

RIVERSIDE PARENTS AND CARERS ASSOCIATION SAFEGUARDING (CHILD PROTECTION) POLICY



Riverside parents and carers association is committed to providing a safe and secure environment for children, staff and visitors and promoting a climate where children and adults will feel confident about sharing any concerns which they may have about their own safety or the well-being of others. We aim to safeguard and promote the welfare of children by protecting them from maltreatment; preventing impairment of children's health or development; ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and taking action to enable all children to have the best outcomes.

Our Child Protection (CP) policy draws upon duties conferred by the Children Acts 1989 and 2004, The Children and Families Act 2014, S175 of the 2002 Education Act, The Education (Independent School Standards) Regulations 2014 (for independent schools), and the guidance contained in "[Working Together to Safeguard Children](#)", the DfE's statutory guidance "[Keeping children safe in education](#)", Ofsted Guidance and procedures produced by the London Safeguarding Children Board ([LSCB](#)) and the Southwark Safeguarding Children Board ([SSCB](#)). We also have regard to the advice contained in DfE's "[What to do if you're worried a child is being abused](#)" and "[Information Sharing – Advice for practitioners](#)". The policy is applicable to all on and off-site activities undertaken by pupils whilst they are the responsibility of the School.

We will ensure that all staff read at least Part one of DfE guidance "[Keeping children safe in education](#)" and that mechanisms are in place to assist staff to understand and discharge their role and responsibilities as set out in Part one.

POLICY AIMS

The purpose of this policy is to:

- Identify the names of responsible persons and explain the purpose of their role
- Describe what should be done if anyone has a concern about the safety and welfare of a child who attends the sessions
- Identify the particular attention that should be paid to those children who fall into a category that might be deemed "vulnerable"
- Set out expectations in respect of training
- Set out expectations of how to ensure children are safeguarded when there is potential to come into contact with non-school staff, e.g. volunteers, contractors etc.
- Outline how complaints against staff will be handled
- Set out expectations regarding record keeping
- Clarify how children will be kept safe
- Outline the role of the Committee
- Outline how the implementation of this policy will be monitored.

This policy is consistent with all other policies adopted by our Committee and should in particular be read in conjunction with the following policies relevant to the safety and welfare of children:

Code of conduct

Constitution

Rules and regulations

Risk assessment

Health and safety

Good Practice

To meet and maintain our responsibilities towards children the Centre agrees to the following standards of good practice and will work with parents/carers to this end:

- Treating all children and their family with respect
- Setting a good example by conducting ourselves appropriately
- Involving children in decision-making which affects them
- Encouraging positive and safe behaviour among children
- Being a good listener
- Being alert to changes in child and parent behaviour
- Recognising that challenging behaviour in children may be an indicator of abuse
- Reading and understanding all of safeguarding and guidance documents
- Asking the parents permission before administering first aid
- Maintaining appropriate standards of conversation and interaction with and between children and avoiding the use of sexualised or derogatory language
- Being aware that the personal and family circumstances and lifestyles of some children lead to an increased risk of neglect and or abuse.

Child protection and safeguarding procedures:

All adults working at the association (including committee members, staff, volunteers and other agencies visiting) are required to report instances of actual or suspected child abuse or neglect. Concerns should be reported to the Designated Lead Person with responsibility for child protection.

In circumstances where a child has an unexplained or suspicious injury that requires urgent medical attention, the child protection referral process should not delay the administration of first aid or emergency medical assistance.

If a child is thought to be at immediate risk because of parental/carer violence, intoxication, substance abuse or mental illness, urgent Police intervention will be requested.

