

Brookfield Spaceplace Safeguarding Children Policy

Introduction

Brookfield Spaceplace is committed to safeguarding and promoting the welfare of children, young people and vulnerable adults, engaged in the breadth of its activities.

The purpose of this policy is to outline the duty and responsibility of staff, volunteers and trustees working on behalf of Brookfield Spaceplace in relation to the protection of children from abuse.

All children have the right to be safe from harm and should be able to live free from fear of abuse and neglect

The key objectives of this policy are:

- To explain the responsibilities Brookfield Spaceplace and its staff, volunteers and trustees have in respect of child protection.
- To provide staff with an overview of child protection.
- To provide a clear procedure that will be implemented where child protection issues arise.

Context

For the purpose of this policy 'child' means a person aged under 18 years.

What do we mean by abuse?

Abuse is a violation of an individual's human and civil rights by any other person or persons.

Safeguarding Children Statement

All children whatever their age, background, religion or family circumstances have a fundamental right to be offered care and protection by those responsible for their safety and well-being. Most of the time, this means parents and carers, but when children attend the clubs the responsibility to safeguard and protect children becomes the job of other adults, even if only for a short time.

Brookfield Spaceplace is required by law to safeguard and protect the interests of children placed in our care. We do this by making sure that we have staff and volunteers that are trained to help any children who may be unhappy or worried, or who may be having difficulties at home. As part of our programme, we teach children the importance of taking care of themselves and others and we make sure that children know to whom they can turn for help and advice if for whatever reason their parents are not able to help.

We encourage children and parents to talk to us or to seek help, if they are worried, just as we will usually talk to parents if we are concerned about anything to do with their child.

There are times when parents may need our support or advice so they can help their child. Support may be available from the club, school, and the local education authority and also from social services and other agencies that may be able to offer assistance. We would not share information with these other agencies or ask them to visit you without your written consent.

There may however be occasions when staff and volunteers have serious worries and believe that a child is at risk of serious harm. Brookfield Spaceplace, like others, must follow the procedures which are laid down by the government for protecting children. In these circumstances we must make contact with the local social service office and share our concern. In most circumstances we will tell you we are doing this. Within social services there are specialised workers who would then decide how best to help and support the family. If they feel a child is in danger, these workers can also take steps to make sure the child is safe.

Within Brookfield Spaceplace we have policies to ensure that our staff and volunteers behave properly and professionally towards the children with whom they work and so that all staff and volunteers know what to do if they become worried about a child. Any parent wishing to view this document may do so on request.

We take seriously our responsibility to look after the interests of your children, not just because we are required to do so by law, but also because we recognise that in order to learn and develop, children need to feel safe and secure and they need to feel valued. To this end, we recognise the importance of our role in working with you as parents and with your child.

The role of staff, volunteers and trustees

All staff, volunteers and trustees working on behalf of Brookfield Spaceplace have a duty to promote the welfare and safety of children and young people.

Staff, volunteers and trustees may receive disclosures of abuse and observe children and young people who are at risk. This policy will enable staff and volunteers to make informed and confident responses to specific child protection issues.

Procedure in the event of suspected abuse

In the event of a suspected case of child abuse it is essential to contact Social Services immediately. If for any reason this is not possible, call the Police Family Protection Team.

If you suspect child abuse you should inform the designated Child Protection Officer, and tell them of your suspicions. Following consultation notify social services or the police (contacts at the end of policy). If you are in doubt contact these agencies for help and further guidance.

The most important factor is the protection of the child involved and any siblings who may be affected. In a situation where, for example, a parent is unable to give any satisfactory explanation to bruising on a child's body, explain that you are unable to accept their explanation and are bound by law to take the matter further. Be supportive and non-

judgemental but try to keep the parent and child with you until Social Services arrive. If there is a language barrier, ask the parent if they would like an interpreter present. Inform Social Services of this when you call them - they may not be able to fulfil the request but will at least realise the need.

If a child is seriously injured or neglected and in your opinion needs emergency medical attention call for an ambulance. Ensure emergency staff, at the hospital, is aware of your suspicions. If possible contact and inform the child's parents.

