



Play Radnor/Chwarae Maesyfed

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Registered Charity No./Elusen Gofrestredig Rhif – 1187418

Safeguarding Policy

Child and Vulnerable Adult Protection Policy and Procedures

Reviewed and Revised – July 2025

Policy

This policy applies to all staff, including managers and the board of trustees, paid staff, volunteers and sessional workers, students or anyone working on behalf of Play Radnor/Chwarae Maesyfed (PR/ChM).

The purpose of this policy is:

- To protect children, young people and vulnerable adults who receive Play Radnor's services.
- To provide staff and volunteers with the overarching principles that guide our approach to safeguarding and child protection.

This policy should be read alongside the PR/ChM policies and procedures on:

- Recruitment, Induction and Training
- Dealing with disclosures and concerns about a child, young person or vulnerable adult
- Complaints
- Whistleblowing
- Health and Safety

- Anti-Bullying Policy

PR/ChM is aware of its responsibility to safeguard the welfare of all children and vulnerable adults and is committed to implementing a practice which protects them.

PR/ChM recognises that:

- The welfare of the child/young person is paramount, as enshrined in the Children Act 1989, the All-Wales Child Protection Procedures and other legal measures listed below (see Legal Framework)
- All children and vulnerable adults, regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity, have the right to equal protection from all types of harm or abuse
- Some children and vulnerable adults are additionally vulnerable because of the impact of previous experiences, their level of dependency, communication needs or other issues.
- Working in partnership with children, vulnerable adults, their parents, carers and other agencies is essential in promoting young people's welfare.

PR/ChM will safeguard children, young people and vulnerable adults by:

1. Appointing a designated safeguarding officer (DSO) and a lead Board member for safeguarding.
2. Implementing safeguarding procedures and a code of conduct for all staff.
3. Recruiting staff and volunteers safely, ensuring all necessary checks are made.
4. Providing effective management for staff and volunteers through supervision, support and training.
5. Sharing information about child protection and good practice with children, parents, staff and volunteers.
6. Recording and sharing information about concerns with agencies who need to know.
7. Developing and implementing an effective e-safety/photo policy and related procedures.

8. Ensuring that we provide a safe physical environment for children, young people, vulnerable adults, staff and volunteers, by applying health and safety measures in accordance with the law and regulatory guidance.
9. Reviewing and updating this policy and its related procedures on an annual basis in order to improve practice and take account of any new legislation and guidance.

Legal Framework

- All-Wales Child Protection Procedures 2008
- Children Act 1989
- Social Services and Well-Being (Wales) Act 2014
- Rights of Children and Young Persons (Wales) Measure 2011
- Equality Act 2010
- Well-Being of Future Generations (Wales) Act 2015
- Working Together to Safeguard People Guidance (Welsh Gov. 2017)
- Codes of Practice and Statutory Guidance (Welsh Gov. 2017)
- Wales Safeguarding Procedures (2019)
- The Children (Abolition of Defence of Reasonable Punishment) (Wales) Act (2020)

Procedures for Implementation

The following procedures, together with supporting information, describe how the above policy will be put into action.

1 Appointment of DSO and Lead Board Member.

The DSO is currently Rachel Maflin – PR/ChM manager

The lead board member is Nick Tuffnell

2 Implementing safeguarding procedures and a code of conduct for all staff.

All visitors to the building will be greeted and their enquiry dealt with by a member of staff. Whilst PR/ChM projects are running at the Play Hub the staff on duty will ensure the safety of the children attending the session. Any unauthorised visitors will be asked to leave the building. The office will remain locked when there are no members of the office staff in the building.

Code of Conduct

Staff and Volunteers will at all times show respect and understanding for the rights, safety and welfare of individuals, and conduct themselves in a way that reflects the ethos and principles of Play Radnor.

Staff and volunteers will be committed to:

- Treating children and young people with respect and dignity.
- Always listening to what a child or young person is saying
- Valuing each child and young person
- Recognising the unique contribution each individual can make

Each member of staff and volunteer will be aware of their responsibilities under the Child Protection legislation and have a working knowledge of Play Radnor's procedures. Each member of staff and volunteer working with children and young people will receive updated training in Child Protection every three years. *[See records]*

3 Recruiting staff and volunteers safely, ensuring all necessary checks are made.

Staff recruitment will include DBS checks for all members of staff who have contact with children and young people. References will be applied for and checked before commencement of employment for each member of staff.

Volunteers will also require a DBS check and references/character reference from previous employers.

Trustees will be required to undergo a DBS check.

