



Safeguarding Children and Vulnerable Adult's Policy

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Policy Statement

The purpose of this policy is to ensure the safety and welfare of children and vulnerable adults involved with Play Inclusion Project, providing clear guidance for staff and volunteers on recognising, reporting, and responding to safeguarding concerns.

This policy statement applies to anyone working on behalf of Play Inclusion Project, including senior managers, the board of trustees, paid staff and volunteers.

Equality Statement

Play Inclusion Project will ensure all children and young people receive the same protection from abuse regardless of age, disability, gender, race, religious belief, sexual orientation or any other characteristic protected by law.

Play Inclusion project recognises that some children, including those with disabilities are particularly vulnerable to abuse.

Legal framework

This policy has been drawn up on the basis of legislation, policy and guidance that seeks to protect children in England, Wales, Scotland and Northern Ireland.

Play Inclusion Project believes that it is always unacceptable for a child or young person to experience abuse of any kind and recognises its responsibility to safeguard the welfare of all children and young people, by a commitment to practice which protects them.

What is Safeguarding?

Working Together to Safeguard Children 2023 defines safeguarding and promoting children's welfare as:

- providing help and support to meet the needs of children as soon as problems emerge
- protecting children from maltreatment, whether that is within or outside the home, including online

- preventing impairment of children's mental and physical health or development ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- promoting the upbringing of children with their birth parents, or otherwise their family network through a kinship care arrangement, whenever possible and where this is in the best interests of the children
- taking action to enable all children to have the best outcomes in line with the outcomes set out in the Children's Social Care National Framework

We believe that:

- children and young people should never experience abuse of any kind
- we have a responsibility to promote the welfare of all children and young people, to keep them safe and to practise in a way that protects them.
- the welfare of the child is paramount
- all children, regardless of age, disability, gender reassignment, race, religion or belief, sex, or sexual orientation have a right to equal protection from all types of harm or abuse
- factors, including economic and social circumstances and ethnicity can impact children and families' lives
- some children are additionally vulnerable because of the impact of previous experiences, their level of dependency, communication needs or other issues
- working in partnership with children, young people, their parents, carers and other agencies is essential in promoting young people's welfare.

We will seek to keep children and young people safe by:

- ensuring children's wishes and feelings are sought, heard, and responded to
- appointing a Designated Safeguarding Lead and a Deputy Designated Safeguarding Lead.
- developing child protection and safeguarding policies and procedures which reflect best practice
- using our safeguarding procedures to share concerns and relevant information with agencies who need to know, and involving children, young people, parents, families and carers appropriately
- creating and maintaining an anti-bullying environment and ensuring that we have a policy and procedure to help us deal effectively with any bullying that does arise.
- developing and implementing an effective online safety policy and related procedures
- recruiting staff and volunteers safely, ensuring all necessary checks are made
- providing effective management for staff and volunteers through supervision, support, training and quality assurance measures
- implementing a code of conduct for staff and volunteers

- using our procedures to manage any allegations against staff and volunteers appropriately
- ensuring that we have effective complaints and whistleblowing measures in place
- ensuring that we provide a safe physical environment for our children, young people, staff and volunteers, by applying health and safety measures in accordance with the law and regulatory guidance
- recording and storing information in line with GDPR

All volunteers and staff are only accepted once a satisfactory enhanced level Disclosure and Barring Service clearance and two personal references have been received.

To safeguard the children and vulnerable adults we work with and to protect volunteers and staff against allegations they are never to be left alone with a child or vulnerable adult, this includes travelling arrangements and at all times during group sessions.

What is Child Abuse?

Child abuse is the term used when an adult harms a child or young person under the age of 18. It can be physical, sexual or emotional, but can also involve neglect.

Children may be abused by:

- family members
- friends
- people working or volunteering in organisational or community settings
- people they know
- strangers

Types of Abuse

Physical Abuse

Physical abuse is when someone hurts or harms a child or young person on purpose.

It includes:

- hitting with hands or objects
- slapping and punching
- kicking
- shaking

- throwing
- poisoning
- burning and scalding
- biting and scratching
- breaking bones
- drowning.

It is also physical abuse if a parent/ or carer makes up or causes the symptoms of illness in children. For example, giving them medicine they do not need making them unwell. This is known as fabricated or induced illness (FII).

