



Safeguarding and Child Protection Policy

Safeguarding is **everyone's** responsibility. All staff and volunteers who, during the course of their employment, have direct or indirect contact with children and families and vulnerable adults, or who have access to information about them, have a responsibility to safeguard and promote the welfare of children, young people and vulnerable adults.

There is a duty on organisations to make appropriate arrangements to safeguard and promote the welfare of children, young people and vulnerable adults. Government guidance makes it clear that it is a shared responsibility and depends upon effective joint working between agencies and professionals that have different roles and expertise. This is clearly outlined in the document 'Working Together to Safeguard Children 2018', where the definition of safeguarding is:

- Protecting children from maltreatment.
- Preventing impairment of children's health or development.
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care.
- Taking action to enable all children to have the best outcomes.

The statutory inquiry into the death of Victoria Climbié and the first joint Chief Inspectors report on safeguarding children highlighted the lack of priority status given to safeguarding. The government response to these findings included the Green Paper Every Child Matters and the provisions in the Children Act 2004. Section 11 of the Children Act 2004 places a duty on all agencies to make arrangements to safeguard and promote the welfare of children.

Safeguarding and promoting the welfare of children, young people and vulnerable adults is not just the province of those working directly with these groups of people.

PACSO aims to ensure that no act or omission on the part of the organisation, or that of its staff or volunteers puts a child, young person or vulnerable adult directly or inadvertently at risk; and that rigorous systems are in place to proactively safeguard and promote the welfare of children, young people and vulnerable adults and support staff in fulfilling their obligations.

This policy applies to anyone employed permanently, contractually or casually by PACSO, and also includes students, volunteers and work placements.

This policy is available to independent contractors (e.g. workshop leaders, entertainers) and should be implemented as good practice.

This policy focuses on the workplace responsibilities of staff, although responsibilities for safeguarding and promoting the welfare of children, young people and vulnerable adults extend to an individual's personal and domestic life.

This document will be reviewed periodically, in line with national and local guidance, and at least annually.

Organisation Statement

PACSO is an organisation which aims to support parents and carers of a child or young person with a disability. It was established by professionals from Social Services, Education, Health and several voluntary organisations, and maintains significant links with these bodies.

PACSO provides playschemes and clubs in response to a need for fun, safe activities that cater for children of all abilities, whilst providing respite for their carers. The PACSO Board of Trustees (hereafter, "the board") takes seriously its responsibility to protect and safeguard the welfare of children and young people entrusted to their care, in accordance with The Children Act, which came into force on 14 October 1991, and was a landmark in promoting good, safe practice in long-term childcare. It is a sad fact that children with special needs are at a higher risk of being abused than their mainstream peers. PACSO will only be satisfied when everything possible has been done to protect the children in our care from harm of all kinds.

Finally, this document alone will not protect the children/young people in our care. It is only as each member of staff actively adopts and follows the guidelines laid out in the following pages, and in the attached documents, that we can ensure that the children are as safe as possible.

Mission Statement for Safeguarding and Child Protection

PACSO is committed to:

- ***Listening to, relating effectively with, and valuing children and young people whilst ensuring their protection within PACSO activities.***
- Encouraging and supporting parents/carers
- Ensuring that staff are given support and training
- Having a system for dealing with concerns about possible abuse
- Maintaining good links with the statutory child care authorities
- Following good practice in addition to the statutory requirements of childcare.

Areas of Policy

The Trustees recognise that many children and young people today are the victims of neglect, and physical, sexual and emotional abuse and that each of these have many threads to them, including, but not limited to, Female Genital Mutilation, Child Sexual Exploitation and Online Abuse. Accordingly, the Board has adopted the policy contained in this document, (hereafter "the policy"). The policy sets out agreed guidelines relating to the following areas:

- Responding to allegations of abuse, including those made against staff or volunteers (pages 3 to 10)
- Appointing staff (page 10 to 11)
- Supervision of activities and practice issues (pages 11 to 14)
- Discipline (page 15 to 16)
- First Aid Contents List (page 16 to 17)
- Body Chart (page 18)

PACSO's events are held at:

- Fordwater School, Summersdale Road, Chichester, PO19 6PP
- Chichester Nursery School Children & Family Centre, St James Road, Chichester, PO19 7AB
- Lavant House, West Lavant, Chichester, PO18 9AB

AND any other location as deemed suitable by the PACSO Play Lead.