Otherwise:

What to do if a child/adult makes a disclosure

1. Write down exactly what the child has said and date, time and sign the record
2. Don't make assumptions – keep an open mind
3. Don't ask leading questions, ask simple open ended questions and gather as much information as possible

4. Act quickly and share the information with the designated lead person for safeguarding named above

What to do if you are worried a child is being abused

1. The practitioner reports any concerns or incidents to the Designated Lead Person as soon as possible
2. They record the incident/concern in an initial concerns form
3. The Designated Lead Person gathers any further information needed
4. The Concerns should be discussed with the parents unless there is a concern that this will put the child at greater risk
5. Before making a decision the Designated Lead Person will discuss the issues with Bermondsey and Rotherhithe Children's Centre services (Pilgrim Way) safeguarding co-ordinator or contact the duty desk or advice (Southwark Social Services duty desk: 02075251921)
6. If a referral is made it is first made verbally by the Designated Lead Person informing the social worker at the duty desk. A concern form is completed and sent to the referral and assessment team (RAD@southwark.gov)
7. The Designated Lead Person will inform the Chair and Designated Committee Member of the actions taken
8. The Chair will call a full Committee meeting to discuss the incident and any outcomes and review policies and procedures for effectiveness.

The parent/carer will normally be contacted before a referral is made to Children's Social Care (Children's Services). However, if the concern involves alleged or suspected sexual abuse or the Designated Lead Person has reason to believe that informing the parent at this stage might compromise the safety of the child or a staff member, nothing will be said ahead of the referral.

The Designated Lead Person (CP) is also the first point of contact for external agencies that are pursuing child protection investigations.

When an individual concern/incident is brought to the notice of the Designated Lead Person, they will be responsible for deciding upon whether or not this should be reported as a safeguarding issue.

Referrals to Children's Social Care will be confirmed in writing, using the Common Assessment Framework Form. The safeguarding Policy will be available for parents and carers on our website and at the registration desk.

RESPONSIBILITIES AND IMMEDIATE ACTION

Safeguarding and promoting the welfare of children in our setting is the responsibility of the whole Association. All adults working in our setting (including visiting staff, volunteers and students on placement) are required to report instances of actual or suspected child abuse or neglect to the Designated Safeguarding Leads.

The Designated Safeguarding Leads are: Emiliana Cruz Bertora & Marie Atkins and the Riverside Parents and Carers Association Management Committee Members

The Designated Safeguarding team are: Bermondsey and Rotherhithe Children's Centre

When an individual concern/incident is brought to the notice of the Designated Safeguarding Lead, they will be responsible for deciding upon whether or not this should be reported to the Designated Safeguarding team/other agencies as a safeguarding issue. Where there is any doubt as to the seriousness of this concern, or disagreement between the Designated

Safeguarding Lead and the member of staff reporting the concern, advice will be sought from the Deputy Designated Safeguarding Lead, the LA's Strategic Lead Officer for safeguarding in education services or the Early Help Service (EHS) Duty Manager.

Referrals and concerns from our settings will be handed over to our safeguarding team.

If a child is in immediate danger or is at risk of harm, a referral will be made to our Designated Safeguarding team.

Recognising Abuse

To ensure that our children are protected from harm, we need to understand what types of behaviour constitute abuse and neglect.

Abuse and neglect are forms of maltreatment. Somebody may abuse or neglect a child by inflicting harm, for example by hitting them, or by failing to act to prevent harm, for example by leaving a small child home alone, or leaving knives or matches within reach of an unattended toddler.

There are four categories of abuse: physical abuse, emotional abuse, sexual abuse and neglect.

General Signs of Abuse

Abused children may be afraid to tell anybody about the abuse. Whilst the following signs do not necessarily mean a child is being abused, they probably indicate that the child or family is having some problems and should be investigated:

- Changes in personality
- Outbursts of anger
- Changes in eating habits
- Showing an inexplicable fear of particular places or avoiding particular people
- Self-harming (includes head banging, scratching, cutting)
- Not receiving adequate medical attention after injuries
- Showing violence to animals, toys, peers or adults
- Knowledge of 'adult issues' e.g. alcohol, drugs, sexual behaviour.
- Lacking in confidence or often wary/anxious
- Regular flinching in response to sudden but harmless actions e.g. someone raising a hand quickly.

Whether or not a child's behaviour is concerning depends on their age or stage of development. Below are signs of potential abuse to look out for in children aged 0-5.

- Doesn't cry or respond to parent's presence or absence from an early age (usually because they have learnt that their parent will not respond to their distress).
- Late in reaching developmental milestones such as learning to communicate/speak, with no medical reason.
- Acting out excessive violence with other children.
- Significantly underweight but eats well when given food.
- Talks of being left home alone or with strangers.