Spotting the Signs of Physical Abuse

All children have trips, falls and accidents which may cause cuts, bumps and bruises. These injuries tend to affect bony areas of their body such as elbows, knees and shins and are not usually a cause for concern. Injuries that are more likely to indicate physical abuse include:

- bruises - on the cheeks, ears, palms, arms and feet - on the back, buttocks, tummy, hips and backs of legs - multiple bruises in clusters, usually on the upper arms or outer thighs - bruising which looks like it has been caused by fingers, a hand or an object, like a belt or shoe - large oval-shaped bite marks.
- broken or fractured bones
- bite marks
- burns or scalds - any burns which have a clear shape of an object, for example cigarette burns - burns to the backs of hands, feet, legs, genitals or buttocks.

It can also include other injuries and health problems, such as:

- scarring
- the effects of poisoning, such as vomiting, drowsiness or seizures
- breathing problems from drowning, suffocation or poisoning.

Many children and young people who are showing signs of physical abuse also undergo changes in behaviour; these behaviours vary from child to child and may depend on age and development.

These behaviours may include:

- Shying away from physical contact
- Fear of parents being contacted
- Reluctance to undress for P.E or swimming
- Arms and legs kept covered in hot weather

- Withdrawn or overly compliant
- Frozen Watchfulness
- Fear of returning home or of abuser, unusually fearful
- Feeding or eating difficulties
- Low self esteem
- Aggressive
- Refusal to discuss injuries

Other signs of physical abuse include multiple injuries (such as bruising, fractures) inflicted at different times. If a child is frequently injured, and if the bruises or injuries are unexplained or the explanation doesn't match the injury, this should be investigated. It's also concerning if there is a delay in seeking medical help for a child who has been injured.

Neglect

Neglect is the ongoing failure to meet a child's basic needs and the most common form of child abuse. A child might be left hungry or dirty, or without proper clothing, shelter, supervision or health care. This can put children and young people in danger. And it can also have long term effects on their physical and mental wellbeing.

Neglect can be a lot of different things, which can make it hard to spot. But broadly speaking, there are 4 types of neglect.

- **Physical neglect** - A child's basic needs, such as food, clothing or shelter, are not met or they aren't properly supervised or kept safe.
- **Educational neglect** - A parent doesn't ensure their child is given an education.
- **Emotional neglect** - A child doesn't get the nurture and stimulation they need. This could be through ignoring, humiliating, intimidating or isolating them.
- **Medical neglect** - A child isn't given proper health care. This includes dental care and refusing or ignoring medical recommendations.

Spotting the Signs of Neglect

Neglect can be really difficult to spot. Having one of the signs doesn't necessarily mean a child is being neglected. But if you notice multiple signs that last for a while, they might show there's a serious problem. Children and young people who are neglected might have:

- Poor appearance and hygiene – being dirty or smelly, being hungry or not given money for food, having unwashed clothes, having the wrong clothing

e.g. no ward clothes in winter, having untreated rash from a pad in children with disabilities

- Health & development problems – anaemia, body issues, such as poor muscle tone or prominent joints, medical or dental issues, missed medical appointments, such as for vaccinations, not given the correct medicines, poor language or social skills, regular illness or infections, repeated accidental injuries, often caused by lack of supervision, skin issues, such as sores, rashes, flea bites, scabies or ringworm, thin or swollen tummy, tiredness, untreated injuries, weight or growth issues.
- Housing & family issues - living in an unsuitable home environment, such as having no heating, being left alone for a long time, taking on the role of carer for other family members.
- Changes in behaviour - becoming clingy, becoming aggressive, being withdrawn, depressed or anxious, changes in eating habits, displaying obsessive behaviour, finding it hard to concentrate or take part in activities, missing school, showing signs of self-harm, using drugs or alcohol.

Sexual Abuse

When a child or young person is sexually abused, they're forced, tricked or manipulated into sexual activities. They might not understand that what's happening is abuse or that it's wrong for the abuser to do this to them. They might be afraid to tell someone or behave as though this is normal for them to experience, both are valid for the child to be displaying. Sexual abuse can happen anywhere – and it can happen in person or online.

There are two types of sexual abuse – contact and non-contact abuse.

Contact abuse

Contact abuse is where an abuser makes physical contact with a child or forces the child to make physical contact with someone else. This includes:

- sexual touching of any part of a child's body, whether they're clothed or not
- using a body part or object to rape or penetrate a child
- forcing a child to take part in sexual activities
- making a child undress or touch someone else.

Contact abuse can include touching, kissing and oral sex – sexual abuse isn't just penetrative.

Non-contact abuse

Non-contact abuse is where a child is abused without being touched by the abuser.

