adviser in the first instance on 020 7361 3013.

In an emergency call 999

Taking Action

- Senior staff will 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
- Record what we have heard or seen, what has been said, and what we did. We will use a body map, 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 DSO or Senior Worker 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 Westminster's 'Access to Children's Services' team 020 7641 4000 (out of hours to the Emergency Duty team on 020 7641 2388) 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 Westminster Children's Services Staff may share information directly with Children's Social Care, the Police or the NSPCC if:

- The situation is an emergency and the Designated Safeguarding Officers are all unavailable
- You are convinced that a direct report is the only way to ensure a child's safety
- If you have concerns (that you have reported to senior staff) about the safety or welfare of a child and feel they are not being acted upon you can contact: Access to Children's Services

Confidentiality

Whilst matters concerning child abuse must be addressed sensitively and professionally no worker with APH should agree to any request on the part of the child or family to keep the concern confidential. **All concerns about child abuse should be drawn to the attention of your line- manager without delay.**

Guidelines for Protecting Children and Workers:

- Do not spend time alone with a child/young person where you are unobserved by others – if a child needs to talk, ask if they want to bring a friend, move into a corner in view of other workers
- Do not meet a child/young person off the premises
- Always have at least two adults present with a group
- Watch out for each other. Are any workers being drawn into situations that could be misinterpreted?

- If a child/Young person uses inappropriate behaviour or language towards you (or your fellow workers) tell your Play Leader or Senior Worker
- Do not have favourites – or the opposite! Treat everyone equally
- Never keep suspicions about a child or colleague to yourself
- Do not take children to your home
- Do not take children to your car
- Never use any physical punishments (any sanctions used must be consistent with those that are stated in APH Behaviour Policy)
- If you have witnessed a disclosure or other child protection incident and feel you need counselling, make sure you mention this to the DSO and they will make the necessary arrangements

Staff should also recognise that children cannot be expected to raise issues that worry them if they feel unsafe or they feel that they won't be taken seriously or where staff fail to act in response to their concerns (See Whistleblowing Policy).

Safeguarding and Child Protection - Allegations against a member of staff

Adventure Play Hub believes that all members of the organisation are entitled to receive care and protection from harm. Everyone within APH has a responsibility for safeguarding and promoting the welfare of children and young people and for ensuring that they are protected from harm. We will not accept inappropriate behaviour towards children, staff or volunteers and will ensure that any concerns or allegations of impropriety are dealt with quickly, fairly and sensitively.

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.

APH is committed to robust recruitment and selection procedures to ensure that all staff and volunteers have been appropriately screened prior to appointment and their suitability to work with children has been checked via their references and a DBS check via the Disclosure and Barring Service.

APH ensures that child protection training is available to staff and volunteers with appropriate guidance about safe working practice, boundaries and propriety through induction programmes and within continuing training and development opportunities.

APH has a confidential reporting policy in place to enable concerns emerging about the conduct of an adult to be appropriately addressed (see Whistle blowing Policy + Procedure).

Allegations against a member of staff Procedure

If any conflict between the needs of the child or young person and those of others, the needs of the young person must come first. Any allegation which may indicate that an adult behaved in a way that has:

- Harmed a child, or may have harmed a child;
- Possibly committed a criminal offence against or related to a child; or
- Behaved towards a child or children in a way that indicates/he is unsuitable to work with children will be reported to the Local Authority Designated Officer (LADO) and the appropriate procedures followed.

APH 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 person, or named deputy (where the designated person is the subject of an allegation). They will then take responsibility for informing the Local Authority Designated Officer (LADO) and will agree the procedure to be followed. Ofsted will also be informed.
- A Committee Member will also be informed as soon as possible
- Contact Westminster 'Access to Children's Services' for advice and further guidance
- 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. Any decision to formally suspend the member of staff from duties would be taken at an appropriately senior level of management.
- Inform the whole staff team of the allegation if necessary but details will not be disclosed and confidentiality will be maintained
- 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.

Whistle-blowing Policy

Whilst we expect all our colleagues, both internal and external, to be professional at all times and hold the welfare and safety of every child as their paramount objective, there may be occasions where this may not be happening.

At APH we recognise that it is often difficult to express concerns about a colleague, however, it is vitally important that concerns are communicated to the designated

person. Staff are encouraged to talk to their Line Manager (if appropriate), members of the Senior team or the APH Designated Safeguarding Officer, if they become aware of anything that makes them feel uncomfortable.