The children and young people who attend PACSO may live anywhere in West Sussex. The single point of contact for all concerns regarding children and young people (aged 0-18) in West Sussex is the **Integrated Front Door (IFD)**.

This service combines Early Help and Social Care services, so that there is one point of contact for the public and professionals with concerns about a child, regardless of the risk and complexity of the situation.

The Integrated Front Door brings together expert professionals, from services that have contact with children, young people and families, and makes the best possible use of their combined knowledge and resources to keep children from harm and promote these and their family's wellbeing.

Children's Services (**The Integrated Front Door**) can be contacted by email:

WSChildrenservices@westsussex.gov.uk

Or by phone (Monday to Friday 9am-5pm):
01403 229900

Or by phone for out of hours:
0330 222 6664

To speak to a social care practitioner in the **Adult Safeguarding Hub** please call:
03302 228400

The content of the policy will form the basis of a seminar for all staff by an appropriate individual with relevant experience. The Trustees are committed to an on-going training programme for all staff.

Responding to allegations of abuse, including those made against staff or volunteers

Definitions of Abuse

The definitions of child abuse recommended as criteria for registration by the Department of Health, "Working Together under the Children Act 1989" are as follows:

PHYSICAL INJURY

Actual or likely physical injury to a child, or failure to prevent physical injury (or suffering) to a child, including deliberate poisoning, suffocation and Munchausen's syndrome by proxy.

SEXUAL ABUSE

Actual or likely sexual exploitation of a child or adolescent. The child may be dependent and/or developmentally immature.*

** Sexual exploitation represents the involvement of dependent, developmentally immature children and adolescents in sexual activities they do not truly comprehend, to which they are unable to give informed consent or that violate social taboos or family roles (Kempe and Kempe 1978). Kempe, T.S. & Kempe, C.H. (1978) Child Abuse. London: Fontana Open Books)*

NEGLECT

The persistent or severe neglect of a child or the failure to protect a child from exposure to any kind of danger, including cold and starvation or extreme failure to carry out important aspects of care, resulting in the significant impairment of the child's health or development, including non-organic failure to thrive.

EMOTIONAL ABUSE

Actual or likely emotional abuse; a severe adverse effect on the emotional and behavioural development of a child caused by persistent or severe emotional ill treatment or rejection. All abuse involves some emotional ill treatment. This category is used where it is the main or sole form of abuse.

The following additional category has been proposed by the Department of Health in a consultation paper issued in February 1998.

ORGANISED ABUSE

Organised abuse is sexual abuse where there is more than a single abuser and the adults concerned appear to act in concert to abuse children and/or where an adult uses an institutional framework or position of authority to recruit children for sexual abuse.

Recognising and Responding to Abuse

The following signs may or may not be indicators that abuse has taken place, but the possibility should be considered.

PHYSICAL SIGNS OF ABUSE

- Any injuries not consistent with the explanation given for them
- Frequent or recurring injuries, bruises or marks
- Injuries, which occur to the body in places that are not normally exposed to falls, rough games, etc.
- Injuries which have not received medical attention
- Neglect – under nourishment, failure to grow, constant hunger, stealing or gorging food, untreated illnesses, inadequate care, etc.
- Reluctance to change for, or participate in, games or swimming
- Repeated urinary infections or unexplained tummy pains
- Bruises, bites, burns, fractures etc. which do not have an accidental explanation
- Cuts/scratches/substance abuse

INDICATORS OF POSSIBLE SEXUAL ABUSE

- Any allegations made by a child concerning sexual abuse
- Avoidance of a particular person/people or place
- Child with excessive preoccupation with sexual matters and detailed knowledge of adult sexual behaviour, or who regularly engages in age-inappropriate sexual play
- Sexual activity through words, play or drawing
- Child who is sexually provocative or seductive with adults
- Inappropriate bed-sharing arrangements at home
- Severe sleep disturbances with fears, phobias, vivid dreams or nightmares, sometimes with overt or veiled sexual connotations and/or uncharacteristic bed wetting
- Eating disorders – anorexia, bulimia
- Soreness in the genital area
- Sexually transmitted diseases
- Pregnancy