This can be in person or online and includes:

- exposing or flashing
- showing pornography
- exposing a child to sexual acts
- making them masturbate
- forcing a child to make, view or share child abuse images or videos
- making, viewing or distributing child abuse images or videos
- forcing a child to take part in sexual activities or conversations online or through a smartphone.

Online sexual abuse includes:

- persuading or forcing a child to send or post sexually explicit images of themselves, this is sometimes referred to as sexting
- persuading or forcing a child to take part in sexual activities via a webcam or smartphone
- having sexual conversations with a child by text or online.

Abusers may threaten to send sexually explicit images, video or copies of sexual conversations to the young person's friends and family unless they take part in other sexual activity. Images or videos may continue to be shared long after the abuse has stopped.

Abusers will often try to build an emotional connection with a child in order to gain their trust for the purposes of sexual abuse. This is known as grooming.

Signs of Sexual Abuse

There may be both physical and behavioural signs that a child has suffered sexual abuse. These include:

- emotional and behavioural signs - avoiding being alone with or frightened of people or a person they know, language or sexual behaviour you wouldn't expect them to know, having nightmares or bed-wetting, alcohol or drug misuse, self-harm, changes in eating habits or developing an eating problem, changes in their mood, feeling irritable and angry, or anything out of the ordinary, change in normal behaviour for the child, for example suddenly not attending education or avoiding wanting to go home/running away
- physical signs – bruises, bleeding, discharge, pains or soreness in their genital or anal area, sexually transmitted infections, including in the throat, pain/soreness in throat, pregnancy, difficulty in walking/sitting that are not usual for the child.

If a child is being or has been sexually abused online, they might:

- spend a lot more or a lot less time than usual online, texting, gaming or using social media
- seem distant, upset or angry after using the internet or texting
- be secretive about who they're talking to and what they're doing online or on their mobile phone
- behaving as though they have to be online at a certain time, or rushing to get on their phone
- have lots of new phone numbers, texts or email addresses on their mobile phone, laptop or tablet
- Expressing the need for money, this may be used if they are being blackmailed.

Child Sexual Exploitation

Child sexual exploitation (CSE) is a type of sexual abuse. It happens when a child or young person is coerced, manipulated or deceived into sexual activity in exchange for things that they may need or want like gifts, drugs, money, status and affection. Children and young people are often tricked into believing they're in a loving and consensual relationship so the sexual activity may appear consensual. This is called grooming and is a type of abuse. They may trust their abuser and not understand that they're being abused. CSE does not always involve physical contact, and can also occur through the use of technology.

Children and young people can be trafficked into or within the UK for sexual exploitation. 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 or blackmail to control them.

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

It's important to recognise that although the age of consent is 16 years old, children and young people over 16 can be exploited. Child sexual exploitation is a very

complex form of abuse. It can be difficult for parents and carers to understand and hard for the young person to acknowledge that they are being exploited.

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.

Once an abuser has images, video or copies of conversations, they might use threats and blackmail to force a young person to take part in other sexual activity. They may also share the images and videos with others or circulate them online.

CSE and Gangs

Gangs use sexual exploitation to exert power and control, as part of an initiation, to use sexual violence as a weapon

Children or young people might be invited to parties or gatherings with others their own age or adults and given drugs and alcohol. They may be assaulted and sexually abused by one person or multiple perpetrators. The sexual assaults and abuse can be violent, humiliating and degrading. It's important to remember an intoxicated person cannot give consent to sexual activity.

Spotting the Signs of Child Sexual Exploitation

Sexual exploitation can be difficult to spot and sometimes mistaken for "normal" teenage behaviour. Some signs include:

- Unhealthy or inappropriate sexual behaviour.
- Being frightened of some people, places or situations.
- Being secretive.
- Sharp changes in mood or character.
- A sudden change in their family relationships/dynamics.
- Having money or things they can't or won't explain, such as hotel key cards or unexplained gifts.
- Physical signs of abuse, like bruises or bleeding in their genital or anal area.
- Sudden change in physical appearance including clothes and hygiene levels.

- Alcohol or drug misuse.
- Sexually transmitted infections.
- A sudden and urgent request to go onto contraception or to obtain the 'morning after pill'.
- Pregnancy

Other signs include:

- Having an older person they view as their 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.
- Being unaware of where they are due to being trafficked around the country

Harmful Sexual Behaviour

Children and young people typically display a range of sexualised behaviours as they grow up. However; some may display problematic or abusive sexualised behaviour. This is harmful to the children who display it as well as the people it's directed towards.

