Child Protection and Safeguarding Policy

Reviewed by Richard Frankland CEO

Reviewed: January 2026
To be reviewed: January 2027

Signed Richard Frankland CEO:



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1. STATEMENT OF INTENT

1.1 *A safeguarding culture: "We in Prospex are committed to a practice which seeks to protect children from harm. Staff and volunteers in this organisation accept and recognise our responsibilities to develop awareness of issues which cause children harm."*

1.2 Our policy defines a child as: 'a child or young person under 18 years of age'

1.3 Children have a right to be safe and happy in the activities that they, or their parents and carers choose. Prospex has a duty of care for the children for whom they provide services and activities. Good Child Protection Practice protects not only the children but also the staff and volunteers within the organisation.

1.4 Prospex aims to create an atmosphere where children and young people feel valued and safe and a place where their welfare is promoted.

1.5 Any concerns will be taken seriously and acted upon appropriately and all staff and volunteers will pay attention to what children and young people say and feel.

1.6 We will be rigorous and vigilant in protecting the children and young people using the project from abuse, bullying and intimidation. We will do this through a careful recruitment and selection process, a whistle blowing policy, ongoing supervision and monitoring arrangements and guidance on appropriate behaviour.

1.7 Everyone involved in the work of Prospex is obliged to make sure that children and young people using their facilities and services (on and off site) are safe.

1.8 They must report concerns without delay, initially to a line manager, and at the first opportunity make detailed notes regarding the incident of concern.

1.9 All those involved in the work of Prospex will be made aware of this policy and of what to do if they have any concerns. There is guidance for those responsible for responding to concerns so that they are properly dealt with.

1.10 As part of your probation period with Prospex, you will undergo an induction, at the end of which you will be required to demonstrate that you have read and familiarised yourself with the content of your Staff Handbook, including the Child Protection and Safeguarding policy and procedures.

1.11 Prospex has nominated a Designated Safeguarding Lead (Richard Frankland, CEO) and a member of the trustee board (Danielle Cohen) to take the lead on safeguarding at the highest level.

1.12 If you are unsure about how this section relates to your responsibilities as an employee of Prospex, or concerned about your ability to operate within the policy & procedures for any reason, you must discuss this with your line manager as a priority.

1.13 **A Child or Young Person has the Right:**

- To be protected from neglect, abuse and exploitation: the health, safety and well-being of children and young people are paramount.
- To have their welfare and development promoted and safeguarded so that they can achieve their full potential.
- To have their needs determined and met within the context of their family; children are usually best brought up and cared for within their own families, and it is essential to work in partnership with families, whenever possible.
- To be listened to, to have their views given careful consideration and to be encouraged and supported to participate in decisions which affect them.
- To be respected and to be understood in the context of their own cultural, religious and ethnic origin and the values which support this context.
- To be kept safe and have their welfare promoted regardless of their age, disability, gender reassignment, race, religion or belief, sex, or sexual orientation.
- To expect that those professionals and others working on their behalf will cooperate with staff in all other agencies to protect children.

KEY CONTACTS

Prospex Designated Safeguarding Lead: Richard Frankland
Number: 020 7607 7626. Mobile: 07703336460
Email: richard@prospex.gov.uk

Prospex Deputy Safeguarding Lead: Alan Hopson
Number: 0207 7607 7626. Mobile: 07703 336 463
Email: alan@prospex.org.uk

Prospex Child Protection Advisor/Trustee: Danielle Cohen
Number: 07931992211
Email: daniellecohen.cp@gmail.com

Islington Children's Services:
020 7527 7400 - Children's Services Contact Team (CSCT)

020 7527 3366 - Disabled Children's Team

020 7527 3355 - Social and Emotional Mental Health, SEMH

0207 226 0992 - Emergency Duty Team (out of hours)

Email: csctreferrals@islington.gov.uk

NSPCC Helpline:

Number: 0808 800 5000

Textphone for people who are deaf or hard of hearing: 0800 056 0566

NSPCC Asian Helpline (Monday –Friday 11.00 am -7.00 pm): 0800 096 7719

Email: help@nspcc.org.uk
Web: https://www.nspcc.org.uk/keeping-children-safe/our-

services/nspcc-helpline/ **Childline:**

Number: 0800 1111

Web: https://www.childline.org.uk/

Mayflower Disclosure Services LTD (DBS Provider) can be found via:
www.dbsdirect.co.uk

2. CHILD PROTECTION AND SAFEGUARDING POLICY

(see also Appendices 1-10)

2.1 The following elements contribute to a safe, open and alert environment at Prospex.

2.2 A whistle blowing policy through which children and adults are encouraged to voice concerns about abusive or unethical behaviour without fear of recrimination.

2.3 Training for people working in the projects. All staff and volunteers will be trained in signs of abuse. This will include bullying, or putting people down because of their race, religion, culture, gender, sexuality, disability, etc. They will also be trained about the behaviour of abusers, what their duty is if someone tells them about abuse. They will be trained to know about the whistle blowing policy.

2.4 Sensitive information that is related to Child Protection issues will only be shared with relevant agencies on a need-to-know basis. If anyone has information that could be used to keep a child safe this should always be shared.

2.5 Information will be available to children and young people and their parents/carers, through a leaflet, poster or notice board. Individuals will be trained to know who to speak to if they are concerned about what is happening to themselves or others.

2.6 In discussions they will be encouraged to raise concerns and/or use the project's complaints procedures and whistle blowing policy.

2.7 A Code of Behaviour has been implemented for everyone involved in the project. This makes clear what is appropriate and what is not, advice about physical contact and restraint, how to manage intimate care tasks, etc.

2.8 Clear supervision and monitoring arrangements, which are explained to everyone. Supervisions will take place with your line manager once per month.

2.9 External contact for advice and guidance when child protection issues come up and you are not sure how to respond. Currently this is the Multi-Agency Safeguarding Hub (MASH), Children's Services Contact Team (CSCT), Islington Council.

2.10 Ensure that Prospex staff are not left in a position where they are working with children alone. Where staff are undertaking one-to-ones with children this is done either in a public place out in the community (this is communicated clearly to other staff), or within the Prospex building where other staff are present and aware of the session.

2.11 If a child's behaviour is causing concern within a Prospex project (bullying or aggressive behaviour) the child's parent/carer should be advised and if this does not resolve the problem the child may be temporarily excluded from the activity, until the situation is resolved. Prospex do not believe that long exclusion benefits the child or young person and aim to resolve exclusions as quickly as possible.

2.12 Records will be kept of all training, supervision meetings, and all other meetings concerning arrangements for children, counselling sessions and concerns raised by children about their treatment. These will be kept on the Prospex Dropbox staff tracker. Information regarding children will be kept on the secure and encrypted database (Upshot).

2.13 Confidential notes and paper records must be kept in a secure locked cabinet and destroyed once uploaded to the online database.

2.14 All new recruits should read the Staff Handbook as well as the Prospex Child Protection and Safeguarding Policy during their induction, the line manager should check that this has been achieved at first supervision and note it on the file.

2.15 Staff must liaise with relevant Child Protection agencies and ensure that key staff and volunteers attend Child Protection Training on a regular basis. This should be updated in line with any new legislation.

2.16 When Prospex Staff/volunteers have been involved in a case involving Child Protection issues, this should be discussed through line management to ensure that those involved feel supported.