Types of child abuse and neglect

Abuse: a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. An adult or adults or another child or children may abuse them.

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

Emotional abuse: the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or 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 or '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 a 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 cyberbullying), 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, although it may occur alone.

Sexual abuse: involves forcing or enticing a child or young person 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, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Adult males do not solely perpetrate sexual abuse. Women can also commit acts of sexual abuse, as can other children.

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 maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: provide adequate food, clothing and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate care-givers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Domestic Abuse

Wherever Domestic Abuse is suspected in a home where a child is resident, we have a duty to refer this information to children's services, which have a duty to investigate.

In addition to these types of abuse and neglect, members of staff will also be alert to following specific safeguarding issues:

Child Sexual Exploitation (CSE)

CSE is a type of sexual abuse in which children are sexually exploited for money, power or status. Children or young people may be tricked into believing they are in a loving, consensual relationship. They might be invited to parties and given drugs and alcohol. They may also be groomed online. Some indicators of children being sexually exploited are: going missing for periods of time or regularly coming home late; regularly missing school or education or not taking part in education; appearing with unexplained gifts or new possessions; associating with other young people involved in exploitation; having older boyfriends or girlfriends; suffering from sexually transmitted infections; mood swings or changes in emotional wellbeing; drug and alcohol misuse and displaying inappropriate sexualised behaviour. A child under the age of 13 is not legally capable of consenting to sex (it is statutory rape) or any other type of sexual touching. Sexual activity with a child under 16 is also an offence. It is an offence for a person to have a sexual relationship with a 16 or 17-year-old if that person holds a position of trust or authority in relation to the young person. Non-consensual sex is rape whatever the age of the victim. If the victim is incapacitated through drink or drugs, or the victim or his or her family has been subject to violence or the threat of it, they cannot be considered to have given true consent and therefore offences may have been committed. Child sexual exploitation is therefore potentially a child protection issue for all children under the age of 18.

Where it comes to our notice that a child under the age of 13 is, or may be, sexually active, this will result in an immediate referral to Children's Services. In the case of a young person between the ages of 13 and 16, an individual risk assessment will be conducted in accordance with the [London Child Protection Procedures](#). This will determine how and when information will be shared with parents and the investigating agencies.

Female Genital Mutilation (FGM)

FGM is a procedure where the female genital organs are injured or changed and there is no medical reason for this. It is frequently a very traumatic and violent act for the victim and can cause harm in many ways. The practice can cause severe pain and there may be immediate and/or long-term health consequences, including mental health problems, difficulties in childbirth, causing danger to the child and mother; and/or death.

FGM is a deeply embedded social norm, practised by families for a variety of complex reasons. It is often thought to be essential for a girl to become a proper woman, and to be marriageable. The practice is not required by any religion.

FGM is an unacceptable practice for which there is no justification. It is child abuse and a form of violence against women and girls.

FGM is prevalent in 30 countries. These are concentrated in countries around the Atlantic coast to the Horn of Africa, in areas of the Middle East like Iraq and Yemen, it has also been documented in communities in Colombia, Iran, Israel, Oman, The United Arab Emirates, The Occupied Palestinian Territories, India, Indonesia, Malaysia, Pakistan and Saudi Arabia. It has also been identified in parts of Europe, North America and Australia.

FGM is illegal in the UK. It is estimated that approximately 60,000 girls aged 0-14 were born in England and Wales to mothers who had undergone FGM and approximately 103,000 women aged 15-49 and approximately 24,000 women aged 50 and over who have migrated to England and Wales are living with the consequences of FGM. In addition, approximately 10,000 girls aged under than 15 who have migrated to England and Wales are likely to have undergone FGM.

