

# Edible Landscapes London Ltd

## Safeguarding Policy and Procedures



### Overview

This document is the Child Protection Policy for Edible Landscapes London (ELL) which will be followed by all members of the organisation and followed and promoted by those in the position of leadership within the organisation. ELL is a training centre and plant nursery which occasionally works with volunteers from youth organisations and schools.

### Examples of activities that may relate to this policy:

- we have liaised with The Challenge for several years taking groups of 12 x 16 year olds to work with us on site as part of this citizenship scheme. The 12 children are accompanied by 2 adults and normally volunteer on site for one day.
- we have liaised with Skinners Academy to support year 7 students from a nurture group, digging a pond. They were accompanied by one teacher and one member of the support staff from school
- we will be giving site tours to year 10 and year 11 Geography GCSE students, who will be under the supervision of their teacher
- members of the public may enter the site at any time, along with children

### Why does ELL need a safeguarding policy?

Whilst ELL does not undertake activities with children in the absence of their teacher/parents/carers, we may have the opportunity to observe the young persons/children's welfare. Teachers/parents/carers are responsible for their children's welfare, not ELL. However, because we know that children may be abused by adults this policy is to make sure that the actions of adults are transparent and safeguard and promote the welfare of all young people. We have a duty of care towards children with whom we have contact and to report concerns that we may have.

This document is written in accordance with 'Working Together to Safeguard Children' produced by the Department of Health in 1999.

### Principles upon which the policy is based.

- The welfare of a child or young person will always be paramount.
- The welfare of families will be promoted.
- The rights, wishes and feelings of children, young people and their families will be respected and listened to.
- Those people in positions of responsibility within the organisation will work in accordance with the interests of children and young people and follow the policy outlined below.
- Those people in positions of responsibility within the organisation will ensure that the same opportunities are available to everyone and that all differences between individuals will be treated with respect.

### Aims of the policy

are to ensure the improving welfare outcomes coming from the Children's Act 2004 are met. These are to ensure children are:

1. **healthy** - enjoy good physical and mental health, living a healthy lifestyle.
2. **safe** - protected from harm and neglect. Agencies must collaborate to make sure this happens.
3. **happy and achieving** - getting the most out of life and developing their skills for adulthood. Parents and carers receive support in helping their children to enjoy and achieve
4. **making a positive contribution** - supporting their community. Children and young people are supported in developing socially and emotionally.
5. **achieving economic well-being** - achieving their full potential

1. Key liaison volunteers and consultants to have DBS checks.

2. Take immediate action to ensure safety e.g.

- If emergency medical attention is required this can be secured by calling an ambulance (dial 999) or taking a child to the nearest Accident and Emergency Department.
- If a child is in immediate danger the police should be contacted (dial 999) as they alone have the power to remove a child immediately if protection is necessary, via Police Protection Order.

3. What is abuse or neglect?

**Physical 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 feigns the symptoms, of, or deliberately causes ill health to a child whom they are looking after. This situation is commonly described using terms such as, fabricated illness by proxy or Munchausen Syndrome by proxy.

**Emotional Abuse** is the persistent emotional ill treatment 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 or unloved, inadequate, or valued only in so far as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. It may involve 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 ill treatment of a child though it may occur alone.

**Sexual Abuse** involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (eg rape or buggery) or non-penetrative acts. This may include non-penetrative acts. They may 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.

**Neglect** is 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. It may involve a parent or carer failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, 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.

4. What to do if children talk to you about abuse or neglect

Sometimes children share information about abuse or neglect, or talk spontaneously individually or in groups when volunteers and consultants are present. In these situations we must:

- Listen carefully to the child. DO NOT directly question the child.
- Give the child time and attention.
- Allow the child to give a spontaneous account; do not stop a child who is freely recalling significant events.
- Make an accurate record of the information given taking care to record the timing, setting and people present, the child's presentation as well as what was said. Do not throw this away as it may later be needed as evidence.
- Use the child's own words where possible.
- Explain that we cannot promise not to speak to others about the information they have shared.
- Reassure the child that: you are glad they have told you; they have not done anything wrong; and what you are going to do next.
- Explain that you will need to get help to keep the child safe.

- Do NOT ask the child to repeat his or her account of events to anyone.

## 5. Reporting abuse or neglect

ELL volunteers and consultants need to be alert to the potential abuse of children both within their families and also from other sources including abuse by members of that organisation. It is good practice to be as open and honest as possible with teachers/parents/carers about any concerns.

However, it is inappropriate discuss concerns with teachers/parents/carers in the following circumstances:

- where sexual abuse is suspected
- where organised or multiple abuse is suspected
- where fictitious illness by proxy (also known as Munchausen Syndrome by proxy) is suspected
- where contacting parents/carers would place a child, yourself or others at immediate risk.

Where there are concerns or worries about a child who appears to be maltreated, abused or neglected, the first point of contact will be the training manager at ELL. He/she will assess the allegation and record it. He/she will follow ELL's disciplinary procedures where there is felt to be substance to the allegation. He/she will make contact with appropriate agencies, either to Children's Services or to the Police Child Abuse investigation team. These may include concerns about a volunteer or a suspicion that an activity taking place at ELL could place children at risk. In any situation where there is a suspicion that there may be abuse the welfare of the child must come first – even where they may be a conflict of interest e.g. where the suspected perpetrator may be a customer, client or employer. All referrals will be treated seriously. It is the responsibility of Children's Services and the Police Child Abuse investigation team to make further enquiries into a child protection referral. They will first decide how enquiries should be pursued. If there is no suggestion that any crime has been committed, it is possible that the matter will be followed up by Children's Services alone.

If the concern is about abuse or risk of abuse from someone not known to the child or the child's family, we should phone the police and consult teachers/parents/carers.

## 6. Information required

Be prepared to give as much of the following information as possible (in emergency situations all of this information may not be available). Unavailability of some information should not stop you making a referral.

- Your name, telephone number, position and request the same of the person to whom you are speaking.
- Full name and address, telephone number of family, date of birth of child and siblings.
- Gender, ethnicity, first language, any special needs.
- Names, dates of birth and relationship of household members and any significant others.
- The names of professionals known to be involved with the child/family eg: GP, Health Visitor, School.
- The nature of the concerns; and foundation for them.
- An opinion on whether the child may need urgent action to make them safe.
- Your view of what appears to be the needs of the child and family.
- Whether the consent of a parent with parental responsibility has been given to the referral being made.

## 7. Action to be taken following the referral

- Keep an accurate record of your concern(s) made at the time.
- Put your concerns in writing to Social Services following the referral (within 48 hours).
- Accurately record the action agreed or that no further action is to be taken and the reasons for this decision.

## 8. Confidentiality

ELL will ensure that any records made in relation to a referral will be kept confidentially and in a secure place.

Information in relation to child protection concerns should be shared on a “need to know” basis. However, the sharing of information is vital to child protection and, therefore, the issue of confidentiality is secondary to a child’s need for protection.