

SAFEGUARDING POLICY FOR CHILDREN, YOUNG PEOPLE AND ADULTS AT RISK

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1. Introduction

The purpose of this policy is to:

- to protect and promote the welfare of children, young people and adults at risk (formerly known as 'vulnerable adults') who come into direct contact with 3d leisure (3d), its staff and business
- to provide staff working for 3d with the overarching principles that guide our approach to child and adult protection, so that they understand the expectations that 3d has of them in terms of safeguarding;
- to help ensure that groups and organisations who use facilities managed by 3d, have appropriate safeguarding arrangements in place, so that children, young people and adults using their services are kept safe;
- to help ensure that schools/colleges with whom 3d works are aware of the safeguarding standards to which we work, including pre-recruitment checks;
- to help ensure that the boundaries and scope of 3d's own safeguarding responsibilities and those of its host schools/colleges are clearly understood, as well as the relationship between the safeguarding responsibilities of the various parties.
- to recognise the 'early help' steps to take in accordance with the guidance in Working Together
- to set out the responsibility of safeguarding of pupils/students when placed with an alternative provision, in this case 3d leisure as a provider.
- to provide information on responding to allegations related to organisations or individuals using the school premises, this includes hirers to the school facilities.

3d believes that a child, young person and adult at risk should never experience abuse of any kind. We have a responsibility to promote the welfare of all children, young people and adults at risk, and to keep them safe. We are committed to practise in a way that protects them, taking all reasonable steps to protect them from harm, discrimination or degrading treatment whilst respecting their rights, wishes and feelings.

The aim of our standard is to ensure that it is important to recognise that we have a moral and legal obligation to ensure that when we are given responsibilities for children, young adults and adults at risk we should give them the highest possible standard of care.

This policy applied to all 3d leisure staff and facility users, inclusive. All to whom the policy and procedure applies will be informed during their induction and at regular intervals thereafter.

Line Managers have an important part to play in the area of child protection, given their involvement in the employment and management of staff and will, therefore, be held accountable for the operation of this standard within the area of their responsibility.

This policy is supported by and makes reference to 3d's Code of Safe Conduct.

2. Definitions

Children and young people are those under 18. Adults are those of 18 and over.

When applied to children and young people aged up to 18, the definition of the term safeguarding is the same as that used in the statutory government guidance Working Together to Safeguard Children (2023). Here, safeguarding and promoting the welfare of children means:

- 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

Child protection is part of safeguarding and promoting the welfare of children and is defined for the purpose of this guidance as activity that is undertaken to protect specific children who are suspected to be suffering, or likely to suffer, significant harm. This includes harm that occurs inside or outside the home, including online. Effective safeguarding means practitioners should understand and be sensitive to factors, including economic and social circumstances and ethnicity, which can impact children and families lives.

When applied to adults, safeguarding duties are considered in Care Act 2014: Statutory guidance for implementation (2014) as applying to all adults at risk (previously known as vulnerable adults. This means any adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs) and;
- is experiencing, or at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

3. Legal Framework

This policy has been drawn up on the basis of law and guidance that seeks to protect children and adults at risk, namely:

- Children Act 1989
- United Convention of the Rights of the Child 1991
- Data Protection Act 2018
- Human Rights Act 1998
- Care Standards Act 2000
- General Data Protection Regulations 2018
- Sexual Offences Act 2003
- Children Act 2004

- Mental Capacity Act 2005
- Protection of Freedoms Act 2012
- Children and Families Act 2014
- Care Act 2014
- *No Secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse; Dept. of Health, March 2000; and subsequent reviews*
- *Safeguarding Adults: A National Framework of Standards for good practice and outcomes in adult protection work; ADASS, 2005*
- *Special educational needs and disability (SEND) code of practice: 0 to 25 years - Statutory guidance for organisations which work with and support children and young people who have special educational needs or disabilities; HM Government 2014*
- *Care Act 2014: Statutory guidance for implementation; Dept of Health 2014*
- *Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers; HM Government 2015*
- *Working together to safeguard children: a guide to inter-agency working to safeguard and promote the welfare of children; HM Government 2023*
- *Keeping children safe in education (2024) Statutory guidance for schools and colleges; Department for Education GOV.UK 2024*

4. Forms of abuse

Categories of abuse, when applied to children, are:-

Physical abuse

Physical abuse can lead directly to neurological damage, physical injuries, disability or, at the extreme, death. Harm may be caused to children both by the abuse itself and by the abuse taking place in a wider family or institutional context of conflict and aggression, including inappropriate or inexperienced use of physical restraint. Physical abuse has been linked to aggressive behaviour in children, emotional and behavioural problems and educational difficulties. Violence is pervasive and the physical abuse of children frequently coexists with domestic abuse.