All staff should be aware:

- Of their duty to raise concerns, where they exist, about the attitude or actions of colleagues in regard to their behaviour or treatment of children. This may be behaviour that is not linked to child abuse but that pushes boundaries beyond acceptable limits.
- There may be staff or volunteers who are unable to provide consistent care or cause children to suffer physical or emotional harm by consistently behaving inappropriately towards them.
- That some staff may manipulate themselves into positions of trust where they can exploit children, physically, emotionally or sexually.

Safeguarding children and young people during the Covid-19 pandemic

- We will continually monitor the government guidance published for out of school settings, NYA guidelines and Westminster City Council directives to ensure a Covid secure play environment.
- Relevant policies and procedures have been updated and implemented by staff.
- Risk assessments have been carried out to minimise the risks associated with the spread of Covid-19.
- Manager & Senior Team will continually monitor the changing situation and adapt services appropriately.
- Children and young people, especially those who are vulnerable may be impacted by the Covid-19 pandemic and staff must remain vigilant identifying safeguarding concerns.
- Staff must follow the usual procedure (as outlined above) if they have safeguarding concerns about a child.
- Refer to NHS & Public Health England guidance.

Further guidance and information:

<https://www.gov.uk/government/publications/protective-measures-for-holiday-or-after-school-clubs-and-other-out-of-school-settings-for-children-during-the-coronavirus-covid-19-outbreak/protective-measures-for-out-of-school-settings-during-the-coronavirus-covid-19-outbreak>

<https://learning.nspcc.org.uk/research-resources/2020/coronavirus-briefing-guidance-early-years>

<https://www.nspcc.org.uk/keeping-children-safe/coronavirus-advice-support-children-families-parents/>

APPENDICES

Appendix A

Safeguarding and Child Protection Categories of Maltreatment and Abuse

Physical Abuse

Physical abuse is deliberately physically hurting a child; it might take a variety of different forms, involving hitting, pinching, shaking, throwing, poisoning, burning or scalding, drowning or suffocating, a child.

Physical abuse can happen in any family, but children may be more at risk if their parents have problems with drugs, alcohol and mental health or if they are in a home where domestic abuse happens. Babies and disabled children also have a higher risk of suffering physical abuse.

Physical harm may also be caused when a parent fabricates the symptoms of, or deliberately induces, illness in a child.

Emotional Abuse

Emotional abuse is the persistent emotional maltreatment of a child which can cause severe and persistent effects on the child's emotional development, it may convey to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another.

Emotional abuse may involve serious bullying – (including online or Cyberbullying through social networks, online games or mobile phones) causing children frequently to feel frightened or in danger. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Sexual Abuse

Sexual abuse is any sexual activity with a child. Many children and Young people who are victims of sexual abuse do not recognise themselves as such. A child may not understand what is happening and may not even understand that it is wrong. Sexual abuse can have a long-term impact on mental health.

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). Sexual abuse is not solely perpetrated by adult males. Women can commit acts of sexual abuse as can other children.

Child Sexual Exploitation

Child Sexual Exploitation is a form of sexual abuse where children are sexually exploited for money, power or status. It can involve violent, humiliating and degrading sexual assaults. In some cases, young people are persuaded or forced into exchanging sexual activity for money, drugs, gifts, affection or status. Consent cannot be given, even when a child may believe they are voluntarily engaging in sexual activity with the person who is exploiting them. Child sexual exploitation doesn't always involve physical contact and can happen online. A significant number of children who are victims of sexual exploitation go missing from home, care and education at some point.

Neglect

Neglect is the persistent failure to meet a child's basic physical and / or psychological needs, likely to result in the serious impairment of the child's health or development.

Neglect may occur if a parent becomes physically or mentally unable to care for a child. A parent may also have an addiction to alcohol or drugs, which could impair their ability to keep a child safe or result in them prioritising buying drugs, or alcohol, over food, clothing or warmth for the child. Neglect may occur during pregnancy as a result of maternal drug or alcohol abuse. Neglect may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Children who are neglected often also suffer from other types of abuse.

Immediate Protection

There are rare occasions when it is immediately clear that there is a risk to the life of a child or an urgent clear likelihood of serious injury. Such cases call for the agencies with statutory powers – Social Care and the police in order to secure the immediate safety of the child.