2.17 All Prospex projects that are accessible to families and children should endeavour to promote the safety of children and young people and make available leaflets, help lines and other information.

2.18 All Policies adhered to in this document should be clearly available for any Prospex project that engages in work with the public.

2.19 Managers should identify a contact within their local Children's Services Department (currently this is CSCT, Islington Council, see page 5 for contact details). A contact for staff and volunteers when there is an urgent incident that occurs out of hours should be identified (currently this is the Emergency Duty Team, Islington Council). A pro forma is available for this purpose and once completed should be accessible for all staff and volunteers.

DBS Disclosure Checks - Existing Staff

2.20 All staff and volunteers who have contact with young people are to have an enhanced DBS disclosure, any staff or volunteer who does not have contact with young people will require a standard DBS disclosure.

2.21 As staff approach the three-year stage of working the Designated Lead should advise staff that a further DBS requires to be undertaken this is the responsibility of Prospex to ensure that everyone's DBS is up to date.

3. HANDLING INDICATIONS OF POSSIBLE ABUSE

(see also Appendices 1- 4)

3.1 To adhere to Child Protection law and best support staff the following procedures must be adhered to in all following cases:

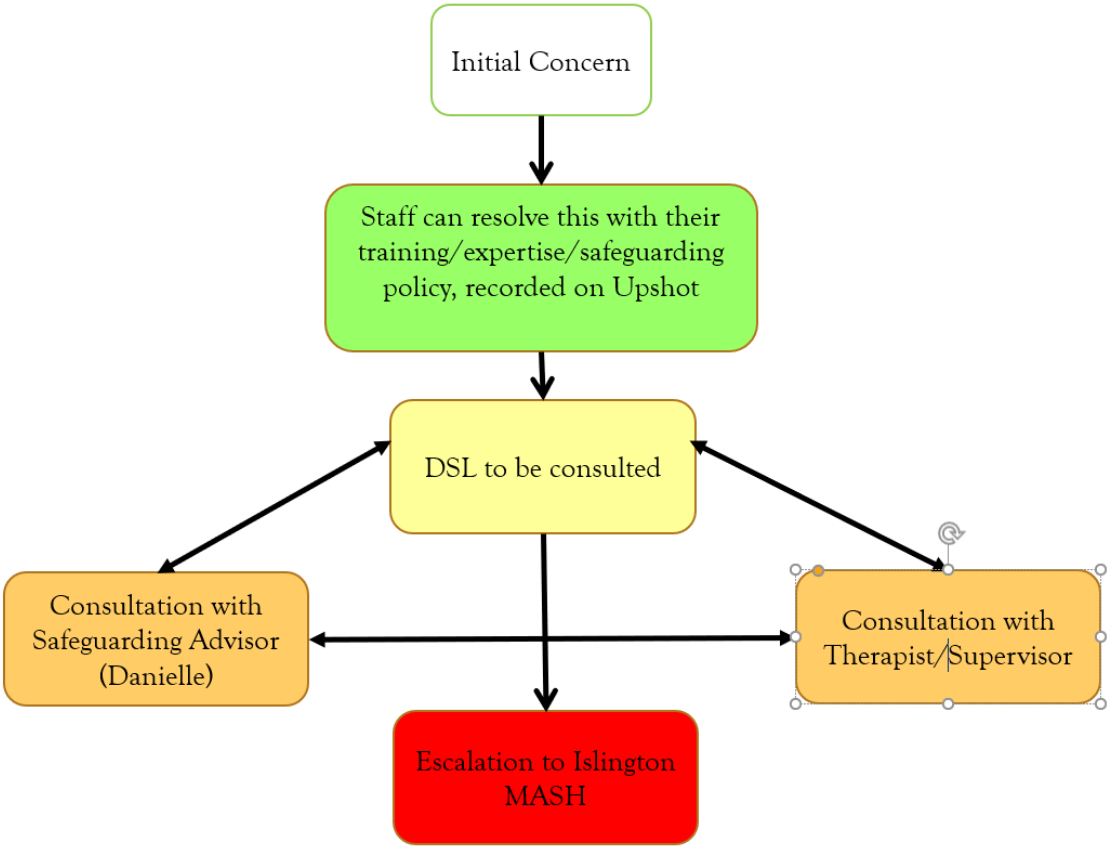
- Child discloses abuse and/or staff see signs of possible physical abuse or neglect.
- A child/parent/carer/staff member/volunteer discloses information and/or concerns about staff member/volunteer.
- Information about a child may come from another child, a sibling or friend.
- You have information or an indication that a child is visiting a Registered Sex Offender.

3.2 This information should be taken seriously.

3.3 **What you must do:**

- Give reassurance i.e. “it’s good that you shared that with me, well done”.
- Try to use open questions to clarify what the child is saying, to ensure that you understand their meaning. If there is anything you don’t understand do not assume, ask clearly.
- Record what the child/person has said as soon as possible using the referral forms.
- If a child/adult tell you something you should not promise to keep it a secret. Explain that you will share the information if you are worried about their safety or the safety of others.
- If you are worried about the immediate safety or wellbeing of the child//adult, call emergency services (999).
- Inform your Designated Safeguarding Lead (DSL) and/or line manager as soon as possible
- With advice from your DSL or CP Advisor, if appropriate, contact Islington Children’s Services Contact Team (CSCT) for advice or to make a referral

GUIDANCE FOR STAFF:



Observation of injury

3.4 Staff should ask the child about an obvious injury or bruise, if the child is able to communicate with language. Keep it brief and open ended, (e.g. "J, that's a big bruise how did you get it?" or "J, that looks painful, how did it happen?).

3.5 It may be a good idea to write down the child's answer and the following response. Do not question the child more closely. It is not our business to investigate.

3.6 This will be followed up by the relevant agencies if necessary.

Records / logging concerns

3.7 Staff must log any existing marks, cuts, bruises observed on a child when the child enters the play facility/work base on the online database (Upshot). In this way any pattern of injury can be seen and logged over a period of time - even though a child may come into contact with different staff. These records must be made available on request to the DSL or line manager.

3.8 Any written records must be kept 'out if sight' and in confidence. These should be destroyed once uploaded to Upshot.

3.9 Suspicions of physical abuse and neglect are **serious**:

DO NOT sit alone and decide whether to tell or not – you MUST pass it on.
DO write down what you have been told. Include dates, times and *only facts.*
DO write down what has brought about your strong suspicion
DO pass your thoughts/information on immediately as instructed in above

Other child protection concerns for staff to be aware of:

3.10 Child Sexual Exploitation

3.11 Radicalisation

3.12 Female Genital Mutilation

3.13 Child Criminal Exploitation/County Lines

3.14 Support and safeguarding of LGBTQ+ children

3.15 Missing Children

Child Sexual Exploitation (CSE)

(see also Appendix 1 & 2)

3.16 The department of education defines CSE as:

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

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

Child Criminal Exploitation (CCE)/County Lines

(see also Appendix 1 & 2)

3.19 The Home Office defines Child Criminal Exploitation (CCE) as: Child Criminal Exploitation…occurs where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the

age of 18. The victim may have been criminally exploited even if the activity appears consensual.

3.20 Child Criminal Exploitation does not always involve physical contact; it can also occur through the use of technology. Criminal exploitation often happens alongside sexual or other forms of exploitation.

3.21 Child Criminal exploitation is broader than just county lines and includes for instance children forced to work on cannabis farms, to commit theft, shoplift or pickpocket, or to threaten other young people.