We note a new duty that was introduced on 31 October 2015 that requires teachers, which includes qualified teachers or persons who are employed or engaged to carry out teaching

work in schools and other institutions to report 'known' cases of FGM in girls aged under 18 to the police. The duty applies to any teacher who is employed or engaged to carry out 'teaching work', whether or not they have qualified teacher status, in maintained schools, academies, free schools, independent schools, non-maintained special schools, sixth form colleges, 16-19 academies, relevant youth accommodation or children's homes in England. The duty does not apply in relation to suspected cases – it is limited to 'known' cases' (i.e. those which are visually identified or disclosed to a professional by the victim). The duty does not apply in cases where the woman is over 18 at the time of the disclosure/discovery of FGM (even if she was under 18 when the FGM was carried out). Further information on this duty can be found in the document "[Mandatory Reporting of Female Genital Mutilation – procedural information](#)".

Preventing Radicalisation

The Counter-Terrorism and Security Act 2015 places a duty on specified authorities, including local authorities and childcare, education and other children's services providers, in the exercise of their functions, to have due regard to the need to prevent people from being drawn into terrorism ("the Prevent duty"). Young people can be exposed to extremist influences or prejudiced views, in particular those via the internet and other social media. Schools can help to protect children from extremist and violent views in the same ways that they help to safeguard children from drugs, gang violence or alcohol.

Examples of the ways in which people can be vulnerable to radicalisation and the indicators that might suggest that an individual might be vulnerable:

- Example indicators that an individual is engaged with an extremist group, cause or ideology include: spending increasing time in the company of other suspected extremists; changing their style of dress or personal appearance to accord with the group; their day-to-day behaviour becoming increasingly centred around an extremist ideology, group or cause; loss of interest in other friends and activities not associated with the extremist ideology, group or cause; possession of material or symbols associated with an extremist cause (e.g. the swastika for far right groups); attempts to recruit others to the group/cause/ideology; or communications with others that suggest identification with a group/cause/ideology.
- Example indicators that an individual has an intention to use violence or other illegal means include: clearly identifying another group as threatening what they stand for and blaming that group for all social or political ills; using insulting or derogatory names or labels for another group; speaking about the imminence of harm from the other group and the importance of action now; expressing attitudes that justify offending on behalf of the group, cause or ideology; condoning or supporting violence or harm towards others; or plotting or conspiring with others.
- Example indicators that an individual is capable of contributing directly or indirectly to an act of terrorism include: having a history of violence; being criminally versatile and using criminal networks to support extremist goals; having occupational skills that can enable acts of terrorism (such as civil engineering, pharmacology or construction); or having technical expertise that can be deployed (e.g. IT skills, knowledge of chemicals, military training or survival skills).

The examples above are not exhaustive and vulnerability may manifest itself in other ways. There is no single route to terrorism nor is there a simple profile of those who become involved. For this reason, any attempt to derive a 'profile' can be misleading. It must not be assumed that these characteristics and experiences will necessarily lead to individuals

becoming terrorists, or that these indicators are the only source of information required to make an appropriate assessment about vulnerability.

Channel is a programme which focuses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism that uses existing collaboration between local authorities, the police, statutory partners (such as the education sector, social services, children's and youth services and offender management services) and the local community.

We will refer children at risk of harm as a result of involvement or potential involvement in extremist activity to Southwark Multi Agency Safeguarding Hub ([MASH](#)). The MASH will share the referral details of new referrals with the Prevent lead police officer and LA Prevent coordinator at the point the referral is received. The referral will then be processed through the MASH multi agency information sharing system and parallel to this the Prevent police officer will be carrying out initial screening checks. The Prevent police officer will make a referral to the Channel Practitioner if there are sufficient concerns.

Private Fostering

Private fostering is when a child under the age of 16 (under 18 if disabled) is cared for by someone who is not their parent or a 'close relative'. This is a private arrangement made between a parent and a carer, for 28 days or more. Close relatives are defined as stepparents, grandparents, brothers, sisters, uncles or aunts (whether of full blood, half blood or by marriage). Great grandparents, great aunts, great uncles and cousins are not regarded as close relatives.

The law requires that Southwark Council should be notified if anyone is looking after someone else's child for 28 days or more. The purpose of the council's involvement is to support the child and private foster family (and wherever possible the biological parent/s) with any issues arising. These may be practical issues such as benefits, housing, immigration or emotional issues such as keeping contact with biological family, maintaining cultural identity.