Signs & Symptoms

Signs that a child may have suffered or be suffering from abuse come in many forms. They are broadly divided into physical signs and behavioural signs. The following list describes some of those signs and symptoms which may suggest that a child is being abused or is at risk of significant harm:

Indicators of Abuse and what you might see

It is vital that staff are aware of the range of behavioural indicators of abuse and report any concerns to the Safeguarding and Child Protection Designated Person

Identification of Child Abuse

Indicators of abuse can take a number of forms Through observations of an injury:

- A child has an unexplained injury, bruise or mark
- A child has an injury, bruise or mark and the explanation given for how it was caused is not consistent with the injury

Through observation of the child's behaviour:

- There are significant changes in a child's behaviour

- The child shows signs of significant neglect, including untreated medical conditions

Allegations

- Direct disclosure from a child who says that abuse is happening
- The child makes comments that give you cause for concern
- Via a third party

Some of the following signs may be indicators of physical abuse:

- Children with frequent injuries;
- Children with unexplained or unusual fractures or broken bones; and
- Children with unexplained bruises or cuts; burns or scalds; bite marks

Some of the following signs may be indicators of emotional abuse:

- Children who are excessively withdrawn, fearful, or anxious about doing something wrong
- Parents or carers who withdraw their attention from their child, giving the child the 'cold shoulder'
- Parents or carers blaming their problems on their child;
- Parents or carers who humiliate their child, for example, by name-calling or making negative comparisons

Some of the following signs may be indicators of sexual abuse

- Children who display knowledge or interest in sexual acts inappropriate to their age
- Children who use sexual language or have sexual knowledge that you wouldn't expect them to have
- Children who ask others to behave sexually or play sexual games
- Children with physical sexual health problems, including soreness in the genital and anal areas, sexually transmitted infections or underage pregnancy

Some of the following signs may be indicators of sexual exploitation:

- Children who appear with unexplained gifts or new possessions
- Children who associate with other young people involved in exploitation
- Children who have older boyfriends or girlfriends
- Children who suffer from sexually transmitted infections or become pregnant
- 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
- Children who regularly miss school or education or don't take part in education

Some of the following signs may be indicators of neglect:

- Children who are living in a home that is indisputably dirty or unsafe
- Children who are left hungry or dirty
- Children who are left without adequate clothing, e.g. not having a winter coat
- Children who are living in dangerous conditions, i.e. around drugs, alcohol or violence
- Children who are often angry, aggressive or self-harm
- Children who fail to receive basic health care
- Parents who fail to seek medical treatment when their children are ill or are injured

Safeguarding and Child Protection Appendix B Extremism and Radicalisation

Why would a young person be drawn towards extremist ideologies?

- Young people, including those who are otherwise well-behaved and achieving well at school, can be drawn towards extremism in similar ways as those who are persuaded to expose themselves to other risks, such as joining gangs
- They may be searching for answers to questions about their identity, wanting to belong or to deepen their faith
- They may be driven by the desire for 'adventure' and excitement
- They may be driven by a need to feel better in themselves and promote their 'street cred'
- They may be drawn to a group or an individual who can offer them a sense of identity, a social network and who seem to offer them support. Young people who already have contacts, such as friends or family who are already involved in extremism may be especially vulnerable
- They may also have personal experiences of racism or discrimination that fuel a sense of grievance, or they may be influenced by world events which result in them needing to feel they want to change things in the world or make a difference

Some possible signs of extremism and radicalisation:

- Out of character changes in dress, behaviour and peer relationships
- Spending increasing amounts of time online
- Secretive behaviour
- Becoming quick to condemn others who do not share their beliefs without interest in their point of view
- Losing interest in friends and activities
- Becoming isolated or withdrawn, and struggling with what might seem a personal or identity crisis of some kind, perhaps becoming more argumentative and domineering
- Showing sympathy for extremist causes
- Justifying or even glorifying violence
- Possessing illegal or extremist literature
- Advocating messages similar to illegal organisations such as "Muslims Against Crusades" or other non-proscribed extremist groups such as Britain First or the English Defence League

Safeguarding Children with Disabilities

The **Disability Discrimination Act 2005 (DDA)** defines a disabled person as someone who has: "a physical or mental impairment which has a substantial and long term adverse effect on his or her ability to carry out normal day to day activities"

Any child with a disability is by definition a 'child in need' under s17 of the **Children Act 1989**. The DDA makes it unlawful to discriminate against a disabled person in relation to the provision of services. This includes making a service more difficult for a disabled person to access or providing them with a different standard of service.