EMOTIONAL SIGNS OF ABUSE

- Changes or regression in mood or behaviour, particularly where a child withdraws or becomes clinging. Also depression/aggression, extreme anxiety.
- Nervousness, frozen watchfulness

- Obsessions or phobias
- Sudden under-achievement or lack of concentration
- Inappropriate relationships with peers and/or adults
- Attention-seeking behaviour
- Persistent tiredness
- Running away/stealing/lying

What to do if you suspect that abuse may have occurred

The structure that we have adopted is: -

- PACSO Play Lead – Emma Kennedy (07875 601157)
 - Safeguarding Trustee – Hazel Rumsey (07500007632)
1. Staff must report concerns as soon as possible to Emma Kennedy (hereafter the "Play Lead") at an event in person. She is nominated by the Trustees to act on their behalf in referring allegations or suspicions of neglect or abuse to the statutory authorities. If for any reason the Play Lead is not available, or staff are not satisfied with the Play Lead's response, then the matter should be referred to Hazel Rumsey, PACSO's Safeguarding Trustee.
 2. If the suspicions in any way involve the Play Lead then the report should be made to the Safeguarding Trustee. If the suspicions in any way implicate both the Play Lead and the Safeguarding Trustee, then the report should be made to the IFD number specified earlier (Page 4).
 3. Suspicions should not be discussed with anyone other than those nominated above.
 4. It is, of course, the right of any individual as a citizen to make direct referrals to the child protection agencies or seek advice from them, although we hope that members of PACSO will use this procedure. If, however, you feel that the Play Lead or Safeguarding Trustee has not responded appropriately to your concerns, then you should contact the relevant organisation directly.
 5. In response to these concerns the Play Lead (or Safeguarding Trustee) commits to take action as outlined in the following pages within a time frame that is appropriate to the suspected level of abuse or danger to the child(ren).

Allegations of Physical Injury or Neglect

If a child has a physical injury or symptom of neglect, the Play Lead will:

1. Contact IFD for advice in cases of deliberate injury or where concerned about the child's safety. If appropriate the parents will be informed by the organisation in these circumstances.
2. Where emergency medical attention is necessary it will be sought immediately. The Play Lead will inform the doctor of any suspicions of abuse.
3. In other circumstances the Play Lead will speak with the parent/carer and suggest that medical help/attention is sought for the child. The doctor, (or health visitor) will then initiate further action, if necessary.
4. If appropriate the parent/carer will be encouraged and supported to seek help from IFD/ Early Help.

Where the parent/carer is unwilling to seek help, if appropriate, the Play Lead will offer to go with them. If they still fail to act, the Play Lead should, in cases of real concern, contact IFD for advice and make a referral where necessary.

Allegations of Sexual Abuse

In the event of allegations or suspicions of sexual abuse, the Play Lead will:

1. Contact the Social Services duty social worker for children and families or Police Child Protection Team directly. The Play Lead will **NOT** speak to the parent (or anyone else).
2. Under no circumstances will the Play Lead attempt to carry out any investigation into the allegation or suspicions of sexual abuse. The role of the Play Lead is to collect and clarify the precise details of the allegation or suspicion without questioning the child directly and to provide this information to the Social Services Department, whose task it is to investigate the matter under Section 47 of the Children Act 1989.
3. Whilst allegations or suspicions of sexual abuse will normally be reported to the Play Lead, the absence of the Play Lead or Safeguarding Trustee should not delay referral to the Social Services Department.
4. If there should be any disagreement between the person in receipt of the allegation or suspicion and the Play Lead or Safeguarding Trustee as to the appropriateness of a referral to the Social Services Department, that person retains a responsibility as a member of the public to report serious matters to the Social Services Department, and should do so without hesitation.

5. The Trustees will support the Play Lead or Safeguarding Trustee in their role, and accept that any information they may have in their possession will be shared in a strictly limited way on a need to know basis.

Allegations against PACSO Staff or Volunteers

It is important to distinguish the difference between a concern about the quality of care provided by PACSO, a complaint, and an allegation.

For how to deal with concerns and complaints, please refer to our Concerns and Complaints Policy.

The procedure for responding to an allegation made against PACSO staff and volunteers is set out below.

Working Together to Safeguard Children 2018 outlines the 4 following areas when referring to allegations about staff and volunteers.

