



Hackney Play Association
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SAFEGUARDING AND CHILD PROTECTION

POLICY AND PROCEDURES

Hackney Play Association works to improve play opportunities for children and young people in Hackney.
Registered Charity No. 272651.



“Everyone shares responsibility for safeguarding and promoting the welfare children and young people irrespective of individual roles”

Working Together to Safeguard Children, s 2.1

Legislative context

The Children Act 1989 and the Children Act 2004 provide the legal framework for the care and protection of children and young people (defined as up to 18 years old) in England.

In addition the guidance document “Working Together to Safeguard Children”, updated in 2010, provides specific and detailed advice about managing child protection and the London Safeguarding Children Board provides child protection procedures which all London-based agencies should follow.

Copies of all relevant legislation can be found online (references at the end of this document) and should be consulted by all staff and trustees.

1 Underpinning Principles

- 1.1 All children and young people have the right to be safe and to be protected from harm, either deliberate or unintentional.
- 1.2 HPA recognises that some groups of children may be more vulnerable to harm or exploitation because of disability, refugee status, Looked After status and other social factors.
- 1.3 HPA recognises its organisational responsibilities and also those of all its employees, sessional workers and volunteers, under “Working Together”.
- 1.4 Whilst not having statutory duties or power under the Children Act to investigate any suspicions or allegations of abuse, HPA does have a duty to report concerns so that the agencies powered with investigative responsibility can do so.
- 1.5 In all cases where there are child protection concerns, the welfare of the child is paramount.
- 1.6 HPA should therefore ensure that it provides
 - Training in child protection for all employees and trustees at least once per year
 - An awareness of roles and responsibilities
 - Clear lines of report and procedure.
 - A good working relationship with agencies charged with investigative responsibilities
 - Procedures to ensure safe recruitment of staff
 - Procedures to cover allegations against staff

2 Inter Agency Working

- 2.1 The agencies with statutory duties of child protection under the Children Act 1989 and 2004 are Children's Social Care (social services), the NSPCC and the police.
- 2.2 Effective child protection depends on cooperative interdisciplinary and interagency working relationships. To this end HPA is committed to establishing links with the Area Safeguarding Children's Board.
- 2.3 The Director of HPA or a trustee delegated by the Director should establish a close working relationship with a named representative from Hackney Children's Social Care, with whom all child protection matters can be discussed or referred.
- 2.4 In the case of an agency with statutory powers investigating a possible incidence of child abuse, HPA will share all information relevant to the case. The investigating agency should keep HPA informed.
- 2.5 Once HPA has made a child protection referral, the agency with statutory powers takes the lead role. There are number of responses this agency can make: carrying out a Child protection investigation under Section 47 of the Children Act is one, but not the only, option.

3 What constitutes abuse?

- 3.1 Four categories of abuse are usually identified.
 - Physical abuse
 - Sexual abuse
 - Emotional abuse
 - Neglect

A full description of categories of abuse and how they are identified is provided in Appendix 1.

- 3.2 HPA is committed to providing all its employees, students, sessional workers etc with adequate child protection training, which will ensure they understand the primary types of abuse, the main indicators and the damage done to children.
- 3.3 Concerns about domestic violence should be discussed with the Director: research indicates that children witnessing domestic violence are at risk of emotional abuse. Furthermore, domestic violence may extend to harming the child and, long term, may result in a child learning to use physical violence against others.

4, Procedures and awareness of procedures.

- 4.1 HPA's policy and procedures should be readily available to all staff, students and volunteers. Every member of staff, including sessional workers, must know what to do if they suspect abuse and also if there is an immediate or life-threatening situation. All HPA staff, students and sessional playworkers should be provided with copies of the Incident report form (Appendix 2) and the out-of-hours duty social work telephone number.