As soon as possible make a written record of what happened and in any case no longer than 12 hours after taking action. Include the time of the call, who you spoke to, and what they told you. Record what was said by you, the child and the family. Don't question the child but do tell them what is happening and reassure them. Don't make promises which may not be kept (e.g. "I'll stay with you"). Allow the child to play or be quiet as they wish and try to avoid appearing unduly upset or bothered.

Signs and Symptoms of Child Abuse

Presentation of Injury

This paragraph is intended to help those who come into contact with possible child abuse. It should not be considered as a comprehensive or definitive list, nor does the presence of one or more factors give proof that child abuse has occurred. It may however, indicate that careful monitoring and investigation should take place.

There are certain parental responses which are known, by research and experience, to suggest a cause for concern. These include:

- An unexplained delay in seeking treatment that is obviously needed, or it is sought at an inappropriate time.
- A lack of awareness or denial of any injury.
- Incompatible explanations are offered or the child is said to have acted in a way that is inappropriate to its age and development or several different explanations are offered (N.B. The child and/or members of the family may support the explanations, however improbable).
- A reluctance to give information, or failure to mention previous injuries known to have occurred. Equally, some parents are over-compliant in their response to questioning.
- The family has attended A&E departments, unusually frequently, with appropriate and inappropriate requests for attention.
- A constant presentation of minor injuries. Why may represent 'a cry for help', which if ignored, may lead to more serious injury. Attention may be sought for other problems unrelated to the injury, which may not even be mentioned.
- Unrealistic expectations of the child, or constant complaints about the child. Parent may show a violent reaction to a child's naughty behaviour.
- Consent for further medical investigation is refused.
- The parents are drunk or under the influence of drugs or cannot be found.
- The parents ask for the child to be removed from home or indicate difficulties coping with the child

Physical Injury

Some injuries may seem insignificant by themselves, but repeated injuries, even of a very minor nature, especially in a baby or young child may be symptomatic of child abuse and, if no action is taken, the child may be injured more seriously. The following are indicators for the need to be alert. (For more comprehensive information refer to Lancashire Safeguarding Children Board Signs and Symptoms of Child Abuse Appendix H - at rear of file)

Bruises

- Petechial haemorrhage (pin-point haemorrhage of the face and neck can indicate a serious shaking injury).
- Multiple subungual haematomas (haemorrhages under the finger nails).
- Black eyes - particularly suspicious if both eyes are black.
- Bruising in or around the mouth.
- Grasp marks on the arms or chest.
- Finger marks (e.g. three or four small bruises together).
- Symmetrical bruising on the ears.
- A direct impression or outline bruising.
- Linear bruising (especially on the buttocks or back).
- Bruising on soft tissue with no obvious explanation.
- Different age bruising.

The following are uncommon sites for accidental bruising:

- Back, back of legs, buttocks.
- Mouth, cheeks, behind the ears.
- Stomach, chest.
- Under the arm.
- Genital, rectal area (but ask if the child is learning to ride a bicycle).
- Neck.

Fractures

- Any fracture which does not have a clearly-accidental history.
- A vague history of 'must have hit his/her head on the cot bars' or maybe 'falling downstairs' will be suspect.

Fractures should be suspected if there is a pain, swelling and discolouration over a bone or joint. The most common non-accidental fractures are to the long bones (i.e. arms, legs, ribs). It is very rare for a child under one year to sustain a fracture accidentally.

Fractures normally cause pain and it is difficult for a parent to be unaware that a child has been hurt.

Mouth - a tear to the frenulum often indicate force feeding of a baby. There is often finger bruising on the cheeks or in and around the mouth. In addition, there may be linear grazing on the palate.

Eyes and brain

- Retinal haemorrhage from chest compression or shaking.

- Bleeding into the anterior chamber of the eye.
- Subdural haemorrhage – suspect when presenting signs are vomiting, irritability, failure to thrive, minor weakness of arm and leg on one side (in the worst case), tense fontanelle, hypertonia, fits or pallor.

Viscera – injuries to a solid or hollow viscous in a child may present as an acute abdomen with vomiting or with signs of shock, the child may show signs of acute abdominal tenderness.