Harmful sexual behaviour (HSB), as defined by the NSPCC, refers to developmentally inappropriate sexual behaviour displayed by children and young people that is harmful or abusive. This includes actions that may harm a child or others, and it encompasses a range of behaviours that are outside the typical development for a child's age or stage of development.

Problematic sexual behaviour (PSB) is developmentally inappropriate or socially unexpected sexualised behaviour which doesn't have an overt element of victimisation or abuse.

Peer-on-peer sexual abuse is a form of HSB where sexual abuse takes place between children of a similar age or stage of development. Child-on-child sexual abuse is a form of HSB that takes place between children of any age or stage of development.

HSB can include:

- using sexually explicit words and phrases
- inappropriate touching
- using sexual violence or threats

- sexual activity with other children or adults.

Spotting the signs of Harmful Sexual Behaviour

To support staff in recognising and responding appropriately, we use Hackett's Continuum of Sexualised Behaviour (2010), which applies a traffic-light system:

- **Green – Healthy (Normal)**
 - Developmentally expected, mutual, and playful behaviours.
 - Is consensual, and reciprocal
 - Involves shared decision-making
 - Examples: curiosity about body differences, consensual and age-appropriate play.

Response: Acknowledge as part of development.

- **Amber – Inappropriate**
 - Single instances of developmentally inappropriate sexual behaviour.
 - Behaviour that is socially acceptable within a peer group but would be considered inappropriate outside that group.
 - Generally consensual and reciprocal.
 - May involve an inappropriate context for behaviour that would otherwise be considered normal.
 - Examples: use of sexual language with peers, inappropriate jokes.

Problematic behaviour

- Developmentally unusual and socially unexpected behaviour.
- May be compulsive.
- Consent may be unclear and the behaviour may not be reciprocal.
- May involve an imbalance of power.
- Doesn't have an overt element of victimisation.

Response: Record, monitor, and address through guidance, boundaries, and education, inform parents/carers.

- **Red – Problematic, Abusive, or Violent**

Abusive Behaviour:

- Intrusive behaviour.
- May involve a misuse of power.
- May have an element of victimisation.

- o May use coercion and force.
- o May include elements of expressive violence.
- o Informed consent has not been given (or the victim was not able to consent freely).

Violent behaviour:

- o Physically violent sexual abuse.
- o Highly intrusive.
- o May involve instrumental violence which is physiologically and/or sexually arousing to the perpetrator.
- o May involve sadism.
- o Problematic: repeated or secretive behaviours, imbalance of power.
- o Abusive: coercive, exploitative, or harmful to self or others.
- o Violent: physically abusive, sadistic, or degrading behaviours.

Response: inform the DSL for referral to children's social care and/or police as appropriate.

It's normal for children to show signs of sexual behaviour at each stage in their development. Children develop at different rates and some may be slightly more or less advanced than other children in their age group. Behaviours which might be concerning depend on the child's age and the situation. Children with disabilities often repeat words and phrases they have heard without understanding their meaning. They can also struggle to understand socially acceptable boundaries and appropriateness with sexual behaviours.

Emotional Abuse

Emotional abuse is any type of abuse that involves the continual emotional mistreatment of a child. It's sometimes called psychological abuse. Emotional abuse can involve deliberately trying to scare, humiliate, isolate or ignore a child.

Emotional abuse is often a part of other kinds of abuse, which means it can be difficult to spot the signs or tell the difference, though it can also happen on its own.

Emotional abuse involves:

- humiliating, putting down or regularly criticising a child
- shouting at or threatening a child or calling them names
- mocking a child, making them the subject of jokes or using sarcasm to hurt a child
- making them perform degrading acts
- constantly blaming or scapegoating a child
- trying to control a child's life and not recognising their individuality

- not allowing a child to have friends or develop socially
- pushing a child too hard or not recognising their limitations
- manipulating a child
- exposing a child to distressing events or situations including domestic violence or drug taking
- persistently ignoring a child
- not allowing a child to have friends
- never being kind, positive or encouraging to a child or praising their achievements and successes.
- Failing to promote a child's development
- Never showing any emotions in interactions with a child, also known as emotional neglect.

Spotting the Signs of Emotional Abuse

There might not be any obvious physical signs of emotional abuse or neglect. And a child might not tell anyone what's happening until they reach a 'crisis point'. That's why it's important to look out for signs in how a child is acting.

