

Safeguarding and Child Protection Policy & Procedure

Date/s: April 2023, September 2023, September 2024

To be reviewed annually

Safeguarding

The government guidance on [Working Together to Safeguard Children \(2023\)](#) defines safeguarding children and promoting their welfare as:

- Protecting children from maltreatment
- Preventing impairment of children's health or development
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children to have the best outcomes

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.

Who is this policy for?

This policy is for Hornimans Adventure Playground parents, carers, users, staff, volunteers, Board members or anyone working or acting on behalf of, delivering a service for or representing Hornimans. The policy is available on our website <http://hornimansadventure.com/> and a printed copy is available on request.

It is important to be aware that Hornimans Adventure Playground has both a moral and legal obligation to ensure the duty of care for children across all of its services. Hornimans staff and volunteers may come across cases of suspected abuse either through direct contact with children, for example running an activity or by taking part in an event or residential as part of their day to day work. We are committed to ensuring that all children are protected and kept safe from harm whilst engaged in services organised by Hornimans.

What does this policy cover?

The policy equips staff, volunteers and stakeholders (parents, carers, users) with the information regarding what actions is to be taken if staff or volunteers suspect or are told about abuse, and what will happen next.

It is our duty and responsibility to report any concerns we have over the welfare of children or young people. This duty extends to the identification of abuse, poor practice by staff or volunteers of Hornimans, as well as allegations brought to the attention of Hornimans by a member of the public or community.

This policy outlines that a Playworker's primary concern is to ensure the recording of relevant information and following the correct procedures in passing it on to the Designated Safeguarding Responsible Officer's without delay, so that they can discuss any action or referral to the relevant authority as is our duty under the Children Act 1989, 2004 & Working Together to Safeguard Children (2023) statutory guidance on inter-agency working to safeguard and promote the welfare of children guidance.

Policy statement

Hornimans Adventure Playground will work with children, young people, parents, carers and the community to ensure we support children's rights and create and maintain the safest possible environment for children.

We do this by:

- Recognising that all children have the right to freedom from abuse and harm
- Promoting joint working with parents and carers in the interest of children's welfare
- Following safe recruitment procedures which ensure that staff are carefully selected, vetted and have the relevant qualifications and experience.
- Ensuring that all staff are aware of and accept responsibility for helping to prevent the abuse of child
- Designating Safeguarding Lead (DSL) who takes specific responsibility for children's protection, safety and well-being
- Supporting all staff in bringing concerns to the Designated Safeguarding Lead
- Responding quickly and appropriately to all suspicions or allegations of abuse
- Providing parents, carers, and children with the opportunity to voice any concerns they may have. This includes having knowledge of, and ensuring children have access to their preferred methods of communication and that staff are trained in a variety of communication tools.
- Adopting positive behaviour management strategies which are non-violent and do not impose humiliation
- Reviewing the effectiveness of the organisation's Child Protection Policy and Procedures
- Working in partnership with external organisations and professionals to ensure that children are protected

Vulnerable groups - Children and families at risk

Abuse can happen to anyone, but research shows that some children who have experienced abuse share similar characteristics. This means they may be more vulnerable. These include

- Domestic abuse
- Parental mental health problems
- Parental substance misuse
- Looked after children
- Deaf/disabled children

Having one or more of these characteristics doesn't automatically mean a child will experience abuse or neglect – and not having any of them isn't a guarantee that a child will never be harmed. But we do know that these challenges are often interlinked and the more problems a child and their family are experiencing, the greater the risk of abuse ([NSPCC](#)).

It's important for professionals to understand risk and vulnerability factors so they can identify which families need extra support to help keep their children safe.

Safeguarding disabled children

Any child with a disability is by definition a 'child in need' under s17 of the Children Act 1989. Disabled children can be more vulnerable to significant harm through physical, sexual, emotional abuse and / or neglect than children who do not have a disability. The presence of multiple disabilities increases the risk of abuse and neglect.

Safeguards for disabled children are essentially the same as for non-disabled children. Particular attention should be paid to promoting a high level of awareness of the risks of harm, high standards of practice, and awareness of barriers to communication which may make it difficult to tell others what is happening.

Where there are concerns about the welfare of a disabled child, they should be acted upon in accordance with the guidance, in the same way as with any other child. We recognise that children with disabilities are at greater risk of abuse for a number of reasons including increased need for practical assistance and physical dependency, increased need for intimate care provided by a number of different carers, communication difficulties and lack of access to appropriate communication methods. Staff members who work with children will:

- Have important information about individual children's presentation, needs and preferred methods of communication.
- Be particularly sensitive to changes in children's behaviour that may indicate possible abuse
- Will receive appropriate training in order to meet individual children's needs

See Appendix 2 on page 24 of this document for further information about vulnerable groups

Safeguarding procedures

Named person's role and responsibilities

It is the role of the Designated Safeguarding Lead (DSL) to act as a source of support and guidance on all matters of child protection and safeguarding within the setting. In the absence of the DSL, staff should report any concerns to the designated Trustee responsible for Safeguarding who will act in accordance with this policy and the [London Safeguarding Children Procedures](#).