A person who works with children who 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
- behaved towards a child or children in a way that indicates they may pose a risk of harm to children
- behaved or may have behaved in a way that indicates they may not be suitable to work with children

An allegation made against a member of staff or a volunteer may prove to be substantiated, false, malicious, or unsubstantiated. In order to determine the outcome of the allegation, a multidisciplinary approach is necessary.

In the event of an allegation being made about a member of staff or volunteer, the Play Lead (or Safeguarding Trustee) will follow the procedure set out below:

1. Play Lead or Safeguarding Trustee will not investigate the matter or interview the member of staff, child or witnesses.
2. They will obtain written details about the allegation ensuring that it is signed and dated by the individual making the allegation. The written details should include any information about times, dates and location of the incident(s) and the names of any witnesses.
3. The Play Lead will then report the allegation to the Local Authority Designated Officer (LADO) as soon as possible and within 1 working day. Should the allegation need urgent attention but is out of office hours, the Play Lead will contact IFD, or the local police and inform the LADO as soon as possible.

West Sussex County Council LADO Contact Details:

The LADOs for West Sussex are Miriam Williams and Donna Tomlinson. The Asst. LADO is Sally Arbuckle.

Consultation Contact Number: **0330 222 6450** (Available 09.00 – 17.00)

LADO out of hours contact number: **0330 222 6664** (Available 17:00-9:00, weekends and bank holidays)

LADO Service Contact Number: (Available through the IFD) **01403 229900**

LADO Service email address: LADO@WestSussex.gov.uk

The Play Lead or Safeguarding Trustee will work cooperatively and under the guidance of the LADO. Other professionals, such as social workers, police officers, Ofsted representatives etc may form part of the team who hold a strategy meeting to determine what should happen next.

The LADO will advise The Play Lead as to what should happen after the allegation has been reported. Things to consider will include speaking to the child's parent/carer, informing the Chair of Trustees, potential suspension of the staff member or volunteer and/or potential disciplinary process.

How to respond to a child wanting to talk about abuse

It is not easy to give precise guidance, but the following may help:

GENERAL POINTS

- Show acceptance of what the child says (however unlikely the story may sound)
- Keep calm
- Look at the child directly
- Be honest
- Tell the child you will need to let someone else know – **do not promise confidentiality**
- Be aware that the child may have been threatened or bribed not to tell
- Never push for information. If the child decides not to tell you after all, then accept that and let them know that you are always ready to listen.
- Report and record the disclosure **within an hour** of hearing it.

HELPFUL THINGS YOU MAY SAY OR SHOW

- I believe you (or showing acceptance of what the child says)
- Thank you for telling me
- It's not your fault
- I will help you

DON'T SAY

- Why didn't you tell anyone before?
- I can't believe it!

- Are you sure this is true?
- Why? How? When? Who? Where?
- Never make false promises
- Never make statements such as "I am shocked, don't tell anyone else"

CONCLUDING

- Again reassure the child that they were right to tell you and show acceptance
- Let the child know what you are going to do next and that you will let them know what happens (you might have to consider referring to Social Services or the Police to prevent a child or young person returning home if you consider them to be seriously at risk of further abuse)
- Contact the person in your organisation responsible for co-ordinating child protection concerns or contact an agency such as Social Services/Police/NSPCC
- Consider your own feelings and seek pastoral support if needed.

What to do once a child has talked to you about abuse:

The Procedure

1. Make notes as soon as possible (usually within an hour of being told), writing down exactly what the child said, write what you said in reply to the child, when he/she said it and what was happening immediately beforehand (e.g. description of activity). Record dates and times of these events, who was present at the time and when you made the record. Keep all hand written notes securely, even if these have been typed subsequently. Use a PACSO Health & Safety Form.
2. Report your discussion as soon as possible (**within 1 hour**) to the Play Lead. If she is implicated report to the Safeguarding Trustee. If both are implicated, report to Social Services/IFD.
3. You should not discuss your suspicions or allegations with anyone other than those nominated in the above point.
4. Once a child has talked about abuse the Play Lead should contact Social Services /IFD for advice on whether or not it is safe for a child to return home to a potentially abusive situation.
5. In an emergency, where a child is in immediate danger, the Play Lead will call 999.