4 Providing effective management for staff and volunteers through supervision, support and training.

The DSO must receive training every 2 years in child protection. Training is available from Powys Local Safeguarding Children Board.

The lead board member will receive training at least once every 3 years.

All staff and volunteers will have access to appropriate training on a regular basis, at least every 3 years.

5 Sharing information about child protection and good practice with children, parents, staff and volunteers.

Good communication is essential in any organisation. In PR/ChM every effort will be made to ensure that, should individuals have concerns, they will be listened to and taken seriously.

It is the responsibility of your line manager to ensure that information is available to, and exchanged between all those involved in this organisation and its activities. Some information is confidential and should only be shared on a strictly need-to-know basis.

Children & Young People

Children and young people have a right to information, especially any information that could make life better and safer for them. PR/ChM will act to ensure they have information about how, and with whom, they can share their concerns, complaints and anxieties.

When sharing information, PR/ChM staff and volunteers will be sensitive to the level of understanding and maturity, as well as to the level of responsibility, of the people with whom they are sharing.

Parents

Parents / persons with parental responsibility are ultimately responsible for their children's welfare at all times, and they should be assured that their children are safe when involved in PR/ChM activities. We achieve this by:

- Publicising information on all our activities.
- Publishing the named Designated Child Protection Person(s) and how to make a complaint in our policies handbook which is available at all our groups and clubs.
- Publishing a full copy of the Child Protection Policy in our policies handbook

Staff & Volunteers

Staff and volunteers will be kept updated on Safeguarding through regular discussions, e-mail updates, project and trustee meetings

Other Bodies

A copy of our Child Protection Policy will be made available to any other appropriate body.

6 Recording and sharing information about concerns with agencies who need to know.

(i) PROCEDURES FOR REPORTING ALLEGATIONS OR SUSPICIONS OF ABUSE

If anyone has concerns about the welfare of a child, or a child has disclosed to them that they have suffered abuse, they should speak confidentially to one of the individuals named below:

Rachel Maflin, DSO

or

Nick Tuffnell, Lead Board member

or

the leader of the group where you are working.

NB If you are concerned that a child is suffering or at risk of suffering significant harm, you can share information with appropriate agencies or professionals without the child's or their parent's consent

If a child is in immediate danger, call the police on 999.

If a child is not in immediate danger:

- Follow PR/ChM safeguarding policies and procedures

NB All relevant details MUST be recorded on the appropriate PR/ChM Safeguarding Concern/Incident Report Form A or Form B (See copies below)

(ii) ALLEGED ABUSE BY STAFF, MANAGERS, VOLUNTEERS OR TRUSTEES

If an allegation is made against a member of staff or volunteer, then the allegation must be passed to your DSO [name] who will contact the Local Authority. If the allegation concerns the DSO, then the Local Authority should be contacted directly. (see below)

(iii) CONTACT DETAILS

Powys Children's Services

01597 827666 Monday to Thursday 8.45am to 4.45pm Friday 8.45am to 4.15pm
email: csfrontdoor@powys.gov.uk

Out of Hours Emergency Service: Tel: 0345 054 4847

Powys ASSIST (Adult Social Services)

To report abuse of an adult contact ASSIST on 0345 6027050

email: assist@powys.gov.uk

Out of Hours service: 0300 333 2222

(iv) Record Keeping

All records, information and confidential notes will be kept in separate files in a locked drawer or filing cabinet.

Only the designated Persons will have access to these files.

Records concerning an allegation made against the DSO will be kept by the Trustees in a designated locked container stored in the office. Access to these records will be by the Trustees only.

All records, information and confidential notes will inform discussions and review of procedures in order to improve practise.

7 Developing and implementing an effective e-safety/photo policy and related procedures.

Playworkers will not use their personal mobile phone during play sessions for taking photos or personal phone calls. Photographs of children and young people can only be taken during Play Ranger sessions if the child/young person cannot be identified. In groups which meet regularly (e.g. Thumbs Up) a photo consent form must be used for any photos taken which may be used for publicity/funding. Photos will not be posted on social media without the consent of the parent/carer.

8 Ensuring that we provide a safe physical environment for children, young people, vulnerable adults, staff and volunteers, by applying health and safety measures in accordance with the law and regulatory guidance.

This will be ensured by implementation of the PR Health and Safety Policy. (Copies available)

9 Reviewing and updating this policy and its related procedures on an annual basis in order to improve practice and take account of any new legislation and guidance.

This policy was last reviewed on:

.....23rd July 2025.....(date)

Signed:

.....N Tuffnell.....

Printed:

.....Nick Tuffnell (Trustee).....