The **Designated Safeguarding Lead** persons for this setting:

Name: **Said Aden** Job title: **Play Leader**

Contact details: 020 89695740 communityadventureplay@outlook.com

And/Or

Name: **Lauren Daley** Job title: **Coordinator**

Contact details: 07931 943 899 hornimansadventure@btinternet.com

The **Designated Trustee responsible for safeguarding** for this setting is:

Name: **Tracy Wauchope**

Contact details: 07908 213 964 tracyw@oakmanor.brent.sch.uk

If you have concerns about a child's welfare and are unable to contact any of the designated responsible staff or management committee above then go straight to RBKC 'Assessment and Access Team' immediately on 020 7361 3013.

Out of Hours (5pm – 9am and weekends): Please contact the 'Emergency Duty Team' on 020 7373 2227, or email: SSSocialServiceLine@rbkc.gov.uk

RBKC Worried about a child (information for professionals)

If you have a concern about a child who does not live in RBKC, please make your referral to the relevant local authority front door – [Local authority finder \(https://www.gov.uk/find-local-council\)](#).

If you are worried that someone is in *immediate danger* please call 999.

Designated Safeguarding Lead

It is not the role of the Designated Safeguarding Lead to decide whether a child has been abused or not. This is the task of Children's Social Care who have the legal responsibility. But it is the responsibility of the Designated Safeguarding Lead to ensure that concerns are shared and appropriate action taken.

The designated member of staff is responsible for:

- Liaising with the Children's Social Care
- Ensuring that all staff receive appropriate child protection training so that they are up to-date with current legislation, policy and practice and are able to respond sensitively and appropriately to any child protection concerns.
- Ensuring that all staff new to the setting receive induction training to enable them to understand and adhere to the setting's policies
- Ensuring that child protection referrals are made using the format agreed by Kensington & Chelsea Children's Social Care or the format required by other boroughs if the child is not an RBK&C resident
- Ensuring the setting's child protection and safeguarding policies and procedures are maintained, up-to-date and are disseminated and adhered to by all staff

Procedures to follow if you suspect that a child is at risk of harm

We have a statutory duty to notify agencies if we have a concern about children's safety and welfare ([Working Together to Safeguard Children 2023](#))

- Where there is a concern about a child's welfare or wellbeing or a concern that a child is in need of protection, this should be recorded on the concern form and then passed on to the DSL for action (or if unavailable then seek advice from Children's Social Care)
- These running records should be kept securely in the child's file
- All staff and volunteers are aware that they must report concerns immediately
- All records of concerns, emails, notes of phone conversations and actions are filed confidentially and securely in the child's file
- Staff know that when they have concerns about a child's welfare they need to:
 - Focus on the needs of the child – their physical and emotional welfare
 - Be sensitive
 - Talk it over with one of the Designated Members of Staff
- The flowchart for '*Making a child protection referral to children's social care*' is displayed and attached to this policy. This Safeguarding Policy is accessible to all parents and carers on site.
- Concerns will be discussed with parents unless this would put the child at further risk of serious harm
- Unless we are advised otherwise by Children's Social Care the recording forms will be shared with parents

Managing a 'disclosure'

Staff should:

- Stay calm and listen to the child
- Ask questions for clarification only. Avoid asking questions that suggest a particular answer
- Consider how to explain to the child about our policies and procedures so that they know what is going to happen
- Tell them who you are going to tell so that they can be made safe – children may fear that what they have said will be passed on to everyone and they need to know that this will not be the case
- Control expressions of panic or shock
- Use the child's language or vocabulary
- Offer comfort bearing in mind the age and needs of the child
- If the child has disclosed sexual abuse, ask them when it happened but nothing more. Whether a child is asked this question will depend upon the child's age and understanding
- Tell them that they were right to tell you and it was not their fault and they are not bad
- Do not be tempted to give false reassurances to the child but tell them that you will do your best to protect or help them
- As soon as possible take care to record in writing what was said using the child's own words. Record the date, time, setting, any names mentioned, to whom the information was given and other people present. Sign and date the record
- Record any subsequent events and actions
- It is not your responsibility to decide if a child has been abused. Any disclosure must be raised with the Designated Child Protection Person.

Children can only be interviewed once and this interview must be conducted by a trained police officer and social worker under Home Office 'Achieving Best Evidence' guidance. If a child has already been interviewed, it means that the police may not be able to pursue the matter.

A child may recall former abuse once in a safe situation. Although they may be under no current threat to their safety, any disclosure must be raised with the Designated Safeguarding Lead and followed through appropriately.