Appointment of Staff

PACSO is registered with OFSTED and as such, PACSO must comply with the Ofsted rules. As part of this process, or supplementary to this, when seeking to appoint staff (paid or voluntary) the Play Lead will:

- Ask the applicant to complete a form giving information as to their name (and any previous names/aliases) date and place of birth, current and previous addresses, as well as details of a referee.
- Ask to see 3 forms of ID for anyone aged 16 and over.
- Ask the applicant to declare whether they have ever been convicted, charged or cautioned in relation to any offence and informed of the provision of the

Rehabilitation of Offenders Act 1974, which requires that all applicants wishing to work with children must declare all convictions, however old.

- Interview the applicant before they move from volunteer to paid staff.
- Take up a formal independent reference that will be kept on file at the PACSO office. Where the applicant is under 16 years old AND is known to PACSO (e.g. they are a sibling of a child who attends PACSO), the referee may be the PACSO Play Lead.
- Undertake a DBS check (that will be renewed every 3 years whilst they are employed by PASO), UNLESS the applicant is applying for a voluntary position AND is under 16 years old.
- Discuss with the applicant PACSO's guidelines for the behaviour of staff to ensure the children's welfare and expectations in relation to practice issues. (See guidelines for Staff & Volunteers.)
- Ensure that the new appointee is trained during this period on issues related to child protection. Keep all safeguarding training up to date (every 2 years) for all staff and volunteers.
- Issue new staff and volunteers with a 'Playworker and Volunteer Welcome Pack and Guidelines' booklet and ensure that they sign to say that they have read and will adhere to these guidelines.
- Attach the new appointee to a more experienced worker for their initial PACSO sessions.

The criteria for NOT appointing staff are as follows:

- Where the applicant is a convicted offender who has committed acts of violence or sexual offences against children or adults.
- Where the Play Lead has reservations about an applicant's behaviour, lifestyle or attitudes.

Arrangements for Supervision of Children's Activities

The following policy guidelines govern the practicalities of our work with children:

Ratios

- Ratio of adults to children. We will work on the accepted ratio of 1:8 for able children over the age of 5 years, however since many of the children in our care have a special need we recognise that some need 1:1 care and PACSO will provide this where necessary. Where possible we will work on a ratio of 1:3 for children who do not require 1:1 care.
- Staff should be within sight of the rest of the team at all times. All activities are organised so that staff have no reason to be alone and out of view with a child.
- In some, exceptional circumstances, playworkers may work 1:1 with a child and may not be in the view of the team e.g. where, for the safety and wellbeing of the other children, a child may need time away from the group. Such decisions should be taken by the Play Lead, taking into account the individual child's needs as well

as the staff member's training, skills and experience. The staff member must be contactable at all times.

Registration & Records

- A register of children attending the club or event should be kept, and a register of staff and volunteers. This should include times of arrival and departure if any individual is not attending the whole session, and any others in the defined area within the building that the club or activity is using at the time (e.g. a maintenance person). The children, staff and other facility users will all be made aware of this defined activity area. The children will not be allowed out of this area.
- Log sheets should be recorded after every play session, documenting and key events, observations or suggestions for next time.
- Staff and volunteers should also record any incidents, concerns or unusual events on a Health and Safety Form. These forms must be signed by the parents/carers and the Play Lead before being filed and kept securely locked away. The Play Lead has a duty to monitor these forms and identify any reoccurring concerns about a child or member of staff and act upon these appropriately.
- Health and Safety Forms are essential for protecting both children and staff. Recording incidents and/or concerns, as well as what action was taken, aims to ensure that there is a detailed record of each incident and subsequent actions, that can be referred to in years to come. The body map (shown at the end of this document) should be completed to show the location of any marks on a child or young person's body. Because accusations of abuse may be made many years later, records should be kept for as long as possible. Insurance companies advise that records should be kept indefinitely.
- Risk assessments are essential for each activity. Risk assessments ensure that staff have carefully considered the possible hazards, how likely these are to occur, how significant the harm could be and what measures should be taken in order to minimise the risks for all involved.
- Behaviour plans may be written for individual children and young people who have displayed behaviours that could be dangerous to themselves or others e.g. biting, running away etc. Staff who work closely with these children should be aware of the child's plan and able to implement the steps outlined in it. Behaviour plans should be written in conjunction with, and signed by the child's parent/carer.