(This should be signed by the most senior person in the organisation eg. the safeguarding lead on the board of trustees)

Further Information and Guidance

1 Defining Child Abuse

Child abuse is any form of physical, emotional or sexual mistreatment or lack of care that leads to injury or harm, it commonly occurs within a relationship of trust or responsibility and is an abuse of power or a breach of trust. Abuse can happen to a young person regardless of their age, gender, race or ability.

There are four main types of abuse: **physical abuse, sexual abuse, emotional abuse and neglect**. The abuser may be a family member, someone the young person encounters in residential care or in the community, including sports and leisure activities. Any individual may abuse or neglect a young person directly, or may be responsible for abuse because they fail to prevent another person harming the young person.

Abuse in all of its forms can affect a young person at any age. The effects can be so damaging that if not treated may follow the individual into adulthood

Young people with disabilities may be at increased risk of abuse through various factors such as stereotyping, prejudice, discrimination, isolation and a powerlessness to protect themselves or adequately communicate that abuse had occurred.

Types of Abuse

- **Physical Abuse:** where adults physically hurt or injure a young person e.g. hitting, shaking, throwing, poisoning, burning, biting, scalding, suffocating, drowning. Giving young people alcohol or inappropriate drugs would also constitute child abuse.

This category of abuse can also include when a parent/carer reports non-existent symptoms or illness deliberately causes ill health in a young person they are looking after. This is called Munchausen's syndrome by proxy.

In a sports situation, physical abuse may occur when the nature and intensity of training disregard the capacity of the child's immature and growing body

- **Emotional Abuse:** the persistent emotional ill treatment of a young person, likely to cause severe and lasting adverse effects on the child's emotional development. It may involve telling a young person they are useless, worthless, unloved, inadequate or valued in terms of only meeting the needs of another person. It may feature expectations of young people that are not appropriate to their age or development. It may cause a young person to be frightened or in danger by being constantly shouted at, threatened or taunted which may make the young person frightened or withdrawn.

Ill treatment of children, whatever form it takes, will always feature a degree of emotional abuse.

- **Neglect** occurs when an adult fails to meet the young person's basic physical and/or psychological needs, to an extent that is likely to result in serious impairment of the child's health or development. For example, failing to provide adequate food, shelter and clothing, failing to protect from physical harm or danger, or failing to ensure access to appropriate medical care or treatment. Refusal to give love, affection and attention can also be a form of neglect.
- **Sexual Abuse** occurs when adults (male and female) use children to meet their own sexual needs. This could include full sexual intercourse, masturbation, oral sex, anal intercourse and fondling. Showing young people pornography or talking to them in a sexually explicit manner are also forms of sexual abuse.

2 Indicators of Abuse

Even for those experienced in working with child abuse, it is not always easy to recognise a situation where abuse may occur or has already taken place. Most people are not experts in such recognition, but indications that a child is being abused may include one or more of the following:

- unexplained or suspicious injuries such as bruising, cuts or burns, particularly if situated on a part of the body not normally prone to such injuries
- an injury for which an explanation seems inconsistent

- the young person describes what appears to be an abusive act involving them
- another young person or adult expresses concern about the welfare of a young person
- unexplained changes in a young person's behaviour e.g. becoming very upset, quiet, withdrawn or displaying sudden outbursts of temper
- inappropriate sexual awareness
- engaging in sexually explicit behaviour
- distrust of adult's, particularly those whom a close relationship would normally be expected
- difficulty in making friends
- being prevented from socialising with others
- displaying variations in eating patterns including over eating or loss of appetite
- losing weight for no apparent reason
- becoming increasingly dirty or unkempt

It must be recognised that the above list is not exhaustive, but also that the presence of one or more of the indications is not proof that abuse is taking place. It is **NOT** the responsibility of those working in Play Radnor to decide that child abuse is occurring. It **IS** their responsibility to act on any concerns.

3 Guidance on Dealing with Disclosure

Follow the guidelines below on what to do if a child discloses or you have concerns, but please do not sit on the information you have been told. Appropriate communication is extremely important in these situations.

(i) Who to contact if you have a concern (taken from Powys Safeguarding Children Board website).

Whatever your concerns regarding a child, don't keep it to yourself. You need to remember at all times the child's welfare is paramount.

Child abuse may be a result of direct acts towards a child, or as a result of the failure by those who have responsibility for a child to provide reasonable care, or it may be both.

If you have concerns, please contact Powys Children's Services. You may want to have an informal discussion with the duty officer to talk through your concerns. Share your concerns. One phone call can save a child from harm, it could be that important.

(ii) What do you do if a child discloses to you?

If a child discloses to you – do not further question the child but ensure that the child is safe.