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

Sexual abuse

Forcing or enticing a child or children to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts, such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Disturbed behaviour – including self-harm, inappropriate sexualised behaviour, sexually abusive behaviour, depression and a loss of self-esteem – has been linked to sexual abuse. Its adverse effects may endure into adulthood. The severity of impact on a child is believed to increase the longer the abuse continues, the more extensive the abuse, and the older the child. A number of features of sexual abuse have also been linked with severity of impact, including the relationship of the abuser to the child, the extent of premeditation, the degree of threat and coercion, sadism, and bizarre or unusual elements. A child's ability to cope with the experience of sexual abuse, once recognised or disclosed, is strengthened by the support of a non-abusive adult carer who believes the child, helps the child understand the abuse, and is able to offer help and protection. The reactions of practitioners also have an impact on the child's ability to cope with what has happened, and on his or her feelings of self-worth. (For further information see Child Sexual Abuse: Informing Practice from Research)

A proportion of adults and children and young people who sexually abuse children have themselves been sexually abused as children. They may also have been exposed as children to domestic abuse and discontinuity of care. However, it would be quite wrong to suggest that most children who are sexually abused inevitably go on to become abusers themselves.

Typical signs of Sexual Abuse are:

- Children who display knowledge or interest in sexual acts inappropriate to their age
- Children who use sexual language or have sexual knowledge that you wouldn't expect them to have
- Children who ask other to behave sexually or play sexual games
- Children with physical sexual health problems, including soreness in the genital and anal areas, sexually transmitted infections or underage pregnancy

Emotional abuse

The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless and unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them, 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Domestic violence is now referred to as Domestic Abuse. There is increasing evidence of the adverse long-term consequences for children's development where they have been subject to sustained emotional abuse, including the impact of serious bullying. Emotional abuse has an important impact on a developing child's mental health, behaviour and self-esteem. It can be especially 36 damaging in infancy. Underlying emotional abuse may be as important, if not more so, as other more visible forms of abuse in terms of its impact on the child. Adult mental health problems and parental substance misuse may be features in families where children are exposed to such abuse.

Typical signs of Emotional Abuse include:

- Children who are excessively withdrawn, fearful, or anxious about doing something wrong

- Parents or carers who withdraw their attention from their child, giving the child the 'cold shoulder'
- Parents or carers blaming their problems on their child
- Parents or carers who humiliate their child, for example, by name-calling or making negative comparisons.

Neglect

The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of material substance abuse. Once a child is born it may involve a parent or carer failing to provide adequate food, clothing, and shelter, including exclusion from home or abandonment; failure to protect a child from physical harm or danger; failure to ensure adequate supervision, including the use of adequate care takers; or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Severe neglect of young children has adverse effects on children's ability to form attachments and is associated with major impairment of growth and intellectual development. Persistent neglect can lead to serious impairment of health and development, and long-term difficulties with social functioning, relationships and educational progress. Neglected children may also experience low self-esteem, and feelings of being unloved and isolated. Neglect can also result in extreme cases, in death. The impact of neglect varies depending on how long children have been neglected, the children's age, and the multiplicity of neglectful behaviours children have been experiencing.

Typical signs of neglect include:

- Children who are living in a home that is indisputably dirty or unsafe
- Children who are left hungry or dirty
- Children who are left without adequate clothing, e.g. not having a winter coat
- Children who are living in dangerous conditions, i.e. around drugs, alcohol or violence
- Children who are often angry, aggressive or self-harm
- Children who fail to receive basic health care
- Parents who fail to seek medical treatment when their children are ill or are injured.

Types of abuse affecting adults at risk may include (not exclusively):

Physical abuse – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.

Domestic violence – including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence.

Sexual abuse – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

Psychological abuse – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

Financial or material abuse – including theft, fraud, internet scamming, coercion in relation to an adult’s financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Modern slavery – encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

Discriminatory abuse – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.

Organisational abuse – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one’s own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Neglect and acts of omission – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating

Self-neglect – this covers a wide range of behaviour neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding.

5. Recognising abuse

Even for those experienced in working with children, young adults and adults at risk abuse, it is not always easy to recognise a situation where abuse may occur or has already taken place. Signs of vulnerability and indicators of abuse are listed in section 5, section 7 and section 8 of 3d leisure’s Code of Safe Conduct.

It is stressed, however, that it is not the responsibility of 3d leisure staff to prove that abuse is taking place, but it is their responsibility to act upon any concerns. It is the responsibility of the school where 3d leisure are operating, to safeguard the pupils when placing with an alternative provision, in this case 3d leisure are the provider.