Physical Contact

- Keep everything public. A hug in the context of a group is very different from a hug behind closed doors.
- Touch should be related to the child's needs, not the member of staff's.
- Touch should be age-appropriate and generally initiated by the child rather than the member of staff.
- Avoid any physical activity that is, or may be thought to be, sexually stimulating to the adult or the child.
- Children have the right to decide how much physical contact they have with others, except in exceptional circumstances when they need medical attention or are behaving in a way that is dangerous to themselves or others.

- Staff should monitor one another in the area of physical contact. They should be free to help each other by pointing out anything that could be misunderstood.
- Many of the children need to be touched to help them participate, communicate and to be cared for, staff must be aware that they are touching them and do so appropriately and with respect.

Boundaries

- Workers should treat all children with dignity and respect in attitude, language used and actions.
- Respect the privacy of children; avoid questionable activity, e.g. rough/sexually provocative games and comments.

Toileting & personal care

- Staff are required to assist some of the children to use the toilet or to change them. When this occurs two members of staff must attend.
- Only staff who have been trained to use a hoist may take a child to the toilet using a hoist, however another member of staff may assist.
- Volunteers can assist staff but must not take a child to the toilet alone or with another volunteer.
- The level of personal care, e.g. toileting, must be appropriate and related to the age of the child whilst also accepting that some children have special needs.
- A record should be kept of which staff supported each child/young person in toileting. Time of change/support and staff initials should be recorded.
- Staff will ascertain how a child's toileting may need to be carried out.
- The child will be encouraged to be as independent as they can be at that stage of their development and the staff will praise the child's individual development in this area.
- Dependent upon the stage of development, the staff will openly discuss with the child the use of the toilet, purpose of toilet paper, hygiene rules and also assist with their understanding of their own bodies.
- Toileting arrangements will be discussed regularly with parents.
- The needs and wishes of children and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.
- If a member of staff has any concerns about any physical changes in a child's presentation, e.g. marks, bruises, soreness etc, she/he will immediately report concerns to the designated person for child protection. A clear record of the concern will be completed and referred upon if necessary.
- Any staff assisting children have a high awareness of child protection issues
- All staff must thoroughly wash their hands with soap after assisting with toileting and gloves and aprons must be worn.
- Any changing mats/beds should be cleaned before and after use.
- When changing occurs, the dignity of the child is upheld at all times and staff will ensure that changing is not in view of other parents, visitors or children/young people.

- Any direct touching, cleaning or wiping should be performed in a professional manner to ensure that the child is adequately cleaned and their dignity and privacy is maintained.
- Ensure that the child is not distressed, embarrassed or uncomfortable and is reassured at all times. Sudocrem or other medicated treatments can be applied if these have signed in by the parents and recorded on a medication sheet

Risk of Infection

- Good hygiene should always be practised. Disposable gloves should be used when dealing with broken skin, bodily fluids or faeces.

Identification & visitors

- All staff will wear the PACSO uniform shirts and an authorised name badge.
- Volunteers will wear an authorised name badge and be introduced to the children and staff when they join.
- The Play Lead must ensure that only authorised staff or volunteers work with the children in our care. All visitors must be greeted at the entrance and accompanied around the venue at all times. Parents of the children are allowed to attend PACSO activities but must only carry out personal care for their own child(ren).

Safety Matters

- The Play Lead is responsible for ensuring that any premises used are well lit, well maintained, and potentially dangerous activities are adequately supervised.
- The Play Lead is responsible for ensuring that any equipment or premises used are clear of hazardous obstacles and are safe to use.
- In the situation where there is an unavoidable hazard the Play Lead should ensure that:
 - The children are aware that they should not venture near the hazard
 - Access to the hazard is adequately restricted (e.g. with hazard tape or a boundary)
- Ensure there are adequate toilets and hand basins and that when food is being prepared hygiene requirements are observed.
- There must be at least one qualified First Aider at all events. There should also be an adequate First Aid kit present (see attachment for the contents of a First Aid Kit).
- The Play Lead is responsible for ensuring that in the event of transport being organised by PACSO, any driver carries a full driving licence and valid insurance and that seat belt rules, requirements for minibuses etc. are complied with.
- The Play Lead is responsible for meeting regularly with the Deputy Play Lead and Safeguarding Trustee to discuss any matters of concern and put in place any additional measures to ensure the safety of children, staff and volunteers.