3.22 The NSPCC defines 'County Lines' as the police term for urban gangs exploiting young people into moving drugs from a hub, normally a large city, into other markets - suburban areas and market and coastal towns - using dedicated mobile phone lines or "deal lines".

3.23 Children as young as 12 years old have been exploited into carrying drugs for gangs.

3.24 This can involve children being trafficked away from their home area, staying in accommodation, and selling and manufacturing drugs. This can include:

- Airbnb and short term private rental properties
- budget hotels
- the home of a drug user, or other vulnerable person, that is taken over by a criminal gang- this may be referred to as cuckooing.

Radicalisation

3.25 Prospex recognise that safeguarding against radicalisation is no different from safeguarding against any other vulnerability staff are Prevent trained.

3.26 Prospex staff are expected to uphold and promote the fundamental principles of democracy, the rule of law, individual liberty and mutual respect, and tolerance of those with different faiths and beliefs.

3.27 The main aims of this policy statement are to ensure that staff are fully engaged in being vigilant about radicalisation; that they overcome professional disbelief that such issues will not happen here and ensure that we work alongside other professional bodies and agencies to ensure that our children and young people are safe from harm.

3.28 The principal objectives are that all staff, volunteers and young leaders will have an understanding of what radicalisation and extremism are and why we need to be vigilant.

3.29 Radicalisation is defined as the act or process of making a person more radical or favouring of extreme or fundamental changes in political, economic or social

conditions, institutions or habits of the mind. Extremism is defined as the holding of extreme political or religious views.

Female Genital Mutilation (FGM)

3.30 The NHS defines female genital mutilation (FGM) as a procedure where the female genitals are deliberately cut, injured or changed, but there's no medical reason for this to be done.

3.31 It's also known as female circumcision or cutting, and by other terms, such as Sunna, gudniin, halalays, tahur, megrez and khitan, among others.

3.32 FGM is usually carried out on young girls between infancy and the age of 15, most commonly before puberty starts.

3.33 It's illegal in the UK and is child abuse.

3.34 It's very painful and can seriously harm the health of women and girls.

3.35 It can also cause long-term problems with sex, childbirth and mental health.

GUIDANCE FOR STAFF:

3.36 If concerned about possible CSE, CCE/County Lines, radicalisation or FGM, follow the procedures above as with any safeguarding concern and report straight to the Designated Safeguarding Lead or Deputies.

3.37 Prospex encourages staff and volunteers to attend training on CSE to promote effective intervention.

Support and Safeguarding of LGBTQ+ Children

3.38 Prospex acknowledges that LGBTQ+ children can be at increased risk of some types of harm and is committed to creating a safe and inclusive environment for LGBTQ+ children.

3.39 Staff are encouraged not to make assumptions but instead to discuss with children and young people what language to use, for example which pronouns they are comfortable with and would like to be used by Prospex staff.

3.40 All toilets and changing facilities in Prospex are gender neutral to minimise discomfort and increase safety.

3.41 Prospex does not tolerate transphobic or homophobic language and consider this a form of bullying. (Please turn to page 24 for guidance on responding to bullying and peer abuse).

Missing Children

3.42 Children's safety is maintained as the highest priority at all times both on and off premises. Every attempt is made through carrying out the outing's procedure and the exit/entrance procedure to ensure the security of children is maintained at all times.

3.43 As a mandatory part of the membership process, parents are asked to state whether the child has permission to leave the premises unescorted or must be collected by an adult. Before each session, members of staff are made aware of this in relation to every child.

3.44 If a child goes missing on the premises:

3.44.1 As soon as it is noticed that a child is missing the key person/staff alerts the DSL.

3.44.2 The DSL calls the parent, or carer should be contacted to establish whether they have returned home.

3.44.3 Parents or carers are responsible for contacting the police when appropriate. Providers can contact the police on the parent's/carer's behalf with agreement, or without agreement if the child is at significant risk of harm.

3.44.4 The DSL and members of staff will carry out a thorough search of the building and outdoor spaces. The register is checked to make sure no other child has also left the premises.

3.44.5 The DSL talks to the staff to find out when and where the child was last seen and records this.

3.44.6 The DSL contacts the Chief Executive Officer and reports the incident. The CEO, with the senior leadership team, carries out an investigation.

3.44.7 If staff or the parents contact the police, wait for them to arrive and follow their instructions. The DSL or senior staff member must continue to search while waiting for the police to arrive. If the parents do not want to contact the police,

only contact them if you consider the parent's decision to be unreasonable and the child is at significant risk of harm.

3.45 If a child goes missing on an outing:

3.45.1 As soon as it is noticed that a child is missing the key person/staff alerts the DSL.

3.45.2 The key member of staff calls the police and reports the child missing, then calls the parent, who should make their way to the venue.

3.45.3 The key member of staff will contact the venue's security who will handle the search.

3.45.4 Staff members keep calm and do not let the other children become anxious or worried.

3.45.5 The setting leader together with Chief Executive Officer speaks with the parent(s).

4. ROLE OF THE DESIGNATED SAFEGUARDING LEAD

4.1 A DSL representative responsible for making sure the child protection policy is working.

4.2 4.2 The current DSL is **Richard Frankland**. In his absence the deputy DSL is **Alan Hopson** (contact details on page 5)**.**

4.3 **Carole Ward, Gus Sackey** are also trained safeguarding leads.

4.4 4.4 All staff and volunteers must be made aware of the DSL and how to contact them during induction training.

4.5 The DSL has a number of responsibilities:

- Receiving information about child protection concerns and recording this information;
- Assessing the information promptly and carefully, clarifying or obtaining more information about the matter as appropriate;
- Consulting initially with statutory agencies to test out any doubts or uncertainty about the concerns as soon as possible;
- Making a formal referral to a statutory agency or the police without delay when appropriate.

4.6 All DSLs must:

- Have undergone Designated Safeguarding Lead training and refresh the training every two years.
- Be aware of Prospex Child Protection and Safeguarding Policy and always follow procedures.
- Ensure all relevant staff and service users are aware of their role.
- Advise the organisation of any Child Protection and Safeguarding training needs.
- Make themselves available for consultation by staff, volunteers and service users and support staff attending Child Protection conferences convened by Children Services.
- When contacted by staff/volunteers/services users: Obtain as much information as possible in order to fill out the checklist referral form as fully as possible (this information will be requested by the duty social worker if a referral is made to Children's services).
- In cases where the DSL is unclear if a referral to Children's Services is required, they can contact the Children's Services Contact Team (contact details on page 5) for advice, to test out any doubts or uncertainty about the concerns as soon as possible. The case can be discussed anonymously.
- It is not within the role of the DSL to decide whether a child has been abused or not.

GUIDANCE FOR STAFF

Confidentiality

4.7 Having informed the Designated Safeguarding Lead, staff must treat concerns, information and records in total confidence. Information will be shared on a need-to-know basis only. This will be decided by the DSL and communicated to relevant staff. At times this may be difficult for staff, but it must be stressed that the needs of the child are paramount.

4.8 Staff are encouraged to discuss issues and feelings within the confidence of formal supervision with their line manager.

4.9 The confidentiality policy above must be shared with each service user during their induction to the service. Young people must be shown where they can always access the confidentiality poster on the 'important stuff' notice board in the centre.