As children grow up, their emotions change. This means it can be difficult to tell if they're being emotionally abused. But children who are being emotionally abused might:

- act in a way that's inappropriate for their age use language you wouldn't expect them to know for their age
- struggle to control strong emotions or have extreme outbursts
- seem isolated from their parents or peers
- lack social skills and have difficulty making or maintaining relationships
- seem unconfident or lack self-assurance
- struggle to control their emotions or have extreme outbursts
- fear making mistakes or new situations
- fear their parent being approached regarding their behaviour
- self-harm, mutilation
- respond inappropriately to emotionally painful situations
- Compulsive stealing, scrounging
- Engage in drug or solvent abuse
- Display 'neurotic' behaviour – obsessive thumb sucking, rocking
- Air of detachment – 'don't care' attitude
- Social isolation – does not join in, has few friends
- Have eating problems - lack of eating or overeating

Domestic Abuse

Domestic abuse is any type of controlling, bullying, threatening or violent behaviour between people who are or have been in a relationship. It can also happen between adults related to one another. It can seriously harm children and young people, and experiencing domestic abuse is child abuse.

It's important to remember that domestic abuse:

- can happen inside and outside the home
- can happen over the phone, on the internet and on social networking sites
- can happen in any relationship and can continue even after the relationship has ended
- both men and women can be abused or abusers.

Types of domestic abuse

Domestic abuse can be emotional, physical, sexual, economic, coercive or psychological, such as:

- kicking, hitting, punching, cutting or throwing objects
- rape (including in a relationship)
- controlling someone's finances by withholding money or stopping someone earning
- controlling behaviour - telling someone where they can go/what they can wear
- not letting someone leave the house
- reading emails, text messages or letters
- threatening to kill someone or harm them including another family member or pet.

Spotting the Signs of Domestic Abuse

It can be difficult to tell if domestic abuse is happening and those carrying out the abuse can act very different when other people are around. Children and young people might also feel frightened and confused, keeping the abuse to themselves.

Signs that a child has experienced domestic abuse can include:

- aggression or bullying
- anti-social behaviour, like vandalism
- anxiety, depression or suicidal thoughts
- attention seeking
- bed-wetting, nightmares or insomnia
- constant or regular sickness, like colds, headaches and mouth ulcers
- drug or alcohol use
- eating disorders

- problems in school or trouble learning
- tantrums
- withdrawal.

Child Trafficking

Trafficking is where children and young people are tricked, forced or persuaded to leave their homes and are moved or transported and then exploited, forced to work or sold. Children are trafficked for:

- sexual exploitation
- benefit fraud
- forced marriage
- domestic slavery like cleaning, cooking and childcare
- forced labour in factories or agriculture
- committing crimes, like begging, theft, working on cannabis farms or moving drugs.

Trafficked children experience many types of abuse and neglect. Traffickers use physical, sexual and emotional abuse as a form of control. Children and young people are also likely to be physically and emotionally neglected and may be sexually exploited.

Types of Child Trafficking

Traffickers often groom children, families and communities to gain their trust. They may also threaten families with violence or threats. Traffickers often promise children and families that they'll have a better future elsewhere.

Trafficking is also an economic crime. Traffickers may ask families for money for providing documents or transport with a promise that they will make a profit from the money a child "earns" through exploitation, forced labour or crime. They'll often be told this money is to pay off a debt they or their family "owe" to the traffickers.

Spotting the Signs of Child Trafficking

Knowing the signs of trafficking can help give a voice to children. Sometimes children won't understand that what's happening to them is wrong. Or they might be scared to speak out. It may not be obvious that a child has been trafficked but they might:

- spend a lot of time doing household chores
- rarely leave their house or have no time for playing
- be orphaned or living apart from their family

- live in low-standard accommodation
- be unsure which country, city or town they're in
- can't or are reluctant to share personal information or where they live
- not be registered with a school or a GP practice
- have no access to their parents or guardians
- be seen in inappropriate places like brothels or factories
- have money or things you wouldn't expect them to
- have injuries from workplace accidents
- give a prepared story which is very similar to stories given by other children.

Child trafficking is child abuse, it involves the recruiting and moving of children, who are then exploited. Many children are trafficked into the UK from overseas, but children can also be trafficked from one part of the UK to another. Child trafficking can also occur on a single street.

Female Genital Mutilation (FGM)

FGM is when a female's genitals are deliberately altered or removed for non-medical reasons. It's also known as 'female circumcision' or 'cutting', but has many other names including:

- sunna
- gudniin
- halalays
- tahur
- megrez
- khitan.

FGM is a form of child abuse, it's dangerous and a criminal offence in the UK. We know:

- there are no medical reasons to carry out FGM
- it's often performed by someone with no medical training, using instruments such as knives, scalpels, scissors, glass or razor blades
- children are rarely given anaesthetic or antiseptic treatment and are often forcibly restrained
- it's used to control female sexuality and can cause long-lasting damage to physical and emotional health.