If we become aware of a child in a private fostering arrangement within Southwark, we will notify the council's Multi Agency Safeguarding Hub ([MASH](#)) by emailing MASH@southwark.gov.uk or calling **020 7525 1921**. Advice about whether there is a need to notify the council, can be obtained by calling **07539 346808** or sending an email to privatefosteringadvice@southwark.gov.uk.

REFERRALS

Referrals to services regarding concerns about a child or family typically fall into three categories:

- Early Help Services;
- Child in need - Section 17 (Children Act 1989) referrals;
- Child protection - Section 47 (Children Act 1989) referrals.

[The Southwark Safeguarding Board Multi Agency Threshold Guide](#) sets out the different levels of need and detailed guidance about how concerns within these different levels should be responded to by Southwark agencies.

Safeguarding referrals should be made to Southwark Multi Agency Safeguarding Hub ([MASH](#)) via [Inter Agency Referral Form \(IARF\)](#) and copied to the LA's Schools Safeguarding Coordinator. Prior to any written IARF being sent as a referral to social care, there should be a verbal consultation with the MASH social worker or manager, by calling the duty desk on **020 7525 1921**, to ensure that making a referral is an appropriate action. The parent/carers will normally be contacted to obtain their consent before a referral is made. However, if the

concern involves, for example alleged or suspected child sexual abuse, Honour Based Violence, fabricated or induced illness or the Designated Safeguarding Lead has reason to believe that informing the parent at this stage might compromise the safety of the child or a staff member, nothing should be said to the parent/carer ahead of the referral, but a rationale for the decision to progress without consent should be provided with the referral.

The new [Early Help Referral Form](#) will be used to request additional early help for a family when the needs of a child are beyond the level of support that can be provided by universal services.

In circumstances where a child has an unexplained or suspicious injury that requires urgent medical attention, the CP referral process should not delay the administration of first aid or emergency medical assistance. **If a pupil is thought to be at immediate risk because of parental violence, intoxication, substance abuse, mental illness or threats to remove the child during the school day, for example, urgent Police intervention will be requested.**

Where a child sustains a physical injury or is distressed as a result of reported chastisement, or alleges that they have been chastised by the use of an implement or substance, this will immediately be reported for investigation.

In our settings, we will make aware/available to all parents and carers of our safeguarding responsibilities and the existence of this policy.

TRAINING

All staff members will receive appropriate safeguarding and child protection training which should be update annually. In addition, all staff members will receive safeguarding and child protection updates during staff meetings, as required

All newly recruited staff and Committee members will be informed of this policy. In addition, all new staff and temporary staff will be required to attend an induction session with the Designated Safeguarding Lead or their deputy on their first day in the role.

The Designated Safeguarding Lead (and their Deputies) will attend the LA's dedicated induction course and then refresher training at least every two years.

VOLUNTEERS

Under no circumstances a volunteer in respect of whom no checks have been obtained will be left unsupervised or allowed to work in regulated activity

We will obtain an enhanced DBS certificate (which will include barred list information) for all volunteers who are new to working in our sessions and cover absent staff.

Existing volunteers in regulated activity do not have to be re-checked if they have already had a DBS check (which includes barred list information). However, we may conduct a repeat DBS check (which will include barred list information) on any such volunteer should we have any concerns.

The law has removed supervised volunteers from regulated activity. There is no legal requirement to obtain DBS certificate for volunteers who are not in regulated activity and who are supervised regularly and on ongoing day to day basis by a person who is in regulated activity, but an enhanced DBS check without a barred list check may be requested following a risk assessment.

Further information on checks on volunteers can be found in Part three of the DfE guidance "[Keeping children safe in education](#)".

Volunteers will be subject to the same code of conduct as paid employees of the settings.

STAFF, COMMITTEE AND VOLUNTEERS CODE OF CONDUCT

All staff (paid and voluntary) is expected to adhere to a code of conduct in respect of their contact with children and their families.