4.10 All service users must be introduced to the staff team and given instructions on how to share any safeguarding concerns they have during their induction. This information is displayed on the 'important stuff' notice board.

Procedure for Referral to Children's Services

4.11 Complete the Checklist for Referral Form as fully as possible: (see Appendix 5).

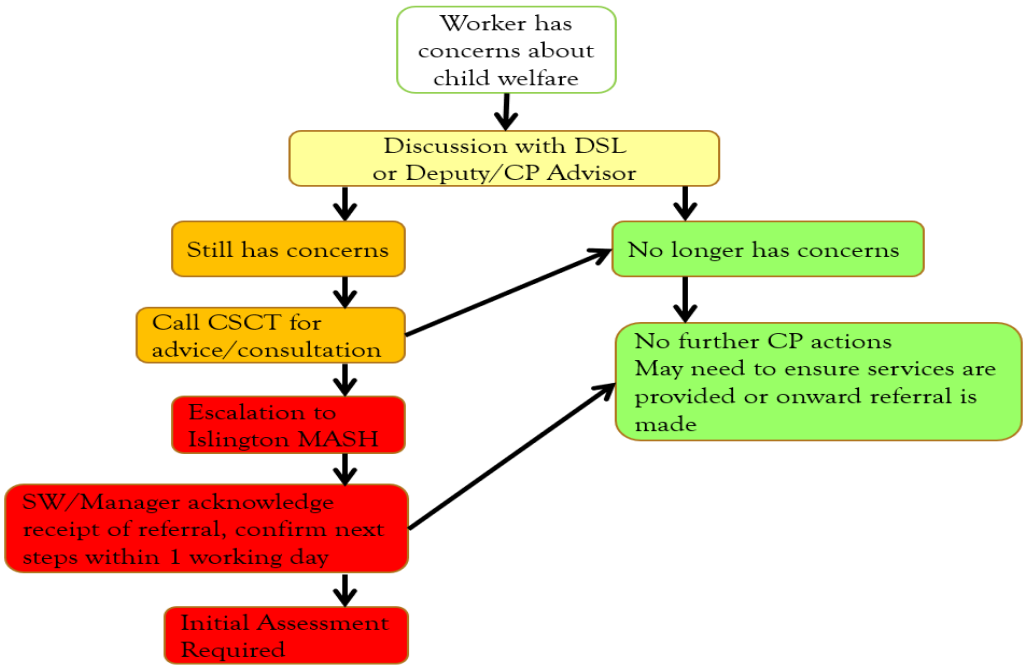
4.12 Following consultation with staff volunteers or service users: if a decision is made to refer to Children's Service it is the responsibility of the DSL to make a referral (usually by telephone in the first instance).

4.13 Telephone referrals must be followed up in writing to Children's Services within 24 hours of the phone referral: send a copy of the checklist referral form.

4.14 In all cases a copy of the written referral must be sent to The Chair of the Trustees Board of Prospex. The Chair of Trustees is Mike Hickes, referral should be sent to mikehickes51@gmail.com

4.15 Any records relating to child abuse, should be kept in a secure place at Prospex Head Office for a period no less than 20 years.

4.16 The flow chart below shows the referral procedure (see Appendix 6 for what happens when a referral to social care is made)



5. RESPONDING TO ADULTS TRESPASSING FOR THE PURPOSE OF ABUSE

5.1 Adults who are not members of the organisation are not allowed on premises while children are present.

5.2 If other people will be present besides the staff members or other children's parents, they sign in to the visitors' book where they can sign in and out and show ID, including DBS where appropriate.

5.3 Staff must ensure that any adult who is not a member of staff is never alone with a child and is not allowed to travel within the premises unescorted by a member of staff.

5.4 When booking visiting speakers, senior members of staff should assess any risks and put in place policies and procedures to protect the children in Prospex's care. Visiting speakers are not exempt from the child protection policy and procedures that Prospex staff and volunteers follow.

5.5 If an adult who is not a member of staff or parent is found trespassing on the property uninvited, they must be immediately asked to leave.

6. HANDLING INDICATION OF ABUSE BY STAFF OR VOLUNTEERS

6.1 Any indications or disclosures of abuse by staff or volunteers should be reported to Islington Local Authority Designated Officer (LADO).

LADO CONTACT DETAILS:

Phone: 020 7527 8102. **Email:** lado@islington.gov.uk.

6.2 Cases can be discussed anonymously to seek advice and information in the first instance. Confidentiality is paramount in such cases. The allegation will only be discussed with the manager and the Chair of Trustees.

6.3 If an allegation is made against the DSL, this should be communicated directly to the Chair of Trustees. If a staff member of volunteer is alleged to have perpetrated abuse or there is an indication of this, their work will be suspended until enquiry complete. Information regarding allegations is noted on the staff member's or volunteer's file until proved or otherwise. In the case of third-party information this will be dealt with through a closed section. Staff or volunteers can request support from their DSL if needed. If a case is proven – dismissal procedure will be put into effect.

Working with the aftermath or an allegation or suspicion

6.4 We recognise that allegations of this nature can lead to rumours circulating, feelings of guilt or blame among staff members if suspicions have been around for some time, and gaps in service as investigations run their course.

6.5 The opportunity to 'de-brief' after an event will be routinely considered.

6.6 Careful consideration will be given in each case to the sharing of information and the provision of appropriate support.

6.7 Deciding on who should be involved in this will be related to the extent of knowledge about the concern and the impact on particular individuals – staff or/and service users.

6.8 Deciding on who should be involved in this will be related to the extent of knowledge about the concern and impact on particular individuals – staff or / and service users

7. STAFF CODE OF CONDUCT AND GOOD PRACTICE

7.1 Prospex Staff/volunteers must not work alone with children unless there is at least another adult present. The only exception of this is when they are delivering our one-to-one support and then they must follow the strict guidelines in the Prospex Lone Working Policy.

7.2 Children and young people are not to be left unaccompanied in Prospex premises.

7.3 No children are allowed unaccompanied in the Prospex offices.

7.4 Staff or volunteers should never:

- Allow young people to use inappropriate language or intimidating behaviour unchallenged, make sexually suggestive comments about or to a child, even in fun
- Let allegations a child makes be ignored or go unrecorded
- Engage in the restraint of a child unless qualified to do so and only as a last resort, only in the case that a child is a serious risk of harm to themselves or others
- Allow unattended access to the Internet by children/young people unless it is a specific safe site approved by Prospex
- Expose children to pictures or written materials that is pornographic, upsetting or offensive
- Engage in exchanges with a young person with any form of social media and you must never accept a young person as a friend or contact on these networks either unless using the authorised Prospex account. The password

to the official account will be available to line managers who will monitor this closely. Parents and carers must consent to this form of communication with young people under the age of 16.

- You must not store young people's phone numbers or emails on your personal phone. All calls to young people to be made from a work phone.

7.5 All staff and volunteers coming into contact with children should follow these general rules.

- Do not spend excessive amounts of time alone with individual young people, away from others.
- Do not take young people alone on car/minibus journeys. There should always be a second worker when travelling by automobile. Workers must be insured.
- Do not take young people to your home.

7.6 When it is unavoidable that any of the above happen, they should only occur with the full knowledge and consent of someone in charge at Prospex and/or the parent/carer. Parents must be informed if the young person is under 18.