Children who are defined as being 'in need' are those whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services plus those who are disabled.

Disabled children are also generally more vulnerable to 'significant harm' through physical, sexual, emotional abuse and / or neglect than other children, because of factors relating to the child's disability.

Abuse of disabled children

The available UK evidence on the extent of abuse among disabled children suggests that disabled children are at increased risk of abuse, and that the presence of multiple disabilities appears to increase the risk of both abuse and neglect. Disabled children may be especially vulnerable to abuse for a number of reasons.

Some disabled children may:

- Have an impaired capacity to resist or avoid abuse
- Have fewer outside contacts than other children and an increased likelihood that the child is socially isolated.
- Receive intimate personal care, possibly from a number of carers, which may both increase the risk of exposure to abusive behaviour and make it more difficult to set and maintain physical boundaries
- Physical dependency with consequent reduction in ability to be able to resist or avoid abuse
- Have communication difficulties that may make it difficult to tell others what is happening
- Be inhibited about complaining because of a fear of losing vital services
- Be especially vulnerable to bullying and intimidation because they may not have the physical or mental capacity to protect themselves
- Be more vulnerable than other children to abuse by their peers

Other factors which research has consistently identified as significant contributors to the increased vulnerability of children with disabilities are:

- **A commonly held belief that disabled children are not abused. This can lead to the denial of or failure to report abuse**
- Disabled children's dependency on an abusing carer can create difficulties in avoiding or communicating about abuse especially if this is a key person through whom the child communicates
- Parents' or carers' own needs and ways of coping conflicting with the needs of the child
- Carers and staff lacking the ability to communicate adequately with the child
- Lack of access to 'keep safe' strategies available to others
- A lack of continuity in care leading to an increased risk that behavioural changes may go unnoticed

The types of abusive behaviour or neglect that disabled children may suffer from are:

- Forced feeding
- Unjustified or excessive physical restraint
- Rough handling
- Extreme behaviour modification, including the deprivation of liquid, medication, food or clothing

- Misuse of medication, sedation, heavy tranquillisation
- Invasive procedures against the child's will
- Deliberate failure to follow medically recommended regimes
- Misapplication of programmes or regimes
- Ill-fitting equipment (e.g. callipers, sleep board that may cause injury or pain, inappropriate splinting)
- Undignified age or culturally inappropriate intimate care practices

Safeguards for disabled children are essentially the same as for non-disabled children (see APH Safeguarding and Child Protection Policy)

Staff must be aware of the Indicators of Abuse and should ensure that they are also aware of the following:

- Where a change in behaviour or development signals that there may be cause for concern
- Be alert to children's non-verbal communication systems. Where a child is unable to tell someone of her / his abuse, they may convey anxiety or distress in some other way (e.g. behaviour or symptoms), and carers and staff must be alert to this
- Ensure that all disabled children know how to raise concerns, and give them access to a range of adults with whom they can communicate
- Where a physical injury points to the possibility of abuse, such as a bruise in a site that might not be of concern on an ambulant child, i.e. a bruise to the shin, may be of concern on a non-mobile child

Questions staff should ask themselves:

- Are you familiar with what should be expected, developmentally, of any child of a particular age?
- Do I understand how this child's impairment impacts upon their development?
- Am I wrongly attributing developmental delay or behaviours to impairment when they are in fact attributable to something else (e.g. possible abuse)?

Guidelines for good practice in intimate care:

- **Treat every child with dignity and respect and ensure privacy appropriate to the child's age and situation** – Balance the rights and needs of staff and children by carefully considering who, when, where and how many staff are required to carry out the care task
- **Involve the child as far as possible in their intimate care** – Avoid doing things which the child is able to do him/herself. If a child is completely dependent, talk to them, tell them what you are doing and offer choices wherever possible
- **Be responsive to children's reactions** – If you haven't worked with a particular child before, ask if it is ok to do it this way? If a child expresses discomfort, unease or unhappiness about a particular person carrying out intimate care tasks, you need to find out why!
- **Practice consistency** - Things do not always have to be done identically. However, it is important that approaches are not markedly different between staff
- **If a child appears to be unusually sore, has marks or injuries, appears to be sexually aroused by your actions, misunderstands or misinterprets or displays an**