Early Help:

Any child may benefit from early help, but all 3d leisure staff should be particularly alert to the potential need for early help for a child who:

- Is disabled or has certain health conditions and has specific additional needs
- Has special educational needs (whether or not they have a statutory education, health and care plan)
- Has a mental health need
- Is a young carer
- Is showing signs of being drawn in to anti-social or criminal behaviour, including gang involvement and association with organised crime groups or county lines
- Is frequently missing/goes missing from education, home or care
- Is at risk of modern slavery, trafficking, sexual and/or criminal exploitation
- Is at risk of being radicalised or exploited
- Has a parent or carer in custody, or is affected by parental offending

- Is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse
- Is misusing alcohol and other drugs themselves
- Is at risk of so-called 'honour'-based abuse such as Female Genital Mutilation or Forced Marriage
- Is a privately fostered child

6. Procedure to follow where there is a disclosure or concern about a child or adult at risk

3d aim is to ensure that those children and adults who attend activities run in premises managed by 3d, and any other children or adults at risk who may come to the attention of 3d or facility users, receive the protection and support they need if they are at risk of abuse. The procedure to follow where there is a disclosure or concern about a child or adult at risk is outlined in 3d leisure's Code of Safe Conduct. All 3d staff have a full understanding of how to deal with such a situation, manage the requirement and maintain an appropriate level of confidentiality.

7. Recording information

Make a careful record of your concern and how it is dealt with. The record will need to be added to as the situation unfolds, and it should be signed and dated at each stage of the procedure. It can be used to forward information to the statutory child protection or adult safeguarding authorities if a referral to them is needed.

The record should be signed and dated by all those involved in its completion and kept confidentially on the person's file. The name of the person making the notes should be written alongside each entry.

8. Good practice in the care of children, young adults and adults at risk

3d leisure's Code of Safe Conduct provides comprehensive guidance on 'good practice' as well as clear instructions on how staff should behave and conduct themselves. Refer to sections 1 and 2 of the Code of Safe Conduct.

3d recognise that:

- in all situations where a child or young person may be at risk of abuse, the welfare of the child is paramount, as enshrined in the Children Act 1989
- all children and adults at risk, regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity, have a right to equal protection from all types of harm or abuse
- 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
- working in partnership with adults at risk, their families, carers and other agencies is essential in promoting the welfare of adults who may be vulnerable
- under the Mental Capacity Act 2005, adults at risk have the right to make their own decisions (including those deemed by others to be unwise or eccentric) and must be assumed to have capacity unless proved otherwise
- adults at risk must receive all appropriate help and support to make decisions
- decisions made on behalf of an adult who lacks mental capacity must be done in their best interests and be the least restrictive of their basic rights and freedoms

- if an adult at risk who has capacity refuses intervention (about, for example, the suitability of a relationship or their ability to manage their financial resources), their wishes should be respected unless: there is a public interest, for example, not acting will put other adults or children at risk; or there is a public duty of care to intervene, for example a crime has been or may be committed.

3d will seek to keep children, young people and vulnerable adults safe by:

- valuing them, listening to and respecting them
- appointing a Designated Safeguarding Officer (DSO) for children and adults
- each club manager is assigned as deputy safeguarding officer for their particular leisure club they work within, then a main DSO appointed at head office
- all team members to go through a DBS check and clearance before appointment and start date
- adopting child protection and adult safeguarding practices through procedures and a code of conduct for staff
- providing effective management for staff and volunteers through supervision, support, training and quality assurance measures
- recruiting staff safely, ensuring all necessary checks are made
- recording and storing information professionally and securely, and sharing information about safeguarding and good practice with children, parents, adults at risk and their families, and staff and one-to-one discussions and communications
- using our procedures to manage any allegations against staff 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
- 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
- ensuring that a conditions of facility hire agreement is put in place between 3d and all Facility Users in premises that we manage on behalf of schools and colleges
- ensuring that a service level agreement is put in place between 3d and all schools and colleges whose premises are managed by 3d
- ensuring that these agreements are clear and explicit about the respective safeguarding responsibilities that 3d, hirers and schools/colleges are expected to fulfil, and about what we can expect from each other in terms of safeguarding
- ensuring that the safeguarding aspects of these agreements are reviewed and quality assured on an annual basis

9. Useful contacts

NSPCC Helpline 0808 800 5000 help@nspcc.org.uk

Childline 0800 1111 (textphone 0800 400 222) www.childline.org.uk

Police 999 or 101

Action on Elder Abuse 0808 808 8141

Citizen's Advice Bureau www.citizensadvice.org.uk

National Centre for Domestic Violence 0800 970 2070

Samaritans Victim Support 0808 168 9111

Men's Advice Line 0808 801 0327

Rights of Women www.rightsofwomen.org.uk

Mental Health Foundation www.mentalhealth.org.uk