- Children and their parents and carers will be treated with respect, dignity and equality being sensitive to each person's uniqueness and beliefs.
- Staff, Committee and volunteers will be positive role models at all times, conducting themselves in a professional manner. Foul, derogatory language is not permitted and all should be appropriately dressed. Uniform and name badges should be worn to identify Staff, Committee, volunteers and Visitors. At all times during the soft play sessions. False nails should not be worn, or jewellery that may catch on equipment when moving.
- It would be unrealistic and undesirable to preclude all physical contact between adults and children but staff is expected to exercise caution and avoid placing themselves in a position where their actions might be open to criticism.
- Where incidents occur which might otherwise be misconstrued, or where it becomes necessary to physically restrain a child for their own or others safety, this will be appropriately recorded and reported to the Association Chair and the child's parent or carer.
- If first aid has to be administered this shall be done in conjunction with the parent or carer. Medicines should not be administered to children by staff giving first aid and neither personal suggestions of treatment or actions "to make child better". If parent/carer aren't sure if child is safe advise them to take child /children to the A&E.
- For their own safety and protection, staff should exercise caution in situations where they are alone with children, parents or carers. Other than in formal situations the door to the room in which counselling or meeting is taking place should be left open. Where this is not practicable because of the need for confidentiality, another member of staff will be asked to maintain a presence near by and a record will be kept of the circumstances of the meeting and sent to the Chair of the Association and to Bermondsey and Rotherhithe Children centre (Pilgrims Way) to be kept on file.
- Staff will not disclose their personal telephone numbers, social media accounts or email address to children, parents and carers also be alert to the possible risks that might arise from contact with children and parents outside our sessions. Do not add people on Social Media (facebook, twitter, instagram) who attend our sessions. (If a user is a family member or friend who already is

linked to your social media account, never discuss any work-related subjects. Never disclose any incidents/accidents occurred at sessions. If that occurs it will be a security breach and employment may have to be stopped.

- Staff and volunteers will not take photographs of children or adults, unless notice has been given and written permission gained from parents/carers. Never post pictures of our sessions on social media. Photos of staff members may be shared with consent from staff)
- Staff and volunteers should restrain the use of their mobile phone during working hours for personal reason/needs; If extremely, needed they should go outside of the play areas to do so.
- Staff/volunteer should not change nappies or accompany children alone in the toilet. During open sessions staff should avoid to use/share same toilet with parents, carers and children. You can use Staff toilet (if not open, please use downstairs toilet)
- According to Ofsted regulations no photograph or use of mobiles are allowed during the sessions. Staff and volunteers should keep an eye and inform parents/carers about our policy and child protection.
- All staff should ensure parent/carer/child details are kept secure and never left unattended and locked away at the end of each session.
- Never share parent/carers details with anyone unless you are required to for a safeguarding/child protection issue
- Create a safe and secure workplace in which it is a pleasure to work in and Co-operate with other members of your team.
- Small token of thanks can be received (chocolate box /biscuits) from users to say thanks but no gift may be received in return for services (for example in exchange for tickets to events).
- Be prepared to attend training/courses to develop knowledge and good practice.
- Acknowledge your limitations and report to the manager if you feel you cannot carry out your role correctly (if you are sick, feel you are asked to do too many tasks, and this is stopping you doing your job properly)

CONTRACTORS

If any contractor requires emergency access to part of The Salmon Centre which is being used by Riverside Parents and Carers Soft Play Sessions Staff will ensure there is no risk/hazards and accompany the contractor where possible to the area in concern to carry out a risk assessment that our session is safe to continue.

For ongoing building work/maintenance in The Salmon Centre Staff will liaise with The Salmon Centre Manager to ensure safety for our users.

Under no circumstances we will allow a contractor in respect of whom no checks have been obtained to work unsupervised, or engage in regulated activity. We will determine the appropriate level of supervision depending on the circumstances.

We will always check the identity of contractors and their staff on arrival at the centre.

COMPLAINTS/ALLEGATIONS MADE AGAINST STAFF

Riverside Parents and Carers Association takes seriously all complaints made against members of staff. Procedures are in place for children, parents and staff to share any concern that they may have about the actions of any member staff or volunteer. All such complaints will be brought immediately to the attention of one of the Designated Safeguarding Leads. These procedures are used in respect of all cases in which it is alleged that a member of staff has:

- Behaved in a way that has harmed a child, or may have harmed a child;
- Possibly committed a criminal offence against or related to a child; or
- Behaved towards a child or children in a way that indicates he or she would pose a risk of harm children.