Supporting/Supervising Workers

- If a staff member sees another acting in a way that could be misinterpreted he/she should speak to the individual and the Play Lead about the concern.
- Staff must meet regularly to ensure common approach, sharing of concerns and identifying other matters that may need clarification and guidance.
- In situations where guidelines have not been adhered to feedback must be given to the Play Lead & Board. This provides protection to the individual and draws the Play Lead's attention to shortcomings and problem areas.

Discipline Policy

Discipline is the education of a person's character. It includes nurturing, training, instruction, verbal reprimand, teaching and encouragement. It brings security, produces character, prepares for life and is evidence of love.

In disciplining children in our care staff will:

- Work on each individual child's positives, not comparing them with each other, but encouraging and building them up, giving them responsibility for simple tasks.
- Build healthy relationships with children and be a good role model, setting a good example. Children cannot be expected to observe ground rules if staff break them.
- Take care to give all children equal amounts of attention.
- Be consistent in what they say and ensure that other staff know what has been said to avoid manipulation.
- Look honestly at the programme – if children are bored, they are more likely to misbehave.
- NEVER smack or hit a child and do not shout – voice tone changes will be used if necessary.
- Discipline out of controlled decision NEVER anger. Staff can call on support from other staff if they are having difficulty coping with a situation.
- Ensure that the children understand what action will be taken if these rules are not kept for example: Time out for 2 minutes.
- Be aware of the children's difficulties and understand how to deal with their behaviours.
- Be pro-active and encourage others to be pro-active and not wait to be told to deal with a situation.
- Take the child aside and talk to them, challenge them to change, whilst encouraging them on their strengths.
- Warn the child and use supervised 'Time Out' for broken rules. Parents will always be informed of 'Time Out' occurrences. PACSO will not issue a total ban unless it is dangerous to the child or other children if s/he continues to attend. It is more likely that PACSO will ask for more staff or parental support to maintain that child's place at the event.
- Seek advice and guidance from the parents and other carers if a child's behaviour is challenging.

- The Play Lead will work with parents, the PACSO team and other professionals to create individual behaviour plans for children who display extreme, challenging behaviour.
- Always talk over the events of the session in Team Time at the end of every PACSO event.

Our PACSO rules are:

1. **Be kind**
2. **Stay safe**
3. **Join in**
4. **Have fun**

First Aid

PACSO will ensure that there is a correctly stocked First Aid Kit accessible to trained staff at all events. Its contents should be stored in a clearly identifiable container and the designated member of staff will regularly check its contents. Staff will be encouraged to attend First Aid training run by an organisation that provides a recognised certificate.

The contents of the 50 person PACSO First Aid Kit are as follows:

- 4 x medium wound dressings 12cm x 12cm
- 3 x large wound dressings 18cm x 18cm
- 3 x triangular bandages
- 2 reels of low allergy adhesive tape
- 12 x safety pins
- 10 x pairs of disposable gloves
- 2 x conforming bandages
- 4 x finger dressings
- 5 x sterile gauze packs
- 60 x assorted plasters
- 1 x resuscitation shield
- 5 x disposable aprons
- 3 x eye pad dressings
- 30 x individually wrapped cleaning wipes (non alcoholic)
- 5 x sachets of burn gel
- 2 x burn shield dressings
- 1 pair scissors
- 10 x cold compress packs
- 2 x foil blankets
- 1 x first aid reference guide leaflet
- 1 x emergency first aid reference books
- 1 stopwatch
- 1 x 5ml medication spoon