FGM can happen at different times in a girl or woman's life, including:

- when a baby is new-born
- during childhood or as a teenager
- just before marriage

- during pregnancy.

Spotting the Signs of Female Genital Mutilation

Signs FGM might happen include:

- A relative or someone known as a 'cutter' visiting from abroad.
- A special occasion or ceremony takes place where a girl 'becomes a woman' or is 'prepared for marriage'.
- A female relative, like a mother, sister or aunt has undergone FGM.
- A family arranges a long holiday overseas or visits a family abroad during the summer holidays.
- A girl has an unexpected or long absence from school.
- A girl struggles to keep up in school.
- A girl runs away – or plans to run away - from home.

Signs FGM might have taken place include:

- Having difficulty walking, standing or sitting.
- Spending longer in the bathroom or toilet.
- Appearing quiet, anxious or depressed.
- Acting differently after an absence from school or college.
- Reluctance to go to the doctors or have routine medical examinations.
- Asking for help – though they might not be explicit about the problem because they're scared or embarrassed.

Section 5B of the Female Genital Mutilation Act 2003, as amended by the Serious Crime Act 2015 requires health and social care professionals and teachers in England and Wales to report 'known' cases of FGM in under-18s to the police.

Radicalisation

Radicalisation is the process through which a person comes to support or be involved in extremist ideologies. It can result in a person becoming drawn into terrorism and is in itself a form of harm.

In 2024, the Department for Levelling Up, Housing and Communities published a new definition of extremism for England (DLHC, 2024). Extremism is defined as the support or promotion of an ideology based on violence, hatred or intolerance that aims to:

- deny or destroy the fundamental rights and freedoms of others
- undermine or overturn the UK's system of democracy and democratic rights

- intentionally create an environment that permits or enables others to achieve either of the above.

The new definition also set out types of behaviour which could constitute extremism, including:

- using or excusing violence towards a group of people to stop them from using their legally defined rights and freedoms
- seeking to overthrow or change the political system outside of lawful means
- using or excusing violence towards public officials, including British armed forces and police forces, to stop them carrying out their duties
- attempting to radicalise and recruit others, including young people, to an extremist ideology.

The process of radicalisation may involve:

- being groomed online or in person
- exploitation, including sexual exploitation
- psychological manipulation
- exposure to violent material and other inappropriate information
- the risk of physical harm or death through extremist acts.

It happens gradually so children and young people who are affected may not realise what it is that they are being drawn into.

Vulnerability factors

Anyone can be radicalised but there are some factors which may make a young person more vulnerable. These include:

- being easily influenced or impressionable
- having low self-esteem or being isolated
- feeling that rejection, discrimination or injustice is taking place in society
- experiencing community tension amongst different groups
- being disrespectful or angry towards family and peers
- having a strong need for acceptance or belonging
- experiencing grief such as loss of a loved one.

Spotting the Signs of Radicalisation

If a child or young person is being radicalised their day-to-day behaviour may become increasingly centred around an extremist ideology, group or cause. For example, they may:

- spend increasing amounts of time talking to people with extreme views (this includes online and offline communication)
- change their style of dress or personal appearance
- lose interest in friends and activities that are not associated with the extremist ideology, group or cause
- have material or symbols associated with an extreme cause
- try to recruit others to join the cause

Safeguarding children and young people with disabilities

Children with disabilities are at greater risk of abuse, research suggests that children with disabilities across the range of impairments are at a significantly higher risk of all forms of abuse. It is difficult to report abuse and children with disabilities including those who are deaf, with speech, language and communication needs face extra barriers.

Messages about abuse and how to stay safe are not always accessible to children with disabilities, including those who are deaf. In addition, they may:

- receive intimate personal care from a number of carers increasing the risk of exposure to abuse
- have an impaired capacity to resist/avoid abuse
- be inhibited about reporting abuse out of fear of losing services
- be vulnerable to bullying & intimidation
- be more vulnerable to abuse by their peers

Additional forms of abuse

Children with disabilities are three times more likely to suffer from abuse and are also at risk of being abused in other ways for example:

- physical restraint being carried out unnecessarily
- rough handling e.g. disproportionate use of force
- misuse of medication
- personal care needs not being adequately met e.g. a child who soils being left in unhygienic conditions
- force feeding or inappropriate feeding e.g. not using prescribed food
- extreme behaviour modification e.g. limiting movement or restricting freedoms (being left in wheel chair for long period)

Difficulties in recognising abuse of children and young people with disabilities

There are a number of factors that can make it difficult to recognise the abuse of children with disabilities. Professionals rely on parents and carers to facilitate communication; this poses a risk if a child is being abused by a parent/carers or if the adult they are communicating with does not believe the child.