Poisoning – ingestion of tablets, medicines or domestic poisoning may not always be due to accidental carelessness. The child may present as being drowsy. Be particularly cautious of the parents who are known, or appear to, abuse alcohol and drugs.

Bites – These can leave clear impressions of marks of individual teeth or sometimes a more general crescent shaped mark. Human bites are oval or crescent shaped and if they are more than 3cm across must have been caused by an adult or child with permanent teeth.

Burns and Scalds

It can be difficult to distinguish between accidental and non-accidental burns but as a general rule:

- Burns or scalds with clear outlines are suspicious e.g. a gloves and socks effect.
- Burns of uniform depth over a large area are suspicious
- Splash marks above the main scald area (caused by hot liquid being thrown) are suspicious

Remember also:

- A responsible adult checks the temperature of the bath before a child gets in.
- A child is unlikely to sit down voluntarily a too hot a bath and cannot scald its bottom accidentally without also scalding its feet.
- A child getting into too hot water of its own accord will struggle to get out again resulting in splash marks.
- Small round burns may be cigarette burns (but may be friction burns if along the bony protuberances of the spine).

Scars – all children have scars, but notice should be taken if an exceptionally large number, particularly if of different ages and if accompanied by current bruising

Action will be taken under this heading if staff and volunteers have reason to believe that there has been physical injury to a child, including deliberate poisoning, where there is definite knowledge or reasonable suspicion that the injury was inflicted or knowingly not prevented

Procedure

- Any sign or mark/injury to a child when they come into the club will be recorded.
- The incident will be discussed with the parent.
- Such discussion will be recorded and the parent will have access to such records.
- The observed instances will be reported to the designated Child Protection Officer for Brookfield Spaceplace

- If there appear to be any queries regarding the injury, Children's Social Care Services will be notified.

Neglect and Failure to Thrive

A child's growth and development may suffer when he/she receives insufficient food, love, warmth, care and concern, praise and encouragement or stimulation. Such children, when placed in a different environment, e.g. a hospital or foster home, sometimes show rapid and dramatic improvement, but occasionally improvement may be slow owing to the child's inability to adjust to a regular diet. Neglect and failure to thrive will need medical diagnosis but warning signs, apart from perhaps the child's neglected appearance, may include:

- A child who is short in stature and under-weight for his/her chronological age.
- A cold skin mottled with pink or purple.
- Swollen limbs with pitted sores which are slow to heal.
- The child's skin condition is poor, especially in the nappy area.
- Diarrhoea - caused by poor, or inappropriate, diet, irregular meals and tension.
- Abnormally voracious appetite (e.g. at school or nursery).
- Dry sparse hair.
- General physical disability.
- Unresponsiveness in the child, or indiscriminate in their relationships with adults - often seeking attention, or affection, from anyone.
- A child who stays frozen in one position for an unnaturally long time.

Action will be taken under this heading if the staff and volunteers have reason to believe that there has been persistent or severe neglect of a child (for example, by exposure to any kind of danger, including cold and starvation) which results in serious impairment of the child's health or development, including failure to thrive.

Procedure

- The concern will be discussed with the parent.
- Such discussion will be recorded and the parent will have access to such records.
- The observed instances will be reported to the designated Child Protection Officer for Brookfield Spaceplace
- If there appear to be any queries regarding the circumstances, Children's Social Care Services will be notified.

Sexual Abuse

Sexual abuse is now known to be more common than has been generally recognised. Boys and girls of all ages can be victims but the majority are girls. The perpetrators are usually adults known to the children involved e.g. fathers, stepfathers, relatives, family friends etc. Abuse within a family is rarely an isolated event; it sometimes lasts for months or years and involves more than one child. Abuse usually escalates from fondling, which the child may welcome initially to masturbation and penetration.

Victims may disclose their situation to adults in whom they have confidence. It is now known that children rarely fantasise or make up stories of sexual abuse. Children's allegations should, therefore, always be taken seriously and thoroughly investigated.

Often there are no physical signs to indicate sexual abuse, although concern should be felt when the following are present:

- Some injuries in the genital/anal area.
- Infections or abnormal discharge in the genital/anal/oral areas.
- Pregnancy - especially when the child is under 16 and/or identity of father is secret or vague.
- Abnormal dilation of the urethra, anus or vaginal opening.