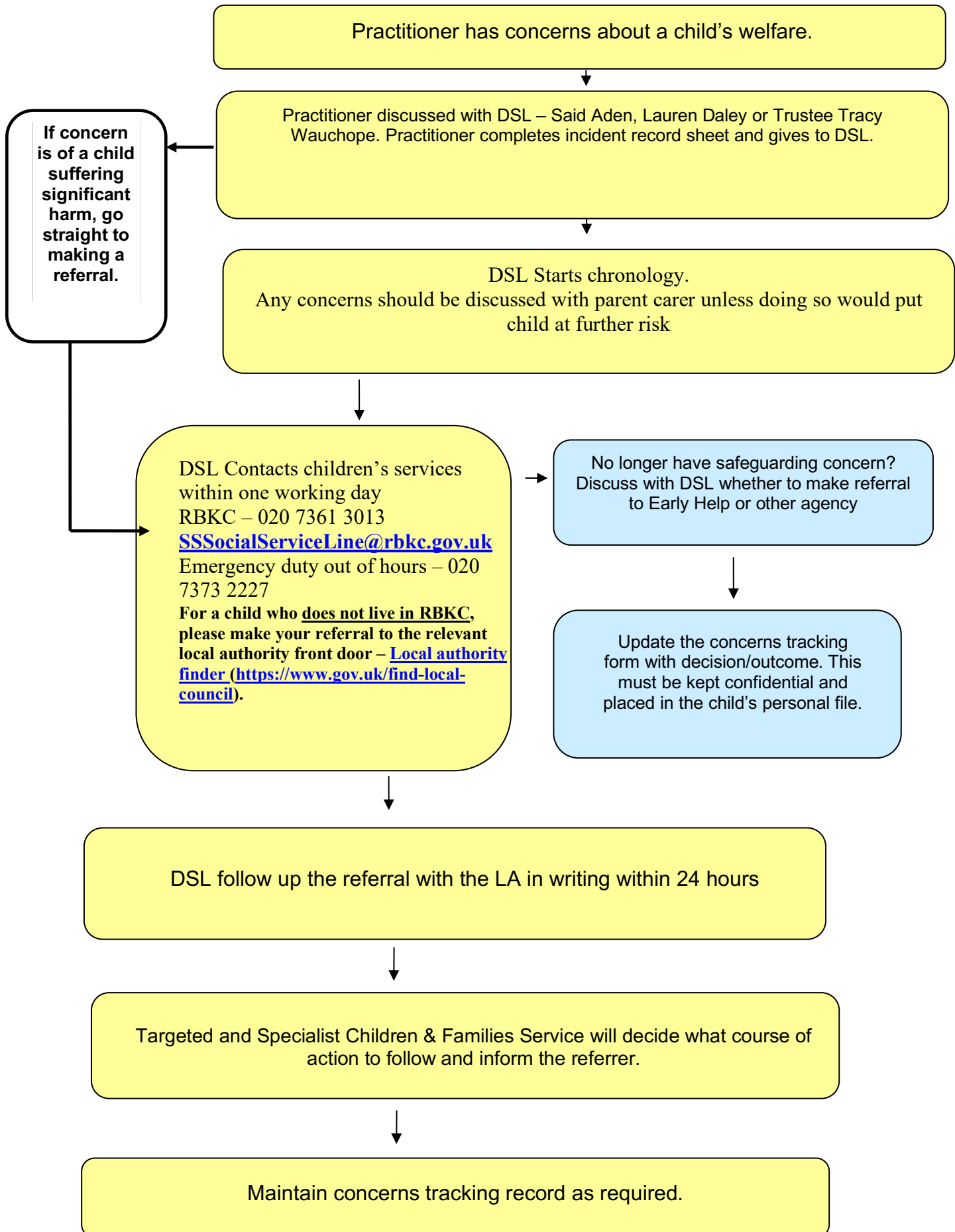
You may also have concerns about a child's welfare where there has not been any disclosure or allegation. In the best interests of the child / young person, these concerns should be raised with the Designated Safeguarding Lead and followed through appropriately.

Recording and reporting

Recording is a tool of professional accountability and is central to safeguarding and protecting children. It is not always possible to know whether a small or vague concern held today may increase as the days or weeks pass and later form the substance of a child protection referral. For this reason it is vital that concerns are recorded accurately so that they can be monitored and emerging patterns noticed.

Child Protection Referral flowchart next page.

Making A Child Protection Referral to Targeted and Specialist Children and Families Service



Inappropriate behaviour by staff

All staff must be vigilant in relation to inappropriate behaviour displayed by members of staff, volunteers, or any other person working with the children. Examples include inappropriate sexual comments; excessive one-to-one attention beyond the requirements of their usual roles and responsibilities; or inappropriate sharing of images. Staff should behave in accordance with the Code of Conduct.

All staff have a duty to protect children from abuse and keep children safe. Wanting to support a colleague or finding it difficult to believe what you have seen or heard must come second to that.

- If any worker is concerned that no action is being taken, it is their responsibility to report the matter directly to the LADO
- The flowchart 'Allegations Made Against a Member of Staff' is displayed in the office and attached to this policy
- It is the responsibility of all staff to share concerns about the actions or attitudes of colleagues with the DSL who will deal with the concerns appropriately
- This often difficult issue should be discussed at staff meetings so that all staff understand what is meant by the term 'whistle-blowing' and their responsibilities with regards to it, and are able to raise concerns with the DSL
- Staff must give management details of any incident, order, determination, conviction or any other possible issue which may impact on their suitability to work with children.
- If any such event should lead to disqualification appropriate action will be taken to ensure the safety and well-being of children in the setting.