**extreme emotional reaction without apparent cause
this should be brought to the attention of your Senior workers**

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

Disclosure of information

If, in the course of your employment, you become aware of information which you reasonably believe tends to show one or more of the following, you **MUST** use the disclosure procedure set out below:

- That a criminal offence has been committed or is being committed or is likely to be committed
- That a person has failed, is failing or is likely to fail to comply with any legal obligation to which they are subject (e.g. APH policies + procedures)
- That a miscarriage of justice that has occurred, is occurring, or is likely to occur
- That the health or safety of any individual has been, is being, or is likely to be, endangered
- That the environment, has been, is being, or is likely to be, damaged
- That information tending to show any of the above, is being, or is likely to be, deliberately concealed

Disclosure procedure

- If this information relates to Child Protection/Safeguarding then the APH Child Protection policy should be followed, with particular reference to the staff and volunteering section
- Where you reasonably believe one or more of the circumstances listed above has occurred you should promptly disclose this to your manager so that any appropriate action can be taken
If it is inappropriate to make such a disclosure to your manager (i.e. because it

relates to your manager) you should speak to the APH Designated Safeguarding Officer, Senior Play Leader or Committee Chairperson

- Employees will suffer no detriment of any sort for making such a disclosure in accordance with this procedure
- Any disclosure or concerns raised will be treated seriously and will be dealt with in a consistent and confidential manner and will be followed through in a detailed and thorough manner
- Any employee who is involved in victimising employees who make a disclosure, takes any action to deter employees from disclosing information or makes malicious allegations or disclosures in bad faith will be subject to potential disciplinary action which may result in dismissal
- Failure to report serious matters can also be investigated and potentially lead to disciplinary action which may result in dismissal
- Any management employee who inappropriately deals with a whistle blowing issue (e.g. failing to react appropriately by not taking action in a timely manner or disclosing confidential information) may be deemed to have engaged in gross misconduct which could lead to dismissal.

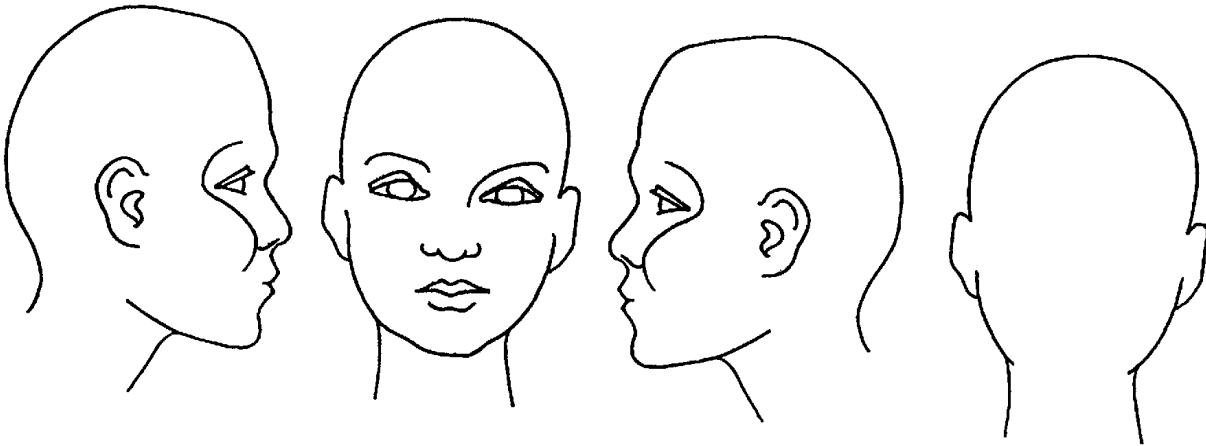
Safeguarding – concerns record

Once filled in, by any staff member with concerns, this form is confidential and should be kept securely. This form should be shared with the settings designated safeguarding officer without delay.