Managing Behaviour and Acceptable Physical Restraint

7.7 Due to the very nature of Prospex work with young people, it may, at times, be necessary to restrain a young person for their own safety or for the safety of others. This being the case, only those Prospex staff holding a valid restraint certificate, will endeavour to carry out the restraint.

Personal Safety

7.8 All Prospex staff and volunteers should be aware of their own personal safety. To this end Prospex does not expect office based administrative staff or volunteers to be placed in vulnerable situations.

7.9 It is a rule that no young people are allowed on the premises unless a qualified youth worker is present. This protects both you and the young people.

7.10 In the case that a young person arrives at the premises seeking help and no qualified youth worker is available, the Prospex safety plan (see Appendix) must be followed until a member of the qualified youth team can be contacted.

Lone Working

Staff Ratios

7.11 When working with young people the following adult to child ratios applies, it is the responsibility of the senior worker to ensure this takes place for every session.

Age of child (years)	No. of Adults	No. of Children
4-8	1	6
9-12	1	8
13-18	1	10

Activities Away from the Main Premises

7.12 When activities are arranged away from the centre, the role of Prospex will be:

- To provide valid insurance cover for their staff and volunteers.
- Ensure a full risk assessment has been carried out on the planned venue. This means carrying out a Prospex risk assessment as well as requesting to see the venue's risk assessment for the site and activities.
- Some high-risk activities are not covered by Prospex insurance. When planning you must check that what you are planning is covered and if not that the provider's public liability insurance covers every eventuality. A copy of the current insurance documents is available in the main office.
- That where appropriate, parent/carer permission has been given for the trip and a completed/signed application form handed to Prospex.
- That all staff attending the event are trained accordingly.
- To arrange transportation to and from the venue.

8. ONE-TO-ONE WORK WITH CHILDREN

8.1 As a part of the Prospex Listens & Cares (PLC) program, one-to-one key working sessions with individual children now take place on the premises. Children also have the opportunity to undertake therapeutic sessions with a therapist on the premises.

8.2 Only staff with designated safeguarding lead training and an enhanced with barred list DBS check are permitted to undertake one-to-one key working sessions with young people at Prospex.

8.3 Any child under the age of 16 wishing to take part in one-to-one key working sessions as a part of the PLC program must have consent from their parents.

8.4 If there are any concerns about parental consent, or the appropriateness of undertaking one-to-one work even where child and parental consent is present, staff should discuss this with the CEO. It is best practice to have at least 2 adults present. This adult should preferably be somebody with safeguarding responsibility, for example the DSL.

8.5 Where one-to-one work with a child or young person is unexpected and unplanned, staff must make sure they are somewhere where other people can see them. The staff member should also tell another adult such as their supervisor or designated safeguarding lead, that they are alone with the child.

9. RECRUITMENT AND SELECTION OF STAFF AND VOLUNTEERS

9.1 All volunteers and staff, including temporary personnel and helpers are subject to a careful and rigorous selection and vetting process with the following elements:

9.1.1 Completion of an application form and checking the person's identity by their birth certificate or passport, preferably by something that has their photograph

9.1.2 Taking up references, which are seen before the interview and verified by a follow up phone call

9.1.3 An interview preferably by two people

9.1.4 Identifying reasons for gaps in employment or inconsistencies

9.1.5 Carrying out DBS checks. These checks are required to be repeated every 3 years.

9.1.6 Allowing no unsupervised access to children and young people until this has been completed, e.g., no appointment subject to references and DBS clearance.

9.1.7 Seeking advice about recruiting someone with a criminal record with relevant agencies.

9.1.8 A supervised probationary period for new people to the project and a comprehensive induction period that includes familiarisation with Prospex child protection procedures and the safeguarding policy.

9.1.9 Negative feedback regarding potential worker/volunteer received from other agencies, or partnerships should be carefully considered.

9.1.10 All Prospex staff/volunteers will require an enhanced DBS check to work with Prospex whatever that role involves. Where appropriate and under supervision a volunteer may be able to start before their DBS certificate arrives subject to conditions set by the CEO.

9.1.11 All Applicants whose position involves regular contact with children or families should be asked whether they have been the subject of any enquiries undertaken by the police or Family Services department following allegations made against them, which may have a bearing on their suitability for the post.

9.1.12 They should also be required to disclose whether they have ever changed their name.

Recruitment and Vetting - Further Advice and Guidance

9.2 The following websites provide advice and guidance on recruiting and vetting new staff: https://www.gov.uk/government/organisations/disclosure-and-barring-service

10. KEEPING UP TO DATE – TRAINING

10.1 All staff working directly with children should be encouraged to attend regular training. This training will inform them of child protection issues in terms of regulations and guidelines. Information about available training should be given to appropriate staff through supervision or through team meetings.

10.2 All staff must undertake accredited Safeguarding training upon recruitment and every 2 years thereafter. Prospex aims to refresh basic safeguarding training annually for current staff.

10.3 All staff and volunteers will receive an induction to the work including safeguarding briefing and will be given a copy of this Child Protection and Safeguarding Policy.

10.4 Prospex Trustees will undertake specialist safeguarding training for Trustees every 2 years.

11. SOCIAL MEDIA AND INTERNET USE

11.1 All staff are to be familiar with the Prospex social media and internet use policy to ensure the safety of young people and themselves, copies are available in the Underground Youth Centre Office and will be made available to all staff and volunteers before they start their position.

11.2 These must also be emailed to all staff during times of home/distanced working.

12. SIGNATURE



Richard Frankland CEO

APPENDIX 1: DEFINITION OF CHILD ABUSE

Child abuse occurs in all sectors of society, regardless of age, religion, social class and sex. It occurs because the adult either does not recognise the child's needs or is unable to meet them or chooses to ignore them. Abuse lies at the extreme end of child rearing practices. It can be divided into these main types:

- physical
- sexual
- emotional abuse
- neglect
- peer
- financial

Physical abuse refers to actual or attempted injury of as child where there is reasonable suspicion that the injury was inflicted or knowingly not prevented. This includes hitting, burns and the shaking the child.

Emotional abuse refers to hostile or indifferent behaviour towards a child, young person or adult which degrades a sense of achievement, diminishes a sense of belonging and stands in the way of healthy, vigorous and happy development. It may be overtly rejecting and include persistent criticism, ridicule, shaming, rebuking or threatening the child. Passive emotional abuse may include ignoring pleas for help, failure to comfort, reassure or encourage the child to provide the necessary attention and stimulation for healthy development.

Sexual abuse refers to the exploitation of a child under the age of sixteen by design or neglect by any activity intended to lead to sexual arousal or any other form of gratification by an individual or organisation. It also includes rape, inappropriate touching, taking photographs of a sexual nature of the child or forcing the child to watch pornographic material or sexual activity.

Neglect occurs when the child's essential needs are not met and this is likely to cause impairment to physical health and development. E.g. Using children to pass drugs is a form of child abuse.

Peer abuse is not tolerated at Prospex and staff that become aware of this should follow the guidelines in the Prospex Anti Bullying Policy and speak to the DSL if they are unsure how to deal with the situation. Peer Abuse is a safeguarding issue, and a disclosure has been made to them regarding Peer Abuse at home they must follow the guidelines in this policy and speak immediately to the DSL.

What is Peer Abuse?

Peer Abuse can be defined as one who brings mistreatment, insult or deception in excessive amounts to another individual of the same peer group. This is done physically, mentally, emotionally or sexually.