Training

All members of staff will regularly access appropriate safeguarding training (depending on their level of responsibility) as advised by the RBKC Safeguarding Children Board and ensure their knowledge is up to date on safeguarding issues. Hornimans will ensure that the training made available will enable staff to identify signs of possible abuse and neglect at the earliest opportunity, and to respond in a timely and appropriate way.

Inappropriate behaviour displayed by other members of staff, or any other person working with the children. For example, inappropriate sexual comments; excessive one-to-one attention beyond the requirements of their usual roles and responsibilities; or inappropriate sharing of images.

Safer recruitment

Safe recruitment and selection practice is vital to safeguarding and protecting children. Please refer to the safe recruitment policy and procedure for more detailed information.

- All staff and volunteers are carefully selected. Hornimans recruitment procedures are in line with the LSCP safer recruiting guidelines.
- DBS checks are carried out in accordance with legislation for all staff, student on work experience, volunteers and sessional playworkers before they are allowed to work with us.
- DBS disclosures are recorded in staff files, kept electronically on a form by the Senior worker and also forwarded to the commissioners at RBKC.
- All new members of staff, volunteers, students work experience and sessional playworkers complete the induction process and sign to agree they have understood our policies, procedures and basic safeguarding practices and will behave in accordance with the staff Code of Conduct.

Also see [NSPCC](#) guidance

Responding to allegations made against a member of staff/volunteer

Any allegation made against a professional must be shared with the DSL immediately. Staff members and the DSL will follow Hornimans *Whistleblowing Policy*. The DSL will liaise with the Local Authority Designated Officer (LADO) who will manage any allegation in line with *RBKC's Allegations Made Against Staff Process*, appended here.

Flowchart: Allegations Made Against Member of Staff.

If an allegation is made that a member of staff has harmed a child; is alleged to have behaved in a way in their private life that may suggest they are unsuitable to work with children and young people; **or if a disqualified person lives or is employed in their household*, the DSL - Said Aden, Lauren Daley or Trustee – Tracy Wauchope, must be informed immediately. If the allegation concerns the manager/DSL, the CHAIR of the management committee must be informed.

To assess the most appropriate course of action, the following initial information must be collated:

- the date and time of the observation or the disclosure,
- the exact words spoken by the child/staff/member/parent/volunteer as far as possible,
- the name of the person to whom the concern was reported (with date and time),
- the names of any other person present at the time,
- wider relevant knowledge or background information.

*(Note: it is **not appropriate** at this stage to conduct formal interviews or take written statements from staff, as this could compromise a later or police investigation)*

The Local Authority designated officer (LADO) **must be informed within one working day** on Tel: **020 7361 3013**. The LADO will clarify if and how the matter will be taken forward and what appropriate course of action should be taken. In serious situations, the LADO will advise whether a suspension should take place immediately.

After discussing the situation with the LADO, it may become clear that a referral to Children's Services Contact Team is required.

Refer the allegation to Children's Services Contact For LADO consultations and referrals please contact the duty Child Protection Adviser on:
Telephone: 020 7361 2120 and ask for duty LADO
Email: KCLADO.Enquiries@rbkc.gov.uk

Children's Social Care will contact the setting as to how to proceed. A formal strategy meeting will take place between Children's Social Care, the settings representative and the police (as appropriate). This meeting will agree what action is required immediately to safeguard and promote the welfare of the child, and/or provide interim services and support.

After discussing the situation with the LADO, it may become clear that a referral to Children's Social Care is **not** required and the setting is to follow their own complaints and disciplinary procedures.

The incident should be documented and a clear and honest explanation given to the parent/carer

The member(s) of staff may be suspended on full pay (advice from the LADO will support you with this decision). This overall decision to suspend is vested in the chair of the board of governors/ management committee/proprietor. Suspension is a neutral act and allows a full investigation of facts to take place.

Children harming other children

It is part of our duty of care that we make sure children are protected from harm from other children. At Hornimans, where we work with children aged 5 to 16 years and with children who can have behaviour problems, severe and complex needs, biting, pushing, scratching and hitting may occur at times.

Please refer to the **Behaviour Policy** for managing these incidents. Hornimans Adventure Playground recognises the importance of positive and effective behaviour management strategies in promoting children's and young people's welfare and enjoyment. We believe that the best way to reduce negative behaviour is to promote positive behaviour and to encourage children to take responsibility for their own behaviour.

If you think that a child is targeting another child it is important to raise this with the Senior Playworker immediately.

In recording and reporting incidents it is important that the identity of the child that did the hurting is not disclosed. This is part of our duty of confidentiality to all children and families. If a parent asks who has hurt their child, show understanding of their upset, anger or pain but explain that we are not able to share this information.

E-safety and use of digital devices

Hornimans will adhere to *its E Safety Policies*

Our aim is to:

- Protect children and young people who receive Hornimans services and who make use of information technology (such as mobile phones, games consoles and the internet) as part of their involvement with us
- Provide staff and volunteers with the principles that guide our approach to e-safety
- Protect professionals
- Ensure that, as an organisation, we operate in line with our values and within the law in terms of how we use information technology

We recognise that:

- The welfare of the children/young people who come into contact with our services is paramount and governs our approach to the use and management of information communications technologies

Mobile phones and digital devices can present a number of problems when not used appropriately

- Phones and personal devices can allow internet access and bypass the centre security settings and filtering
- Mobile. phones with integrated cameras could lead to child protection, bullying and data protection issues with regard to inappropriate capture, use or distribution of images of children or staff.