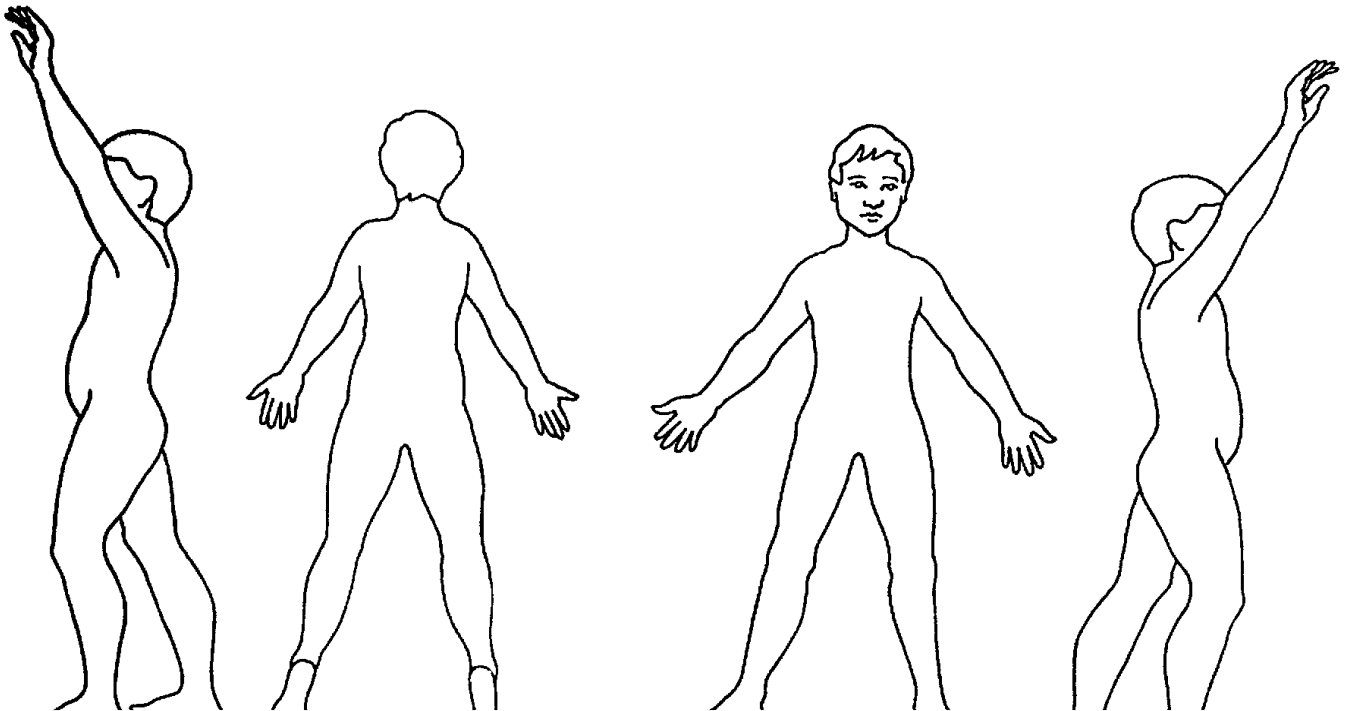
Child's Name:	DOB:
Name of Setting:	
Concerns shared with:	Date:
Designated Safeguarding Lead (DSL) <input type="checkbox"/>	
Insert name of DSL on duty at time of incident:	
Parent/Carer <input type="checkbox"/>	
Children's Services or named Social Worker if one already allocated <input type="checkbox"/>	
Details of concern/incident (include detailed factual information only)	
What have you noticed? Describe any injury and account given by child/parent (if appropriate at time of incident). Use body map overleaf to record injury clearly.	
Action to be Taken (e.g. discussed with parent, reported to manager, referral to other services)	
Person completing the incident record:	
Print name:	Job Title:
Signed:	Date:

Please use further sheets if needed

Head



Body



When you notice an injury to a child, try to record the following information in respect of each mark:

- Exact site of injury on the body, eg. upper outer arm/left cheek
- Size of injury - in appropriate centimetres or inches
- Approximate shape of injury, eg. round/square or straight line
- Colour of injury - if more than one colour, say so
- Is the skin broken?
- Is there any swelling at the site of the injury, or elsewhere?
- Does the child feel pain?
- Is there a scab? / any blistering? / any bleeding?
- Does the child feel hot?
- Is the injury clean? or is there grit/fluff etc?
- Is mobility restricted as a result of the injury?
- Does the site of the injury feel hot?
- Did the parent/carer inform the centre at time of arrival?

APPENDIX D

Chronological Safeguarding Record

Chronology					
Child Name:		d.o.b.	Parents name:		Childs start date:
Home language: English		Other files to reference (e.g. send siblings)		Key person/teacher:	
Interpreter required?					
CP/CIN/EH/ LAC/SEND				Lead professional or social worker (if known)	
Other information/family context					
Date	Type of contact	Event	Action	Where record kept (if not electronic)	DSL signature