Who are the victims?

Those who are experiencing excessive amount of physical, mental, emotional and sexual abuse from someone of their peer group.

Where does Peer Abuse generally occur?

This occurs in the schools, workplace, in writing, over the phone and on the Internet. Anywhere that a means of communication exists.

When does this occur?

This can occur at any time or any place that interaction takes place between individuals of the same peer group.

Why does Peer Abuse occur?

The bully is experiencing some abuse elsewhere their lives and they bring their anger and what they know on to those who may have differences or what the bully perceives to be different. Or the victim is someone who is basically different from the "norm" in his environment.

Financial abuse is a form of mistreatment in which an abuser forcibly controls a victim's economic means. It can involve stealing money, not allowing a victim to take part in any financial decisions, or preventing a victim from having a job. This form of abuse tends to occur most often in domestic relationships, such as between a husband and wife or vulnerable parent and adult child. It can be difficult to recognize because an abuser may purposely select a victim who is vulnerable and unlikely to realise the abuse is taking place or who simply will be too ashamed to report it.

Criminal exploitation is child abuse where children and young people are manipulated and coerced into committing crimes.

Child sexual exploitation (CSE) is a type of sexual abuse. When a child or young person is exploited, they're given things, like gifts, drugs, money, status and affection, in exchange for performing sexual activities. Children and young people are often tricked into believing they're in a loving and consensual relationship. This is called grooming. They may trust their abuser and not understand that they're being abused.

Children and young people can be trafficked into or within the UK to be sexually exploited. They're moved around the country and abused by being forced to take part in sexual activities, often with more than one person. Young people in gangs can also be sexually exploited.

Sometimes abusers use violence and intimidation to frighten or force a child or young person, making them feel as if they've no choice. They may lend them large sums of money they know can't be repaid or use financial abuse to control them.

Anybody can be a perpetrator of CSE, no matter their age, gender or race. The relationship could be framed as friendship, someone to look up to or romantic. Children and young people who are exploited may also be used to 'find' or coerce others to join groups.

CSE can happen in person or online. An abuser will gain a child's trust or control them through violence or blackmail before moving onto sexually abusing them. This can happen in a short period of time.

When a child is sexually exploited online, they might be persuaded or forced to:

- send or post sexually explicit images of themselves
- film or stream sexual activities
- have sexual conversations.

APPENDIX 2: POSSIBLE INDICATORS OF CHILD ABUSE

Behavioural changes possibly indicate abuse – which may become apparent to staff

Please note that none of these are 'proof 'of abuse and can only serve to raise a concern.

There are many other explanations for each of these behaviours other than abuse. Each will be considered by Children's Services within the wider context including the child's age and development level, life events (such as imprisonment of a family member) and transitions and degree of disturbance.

- Anything that makes you (the adult) feel uneasy.
- Withdrawn, depression and low self esteem
- Fear and anxiety
- Behavioural problems such as tantrums and destructiveness
- Self-injury (e.g., headbanging, biting) or self-harm
- Sexual knowledge or play that is inappropriate for the child's age
- Saying they have secrets they cannot tell anyone about
- Acting in a sexually explicit way towards adults

Traits of a possible abuser:

- Pays an unusual amount of attention to individual or groups of children and provides them with presents money or favours.
- Seeks out vulnerable children, for example disabled children.
- Seeks out opportunities to spend time with single children or a small group on a regular basis.
- Takes a child or small group of children to his/her own home.
- Is vague about previous employment or gaps in employment history
- Avoids co-working or supervision of his/her work.
- Encourages secretiveness about his /her activities with children.

- Talks or behaves inappropriately with children

Signs of criminal exploitation:

There are some signs to look out for if you're worried a child or young person has joined a gang or is being criminally exploited. It might be hard to spot at first, but the sooner you're able to talk to the young person the more you'll be able to help them.

- Frequently absent from and doing badly in school.
- Going missing from home, staying out late and travelling for unexplained reasons.
- In a relationship or hanging out with someone older than them.
- Being angry, aggressive or violent.
- Being isolated or withdrawn.
- Having unexplained money and buying new things.
- Wearing clothes or accessories in gang colours or getting tattoos.
- Using new slang words.
- Spending more time on social media and being secretive about time online.
- Making more calls or sending more texts, possibly on a new phone or phones.
- Self-harming and feeling emotionally unwell.
- Taking drugs and abusing alcohol.
- Committing petty crimes like shop lifting or vandalism.
- Unexplained injuries and refusing to seek medical help.
- Carrying weapons or having a dangerous breed of dog.

For more information visit
The NSPCC website: https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/gangs-criminal-exploitation/
The Children's Society website:
https://www.childrenssociety.org.uk/information/professionals/resources/defining-child-criminal-exploitation

Signs of Sexual Abuse or Grooming:

- Unhealthy or inappropriate sexual behaviour.
- Being frightened of some people, places or situations.
- Bring secretive.
- Sharp changes in mood or character.
- Having money or things they can't or won't explain.
- Physical signs of abuse, like bruises or bleeding in their genital or anal area.
- Alcohol or drug misuse.
- Sexually transmitted infections.
- Pregnancy.

Other things staff might notice:

- Having an older boyfriend or girlfriend.
- Staying out late or overnight.
- Having a new group of friends.
- Missing from home or care or stopping going to school or college.
- Hanging out with older people, other vulnerable people or in antisocial groups.
- Involved in a gang.
- Involved in criminal activities like selling drugs or shoplifting.

For more information visit the NSPCC website: https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/child-sexual-exploitation/

APPENDIX 3: THE CHILDREN ACT 1989, 2004

Main principles

The welfare, safety and health of children must always be **paramount**.

A Welfare Checklist applies:

- The ascertainable wishes and feelings of the child concerned (considered in the light of his/her age and understanding)
- His/her physical, emotional and educational needs
- The likely effect on a child of any change in his/her circumstances
- His/her age, sex, background and any other characteristics of the child considered relevant
- Any harm which he/she has suffered or is at risk of suffering
- How capable each of his/her parents, and any other relevant person, is of meeting his/her needs

Wherever possible, children should be brought up and cared for within their own families.

Partnership with parents and other carers is a prerequisite of high-quality family services and a primary aim of services should be to support the care and upbringing of children by their families within the community.

All agencies and professionals who provide care and services to children should co-operate to establish an effective, well-integrated network of services.

Principles of the Children's Act 2004

The main principles of the Children's Act 2004 are effectively concerning ensuring that children in the UK are as safe and happy as possible. More specifically, the role of the Act is to ensure that:

- Children living in the UK are healthy
- Children in the UK are given the freedom they need to be happy and enjoy their lives
- Children in the UK spend time in safe and protected environments
- Children living in the UK are provided with the tools they need to succeed in life
- Children living in the UK are raised in environments that are as economically stable as possible
- The main principle of the act is to make a positive and significant contribution to the lives of children living in the UK

As each of these points has already made clear, the well-being of the UK's children is the primary concern of the Children's Act 2004. The most significant and well-known section of the act concerns the maltreatment of children: what can be done to prevent it, and how the maltreatment of children can be reported to the relevant authorities.

Other principles of the act that you should be aware of are the creation of Children's Trusts. A Children's Trust is a body that has been established and operated independently. They are not usually affiliated with Health and Social Services and other government agencies. A Children's Trust aims to build cooperation between children and their trusts, as well as their teachers, parents and guardians. Building relationships between families and Children's Trusts is essential, particularly amongst families and communities that historically don't welcome intervention in their family life from outside sources.