Internet

The internet is not to be made available to children on Hornimans premises except on specific occasions for research and at all times only with supervision by a member of Hornimans staff.

Parents are requested not to allow their children access to the internet on their personal devices while at Hornimans.

Cameras

It is not the intention to prevent parents/carers from taking pictures, but to ensure that photographic practices are monitored and to reduce the risks of inappropriate photography/filming of other people's children. Best practice is to ask parents/visitors not to take pictures of their child at all/ or if other children are in the shot.

No one is permitted to photograph or record images in the following areas:

- Toilet areas
- Children /young people can only be photographed if permission of parents/carers is given
- Those taking photos, including staff/volunteers must identify themselves
- Staff should not use personal devices such as mobile phones or cameras to take photos or videos of the children and will only use designated equipment for this purpose.
- Photographers will be required to have formal identification which must be worn at all times
- Children's/young people's images will not be used for promotional or press releases unless parents/carers have consented (see tick box on registration form and make parents aware of it when signing their children's forms) and will be deleted after 4 years.
- Unsupervised access to children/young people or one-to-one photo sessions are prohibited

- Photo sessions outside the organisation/organisation's activities or at a child's/young person's home are not allowed
- Personal details which might make a child/young person vulnerable, for example, address, email address, phone number, should never be revealed.

Mobile phones

- Parents, carers and visitors are requested not to use their mobile phones while on the premises. Staff will remind parents of the policy by asking them to leave the adventure playground and take calls outside of the adventure playground when necessary.
- Parents are also requested to avoid giving their children access to their mobile phones for other activities particularly any that involve access to the internet.
- Staff should not have mobile phones with them whilst working with children at [Hornimans](#).
- Staff mobile phones should be kept in bags and used only when staff are on break time in the staff room or outside the setting.
- Staff are not permitted to use their personal mobile phones for contacting [Hornimans](#) families outside the setting in a professional capacity.
- The Hornimans landline should be used for staff expecting a personal call or as an emergency contact and the Hornimans mobile may be used when working off site.

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

APPENDIX 1

Understanding and identifying abuse and neglect

The four main categories of abuse are **physical, sexual, emotional abuse** and **neglect**.

Physical Abuse

Physical abuse is deliberately physically hurting a child. It might take a variety of different forms including 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. Physical abuse can also occur outside of the family environment.

Some possible signs of physical abuse:

- Unexplained injuries, for example, bruising, bite marks, burns and fractures, particular if recurrent.
- Improbable explanations given for injuries.
- Several explanations provided for an injury.
- Refusal to discuss injuries.
- Untreated injuries.
- Withdrawal from physical contact.
- Admission of punishment which seems excessive or inappropriate
- Shrinking from physical contact or flinching
- Fear of going home or of a parent/carer being contacted
- Fear of undressing or changing or being changed
- Fear of medical help
- Aggression/bullying
- Over-compliant behaviour or a 'watchful attitude'
- Running away
- Significant changes in behaviour with no explanation
- Unexplained patterns of attendance
- Covering up i.e. wearing seasonally inappropriate clothing
- Signs of physical discomfort without explanation
- Female genital mutilation- partial or total removal of the external female genitalia or injury to the female genital organs

Emotional Abuse

Emotional abuse is the persistent emotional maltreatment of a child. It can cause severe and persistent adverse effects on the child's emotional development. It may involve conveying 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 over protection 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. It may involve serious bullying, 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, though it may occur alone.

Some possible signs of emotional abuse:

- Continual self-deprecation, low self esteem
- Fear of new situations, beyond what would be appropriate
- Inappropriate emotional responses to new, difficult or painful situations
- Self-harm (this can present in young children as well as older ones)
- Compulsive stealing, scrounging
- Obsessive behaviours such as rocking or thumb-sucking
- Detachment – 'Don't care' attitude
- Social isolation – does not join in and does not have friends
- Attention-seeking behaviour beyond what would be age appropriate
- Eating problems including lack of appetite or over-eating
- Depression, withdrawal
- Inability to concentrate
- Obsessive masturbation in public
- Acting out aggression between parents or talking about domestic violence at home
- Attaching inappropriately to strangers or people that they do not know well

Sexual Abuse and Exploitation

Sexual abuse is any sexual activity with a child. It involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example rape or oral sex) or non-

penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in a sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Some possible signs of sexual abuse:

- Continual or excessive masturbation.
- Asking if you will keep a secret if they tell you.
- Unexplained sources of money, sweets or presents.
- Reluctance to get changed for an activity.
- Chronic ailments such as stomach ache or headaches.
- Involving other children in sexual activity.
- Self-harm.
- Bruises, bites or marks on the body
- Scratches, abrasions or persistent infections in anal or genital regions
- Age-inappropriate sexual awareness, may be evident in play, drawings, vocabulary, writing or behaviour towards children or adults
- Attempts to teach other children about sexual activity
- Attempting to coerce other children into sexualised games or behaviours
- Refusal to stay with certain people or to go to certain places
- Aggression, anger, anxiety, tearfulness

Child sexual exploitation

This 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 where 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.