The psychological indicators sometimes linked to child sexual abuse include:

- Sexually precocious behaviour.
- Sexualised drawings and play.
- Sudden poor performance at school.
- Regressive patterns - soiling, wetting.
- Poor self-esteem: 'Cinderella' Syndrome.
- Psychosomatic symptoms - headaches, abdominal pain.
- Suicidal gestures - overdosing etc.
- Self- mutilation.
- Identification with the aggressor, leading to the abuse of other children.
- Confusion of ordinary affectionate contact with abuse.
- Promiscuity.
- Eating disorders.
- Sleep disturbance.
- Withdrawal and depression.
- Running away

(NB many of the symptoms are also associated with the other forms of childhood disturbance and in themselves should not be seen as diagnostic)

The patterns of behaviour in particular children will depend on the age, sex and stage of development of the child:

- Pre-school children are more likely to show direct physical responses, sexualisation of behaviour and regressive signs and symptoms.
- School age children may show unexpected decline in school performance, loss of self-esteem patterns, running away, reluctance to return home at the end of the day, may be resistant to PE, undressing at school, medicals etc.
- Adolescents may overdose, run away; self mutilate, become promiscuous, develop anorexia, abuse drugs or alcohol, or have hysterical attacks.
- Boys are more likely to identify with the aggressor

(NB many of the symptoms are also associated with the other forms of childhood disturbance and in themselves should not be seen as diagnostic)

(For more comprehensive information refer to Lancashire Safeguarding Children Board Signs and Symptoms of Child Abuse Appendix H - at rear of file)

Action will be taken under this heading if the staff and volunteers have witnessed occasions where a child has indicated sexual activity through words, play, and drawing or had an excessive preoccupation with sexual matters or had an inappropriate knowledge of adult sexual behaviour.

Procedure

- The observed instances will be reported to the designated Child Protection Officer for Brookfield Spaceplace
- The matter will be referred to Children's Social Care Services.

Emotional Abuse

Emotional abuse can exist in the absence of physical ill-treatment. A child's need for love, security, encouragement, praise and stimulation when unmet, can have a serious and sometimes irreparable effect on the child's development. Parents may be hostile, rejecting or indifferent, or perhaps worst of all, inconsistent and unpredictable in their response to their child.

In some families it can be one particular child who is singled out for such treatment, some may become household drudges, having to carry out many of the tasks in the house inappropriate to their age and status.

Some parents emotionally abuse their children by being seriously overprotective and possessive to the extent of preventing normal social contact and activity with friends.

An environment in which domestic violence exists is highly abusive to all its victims and children in particular can be hurt and abused without being touched, including by seeing or hearing the abuse of another.

Action will be taken under this heading if the staff and volunteers have reason to believe that there is severe, adverse effect on the behaviour and emotional development of a child caused by persistent or severe ill treatment of rejection.

Procedure

- The concern will be discussed with the parent.
- Such discussion will be recorded and the parent will have access to such records
- The observed instances will be reported to the designated Child Protection Officer for Brookfield Spaceplace
- If there appear to be any queries regarding the circumstances, Children's Social Care Services will be notified.

Common Family Characteristics

Certain family and social characteristics have been frequently noted in cases of child abuse. Again, their presence does not prove that an injury was non-accidental, nor does the absence of any of these characteristics mean there will be no cause for concern. The presence of a number of the following factors, however, will almost certainly indicate that the family is under great stress and in need of help, whether an injury has occurred or not. The following are indicators for the need to be alert.

The parents

- The parents own childhood was deprived and they were subjected to abuse and often had a turbulent adolescence.
- They had a youthful marriage and mother had her first baby before she was twenty years old. There was poor preparation for parenthood and poor or non-existent ante-natal care.
- The parents are young and immature.
- They are socially isolated and often mobile. Often they are antagonistic to authority figures and very sensitive to use of the support services.
- There is marital instability, trouble or violence. Atypical family structures are over-represented in research studies and one partner is likely not to be the parent of all the children.
- Father figures are often aggressive and rigid. Mothers often show depressive illnesses.
- Parental needs come before children's needs. Parents show jealousy and rivalry towards the child. There may be unrealistic expectations of the child and ignorance of normal child development, leading to conflict in such areas as feeding, toilet training etc. They complain that the child cries a lot.
- The excessive use of alcohol, drug/substance abuse and a level of general criminality may be evident.
- The carer may have a history of mental health problems and non-compliance with treatment.