The final principle of the Children's Act 2004 is a financial one. The Children's Act 2004 also includes a Fund, with the aim of minimising poverty and economic hardship amongst children. The principle is that those children with disadvantaged financial circumstances should not be disadvantaged in the educational arena because of these circumstances. The primary aim of the Act's fund is to help children ages 5-13 maintain attendance at school.

Of all of these principles of the Children's Act 2004, the most important one is to ensure that children are happy, protected, and always receive the highest-level standard of care. Protecting the interests of children is the main concern, and anyone working with children has the responsibility of ensuring that the principles of the Children's Act 2004 are upheld.

APPENDIX 4: ISLINGTON SAFEGUARDING CHILDREN'S BOARD THRESHOLDS

Cases falling into the following categories do not require statutory services. Universal Services and Early Help interventions are **consent based** and **voluntary.**

Level 1: No Additional Needs

- No additional needs
- All their health and developmental needs met by universal services.
- Consistently receive child focused care giving from their parents or carers
- Majority of all children in each LA

Level 2: Early Help

- Additional need
- May be vulnerable and showing early signs of abuse and/or neglect
- Needs are not clear, not known or not being met.
- May be subject to adult focused care giving.
- Multi-agency early help assessment threshold
- Lead professional
- E.g. family support services, parenting programmes and children's centres.
- No need for CSC

Further information can be found at:

https://www.islingtonscb.org.uk/SiteCollectionDocuments/2015.05.21%20ISCB%20Threshold%20Document.pdf

Cases falling into the following categories require statutory intervention:

Level 3: Ch… with … Complex M…tipl… …s

- Require specialist services in order to achieve or maintain a **satisfactory** level of health or development or to prevent significant impairment of their health and development and/or who are disabled.
- May require longer term intervention from specialist services.
- Children's needs may be secondary to the adults needs.
- Assessment led by CSC under Section 17, Children Act 1989
- Services required may come from a range of provision outside of CSC

Level 4: Chi… in Acute …eed…

- **Significant harm.** Child protection threshold.
- Likely to have already experienced adverse effects and to be suffering from poor outcomes.
- Needs may not be considered by their parents.
- Also includes Level 4 health services, very specialised services in residential, day patient or outpatient settings for children and adolescents with severe and /or complex health problems.
- May be referred to CSC under section 20, 47 or 31 of the Children Act 1989.
- Include those children remanded into custody and statutory youth offending services.

https://www.islingtonscb.org.uk/SiteCollectionDocuments/2015.05.21%20ISCB%20Threshold%20Document.pdf



APPENDIX 5: CONFIDENTIALITY STATEMENT

All staff and volunteers at Prospex will endeavour to ensure what young people tell us remains confidential so long as:

- They are being kept safe mentally and physically.
- They are not at risk of being harmed mentally and physically.
- Others are not and will not be harmed.

If a young person shares information with you, you must make sure they know that you will have to share this with the DSL if you are worried about their welfare or safety and that the DSL may have to escalate it to the relevant services.

Parents and carers will be kept informed of everything that is going on unless it is believed this would make the situation worse for the young person concerned. The young person will be kept informed of everything that is going on.

APPENDIX 6: CHECKLIST/FORM FOR REPORTING SUSPECTED ABUSE

THINGS TO CONSIDER

CHECKLIST:

- ❑ **What have you already done?**
- ❑ What outcome do you want?
- ❑ What do you think needs to happen next?
  - Include a 'plan'
- ❑ Who have you spoken to about this?
  - Who could you get advice from?
  - Who needs to know?
- ❑ Do you have **consent**?

Name of child:

_____

Age and date of birth (if known):

_____

Ethnicity:

_____

First language:

_____

Disability:

_____

Parents / Carers Name:

_____

Address and phone number if known:

_____

If child and carer were visiting someone in prison, give their name and number if known.

_____

Are you reporting your own concerns or passing on those of somebody else? Give details.

_____

Brief description of what prompted the concerns. Include dates, times etc of any specific incidents.

_____

Any physical signs? Behavioural signs? Indirect signs?

_____

Have you (or the person you are reporting on behalf of) spoken to the child? If so, what was said?

_____

Have you (or the person you are reporting on behalf of) spoken to the parents/carer? If so, give details.

_____

Has anybody alleged to be the abuser? If so, give details.

_____

Have you consulted anybody else? If so, give details.

_____

Your name and position: _____

To whom are you reporting: _____

Signature: _____ Date: _____

APPENDIX 7: WHAT HAPPENS IF I REFER TO CHILDREN'S SERVICES?

The following action will happen if Children's services are satisfied that there is reasonable cause to suspect significant harm:

1. The duty officer will consult his/her supervisor to decide the degree of urgency.
2. The Duty officer will check if the child is already known to Children's services or if the child is already on the Child Protection Register (sometimes referred to as the 'at risk' register).

3. The duty officer will consult with other professionals who know the family.

4. The Duty officer, in consultation with his/her supervisor, will negotiate the next step of an investigation with the Police (if this is deemed necessary).

5. Either with or without the police, plans are made to interview the child, parents/carers and/or any other relevant party. This may include the person who made the referral and / or the most direct knowledge of the present situation.

6. If a family member is suspected of being an abuser, the Police will take responsibility for interviewing him/her.

7. A social worker may not be able to interview the child before the child is due to leave. In this case staff does not have the power to stop a child returning home.

8. If the concerns are found to be groundless and no specific allegations have been made, the matter will be taken no further. The DSL is normally informed of this.

9. If concern about the child's welfare remains after an investigation, an urgent Child Protection Conference will be called. The DSL may be invited to attend the Conference or be asked to write a brief report about their involvement with the child and / or family.

10. Child Protection conferences determine whether a child's name should be put on the Child Protection Register. If this happens the people at the conference draw up a Child Protection Plan, which will be regularly reviewed at subsequent Child protection conferences (first at 3 months and then every 6 months thereafter until the plan is ended).

APPENDIX 8: WORKING TOGETHER TO SAFEGUARD CHILDREN (2018)

What is Working Together to Safeguard Children?

Working Together to Safeguard Children (usually referred to as just Working Together) is statutory guidance produced by the government which outlines how practitioners working with children, young people and families should work together in order to ensure that

children and young people remain safe from harm. In this guidance, a child is defined as anybody under the age of 18; though the guidance does also apply to the safeguarding of unborn children.

What changes were made in the 2018 Working Together update?

Working Together 2018 places a statutory duty on three key agencies to hold local responsibility for safeguarding; the Local Authority, the Police and Health (through the Clinical Commissioning Groups — CCGs). It provides these three agencies with the freedom to develop local multi-agency safeguarding arrangements in line with the needs of their locality, whilst removing the statutory requirement for Local Safeguarding Children Board (LSCB). Working Together 2018 provides guidance with regards to what new arrangements in local authorities should include.

The guidance also outlines changes in the statutory functions of undertaking Child Safeguarding Practice Reviews (CSPRs), concluding any Serious Case Reviews (SCRs) and the Child Death Overview Process (CDOP).

Once a local area has published its new multi-agency safeguarding arrangements, SCRs will be replaced with Child Practice Safeguarding Reviews (CSPRs) which will be undertaken when the local safeguarding partners identify serious child safeguarding cases which, in their view, raise issues of importance in relation to their area and through which new learning can be identified.