- 4.2 HPA's Director Nicola Butler is the designated officer responsible for safeguarding and child protection. The Deputy designated person is Jenny O'Shea, Inclusive Play Project Co-ordinator.
- 4.3 If a child or young person makes an allegation of abuse to a member of staff, that person should:
- Listen to what is said, allowing the child to proceed at his or her own pace
 - Explain to the child that this information will probably need to be shared with others and never promise to "keep a secret"
 - Ask questions for clarification only, and not to elicit a particular answer.
 - At the earliest opportunity, write a detailed report of exactly what was said, not an interpretation (e.g. "Then X said " P touched my bum"" NOT "Then X told me his friend had touched him inappropriately") and ensure this report is signed and dated. (Use pro forma in Appendix 1)
- 4.4 Most child protection concerns arise over a period of time from observations of a child's behaviour or through observation of someone else's behaviour towards the child. If this is the case, the HPA worker should also write a detailed report with dates, about what has caused him/her to suspect a child protection concern. As with a verbal disclosure this report must be objective, with specific and observable incidences and should distinguish fact from opinion. (Use pro forma Appendix 2)
- 4.5 Where there is a concern about the welfare of a child, but no immediate risk, it should be discussed as soon as possible with the Director of HPA or the playworker's immediate line manager. This person should support the worker to write their concerns.
- 4.6 The Director (or delegate) should pass on all concerns to the Local Authority Designated Officer, Josie Collier. In the first instance this can be verbal, but should be followed up by a written Childcare Concern (Use pro form Appendix 3)
- 4.7 If the HPA worker is based in another play setting, they should report their concerns to the Senior at this playground, who will ensure that their own child protection procedures are followed. They will need to keep a written record as per 4.2 & 4.3 above for HPA's records too.
- 4.8 In an emergency, where a child or young person makes a serious allegation, there has been an assault or a worker witnesses an incident, which causes him/her to consider the child is in **immediate** risk of significant harm, then HPA will need to take action to ensure the protection of the child. If it is not possible to discuss the situation immediately with the Director or a more senior person, the worker will need to contact the police or the duty/after hours social worker.
- 4.9 If possible and appropriate HPA will inform the child's parents why a referral is being made: it is important that HPA staff attempt to work in partnership with families and that families perceive play as a supportive influence in their children's lives.

5. Child Protection Investigations

- 5.1 If the agency with statutory powers carries out a Section 47 investigation, all HPA staff, students and workers will be expected to cooperate fully and share all relevant information. This may involve witness statements, or participation in a Child Protection conference or other roles.
- 5.2 Children or young people who have made allegations must be supported to understand why a referral has been made and, if possible, what will happen. HPA staff must not make any false promises or assurances.

6. Other considerations

- 6.1 When it is alleged that a child has been abused by another child, this must be referred to Hackney Children's Social Care. This may result in investigation of each child's needs separately or it may be agreed that the needs of the two children can be addressed via an alternative route.
- 6.2 Where an HPA worker suspects or witnesses self-harm in a child or young person, they should regard this as a possible indicator of abuse. It is in any case cause for concern and the Director should discuss with Children's Social Care.
- 6.3 When there is an allegation that a member of HPA staff has caused substantial harm to a child, this will be referred to Hackney Children's Social Care in the same way as any other concern
- 6.4 In the case of allegations against staff, the Chair of HPA ManCom should be informed immediately and this confirmed in writing.
- 6.5 In addition to this, HPA will follow its own Disciplinary Procedures, particularly if the threshold of significant harm is not met (e.g the allegation is of a smack on the hand, or something similar which does not merit a Section 47 investigation but is nevertheless inappropriate behaviour)
- 6.6 HPA will keep its safeguarding policy under review in view of changes to the Vetting and Barring Scheme.

7. Recruitment and CRB Procedures

- 7.1 HPA uses a Safer Recruitment process to recruit staff, along with our Equal Opportunities policy.
- 7.2 All staff and volunteers are required to have an up-to-date, enhanced CRB check, before they can work unsupervised with children and young people.
- 7.3 Staff and volunteers must complete an application form, providing contact details for 2 referees. The line manager is responsible for ensuring that referees are contacted and provide a written reference. Referees are asked to provide information on records of disciplinary procedures involving the prospective staff member.
- 7.4 HPA maintains an up-to-date register of staff CRB details.

7.5 HPA operates a probationary period of 6 months.

8. Useful Information and Contacts

Hackney First Response Team, Children's Social Care

Tel: 020 8356 5500

Email: Grp.HackneyCypduty@Hackney.gov.uk

Out of hours (5pm-9am) service, please contact the Emergency Duty Team on 020 8356 2346.