The child

- The child was born prematurely, or was a delicate baby requiring extra attention. This may have led to the separation of mother and baby following the birth.
- The child was the result of an unwanted pregnancy.
- The child is seen realistically, or unrealistically, as a problem (difficult feeder, slow toilet trainer, control problems, learning problems etc.).
- The child shows apprehension to a parent(s) or other adults.
- The child is often dirty and unkempt.
- Older abused children may demonstrate what is happening in the family by difficult, anti-social behaviour.

Family circumstances

- Environmental stress, such as poor housing, together with financial difficulties, perhaps stemming from unemployment, can contribute to causing child abuse.
- The family may lack support from extended family and neighbours.
- They may have moved several times and have no local roots.
- There have been a number of children in quick succession, with a history of general concern about their care,
- The child's arrival, whether the first or a later child, will have an effect on the family and may be a source of stress.

Procedure in the event of a disclosure

It is important that children are protected from abuse. All complaints, allegations or suspicions must be taken seriously.

This procedure must be followed whenever an allegation of abuse is made or when there is a suspicion that a child has been abused.

Promises of confidentiality should not be given as this may conflict with the need to ensure the safety and welfare of the individual.

A full record shall be made as soon as possible of the nature of the allegation and any other relevant information.

This should include information in relation to the date, the time, the place where the alleged abuse happened, your name and the names of others present, the name of the complainant and, where different, the name of the child who has allegedly been abused, the nature of the alleged abuse, a description of any injuries observed, the account which has been given of the allegation.

Responding to an allegation

Any suspicion, allegation or incident of abuse must be reported to a member of staff or volunteer as appropriate.

The nominated member of staff/ volunteer shall telephone and report the matter to the appropriate local social services duty social worker. A written record of the date and time of the report shall be made and the report must include the name and position of the person to whom the matter is reported. The telephone report must be confirmed in writing to Lancashire Safeguarding Children Board within 24 hours.

Responding appropriately to an allegation of abuse

In the event of an incident or disclosure:

DO

- Make sure the individual is safe
- Assess whether emergency services are required and if needed call them
- Listen
- Offer support and reassurance
- Ascertain and establish the basic facts
- Make careful notes and obtain agreement on them
- Ensure notation of dates, time and persons present are correct and agreed
- Take all necessary precautions to preserve forensic evidence
- Follow correct procedure
- Explain areas of confidentiality; immediately speak to your manager for support and guidance
- Explain the procedure to the individual making the allegation
- Remember the need for ongoing support.

DON'T

- Confront the alleged abuser
- Be judgmental or voice your own opinion
- Be dismissive of the concern

- Investigate or interview beyond that which is necessary to establish the basic facts
- Disturb or destroy possible forensic evidence
- Consult with persons not directly involved with the situation
- Ask leading questions
- Assume Information
- Make promises
- Ignore the allegation
- Elaborate in your notes
- Panic

It is important to remember that the person who first encounters a case of alleged abuse is not responsible for deciding whether abuse has occurred. This is a task for the professional child protection agencies, following a referral from the designated Child Protection Officer.

Responding to and allegation made against a member of staff, volunteer or trustee

Brookfield Spaceplace will ensure that any allegations made against a member of staff, volunteer or trustee will be dealt with swiftly.

When a member of staff, volunteer or trustee is thought to have committed a criminal offence the police will be informed. If a crime has been witnessed the police should be contacted immediately.

The safety of the child is paramount and it should be ensured that they are safe and away from the person who are the alleged perpetrators.

The designated child protection officer will liaise with the Local Authority Designated Officer (LADO) to discuss the best course of action and to ensure that the Brookfield Spaceplace disciplinary procedures are co-ordinated with any other enquiries taking place as part of the ongoing management of the allegation.