The Local Authority's Designated Officer(s) (DO) should be informed of all allegations that come to a school's attention and appear to meet the criteria. Contact can also be made with LA's Schools Safeguarding Coordinator who will liaise with the DO. Many cases may well either not meet the criteria set out above, or may do so without warranting consideration of either a police investigation or enquiries by local authority children's social care services. In these cases, local arrangements will be followed to resolve cases without delay.

Some rare allegations will be so serious they will require immediate intervention by children's social care services and/or police. In such cases, referral to the DO will lead to a Strategy Meeting or Discussion being held in accordance with the DfE guidance and London SCB procedures. This process will agree upon the appropriate course of action and the time-scale for investigations.

The school has a legal duty to refer to the DBS anyone who has harmed, or poses a risk of harm, to a child and who has been removed from working (paid or unpaid) in regulated activity, or would have been removed had they not left. The DBS will consider whether to bar the person. Referrals will be made as soon as possible after the resignation or removal of the individual.

The full procedures about dealing with allegations of abuse made against teachers and other staff can be found in Part Four of the DfE guidance "[Keeping children safe in education](#)".

The Chair of Riverside Parents and Carers Association is: Linda Hudson

The Vice-chair is: *Nathan John*

The LA's DO is: Eva Simcock 020 7525 0689

There is also a duty system and one of the CP Coordinators in Quality Assurance Unit is on duty each day to deal with DO issues when DO is unavailable. Duty telephone number for enquiries/referrals is 020 7525 3297

The LA's Strategic Lead Officer for safeguarding in education services is: the Director of Education Nina Dohel 020 7525 3252

The LA's Deputy in education services is: the EHS Duty Manager 020 7525 3893

The LA's Schools Safeguarding Coordinator is: Apo ÇAĞIRICI 020 7525 2715

EHS Duty Officer (Education): 020 7525 2714

We also note the '[Safeguarding information for professionals and the community in Southwark](#)' on Southwark Council's website.

RECORDS

The member of staff witnessing the incident/concern will keep brief and accurate written notes of all incidents/concerns. All serious concerns will be reported to the Lead Designated Safeguard at Bermondsey and Rotherhithe Children Centre (Pilgrims Way) and all other concerns will be discussed with the Community Family worker when they visit the session. All written information and notes will be kept securely locked away when sessions are not taking place.

For suspected physical abuse body map picture will be included in our notes. Notes should be specific and include date, year and time of incident, name of child date of birth of child action taken and by whom. Information may be shared with other agencies as appropriate.

SAFETY IN THE SESSIONS

Entry to the session premises is through two sets of unlocked doors. Parents are required to sign in before entering the third open door to the session. Staff will patrol the entrance to minimise the risk of children escaping the building. Authorised visitors to the session will be required to show ID and sign in; fire evacuation procedure should be conveyed to visitors. Staff will challenge unidentified visitors.

Parents, carers or relatives may only take still or video photographic images of their own child during activities with the prior consent of the Riverside Parents and Carers Association and then only in designated areas. Images taken must be for private use only. Recording and/or photographing other than for private use would require the consent of the other parents whose children may be captured on film. Without this consent the Data Protection legislation would be breached. If parents do not wish their children to be photographed or filmed they should express this view in writing, their rights will be respected.

HEALTHY CHOICES

Riverside Parents and Carers will work with partners to promote and support parents achieve healthy choices. We will do this by having monthly drop in sessions from the Local Authority's Early Years Dietician and holding oral health drop in sessions at least annually. A Community Food Worker will also attend the session at least once annually to hold a workshop with children and parents. As part of the code of conduct staff will be required to not have any inappropriate food/drink during the session.

THE ROLE OF THE COMMITTEE

Our committee member board will oversee and manage all the affairs of our Organization.

Co-Chair – Linda Hudson

Co-Chair – Nathan John

Designated Safeguarding Leads: Emiliana Cruz Bertora & Marie Atkins