Some possible signs 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

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: provide adequate food, clothing and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate care-givers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs. This could be when a child's/young person's personal or intimate requirements are ignored, not ensuring children/young people are safe, or exposure to undue cold, heat or unnecessary risk of injury.

Some possible signs of neglect:

- Constant or frequent hunger
- Small stature or growth or, in babies or young children, not meeting milestones with no medical explanation
- Poor personal hygiene – in babies or young children this might present as always having nappy rash or regularly being left in dirty, soiled clothes/underwear
- Frequently being sent to school or nursery when ill
- Inappropriate clothing (too large, too small, clothes for the opposite gender)
- Frequent lateness or non attendance
- Medical needs not met or treatment not sought
- Low self esteem, sense of unworthiness
- Poor social and peer relationships
- Constant tiredness or hunger
- Compulsive stealing or scrounging
- Constant lack of response or interest from parent/carer
- Under-achieving at school or nursery

- High and unusual levels of anxiety or being preoccupied

Bullying

Bullying can also be a category of abuse. Bullying is the abuse and/or intimidation by a person, people or an organisation against another or others. It may be a specific act or it may be institutional. It is an abuse of a perceived power relationship. Children can also bully other children. Bullying may include verbal abuse and intimidation, acts of physical or sexual abuse and coercion, e-bullying, through texting, filming on mobiles and posting on social networks. Whatever its form it is unacceptable. It must be challenged and appropriately addressed.

Some possible signs of bullying:

- Reluctance to attend activities previously enjoyed.
- Tearfulness, depression, erratic emotions, loss of concentration.
- Stomach aches, headaches, difficulty in sleeping, bed-wetting, bruising, cuts scratches, damaged clothing, bingeing on food, alcohol or cigarettes.
- Shortage of money, frequent loss of possessions.
- Asks for money or starts stealing (to pay bully/ies)
- Drop in performance.

Radicalisation & Extremism

Hornimans has 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.

Domestic Abuse

Domestic Abuse is defined by the Home Office as:

"Any incident or pattern of incidents of controlling*, coercive** or threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse:

- psychological
- physical
- sexual

- financial
- emotional

*Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

**Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.'

This definition includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.

All agencies need to work together to identify and protect these children/young people.

It has been widely understood for some time that coercive control is a core part of domestic violence and it is important to recognise coercive control as a complex pattern of overlapping and repeated abuse perpetrated within a context of power and control.

The main characteristic of domestic violence is that the behaviour is intentional and is calculated to exercise power and control within a relationship. Seeing or overhearing violence to another person in the home has adverse effects on a child's development and welfare. Unborn children are also at increased risk; domestic violence is a prime cause of miscarriage, still birth, premature birth, foetal psychological damage, foetal physical injury and foetal death.

Children of all ages living with a parent, most often the mother, who is experiencing domestic violence, are vulnerable to significant harm through physical, sexual, emotional abuse and / or neglect.

The legal definition of significant harm includes "the harm that children suffer by seeing or hearing the ill-treatment of another, particularly in the home".

Professionals should apply the London Safeguarding Children Board guidance to all situations of domestic violence, for example, where it is perpetrated by women or girls against men and boys, within same sex relationships and from a child.

Professionals should be aware of the possibility that teenage girls could be experiencing violence within intimate partner relationship.

Female Genital Mutilation (FGM)

The World Health Organisation defines FGM as: “all procedures (not operations) which involve partial or total removal of the external female genitalia or injury to the female genital organs whether for cultural or other non-therapeutic reasons”

FGM is a criminal offence in the UK. It is also illegal to take a child abroad to undergo FGM. A child for whom FGM is planned is at risk of significant harm through physical and emotional abuse.

Where a child is thought to be at risk of FGM, practitioners need to act quickly before the child is abused through the FGM procedure in the UK or taken abroad to undergo the procedure.

Spirit Possession or Witchcraft

Spirit possession is when parents, families and the child believe that an evil force has entered a child and is controlling them; the belief includes the child being able to use the evil force to harm others.

A child may suffer emotional, physical and sexual abuse and neglect if they are labelled and treated as being possessed with an evil spirit. Significant harm may occur when an attempt is made to ‘exorcise’ or ‘deliver’ the evil spirit from the child. Dismissing the belief may be harmful to the child involved.

Forced Marriage

Forced marriage, as distinct from a consensual arranged one, is a marriage conducted without the full consent of both parties and where duress is a factor. Duress cannot be justified on religious or cultural grounds. A child who is being forced into marriage is at risk of significant harm through physical, sexual and emotional abuse.

Suspicious that a child may be forced into marriage include: A family history of older siblings leaving education early and marrying early; depressive behaviour including self-harming and attempted suicide; being kept at home by their parents; being unable to complete their education; a child always being accompanied including to school and doctors’ appointments; a child talking about an upcoming family holiday that they are worried about; a child directly disclosing that they are worried they will be forced to marry.