Some children or young people may be dependent on their abuser or their abuser may be the main person they communicate with again making it difficult for abuse to be reported.

Some behaviour which indicate abuse is also common behaviour in children with disabilities e.g. lack of appetite can be due to medication or shying away from physical contact, also some children behave in ways which are self-harming making it difficult to recognise if abuse is taking place.

Safeguarding Procedure

Roles and Responsibilities

Staff and Volunteers are not expected to be experts in recognising when abuse may have taken place, and therefore requires staff and volunteers to discuss any concerns they may have with their Area Manager who will then assume responsibility for the matter and report issues of concern to the Designated Safeguarding Lead (DSL).

The DSL is responsible for:

- Referring concerns about possible abuse to the Local Authority (or LADO if the concern is about staff) and acting as a focal point for staff to discuss concerns. Referrals should be made in writing, following a telephone call.
- Keeping written records of concerns even if there is no need to make an immediate referral.
- Ensuring that all such records are kept confidentially in line with GDPR
- Liaising with other agencies and professionals.
- Ensuring that either they or the relevant Area Manager attends case conferences, core groups, or other multi-agency planning meetings, contribute to assessments, and provide a report which has been shared with the parents.

Deputy DSL: Takes on the role of the DSL in the DSL'S absence

Area Managers are responsible for:

- Being the initial point of contact for staff concerns;

- Recording concerns
- Escalating concerns to the DSL
- Manager attends case conferences, core groups, or other multi-agency planning meetings, contribute to assessments, and provide a report which has been shared with the parents

Responding to Disclosure

A disclosure of abuse may come in many forms, including:

- A hypothetical question
- A drawing, story, letter, or joke
- A social media post
- Questions around topics children should not usually be concerned about
- Clingy behaviour or reluctance to go home
- Aggressive behaviour or shouting about an abuser when angry
- Role play or drama
- Inappropriate interactions with other children
- A series of "tests" to check if a safe adult can be trusted (may include false allegations)

If a child or vulnerable adult discloses:

- Listen carefully without interrupting.
- Reassure them they did the right thing by telling you.
- Make it clear it is not their fault.
- Take them seriously, even if communication is unclear.
- Use neutral, reassuring phrases, e.g.
- "It's ok, you're safe now."
- "Well done, you're doing a great job telling me."
- "Thank you for trusting me, I will help you."
- Record exactly what they say, using their words. Explain you are writing it down so you don't forget.
- Explain what will happen next.
- Contact the DSL as soon as possible (within 2 hours).
- The DSL will contact Social Services and follow up in writing within 24 hours.
- If you cannot contact the DSL, you have a duty of care to contact Social Services (or the police if urgent). Possible forms: verbal, drawings, stories, social media posts, role play, behaviour changes.

Do:

- Listen carefully
- Reassure child: "It's not your fault, you're safe now"

- Record exactly what is said
- Explain what will happen next
- Contact DSL within 2 hours

Do not:

- Promise confidentiality
- Ask questions
- Investigate
- Make jokes or dismissive comments
- Immediate Action:
- Child in danger → Call 999

Radicalisation and Extremism

If you are concerned someone is being radicalised, report it to the DSL.

The DSL will inform the police using the non-emergency number or the Anti-Terrorist Hotline.

If you discover terrorist material online, Area Managers must immediately report it by calling 999, the Anti-Terrorist Hotline, or via the government's reporting channel: www.gov.uk/report-terrorism

Recording Safeguarding Concerns

When documenting an incident or disclosure, record the following:

- Child's name, age, and address (if known)
- Date and time of the disclosure or incident
- **Exact words** spoken by the child or vulnerable adult
- Any details given about the alleged abuser
- Details of the person you are concerned about
- Date, time, and place of the incident/concern
- Initials only when referring to other people involved
- Any injuries (use a **body map** for marks/bruises)
- Details of the alleged perpetrator (if known)
- Keep it **factual and concise** (avoid opinions)
- **Sign and date** the report

All incident reports and safeguarding forms must be securely filed in the CEO's office.

When: Immediately

How:

- Write a detailed factual account.
- If concern is not related to a child at work, contact NSPCC.
- If a child is in immediate danger, call the police (999).