Remain open to the disclosure: do not appear shocked or disbelieving (even if you feel it). Allow the child to feel secure and give them time.

Never promise them that you will keep what they say secret. (you cannot do this professionally), but do reassure them that you will act on their behalf to ensure only those who need to know are told.

REMEMBER – the procedures after disclosure can seem more frightening to the child than the alleged abuse. They may have been threatened that something bad will happen to them if they tell.

Only speak of the allegation to those to whom you must refer. Only discuss this with those who need to know to safeguard the child. Confidentiality is still essential except for the line of referral.

Record accurately everything that you have been told, observed and/or have actioned by whom, where, when/time - **using the child's own words** (do not interpret what they have said).

Remember overall that the child's welfare is paramount.

4 Guidance on Safeguarding d/Deaf and disabled children and Vulnerable Adults

[Slightly adapted from NSPCC website]

[Introduction](#)

Children and adults who have disabilities are at an increased risk of being abused compared with their non-disabled peers. They are also less likely to receive the protection and support they need when they have been abused .

Professionals sometimes have difficulty identifying safeguarding concerns when working with d/Deaf and disabled children and vulnerable adults.

It's vital that everyone who works with children understands how to safeguard those who have disabilities and protect them from harm.

We're using the term 'disabled children' to refer to children and young people with a range of very different conditions and identities, some of whom may not identify as

being disabled. This includes children and vulnerable adults who are d/Deaf, are on the autistic spectrum, have a condition such as attention deficit hyperactivity disorder (ADHD) and/or children who have a long term illness.

There are several factors that contribute to disabled children and adults being at a greater risk of abuse.

[For 'children' please read 'children and vulnerable adults']

Communication barriers

- Children with speech, language and communication needs face extra barriers when it comes to sharing their worries and concerns.
- Adults may have difficulty understanding a child's speech so they may not realise when a child is trying to tell them about abuse.
- Adults may not have the knowledge and skills to communicate non-verbally with a child, which can make it harder for children to share their thoughts and feelings.
- Communicating solely with parents or carers may pose a risk if the child is being abused by their parent or carer.
- It can be difficult to teach messages about what abuse is or how to keep safe to children with communication needs.

Without this knowledge children may not recognise that they are being abused or have the ability to describe what's happening to them.

Increased isolation

- Disabled children may have less contact with other people than non-disabled children. This means they have fewer people to turn to if they need help or support.
- They may be further isolated if they:
 - need carers to take them out
 - have restricted independence because they use a wheelchair or require a sign language interpreter
 - live away from home at a residential school.
- Disabled children and their families may have limited access to support systems. Support may not be available or may not be appropriate for the child's physical, emotional or cultural needs. This can make it difficult for parents to provide the care their child needs and can lead to a child being abused or neglected.

Dependency on others

- Children with disabilities may have regular contact with a wide network of carers and other adults for practical assistance in daily living including personal intimate care.

This can increase the opportunity for an abusive adult to be alone with a child.

- If a child is abused by a carer they rely on, they may be more reluctant to disclose abuse for fear that the support service will stop.
- Caring for a child with little or no support can put families under stress. This can make it difficult for parents to provide the care their child needs and can lead to a child being abused or neglected.

Inadequate support

It can be difficult for any child who has experienced abuse to get the support they need, but disabled children may face extra problems:

- Disabled children are less likely to tell someone about experiencing abuse and more likely to delay telling someone than their non-disabled peers (Hershkowitz, Lamb and Horowitz, 2007).
- Adults may not understand and respond to a disabled child's safeguarding needs.
- Communication barriers may prevent adults fully understanding what the child is telling them.
- Some adults may not focus on a disabled child's views.
- If abuse is reported to the police and/or children's social care, the response may be affected if professionals lack skills or experience in working with disabled children.

Misunderstanding the signs of abuse

It's not always easy to spot the signs of abuse. In some cases, adults may mistake the indicators of abuse for signs of a child's disability.

- A child experiencing abuse or attempting to disclose abuse may self-harm or display inappropriate sexual behaviour or other repetitive and challenging behaviours. If this is misinterpreted as part of a child's disability or health condition rather than an indicator of abuse, it can prevent adults from taking action.
- Injuries such as bruising may not raise the same level of concern as they would if seen on a non-disabled child. Adults may assume that bruising was self-inflicted or caused by disability equipment or problems with mobility.

Lack of education on staying safe

- Personal safety programmes and sex and relationships education are not always made accessible to deaf and disabled children. As a result, a disabled child may not know how to recognise abuse or who to tell.