Where a suspicion or allegation of forced marriage or intended forced marriage is raised, there may be only one opportunity to speak to a potential victim, so an appropriate initial response is vital. Professionals should not minimize the potential risk of harm or attempt to be a mediator. Professionals should see the child immediately, on their own, in a secure and private place and contact [Hornimans](#) named child protection person.

Honour Based Violence

The Metropolitan Police definition of so-called honour based violence is: 'a crime or incident, which has or may been committed to protect or defend the honour of the family and/or community'. Honour based violence cuts across all cultures and communities.

The perceived immoral behaviour which could precipitate a murder include: Inappropriate make-up or dress; the existence of a boyfriend; kissing or intimacy in a public place; rejecting a forced marriage; pregnancy outside of marriage; being a victim of rape; interfaith relationships; leaving a spouse or seeking divorce.

A child who is at risk of honour based violence is at significant risk of physical harm (including being murdered) and/or neglect, and may also suffer significant emotional harm through the threat of violence or witnessing violence directed towards a sibling or other family member.

Murders in the name of 'so-called honour' are often the culmination of a series of events over a period of time and are planned. These include: House arrest and excessive restrictions; denial of access to the telephone, internet, passport and friends; threats to kill; pressure to go abroad. There tends to be a degree of premeditation, family conspiracy and a belief that the victim deserved to die.

When receiving a disclosure from a child, professionals should recognise the seriousness / immediacy of the risk of harm. Professionals should not minimize the potential risk of harm or attempt to be a mediator. Professionals should see the child immediately, on their own, in a secure and private place and contact the agency's named child protection person.

APPENDIX 2

Vulnerable groups - Children and families at risk

Vulnerability of Disabled Children

Research indicates that children with special educational needs or disabilities are more vulnerable to abuse. This may be for the following reasons:

- Attitudes and assumptions can lead to the denial or failure to report abuse
- Reluctance to challenge carers – misplaced empathy
- Seeing abuse as attributable to the stress and difficulties of caring for a disabled child
- Beliefs that abuse does not impact on disabled children in the same way
- Double standards – unsatisfactory situations accepted for disabled children
- Dependency – exposure to a wide range of carers for personal and intimate care
- Isolation – easier for abuse and neglect to remain hidden
- Lack of participation and choice in decision making – disempowered and less likely to complain
- Especially vulnerable to bullying and intimidation
- Behaviours misconstrued as part of child's disability
- Communication barriers – may make it difficult to tell others what is happening
- Judgements made about a child's ability to communicate not based on accurate information and specialist advice
- Child's preferred method of communication not recognised / equipment and / or facilitation not available
- Communication aids don't contain the necessary words to help a child describe an experience of abuse

In addition to the above some possible signs of abuse for disabled children are:

- Bruising on sites that may not be concerning on a non disabled child
- Not getting enough help with feeding
- Over or under medicating
- Poor hygiene and personal care arrangements
- Rough handling / excessive restraint
- Lack of stimulation
- Unwillingness to learn a child's means of communication

- Ill-fitting equipment / invasive procedures which are unnecessary or carried out against the child's will

Parental mental health problems

Some parents and carers with mental health problems may need support to cope with the routines of daily life, such as housework, mealtimes, bedtimes, taking children to school, and taking children to medical and dental appointments.

If parents don't get the support they need from family, friends, neighbours and/or professionals, these challenges may escalate. In extreme cases, children may experience abuse and/or neglect.

Domestic abuse

It can be difficult to tell if domestic abuse is happening, because perpetrators can act very differently when other people are around.

You might notice changes in a child's patterns of behaviour, for example if they aren't doing as well in school as they used to. Or they might display behaviour that the adults around them perceive to be challenging.

Children who experience domestic abuse might feel constantly stressed or on alert. They might be afraid of what's happening at home. This might all feel 'normal' to them if they have lived with domestic abuse for a long time.

You might notice children showing signs of anxiety or fear.

Parental substance misuse

Living in a household where a parent or carer misuses substances doesn't mean a child will experience abuse, but it does make it more difficult for parents to provide safe and loving care. This can lead to abuse or neglect.

Looked after children

Looked after children come from a range of different backgrounds and have varied experiences of care. Each child has their own different and specific sets of needs.

However research can give us an insight into how their experiences before and during care makes them a particularly vulnerable group of young people.

See [NSPCC Children & Families at Risk](#) for further information.

APPENDIX 3

Safeguarding children during the Covid-19 pandemic

(June 2020)

- We will continually monitor the government guidance published for out of school settings, NYA guidelines and RBKC 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.
- 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/>