A serious child safeguarding case is one whereby:

- abuse or neglect of a child is known or suspected and
- the child has died or been seriously harmed.

Child Death Overview Processes (CDOP) have been reviewed and the key changes are:

- The statutory responsibility for Child Death Reviews (CDRs) will lie with the CCGs and the Local Authority;
- The criteria for undertaking a CDR have expanded. A CDR will be required for live born babies where a death certificate has been issued. This now includes babies born under 22 weeks' gestation;
- A Key Worker (this will usually be a healthcare professional) will be allocated, as a single point of contact, to the bereaved family.

The guidance also reflects national safeguarding agendas including an emphasis on areas which are collectively known as complex or contextual safeguarding including children missing (guide), those at risk of, or experiencing exploitation, trafficking (guide) and peer on peer abuse.

Alongside the updated Working Together document, the Government also updated, published, Keeping Children Safe in Education 2019 and published Information sharing; Advice for practitioners providing safeguarding services to children, young people, parents and carers

December 2020 update

The Department for Education have made updates to England's statutory guidance for anyone working with children.

Information sharing for child protection

The updated guidance clarifies that the Data Protection Act 2018 and General Data Protection Regulations (GDPR) do not prevent the sharing of information for the purposes of keeping children safe. Fears about sharing information must not be allowed to stand in the way of the need to promote the welfare and protect the safety of children.

Homelessness duty for public authorities

There is a new section on the homelessness duty that requires public authorities (including social services for early help, leaving care and child protection) to refer any service users they consider to be homeless, or threatened with homelessness, to a housing authority.

Domestic abuse threat to children's safety

The list of potential threats to children and young people's safety has been expanded to include domestic abuse, including controlling or coercive behaviour. It states that practitioners should continue to expand their understanding of domestic abuse and the impact it has on children.

Definitions of domestic abuse and controlling or coercive behaviour have also been added to the glossary.

Child mental health awareness in schools

The updated guidance states the importance of staff awareness in schools that mental health problems can be an indicator that a child has suffered abuse, neglect or exploitation.

For a full update on the guidance read the NSPCC briefing: https://learning.nspcc.org.uk/research-resources/2018/working-together-to-safeguard-children-caspar-briefing

Working Together to Safeguard Children can be found at: https://www.gov.uk/government/publications/working-together-to-safeguard-children--2

APPENDIX 9: SAFEGUARDING DISABLED CHILDREN ACT 2009

The national guidance Safeguarding Disabled Children - Practice Guidance (DCSF 2009) provides a framework for collaborative multi-agency responses to safeguard disabled children.

Key Practice Guidance for All Professionals

The reasons why disabled children are more vulnerable to abuse are summarised below:

- Many disabled children are at an increased likelihood of being socially isolated with fewer outside contacts than non-disabled children
- Their dependency on parents and carers for practical assistance in daily living including intimate personal care increases their risk of exposure to abusive behaviour
- They have an impaired capacity to resist or avoid abuse
- They may have speech, language and communication needs which may make it difficult to tell others what is happening
- They often do not have access to someone they can trust to disclose that they have been abused
- They are especially vulnerable to bullying and intimidation
- Looked after disabled children are not only vulnerable to the same factors that exist for all children living away from home but are particularly susceptible to possible abuse because of their additional dependency on residential and hospital staff for day-to-day physical needs

Where there are safeguarding concerns about a disabled child, there is a need for greater awareness of the possible indicators of abuse and/or neglect as the situation is often more complex. It is crucial that the disability is not allowed to mask or deter the need for an appropriate investigation of child protection concerns.

The following are some indicators of possible abuse or neglect:

- A bruise in a site that might not be of concern on an ambulant child, such the shin, might be a concern on non-mobile child
- Not getting enough help with feeding leading to malnourishment
- Poor toileting arrangements
- Lack of stimulation
- Unjustified and/or excessive use of restraint

Rough handling, extreme behaviour modification e.g., deprivation of liquid, medication, food or clothing

- Unwillingness to try to learn a child's means of communication
- Ill-fitting equipment e.g., callipers, sleep boards, inappropriate splinting, misappropriation of a child's finances
- Invasive procedures which are unnecessary or are carried out against the child's will

If insufficient time is given for a child with restricted arm and hand movement to have an adequate lunch, the child could experience hunger or dehydration. The impact of such an experience is repeated over a number of days could be considerable.

Removing batteries out of an electric wheelchair to restrict liberty solely for the convenience of staff might equate to a non-disabled child being locked in a room or having their legs tied.

Professionals may be reluctant to act on concerns because of a number of factors that include:

- Over identifying with the child's parents/carers and being reluctant to accept that abuse or neglect is taking or has taken place, or seeing it as being attributable to the stress and difficulties of caring for a disabled child
- A lack of knowledge about the impact of disability on the child
- A lack of knowledge about the child, e.g., not knowing the child's usual Behaviour
- Not being able to understand the child's method of communication
- Confusing behaviours that may indicate the child is being abused with those associated with the child's disability
- Denial of the child's sexuality
- Behaviour, including sexually harmful behaviour or self-injury, may be indicative of abuse

- Being aware that certain health/medical complications may influence the way symptoms present or are interpreted. For example, some conditions cause spontaneous bruising or fragile bones, causing fractures to be more frequent.

Full practice guidance setting out how agencies and professionals should work together to safeguard the welfare of disabled children can be found here: https://www.gov.uk/government/publications/safeguarding-disabled-children-practice-guidance

The following is taken from Islington Council's ISCP (Islington Safeguarding Children's Partnership) key practice guidance for safeguarding disabled children:

The additional vulnerability of disabled children means they are more likely to suffer abuse and neglect, yet they are underrepresented in the safeguarding system.

Disabled children were 3.8 times more likely to be neglected, 3.8 times more likely to be physically abused, 3.1 times more likely to be sexually abused and 3.9 times more likely to be emotionally abused.

The study concluded that 31% of disabled children had been abused, compared to a prevalence rate of 9% among the non-disabled child population (Sullivan P.M. and Knutson J.F. 2000, Maltreatment and Disabilities: A Population based Epidemiological Study, Child Abuse and Neglect 24).

If you have any concerns about a disabled child ring Islington Children's Services Contact Team on 020 7527-7400 or the Disabled Children's Team on 0207 527 3366.

To read more on this: https://www.islington.gov.uk/sitecore/content/iscp/professionals/key-practice-guidance/disabled-children

APPENDIX 10: SAFEGUARDING VULNERABLE GROUPS ACT 2006

This Safeguarding Vulnerable Groups Act (SVGA) 2006 was passed to help avoid harm, or risk of harm, by preventing people who are deemed unsuitable to work with children and vulnerable adults from gaining access to them through their work.

The Independent Safeguarding Authority was established as a result of this Act. On 1 December 2012 the Criminal Records Bureau and Independent Safeguarding Authority merged to become the Disclosure and Barring Service (DBS).

Organisations with responsibility for providing services or personnel to vulnerable groups have a legal obligation to refer relevant information to the service.

Full legislation can be found here: https://www.legislation.gov.uk/ukpga/2006/47/contents

APPENDIX 11: DIRECTORY OF ADDITIONAL POLICIES

1. Social Media and Safeguarding Policy
2. Bullying and Harassment Policy
3. Whistleblowing Policy