Disabled children at greatest risk of abuse are those with behaviour/conduct disorders. Other high-risk groups include:

- children with learning difficulties/disabilities
- children with speech and language difficulties
- children with health-related conditions
- Deaf children (Miller and Brown, 2014).

Best practice

Listening to the child

- Make sure the child's 'voice' is heard. Where there are safeguarding concerns, speak to children alone and don't use parents as interpreters.
- If a child's disability means verbal communication is difficult or impossible, make every attempt to communicate by other means.
- Consider how a child may communicate through their actions. Consider whether distressed or disruptive behaviour is due to the child's disability or if the child is upset for another reason.
- Tailor tools and resources to the child's needs. Check that the child has understood what you've told them and is able to apply it – don't make assumptions about what they have understood.

Information sharing

- Professionals should have a shared understanding of the nature of a child's disability, the services their family are receiving and the risk of harm. This information should be used by all agencies to distinguish between disability and child protection issues.

Interagency cooperation

- Specialist disabled children services should be embedded within wider support services and children and families.
- Every family should be designated a lead professional to coordinate work across services and provide a single point of contact (NSPCC, 2016).

Social attitudes and assumptions about disability can lower a child's self-confidence and make them feel disempowered.

Building a child's self-esteem can help to promote their safety. A child who feels empowered is less likely to blame themselves if they experience abuse and more likely to seek support.

Help empower disabled children by:

- consulting them on their views and wishes about their life and care in order to meet their needs
- giving them access to advocacy services
- providing them with communication support and opportunities to express themselves
- helping them to build a supportive relationship with a trusted person – this can increase the chances of a child disclosing abuse to that person (Taylor et al, 2015)

- providing accessible education on topics such as keeping safe, sex and relationships and online safety
- providing information in accessible formats.

PANTS resources help parents talk to their children about how to stay safe from abuse. Resources are available which are tailored to the needs of children and parents with disabilities. See [NSPCC website](#)

Activities that can help improve disabled children's wellbeing include:

Peer support and social activities.

Opportunities for recreational and social interaction can enable children to explore issues with their peers. Activities can also build on children's confidence and reduce isolation.

Creative therapies.

Activities like art and music can provide children with opportunities to express themselves through indirect and non-verbal means.

Building relationships.

Supportive and trusting relationships can help make a child feel safe and confident and know that they have someone to talk to.

Improving communication.

Helping a disabled child to communicate with trusted adults can help them express their views and tell someone if they need help.

Key legislation

In Wales, Section 15 of the [Social Services and Well-Being \(Wales\) Act 2014](#) requires local authorities to minimise the effects of disabilities on disabled people.

The [Rights of Children and Young Persons \(Wales\) Measure 2011](#) embeds the UN Convention on the Rights of the Child into Welsh law, including giving disabled children the right to protection, participation and service provision.

Discrimination

In England, Scotland and Wales, the [Equality Act 2010](#) provides protection from discrimination against disabled people, requiring service providers to make sure their service is accessible for disabled people to the same standards as non-disabled people.

Intimate care

Across the UK, the activities associated with providing intimate care to a child fall under 'regulated activity' if they are carried out without supervision. This means that anybody carrying out these activities as part of their work must have an enhanced

(with barred list) vetting and barring check before they can begin. The activities include:

- taking a child to the toilet
- dressing a child
- washing or bathing a child.

This law is particularly important to disabled children who may require a greater level of intimate care than other children.

In England and Wales, procedures for intimate care are outlined in Section 64 of the [Protection of Freedoms Act 2012](#).

Helplines

Help for adults concerned about a child
Call us on 0808 800 5000

Help for children and young people
Call Childline on 0800 1111

The NSPCC

Weston House, 42 Curtain Road, London, EC2A 3NH.

- **Bullying** may come from another young person or an adult. Bullying is defined as deliberate hurtful behaviour, usually repeated over a period of time, where it is difficult for those bullied to defend themselves. There are three main types of bullying.

It may be physical (e.g. hitting, kicking, slapping), verbal (e.g. racist or homophobic remarks, name calling, graffiti, threats, abusive text messages), emotional (e.g. tormenting, ridiculing, humiliating, ignoring, isolating from the group), or sexual (e.g. unwanted physical contact or abusive comments).

Signs of bullying include:

- behavioural changes such as reduced concentration and/or becoming withdrawn, clingy, depressed, tearful, emotionally up and down, reluctance to go training or competitions
- an unexplained drop off in performance

- physical signs such as stomach aches, headaches, difficulty in sleeping, bed wetting, scratching and bruising, damaged clothes, binging e.g. on food, alcohol or cigarettes
- a shortage of money or frequents loss of possessions