APPENDIX 4

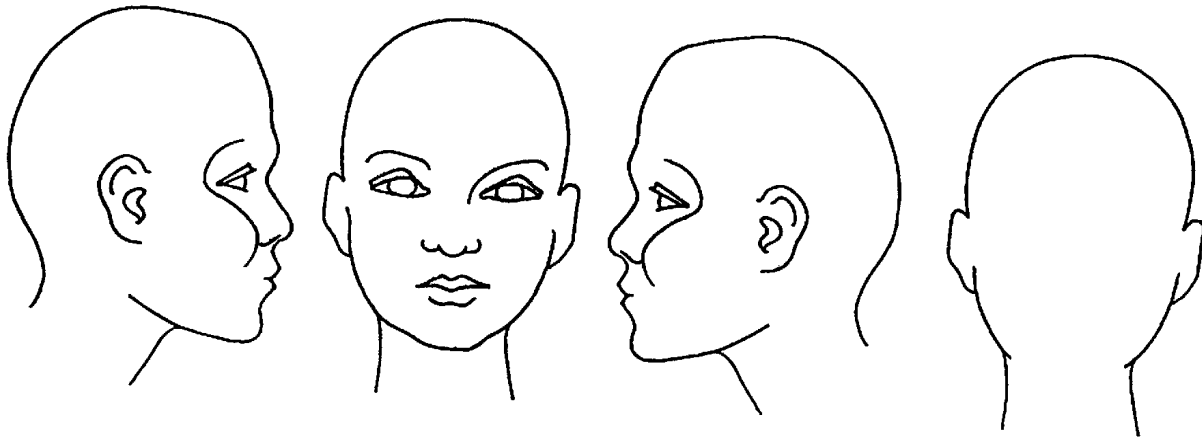
Safeguarding – concerns record

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.

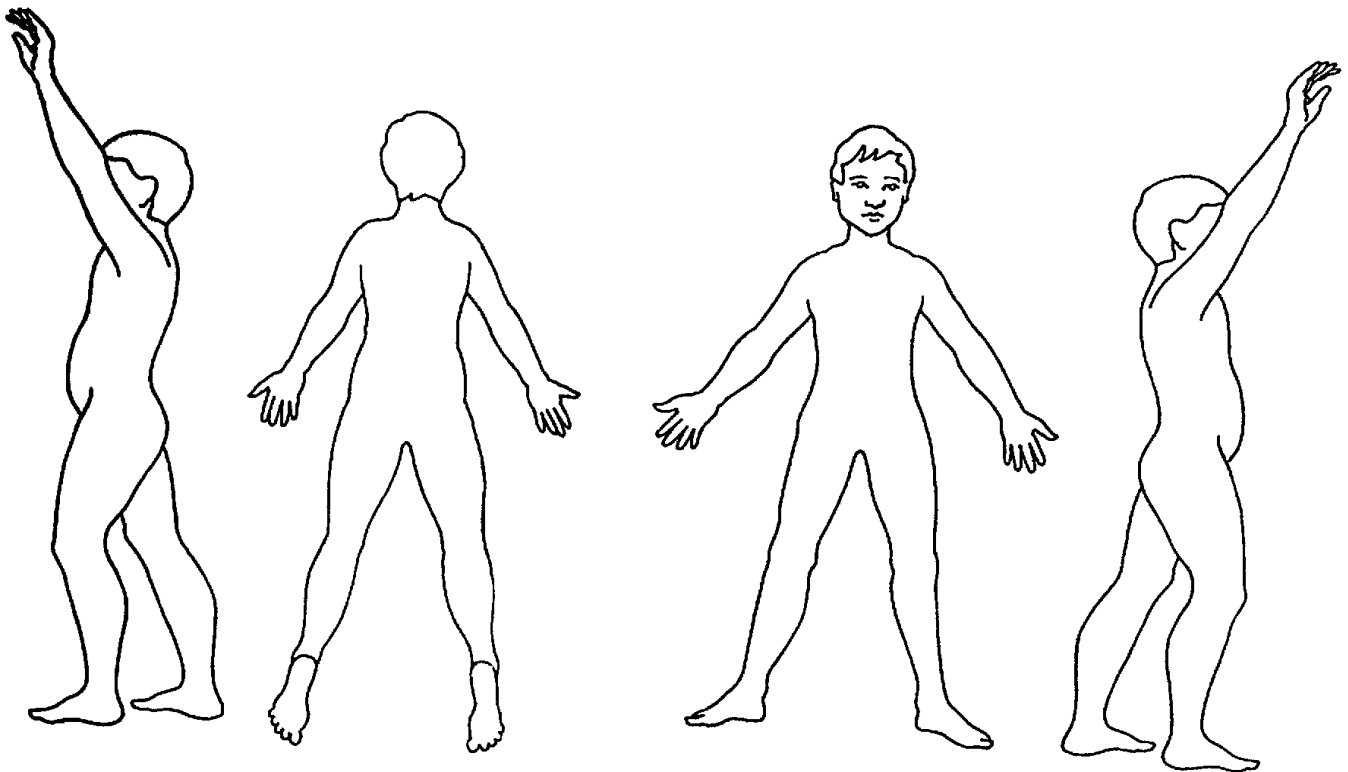
Child's Name:	DOB:
Name of Setting:	
Concerns shared with:	Date:
Designated Safeguarding Lead (DSL) <input type="checkbox"/> Insert name of DSL on duty at time of incident:	
Parent/Carer <input type="checkbox"/>	
Children's Services or named Social Worker if one already allocated <input type="checkbox"/>	
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 5 Chronological Safeguarding Record

Chronology					
Child Name:	d.o.b.	Parents name:	Childs start date:		
Home language: English Interpreter required?	Other files to reference (e.g. send siblings)		Key person/teacher:		
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