City & Hackney Safeguarding Children Board, www.chscb.org.uk

NSPCC Helpline now on 0808 800 5000

ChildLine on 0800 1111

Working Together to Safeguard Children, 2010, DCSF, www.dfe.gov.uk

London Child Protection Procedures, www.londonscb.gov.uk/procedures

APPENDIX 1

Definitions of Abuse and Neglect

From "Working Together to Safeguard Children" 2010, DCSF

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger. They may be abused by an adult or adults, or another child or children.

Physical abuse

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

Emotional abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to 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 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. 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.

Sexual abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape, buggery or oral sex) or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, sexual online images, watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

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)
- ensure access to appropriate medical care or treatment.

- It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Signs and Symptoms of Abuse and Neglect

Signs and Symptoms of Physical Abuse

- Unexplained recurrent injuries or burns
- Improbable excuses or refusal to explain injuries
- Wearing clothes to cover injuries, even in hot weather
- Refusal to undress for gym
- Bald patches
- Chronic running away
- Fear of medical help or examination
- Self-destructive tendencies
- Aggression towards others
- Fear of physical contact - shrinking back if touched
- Admitting that they are punished, but the punishment is excessive (such as a child being beaten every night to 'make him study')
- Fear of suspected abuser being contacted

Signs and Symptoms of Emotional Abuse

- Physical, mental and emotional development lags
- Sudden speech disorders
- Continual self-depreciation ('I'm stupid, ugly, worthless, etc')
- Overreaction to mistakes
- Extreme fear of any new situation
- Inappropriate response to pain ('I deserve this')
- Neurotic behaviour (rocking, hair twisting, self-mutilation)
- Extremes of passivity or aggression

Signs and Symptoms of Sexual Abuse

- Being overly affectionate or knowledgeable in a sexual way inappropriate to the child's age
- Medical problems such as chronic itching, pain in the genitals, venereal diseases
- Other extreme reactions, such as depression, self-mutilation, suicide attempts, running away, overdoses, anorexia
- Personality changes such as becoming insecure or clinging
- Regressing to younger behaviour patterns such as thumb sucking or bringing out discarded cuddly toys
- Sudden loss of appetite or compulsive eating
- Being isolated or withdrawn
- Inability to concentrate
- Lack of trust or fear of someone they know well, such as not wanting to be alone with a babysitter or child minder
- Starting to wet again, day or night/nightmares
- Become worried about clothing being removed
- Suddenly drawing sexually explicit pictures
- Trying to be 'ultra-good' or perfect; overreacting to criticism

Signs and Symptoms of Neglect

- Constant hunger
- Poor personal hygiene
- Constant tiredness
- Poor state of clothing
- Emaciation
- Untreated medical problems
- No social relationships
- Compulsive scavenging
- Destructive tendencies

Note: A child may be subjected to a combination of different kinds of abuse. It is also possible that a child may show no outward signs and hide what is happening from everyone

APPENDIX 2

HPA Accident/Incident report

GENERAL DETAILS OF ACCIDENT/INCIDENT

Date of incident.....Time.....

Place of incident (address and specific site at address)
.....
.....

Who was there? Please list all people

What happened? Please give exact details.

What action did you take?

Did anyone need First Aid? Yes / no
If yes who applied it?.....

Who received it?

What was the treatment?.....

Did you/the child need to go to the doctor/hospital? Yes/No
If yes, which hospital did you go to?.....

What time did you go?.....

who was treated?

What was the treatment?

WHO DID YOU TELL ABOUT THE INCIDENT?

HPA? Yes/no

Date.....time.....

Who did you speak to?.....

Child's Parents? Yes/no

Date.....time.....

Who did you speak to?.....

What was their response?

Other person? (eg police, Hackney Children's Social Care, Staff at other play site?)

yes/no

Date.....time.....

Who did you speak to?.....

What was their response?

IS there any action that could be taken to prevent this happening again?

Any other details

SIGNED.....date form completed.....

Your role.....

Signature of HPA director/linemanager.....

Date.....

Appendix 3

Agency Referral to Hackney Children's Social Care

Latest edition of this referral form is available at:

[http://www.chscb.org.uk/files/Agency Referral to Hackney Children Social Care - new CHSCB logo.doc](http://www.chscb.org.uk/files/Agency%20Referral%20to%20Hackney%20Children%20Social%20Care%20-%20new%20CHSCB%20logo.doc)