Confidentiality

Child protection raises issues of confidentiality which should be clearly understood by all.

Staff, volunteers and trustees have a professional responsibility to share relevant information about the protection of children with other professionals, particularly investigative agencies and child social services.

Clear boundaries of confidentiality will be communicated to all.

All personal information regarding a child will be kept confidential. All written records will be kept in a secure area for a specific time as identified in data protection guidelines. Records will only record details required in the initial contact form.

If a child confides in a member of staff and requests that the information is kept secret, it is important that the member of staff tells the child sensitively that he or she has a responsibility to refer cases of alleged abuse to the appropriate agencies.

Within that context, the child should, however, be assured that the matter will be disclosed only to people who need to know about it.

Where possible, consent should be obtained from the parent before sharing personal information with third parties. In some circumstances obtaining consent may be neither possible nor desirable as the safety and welfare of the child is the priority.

Where a disclosure has been made, staff should let the parent know the position regarding their role and what action they will have to take as a result.

Staff should assure the family that they will keep them informed of any action to be taken and why. The child's involvement in the process of sharing information should be fully considered and their wishes and feelings taken into account.

The role of key individual agencies

Child Social Services

The Department of Health's recent 'No secrets' guidance document requires that authorities develop a local framework within which all responsible agencies work together to ensure a coherent policy for the protection of vulnerable adults at risk of abuse.

All local authorities have a Safeguarding Children Board, which oversees multi-agency work aimed at protecting and safeguarding children. It is normal practice for the board to comprise of people from partner organisations who have the ability to influence decision making and resource allocation within their organisation.

The Police

The Police play a vital role in Safeguarding children with cases involving alleged criminal acts. It becomes the responsibility of the police to investigate allegations of crime by preserving and gathering evidence. Where a crime is identified, the police will be the lead agency and they will direct investigations in line with legal and other procedural protocols.

Role of Designated Child Protection Officer

The role of the designated officer is to deal with all instances involving child protection that arise within the organisation. They will respond to all child protection concerns and enquiries.

The designated Child Protection Officer for the organisation is Debbie Raby. Should you have any suspicions or concerns relating to Child Protection, contact Debbie Raby at Soundskills on 01772 705912, on her mobile 07766 493846 or via email at soundskills@outlook.com

Role of Line Manager

The role of the line manager is to support the member of staff, volunteer or trustee involved with the incident and to ensure the correct procedures are followed.

The line manager could, if agreed with the staff member dealing with the incident, make contact with the designated Child Protection Lead in the first instance.

The line manager must ensure that all staff within their team are familiar with the organisation's child protection procedures and ensure that all staff undertakes training, where appropriate.

Training

Training will be provided, as appropriate, to ensure that staff, volunteers and trustees are aware of these procedures. Specialist training will be provided for the member of staff with child protection responsibilities.

Complaints procedure

The organisation has a complaints procedure available to all staff, volunteers and trustees.

Recruitment procedure

The organisation operates procedures that take account of the need to safeguard and promote the welfare of children, including arrangements for appropriate checks on new staff, volunteers and trustees where applicable.

Safeguarding Children Contacts

Social Care Office: -	0300 123 6720
	0300 123 6722 (8.00 pm – 8.00 am)
Police Family Protection Unit: -	(01772) 203203

Links to Websites & Documents

Local Authority Designated Officer (LADO): -
<http://www3.lancashire.gov.uk/corporate/web/viewdoc.asp?id=124819>

Lancashire Early Years Child Protection Policy & Procedures: - <http://www3.lancashire.gov.uk/corporate/web/viewdoc.asp?id=124265>

Pan Lancashire Child Protection Policy & Procedures: -
<http://panlancshirescb.proceduresonline.com/index.htm>

Chapter 5 – 'Children in Specific Circumstances': -
http://panlancshirescb.proceduresonline.com/chapters/p_sg_guidance_ey.html

Lancashire County Council – Safeguarding: -
<http://www3.lancashire.gov.uk/corporate/web/?siteid=7280&pageid=46925>

This policy will be reviewed every 2 years

Date: 1st May 2024

Signed: Debbie Raby (trustee)