Dangerous online content should be reported via 999, hotline, or gov.uk/report-terrorism

Talking to Parents

- Play Inclusion Project is committed to working in partnership with parents/carers, but in some cases informing them could increase risk to the child or vulnerable adult.
- The DSL, after consulting Social Services and Police, decides whether parents should be informed.
- In cases of suspected sexual abuse by someone known to the family, **parents must not be informed.**
- Always check with the DSL before contacting parents

Procedure for Reporting Concerns About Staff or Volunteers

Play Inclusion Project recognises that it is vital to respond promptly and appropriately to any concerns or allegations about staff, volunteers, or contractors to safeguard children, young people, and vulnerable adults.

When to Report

A concern about a staff member, volunteer, or manager must be raised if it is alleged that they have:

- Behaved in a way that has harmed, or may have harmed, a child or vulnerable adult
- Possibly committed a criminal offence against or related to a child or vulnerable adult
- Behaved in a way that indicates they may pose a risk to children, young people, or vulnerable adults
- Used their position of trust inappropriately

Concerns may arise from:

- A direct disclosure from a child or vulnerable adult

- Observation of behaviour
- A complaint or report from another professional, parent, carer, or member of the public

When concerns about staff arise:

- Do not confront the individual concerned.
- Record what has been seen, heard, or reported as factually as possible.
- Report immediately to the Designated Safeguarding Lead (DSL) or, if unavailable, the Deputy DSL.
- If the concern is about the DSL, report directly to the Deputy DSL or Chair of Trustees.
- If there is immediate risk to a child or vulnerable adult, call the police (999).

Referral to LADO (Local Authority Designated Officer)

- The DSL (or Deputy DSL/ Chair of Trustees if the allegation concerns the DSL) will contact the LADO within one working day to discuss the concern and agree next steps.
- The LADO will advise whether the matter requires referral to Children's Social Care and/or the police.
- No internal investigation should begin until the LADO/police have advised.

Suspension or Adjustment of Duties

Depending on the nature of the allegation, the staff member concerned may be suspended or adjust their duties to protect children and vulnerable adults while enquiries are ongoing.

This is a neutral act and not an assumption of guilt.

Support

Children and vulnerable adults involved will be offered appropriate safeguarding support.

The member of staff/volunteer subject to the allegation will be treated fairly, kept informed, and offered appropriate support throughout the process.

Confidentiality

- All information will be shared only on a need-to-know basis.
- Unnecessary speculation or discussion must be avoided to protect all parties.

Outcome and Follow-Up

Following enquiries by the LADO/police:

- If the allegation is substantiated, disciplinary procedures will be initiated and regulatory bodies (e.g. DBS, Ofsted, Charity Commission) notified as required.
- If the allegation is unfounded or malicious, this will be formally recorded, and support will be offered to the member of staff.
- Records of all allegations, decisions, and outcomes will be kept securely in the CEO's office until the individual reaches retirement age or for 10 years from the date of the allegation (whichever is longer).

Whistleblowing

Staff and volunteers have the right to raise concerns about poor practice or abuse by colleagues.

If they feel unable to raise concerns internally, they may contact:

- The NSPCC Whistleblowing Advice Line (0800 028 0285)
- Children's Social Care directly
- The Police

Retention

All safeguarding files are to be kept until the child's 25th birthday.

It is not Child Protection but I am still Concerned

If you have concerns regarding a child or young person but the concern does not meet the threshold to be a Child Protection issue, for example if there are concerns that a child or family need extra help in making sure the all the child's needs are met due to experiencing poverty or where a child is getting into trouble in the community, help can be sought using the Common Assessment Framework.

Concerns that do not meet the threshold to be referred to social care should be recorded on a Safeguarding Chronology form.

A Report/ Concern Has Been Disclosed by a Third Party

If a report is made via a third party (e.g. a support worker who observed something away from our sessions), pass them the contact numbers for the relevant social services and request they pass the concern on themselves.

Contact Numbers

Designated safeguarding Lead - Joanne Barnes	07867783406
Deputy Designated Safeguarding Lead – Sharon Robinson	07504347124
Lancashire Social Services	0300 123 6720(8.00 am– 8. 00pm) 0300 123 6722 (out of hours Duty Team)
Blackpool Social Services	01253 477299
Blackpool LADO	01253 477558
Lancashire LADO	01772 536694
Anti-terrorist hotline	0800 789 321
NSPCC FGM Helpline	0800 028 3550
Modern Slavery Helpline	0800 012 1700
Emergency services	999 (if a child is at immediate risk call the police) 101 – non- emergency police number