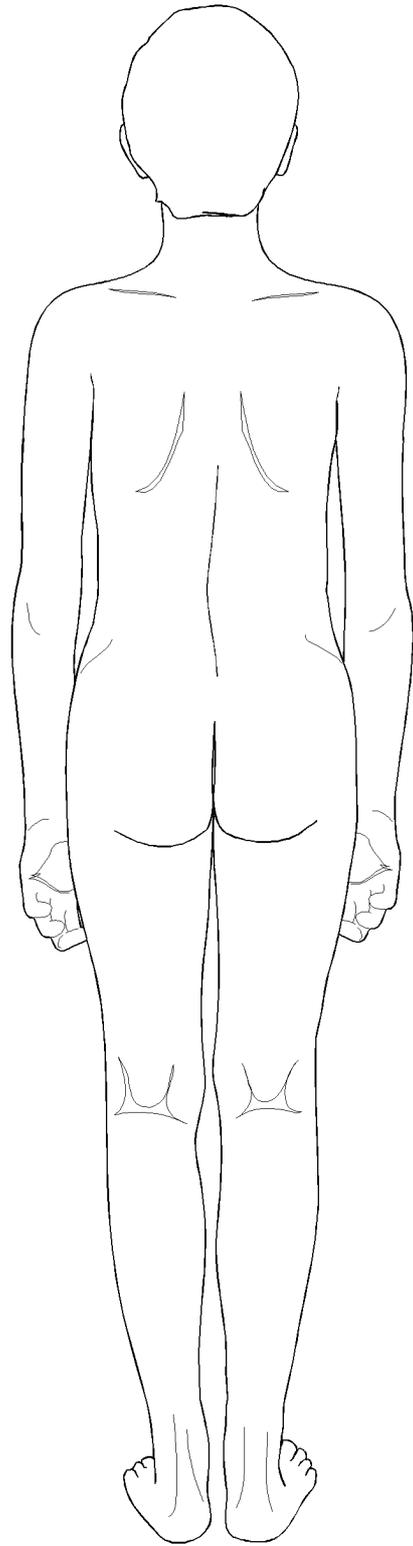
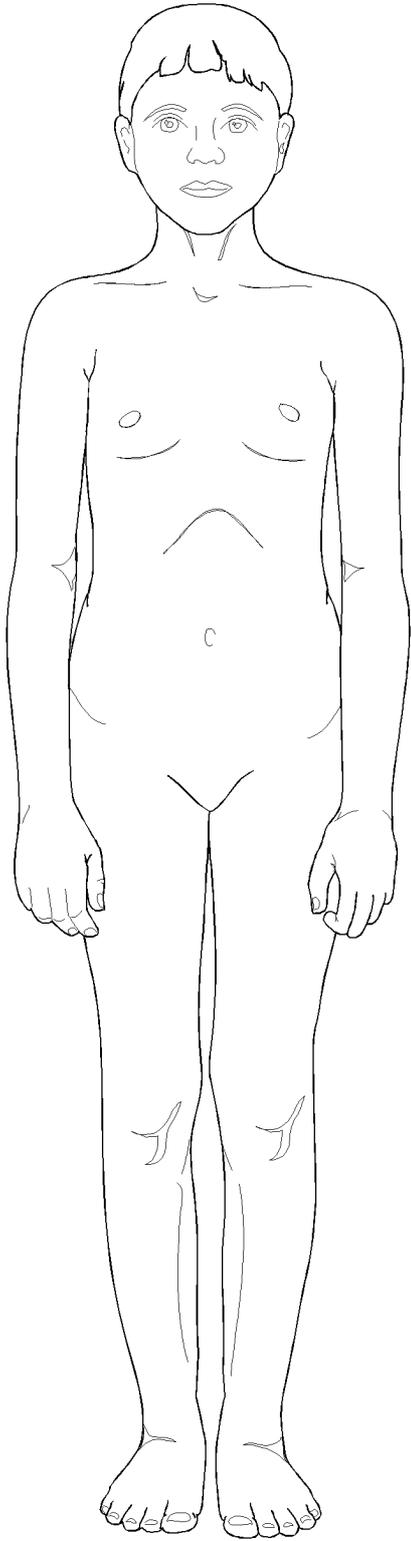
- 1 x 10ml syringe
- 1 x thermometer

When PACSO run smaller events and are 'out and about,' they will carry a correctly stocked, clearly identifiable first aid kit for 10 people. The contents will be in line with St John's Ambulance recommendations for a 10-person kit and will be checked termly by the designated staff member.

A medical folder and play folder:

- Emergency Procedures
- Emergency Care Plans for children
- Health and Safety Forms
- Letter to parents following an incident
- Medication Record Sheet
- Enteral Feeding record sheet
- Child Protection Policy
- Staff Medical Forms
- Insurance Certificates

Body Chart



Emma Kennedy
CEO with Play Lead
January 2022